

health



2014

Victorian Public Healthcare Awards

Showcase



2014 Victorian Public Healthcare Awards

Showcase

Premier of Victoria

It is the Victorian Public Healthcare Awards' 10th celebration this year and it is with great pride that I am once again able to pay tribute to the winners and finalists for their dedication and commitment to providing exceptional healthcare in Victoria.

Victorians benefit from world-class healthcare and this is demonstrated by the depth and range of the awardee work outlined in this *Showcase* book. There is no better demonstration of what can be achieved by our healthcare professionals – individuals, teams, boards, volunteers and whole organisations – when their commitment to quality, innovation and excellence in healthcare is focused on the best possible health outcomes for individuals, families, and the broader community.

This is particularly evident in the awardees of my *Health Service of the Year Awards* and the exceptional and holistic work being done by Eastern Health, Western Health, Yarrowonga Health, Northeast Health Wangaratta and Banyule Community Health.

Victoria's healthcare system is further distinguished by the partnerships and collaborations that exist in and between organisations. These include staff working across various clinical fields, in small and large health services, in non-government organisations, private organisations, ambulance services, community health and mental health services and research institutes. There are a number of winners and highly commended awardees who have partnered with other organisations, sometimes in large numbers, to ensure that Victorians, no matter where they live or what their circumstances, receive the best possible health and wellbeing services that a collaborative, outward looking healthcare system can provide.

At the heart of this system is a dedicated workforce of clinicians, nurses and allied health workers, researchers and support staff who work tirelessly to save the lives of many Victorians and enhance the quality of life of many more. With the patient and their carers and family at the centre, these services work together to provide a seamless service system to the Victorian community.

My congratulations to all the entrants in the 2014 Victorian Public Healthcare Awards and, in particular, to the 10th celebration awardees.



Hon Dr Denis Napthine MP
Premier of Victoria



Minister for Health



The Victorian Public Healthcare Awards are our annual account of excellence and innovation in public health, health services and service initiatives that deliver informed and effective healthcare across the Victorian community.

The calibre of the entries submitted for the 2014 Awards,

now in its 10th year, are of the highest standard and reflect the dedication, commitment and pride of staff working across the continuum of healthcare in this state. The work detailed in this Showcase book exemplifies this standard and heralds the future of healthcare provision that will benefit all Victorians now and into the future.

It is fantastic to see the diversity of work being done in the healthcare system which supports the key outcomes of the *Victorian Health Priorities Framework: 2012–2022* – from the unique partnership of cohealth and the University of Melbourne to enable a highly capable and engaged workforce in primary care to the public health initiatives of Incolink and the Northern Melbourne Medicare Local consortium; the patient-centred emergency department follow-up at Cabrini Health to the outstanding work and commitment of the Health Lifetime Achievement Award recipients this year.

These annual Victorian Public Healthcare Awards provide us with the opportunity to spotlight and celebrate these remarkable efforts and I commend all the entrants in the 2014 Awards and congratulate the awardees for their willingness to provide the Victorian community with innovative, patient-centred, world-class healthcare.

Hon David Davis MP
Minister for Health

Minister for Mental Health

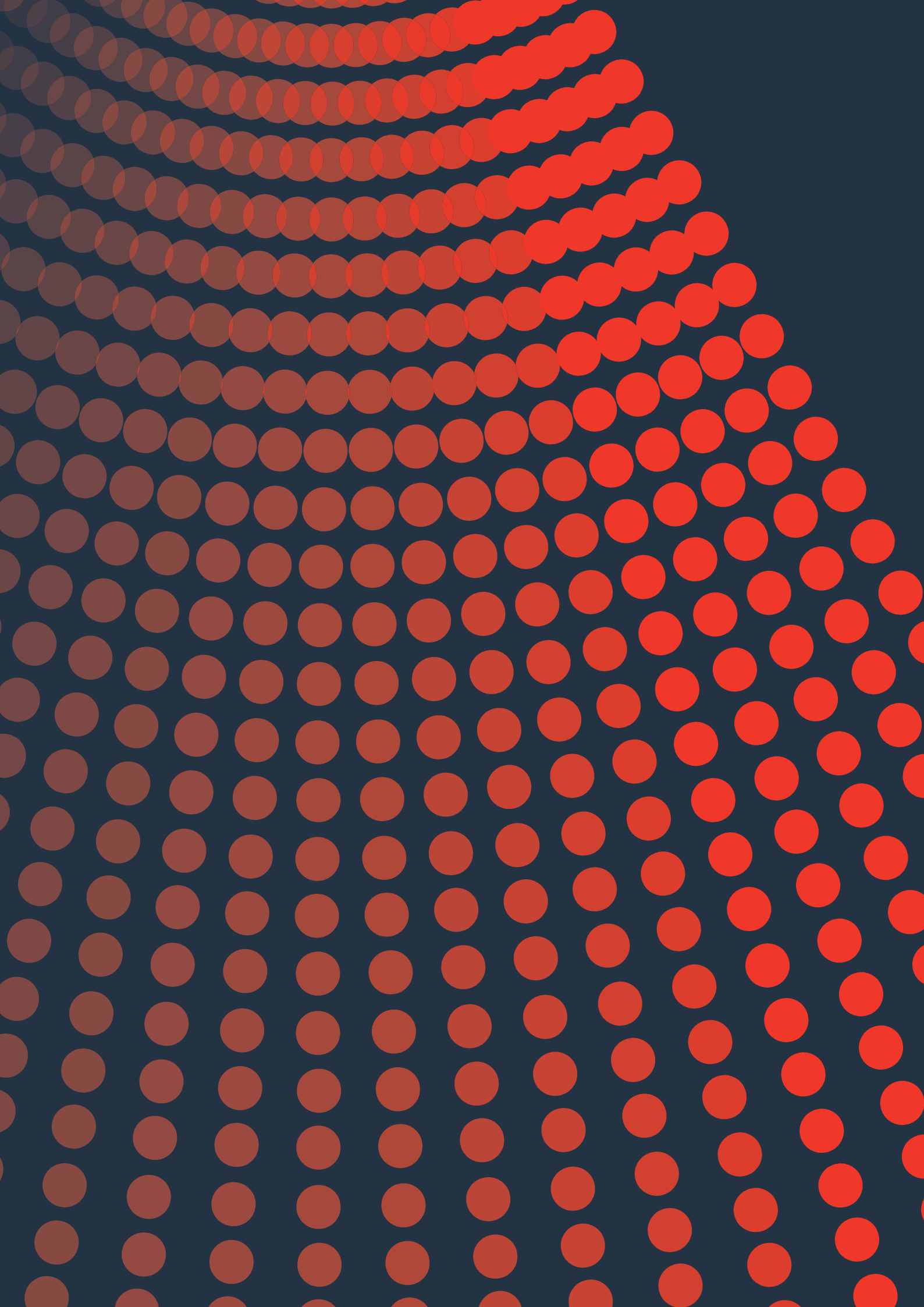


It is with great pleasure that I commend the 2014 winners and nominees who have demonstrated leadership in improving our mental health and drug and alcohol services. They provide outstanding services to people with a mental illness or drug and alcohol problem across Victoria.

Over the last four years the Government and the mental health and alcohol and drug sectors have worked together to reform a fragmented service system. Nominees for awards have shown they are meeting the challenge of creating a high-quality system tailored to individual needs and circumstances. They are an example to other service providers of how innovation and hard work can lead to better outcomes for clients in our health system.

I particularly want to highlight the winners of my two new awards: CitiPower/Powercor and the headspace program, SAFEminds. These exemplify the endeavours of the Government and the mental health system to reduce obstacles and barriers to employment and education for people with a mental illness.

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 2014 Victorian Public Healthcare Awards (the Awards), Victoria's most prestigious health awards program.

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 2014 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 2014 there were 97 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.

This year marks the Awards' 10th celebration and we commend all the judges who have volunteered their time to finding the best of the best in Victoria healthcare over the last ten years.

A special mention should also be made of the 24 judges who have volunteered since 2005: Christopher Bladin, Colleen Boag, Lyn Bongiovanni, Rowena Clift, Philip Cornish, Karella de Jongh, Simon Fraser, Margaret Goding, Sabine Hammond, Jane Hendtlass, Wendy Hubbard, Sue Kearney, Demos Krouskos, Fiona McKinnon, Gregg Nicholls, Robin Ould, Merrin Pricor, Robyn Rourke, Michael Summers, Felicity Topp, John Turner, Stephen Vale, Marg Way and our Chair of Judges, the Hon Rob Knowles AO.



Judges at the 2013 Victorian Public Healthcare Awards gala ceremony, 20 November 2013

Judges

Chair of Judges

Hon Rob Knowles AO
Chair, Health Innovation
and Reform Council

Panel Chairs

Ms Julianne Clift
Director of Nursing
South West Healthcare

Mr Peter Craighead
Chief Executive Officer
Latrobe Regional Hospital

Ms Georgie Crozier MLC
Parliamentary Secretary for Health
MLC for Southern Metropolitan

Ms Anna Green
Manager ICU Liaison Department
Western Health

Dr Sabine Hammond
Executive Manager, Science,
Education and Membership, Australian
Psychological Society; Honorary
Professor, Australian Catholic University

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

Mr Demos Krouskos
Chief Executive Officer
North Richmond Community Health

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

Mr Gregg Nicholls
Chief Executive Officer
MonashLink Community Health Service

Mr Robin Ould
Chief Executive Officer
The Asthma Foundation of Victoria

Dr Pradeep Philip
Secretary
Department of Health

Dr Michael Summers
Senior Policy Advisor
Assistive Technology Suppliers
Australasia Inc

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

Mr John Walker
Director, Communications and
Engagement
Northern Melbourne Medicare Local

Judges

Ms Briana Baass
Manager, Advisory
Ernst and Young

Ms Susan Biggar
Senior Manager
Consumer Partnerships
Health Issues Centre

Professor Christopher Bladin
Program Lead, The Florey Institute
of Neuroscience and Mental Health;
Department of Neurosciences, Eastern
Health - Monash University

Ms Colleen Boag
Chief Executive Officer
Yarram and District Health Service

Ms Lyn Bongiovanni
Manager, Language Services
Western Health

Ms Jo Bourke
Director Safety, Quality and Innovation
Barwon Health

Ms Debra Bourne
Director of Quality and Service
Development, Nurse Practitioner
Seymour Health

Ms Fiona Brew
Executive Director of Innovation and
Performance; Chief Nursing and
Midwifery Officer
Goulburn Valley Health

Mr Harry Bryce
General Manager
Victorian Counselling and Psychological
Services

Ms Caroline Byrne
Director, Mental Health Services Division
South West Healthcare

Adjunct Professor Hanny Calache
Director Clinical Leadership
Dental Health Services Victoria

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

Mr Trevor Carr
Chief Executive Officer
Victorian Healthcare Association

Ms Amanda Charles
Risk Manager
Austin Health

Mr Philip Cornish
Management Consultant
P K Cornish Consulting

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

Ms Karella de Jongh
Chief Interpreter, Interpreter Services/
Cultural Diversity
St Vincent's Hospital Melbourne

Ms Frances Diver
Deputy Secretary, Health Service
Performance and Programs
Department of Health

Ms Andrea Doric
Intensive Care Service Projects
and 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

Mr Peter Fitzgerald

Deputy Secretary, Health Strategy,
Productivity and Analytics
Department of Health

Dr Simon Fraser

Chief Medical Officer and Senior
Paediatrician
Latrobe Regional Hospital

Mr Kevin Freele

Executive Director, Mental Health
Drugs and Alcohol Services
Barwon Health

Ms Jo Gatehouse

Director, Quality, Planning and Innovation
(Acute Health and Consumer
Participation and Patient Experience)
Eastern Health

Ms Margaret Goding

Associate Director, Asia Australia Mental
Health, University of Melbourne,
St Vincent's Hospital Melbourne

Dr Kathleen Gray

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

Ms Louise Greene

Director Business Improvement
the ideal consultancy

Ms Tanya Hendry

Manager Consumer Participation
and Patient Experience
Eastern Health

Dr Jane Hendtlass

Research and Management Consultant
Rodie Research

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

Oral Health Leadership Support Manager
Dental Health Services Victoria

Dr Helen Keleher

Director of Population Health and
Stakeholder Relations, Frankston-
Mornington Peninsula Medicare Local;
Adjunct Professor, Monash University

Mr Peter Kelly

Director Operations NorthWestern
Mental Health
Melbourne Health

Ms Sandra Keppich-Arnold

Associate Director of Nursing and
Operations, Alfred Psychiatry
Alfred Health

Mrs Sue Kirsia

Director of Pharmacy
Peter MacCallum Cancer Centre

Mr Michael Krieg

Chief Executive Officer
St John of God Ballarat Hospital

Mr Allan Layton

Life Governor and former
Board President
Alexandra District Hospital

Associate Professor Erwin Loh

Chief Medical Officer
Monash Health

Ms Deidre Madill

PR Manager
Echuca Regional Health

Mr Steven McConchie

Group Director, Clinical Audit,
Innovation and Reform
Epworth HealthCare Group

Mr James McInnes

Chief Social Worker; Manager of
Aboriginal Health and Counselling
and Support Services
South West Healthcare

Ms Fiona McKinnon

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

Ms Kathleen McLaughlin

Executive Manager, Member Relations
Australian College of Nursing

Ms Jane Miller

Executive Director, Strategic and
Organisational Improvement
The Royal Children's Hospital

Ms Jo-Anne Moorfoot

Director, Continuing Care
Clinical Service Unit
Austin Health

Ms Lyn Morgain

Chief Executive Officer
cohealth

Ms Lauren Newman

Education Manager
Portland District Health

Ms Patrice O'Brien

National Workplace Engagement
Manager
beyondblue

Mr Michael O'Hanlon

Workplace and Workforce Partnerships
and Dissemination Manager
beyondblue

Adjunct Professor David Plunkett

Executive Director Acute Health;
Chief Nursing and Midwifery Officer
Eastern Health

Ms Sonia Posenelli

Chief Social Worker; Supervisor,
Aboriginal Hospital Liaison Officer
Program
St Vincent's Hospital Melbourne

Ms Merrin Pictor

Executive Director of Primary Care;
Chief Allied Health Officer
Echuca Regional Health

Adjunct Associate Professor John Rasa
Chief Executive Officer
Networking Health Victoria

Ms Donna Ribton-Turner
Director, Clinical Services
UnitingCare ReGen

Ms Anne Robinson
Divisional Operations Director,
Medical and Critical Care
Goulburn Valley Health

Dr Timothy Rolfe
Clinical Director
North East Area Adult Mental Health
Service

Mrs Robyn Rourke
Quality and Risk Consultant
QRSolutions

Ms Julie Russell
Director of Clinical Services
Kyabram and District Health Services

Ms Jacinta Russell
Clinical Business Manager
Goulburn Valley Health

Mr Simon Ruth
Chief Executive Officer
Victorian AIDS Council

Mr Andrew Smith
General Manager Clinical
East Wimmera Health Service

Mr Mark Smith
General Manager Policy and Programs
General Practice Registrars Australia

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

Ms Mary-Jane Stolp
General Manager, Quality and Strategy
Catholic Homes

Dr David Sykes
General Manager Learning and
Development
Alzheimer's Australia Vic

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

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
Community Advisory Committee
Melbourne Health

Associate Professor Tony Walker ASM
General Manager, Regional Services
Ambulance Victoria

Ms Fiona Watson
Director, Transformation and Quality
Melbourne Health

Dr Margaret Way
Director, Clinical Governance
Alfred Health

Mr Andrew Way
Chief Executive Officer
Alfred Health

Mr Dan Weeks
Chief Executive Officer
West Gippsland Healthcare Group

Ms Leanne Wenig
General Manager, Client Services
Alzheimer's Australia Vic

Ms Belinda Westlake
Executive Director Safety,
Quality and Information Services
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 Melbourne Medicare Local

Ms Pauline Wright
Executive Manager Families
and Communities
Bellarine Community Health

Premier's Awards

Primary health service of the year

Winner

Banyule Community Health

Rural health service of the year

Winner

Yarrawonga Health

Highly commended

West Wimmera Health Service

Regional health service of the year

Winner

Northeast Health Wangaratta

Highly commended

Echuca Regional Health

Metropolitan health service of the year

Winner

Eastern Health

Western Health

Highly commended

Alfred Health

Highly commended

Dental Health Services Victoria

Health Leaders' Awards

Premier's Award for advancing healthcare – putting patients first

Winner

Nutrition Project Working Group

St Vincent's Hospital Melbourne

Highly commended

Coordination of Australia's largest paired kidney exchange

Melbourne Health, Monash Health, Austin Health, Melbourne Private, Eastern Health, Western Health, Victorian Tissue Typing and Immunogenetics Service

Highly commended

Emergency Care Team: bottom up meets top down leadership to revolutionise emergency care

Monash Health

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

Winner

REACH: A student led primary care initiative, delivered through a unique partnership between students, cohealth and the University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences

cohealth and the University of Melbourne

Highly commended

Dr Andrew Scanlon – Neurosurgery Nurse Practitioner
Austin Health

Highly commended

The Registered Training Organisation Team
Western Health

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

Winner

Dr Melissa Casey and
Professor David Clarke, Agile
Psychological Medicine Team
Monash Health

Highly commended

Acute Aged Persons Mental
Health Unit (South Ward)
Eastern Health

Highly commended

Methamphetamine Project – ReGen
Withdrawal Services Team
UnitingCare ReGen

Secretary's Award for improving patient outcomes and patient experience

Winner

Collaborating to improve regional
critical care: saving lives
Barwon Health, Alfred Health and The
Royal Children's Hospital

Highly commended

Interventional Radiology Team:
Leading an image guided venous
access port service
Monash Health

Highly commended

Cardiopulmonary Prehabilitation Clinic
at Peter Mac: turning the humble
exercise bike into a cancer fighting
machine
Peter MacCallum Cancer Centre

Ministers' Awards

Outstanding achievement by an individual or team in healthcare

Winner

Emergency and health response to
the Hazelwood open cut mine fire
Ambulance Victoria

Highly commended

Deteriorating Patient Leadership Team
Austin Health

Highly commended

BRCA Genotyping Project: rewriting
the ovarian cancer rules
Peter MacCallum Cancer Centre

Outstanding achievement by an individual or team in mental healthcare

Winner

Julie Dempsey
Forensicare

Highly commended

Eating Disorder Service
Barwon Health

Private hospital excellence

Winner

Emergency department follow-up
phone call service
Cabrini Health Limited

Highly commended

C.A.R.E: multidisciplinary falls
prevention intervention program
for a rehabilitation setting
Epworth HealthCare Group

Highly commended

Emergency health services admission
availability in the Grampians Region
St John of God Ballarat Hospital

Mental health educator excellence

Winner

SAFEMinds
headspace National Youth Mental Health
Foundation

Mental health employer excellence

Winner

Mental Health Program: awareness,
prevention and early intervention
CitiPower and Powercor

Highly commended

A sustainable social enterprise
Clean Force Property Services

Highly commended

Mental health campaign
Lend Lease

Health Lifetime Achievement Awards

Awardees

Associate Professor Larry McNicol
Professor Dinah Reddihough AO
Professor Euan Wallace AM

Healthcare Innovation Awards

Optimising the health status of Victorians

Gold winner

'Drink Safe Mate' Binge Drinking
Prevention Project

Incolink

Silver winner

A coordinated approach to tackling
smoking rates in a highly populated
Arabic speaking community

Northern Melbourne Medicare Local,
Pfizer Australia, in partnership with
Dianella Community Health and Quit
Victoria

Highly commended

The Barwon South West Survivorship
Project: Improving the health and
wellbeing of survivors of cancer

Barwon South Western Regional
Integrated Cancer Service

Excellence in supporting self-managed healthcare

Gold winner

Dandenong Young Adult Diabetes
Service: Implementation of patient
centred innovation

Monash Health

Silver winner

Reducing chest pain presentations
in the emergency department

Melbourne Health

Highly commended

OzDAFNE: a structured self-
management program improving
biomedical and psychological
outcomes for adults with type 1
diabetes

Diabetes Australia – Vic

Excellence in person-centred care

Gold winner

Innovative physical health program
in community mental health

Melbourne Health

Silver winner

Not just sick kids: Treating patients as
people through arts-based learning

The Royal Children's Hospital

Highly commended

Refugee health: Achieving excellence
in responsive person-centred care

Monash Health

Excellence in quality healthcare

Gold winner

A new program for the rapid
deployment of extra-corporeal
membrane oxygenation for the
treatment of patients in cardiac arrest

Alfred Health

Silver winner

Peripheral intravenous line safety
initiative

Austin Health

Highly commended

Implementation of a whole-of-hospital
sepsis pathway

Peter MacCallum Cancer Centre

Excellence in service provision

Gold winner

Caring for the homeless on the
peninsula

Peninsula Health

Silver winner

Responding to family and patient
needs – changing service delivery from
hospital to home, family-centred care
at its best

Paediatric Integrated Cancer Service
and Monash Health

Highly commended

10 years swimming upstream,
look how far we've come

Gippsland Lakes Community Health

Optimising healthcare through e-health and communications technology

Gold winner

Telemedicine enabling chemotherapy
in the home

Monash Health

Silver winner


Like! A social approach to optimising
child and adolescent health

The Royal Children's Hospital

Highly commended

Breastfeeding Support Project

Australian Breastfeeding Association and
Small World Social



WINNERS

PREMIER'S HEALTH SERVICE OF THE YEAR AWARDS





Primary health service of the year WINNER

Banyule Community Health

Primary health service of the year

Banyule Community Health

Banyule Community Health (BCH) is a stand-alone community health service that works with people in Banyule and surrounding areas from centres in West Heidelberg and Greensborough, and multiple community-based out-postings.

Established in 1975 in the West Heidelberg Olympic Village, BCH has a strong culture of connecting with the diverse local community who are valued contributors at all levels of the organisation. Although Banyule is ranked as the 13th most advantaged area in Victoria (SEIFA4), some suburbs are in the 95th percentile of disadvantage.

With an operating budget of \$13 million, 170 staff and over 60 volunteers, BCH is committed to addressing the social determinants of health. It provides services across the continuum of care, including health promotion, counselling, gambler's health, mental health nursing, dental, medical, allied health services and Aboriginal health.

In the last 12 months BCH had 13,800 registered clients.

BCH's culture of 'working together with trust and respect' is well embedded across the agency.

BCH has a transparent and 'open door' policy approach to management, and a healthy and positive workplace culture that enacts its vision and mission.

The health service's recruitment processes are designed to promote selection of the right person and have created new opportunities for volunteers.

BCH has also continued to build the capability in service provision for the Aboriginal and Torres Strait Islander community through the development of employment pathways for the local Aboriginal community and improved service provision through an Aboriginal Health Team.

BCH's 2012–15 strategic plan identifies community responsiveness as an area of focus and reaffirms the organisation's commitment to the needs of disadvantaged populations across the entire spectrum of care – from prevention through to management of chronic and complex conditions.

This responsiveness to people most in need is demonstrated by programs provided in settings other than the health service, which facilitates access and engagement with people who are otherwise unlikely to receive the support they need.

BCH has an agency-wide approach to person-centred care, which informs all areas of service provision to enhance people's self-management and independence.

Peer support models are used to promote recovery and assist clients in managing chronic conditions.

For example, Peer Connection is a confidential telephone support service developed at BCH by Gambler's Help in which trained volunteers support people who are problem gamblers or are affected by problem gambling.

The program has seen a 68 per cent reduction in gambling behaviour and 96 per cent of participants agreed that their volunteer understood what they were experiencing.

BCH involves the community in its accountability processes for governance and operations. Clients are integral in a number of governance and operational committees to ensure participation throughout the agency.

In addition to systems that support person-centred care at BCH, community members' experience is highly valued and incorporated into programs.

Community involvement in hand hygiene is an example of an important strategy that has successfully engaged with the community on health issues and supports quality improvement in infection control.

The organisation has developed a care planning system for complex clients who access multiple services.

Evaluation findings indicate that clients are driving the goals of their care.

Various reviews of standards and quality have found that the organisation has a substantial commitment to continuous quality improvement, and that people and their carers are actively involved in decisions about safety and quality.

Reviews have also found that risk management is given a high priority, and organisational and clinical risks are identified, assessed and controls put in place to mitigate risk. Client risks are monitored and tracked through the clinical governance system and systematically reported to the board.

Through regular reviews and effective fiscal management, BCH has maintained a balanced budget in a contracting budget environment, supporting the organisation's goal of sustainability.

BCH and Melbourne University have partnered with the CRESCENT training program to give medical students experience in a primary health setting.

Medical students have increased the availability of services in a cost-effective way, with similar outcomes from a graduate dental program and student psychology clinic also at BCH.

There is also evidence that community-based collaborative inter-professional care for mental health clients has contributed to a reduction in hospital readmissions and associated costs.

BCH counselling staff out-postings mean that staff in alcohol and other drugs, general counselling and gambler's help operate across five municipalities from 11 locations.

Many of these out-postings are with other health services, enabling integrated care.

BCH uses a number of systems to improve data management and for organisational planning and monitoring. These include RiskMan to manage VHIMS and EMO Employee Management Online system streamlines HR systems.

In the past 12 months progress has been made on an e-learning portal, which is well used by staff and additional training modules related to quality and safety practices are now available.

A new website has been operating since January 2014 and was developed with feedback from community members on the BCH Community Communications Committee.

BCH continues to use SMS text reminders in clinical areas with high rates of non-attendance and a Twitter account to better connect with community members.

BCH has redeveloped and launched a new intranet based on Sharepoint technology in the last 18 months.

In conclusion, BCH is leading the way in demonstrating best practice public healthcare through its work with a diverse and complex community. Its approaches to involving clients and the community in their own healthcare, as well as the governance and operations of the health service, are reaping real rewards for the provision of healthcare in the Banyule area.

Contact

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



Rural health service of the year WINNER

Yarrawonga Health

Rural health service of the year

Yarrawonga Health

Yarrawonga Health (YH) is a small rural health service providing lower-complexity acute inpatient services, day procedure services, residential aged care and primary and community health services.

It was established on 1 July 1999, following the formal amalgamation of Yarrawonga District Hospital, Yarrawonga Nursing Home and the Yarrawonga Community Health Centre.

YH is located in the eastern portion of the Moira Shire. It provides services for residents and visitors to the towns of Yarrawonga, Mulwala and the surrounding districts – a catchment population of approximately 14,000 that grows to more than 25,000 over the Easter break and the summer months.

The Yarrawonga Mulwala townships are a popular retirement destination. Residential activity is also increasing, with a number of residential estates being built in Yarrawonga over recent years.

YH has 21 acute beds, 88 aged care beds, a midwifery unit, community health centre, dialysis unit, theatre and district nursing service. In 2012–13, YH had more than 3,150 separations, and of these patient episodes over a third were for a stay of one night or longer.

YH employs approximately 250 staff and 100 volunteers, making it Yarrawonga's largest employer.

YH strives for excellence across all areas of the organisation. Earlier this year, it was awarded accreditation under the Australian Council of Health Services, National Safety and Quality Health Service Standards. Many ongoing innovative projects were introduced in the lead up to accreditation.

In March 2013 Yarrawonga Mulwala was affected by a tornado that left widespread damage. This was the second large disaster to occur in a 12-month period, and emergency service providers commended YH's emergency management planning.

The consumer and their family/carers are the primary focus of all safety and quality initiatives across the organisation. In 2013, YH introduced the Studer Group to the organisation, which has had a positive impact supporting the Safety and Quality Governance Framework as well as aligning with the 10 national standards.

YH's strategic plan operates across all levels of the organisation. The values of respect, excellence, compassion and teamwork are reflected throughout all the activities that make up this award entry.

YH has a strong record of building organisational capability. It has an engaged and highly capable workforce that can respond to new challenges, create new opportunities and deliver the best possible healthcare to patients and consumers.

YH has adopted the Victorian Regional Health Service ELearning Network (REHSEN e3Learning) system to promote and sustain a learning culture throughout the whole organisation. YH staff now have access to mandatory training requirements via the organisation's new Sharepoint intranet-based information exchange program.

YH also provides clinical placements for medical, nursing and allied health students. Nursing student placements are available in acute, aged care and community health/district nursing.

The value and viability of rural health is highlighted at YH by the emphasis placed on the current workforce, maintaining a sustained increase in student numbers, and hopefully demonstrating a flow-on effect to recruitment and retention.

YH is working to improve the health status of its community through responsive service planning. It seeks to put people and their families at the heart of service delivery. This is reinforced by the 'partnering with consumers' national safety and quality health service standard recently passed in March 2014.

YH's Consumer Cultural Diversity Committee meets a minimum of four times per year and the community profile is well represented by its range of committee members. The most recent initiative for this committee is to provide consumer representation on the Clinical Governance Quality and Risk Committee.

YH responded to local flooding in 2012 by supporting the community and other health services in need, and in 2013 Yarrawonga Mulwala was hit by a devastating tornado that activated a code brown.

During these emergencies, YH demonstrated leadership, responsiveness and the ability to continue to provide care of the highest standards while under immense pressure.

YH is improving people's ability to better manage their own health through early intervention chronic disease programs. These include initiatives such as the My Health, My Life program for people with chronic health conditions such as diabetes, arthritis, lung, kidney and heart conditions, and the Act Belong Commit campaign to improve social connection and mental wellbeing in the community.

In aged care, YH has introduced resident allocation, which sees care moving away from a task-orientated approach to one that focuses on resident independence, choice and decision making, and safety. Each staff member is responsible for providing all the care for their resident, including medications.

YH also flicked the switch on the largest solar panel installation of any public hospital in Victoria on 11 August 2013. This means that around 15 per cent of YH's electricity costs are met by the sun. The project involved replacing more than 1,600 lights with more energy efficient ones. Together, these two projects alone will help save \$50,000 annually.

As part of a commitment to e-health, electronic quality boards have been erected in five locations across the organisation, acute, reception, and the three aged care facilities. These boards run 24 hours a day and display key messages and quality data for our consumers.

YH has also established a new telehealth service to enhance out-of-hours access to medical care for urgent care presentations. This service has been averaging 10 calls per month, and due to the success at YH is being expanded to other rural services in the Hume region. YH is participating in a University of Melbourne research project on telehealth use, which will also assist with service planning in this area.

Yarrawonga Health is an excellent example of a small health service that demonstrates outstanding commitment to its community, even in the face of major emergencies.

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Highly commended

West Wimmera Health Service

West Wimmera Health Service (WWHS) is dedicated to the delivery of health, welfare and disability services that are compassionate, responsive, accessible and accountable to individual and community needs for the people of the west and south Wimmera, and southern Mallee rural and remote communities.

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

In 2013–14, WWHS achieved an 18 per cent increase in the number of patients treated compared with the previous year, and a 20 per cent decrease in length of stay due to increased care in the community. It delivered 70,000 primary care occasions of service, 28,500 disability contact hours, with an operating surplus of \$80,000.

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Regional health service of the year WINNER

Northeast Health Wangaratta

Regional health service of the year

Northeast Health Wangaratta

Northeast Health Wangaratta (NHW) is the 202-bed principal health service and major employer for the Rural City of Wangaratta, situated in north-east Victoria, 230 kilometres from Melbourne.

It serves a broad catchment of around 100,000 people and offers an extensive range of services to meet the needs of the population, which is primarily anglo-Australian and English speaking.

NHW employs a total of 717 full-time equivalent staff and manages an annual budget of \$103 million.

The past year at NHW has been one of major financial improvement, achievement of capital works and external recognition of the high-quality healthcare services it provides.

NHW achieved successful ACHS accreditation against 15 standards in July. It also won the Australasian Hardwiring Excellence Award in September, and was highly commended in the 2013 Premier's Regional Health Service of the Year award.

In addition, the service has delivered \$3.5 million of capital works on time and on budget and demonstrated a high level of patient and staff satisfaction.

These capital works saw the refurbishment of the emergency department to enhance patient flow and care in waiting, as well as an expanded and renovated admission and day stay unit to provide greater privacy, capacity and patient comfort.

Works also included a new day procedure theatre and expanded outpatient and dental clinics.

NHW's values are caring, excellence, respect, integrity and fairness. They support NHW's vision of being 'recognised leaders in rural healthcare', and they are embedded in all aspects of the health service's work.

NHW was the lead agency in Hume in the establishment of the Victorian Regional Health Service e-learning Network, an internet-based platform supporting the needs of more than 17,000 users statewide.

Staff access to clinical, workforce and operational information has also improved dramatically with the introduction of enhanced reporting systems and the Roster-On staff scheduling system.

The opening of an integrated dental clinic located within the community care centre has enabled significant reduction of public dental waiting lists.

NHW was able to treat an extra 1,475 patients to May in 2013–14. To achieve this outcome, outreach services to Beechworth, Rutherglen and the Alpine Shire were provided and four 'super clinics' were conducted, screening around 180 individuals at each clinic to identify further treatment requirements.

Significant reductions in waiting lists have been also achieved for patients needing speech pathology and physiotherapy services.

Although NHW has been officially smoke free for two years, we are now one of seven Victorian hospitals to pilot the 'ABCD' smoking cessation program. This program increases support for every patient to quit smoking.

Services provided for those with chronic and complex healthcare needs have had some significant achievements in the last year.

Applications that run on mobile devices have been introduced in the areas of speech therapy and dietetics. This smartphone technology allows people and their carers to continue therapeutic management at home without the direct input of a clinical therapist.

Support for the older person focuses on a strong case management model that supports independence. Our case management teams maintain high occupancy in packaged care programs.

Within the Rural City of Wangaratta, 1.2 per cent of the population is identified as being of Aboriginal or Torres Strait Island (ATSI) descent. While this is a small percentage, NHW has employed an Aboriginal Transition Officer and actively engages with the local ATSI community to ensure the healthcare needs of this vulnerable group are met.

Executive and senior staff meet formally at least twice a year with ATSI elders to receive feedback and address any issues raised. NHW was also one of the first hospitals in Victoria to sign a statement of intent to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians by the year 2030.

In July 2013 NHW underwent an organisation-wide survey with ACHS against the 10 National Standards, additional EQulP5 National Standards and HACC. The results achieved were outstanding, with a total of only five recommendations from the full survey.

A strong antimicrobial stewardship program is in place with direction from a clinical microbiologist.

Visiting hours restrictions have been removed across the inpatient wards, allowing greater involvement and access for family and carers where required.

Pressure mapping equipment has been introduced which helps staff to determine areas of high-pressure in patients through the use of heat sensor technology.

The emergency department's NEAT target achievement against state targets improved from 65 per cent in May 2013 to 82 per cent in April 2014. This has been achieved through innovation and improvement in communication and patient flow.

Redesign of the hospital in the home program has seen a 60 per cent increase in activity on the previous year.

These improvements have been achieved through the creation of one point of contact, educating clinical staff and providing information for staff on lanyard cards.

In 2013 NHW was selected by the Department of Health to implement telehealth in the Hume Region's emergency departments. NHW worked extensively across the region to ascertain healthcare organisations' needs, install information technology hardware and provide education to staff.

In addition to assisting patients to access emergency departments in smaller organisations, NHW is exploring opportunities to use telehealth to support other small rural health services in areas such as rehabilitation.

Northeast Health Wangaratta has demonstrated outstanding effectiveness at serving the public healthcare needs of its community. Through building capacity, focusing on person-centred care and self-management, continuous improvement and using e-health, it is meeting the challenges presented by a regional setting.

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Highly commended

Echuca Regional Health

Echuca Regional Health (ERH) was first established in 1882. Today the health service comprises a 24/7 emergency department, acute hospital, residential aged care facility and provides an extensive range of primary and continuing services to meet the needs of an estimated 44,000 people.

Located 180 kilometres north of Melbourne, Echuca is surrounded by the majestic Murray River which provides for an area prosperous with agriculture, tourism, industry, development and new residents.

The health service has an operating budget of \$49 million and a staff base of 541, representing 365.8 full-time equivalent staff. ERH continues to retain full accreditation across all areas of the organisation including aged care.

ERH continues to meet the increase in demand for services in most areas of patient activity. While the current facilities remain a real challenge, the dedicated staff continue to achieve key performance indicators and provide high-quality healthcare in a challenging environment.

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Metropolitan health service of the year WINNERS

Eastern Health



Western Health



Metropolitan health service of the year

Eastern Health

Eastern Health (EH) provides a comprehensive range of high-quality acute, subacute, palliative care, mental health, drug and alcohol, statewide specialist, residential care and community health services to people and communities in the eastern region of Melbourne.

EH delivers clinical services to more than 750,000 people through eight clinical programs in 29 different locations spread over 2,800 square kilometres in the east.

The service employs more than 9,000 staff and volunteers, delivers more than 800,000 episodes of patient care each year and manages an annual budget of more than \$770 million.

EH is focused on building organisational capability in order to ensure a high-quality health system for the people of the eastern region, and also to attract and retain the best staff.

The organisation seeks to embed its values in everyday work in order to make every interaction a positive one.

It has a three-year plan to attract, develop, engage and retain staff to strengthen its culture. This includes initiatives to enhance engagement and retention of skilled and valued mature-aged health employees.

The Workforce Sustainability Unit, established in 2012, helps managers manage unplanned absences and increase planned absences. This has resulted in improved continuity of care and staff who are reliable, committed and well rested.

As well as demonstrating excellence in building staff capability, EH is also working to improve the health status of the community through health promotion and prevention activities.

It has continued work towards closing the gap in health status/outcomes between Aboriginal and non-Aboriginal Australians.

New exercise programs specifically target the Aboriginal community. These programs aim to increase physical activity levels, and also to build engagement between the service and the community and to provide health information to address health literacy issues.

EH runs a number of programs that address key areas of need within our catchment, based on population health data. These include promoting healthy eating and improving access to healthy food in schools, working with schools and sports clubs on initiatives to prevent violence against women, and promoting tobacco-free clinics.

EH is also providing excellence in self-managed healthcare. It has implemented a Healthy Living (Early Intervention in Chronic Disease) Program for clients with a new diagnosis of diabetes or pre-diabetes to provide information and improve self-management using a multidisciplinary model.

The Life! diabetes prevention program is an evidence-based lifestyle behaviour change initiative. It has been shown to prevent the onset of new diabetes in up to 58 per cent of course participants.

In addition, EH's ambulatory oncology rehabilitation program provides a comprehensive approach to address the longer term physical and psychosocial ramifications of living with cancer.

Person-centred care is another major area of focus for EH. The Centre for Patient Experience provides a coordinated focus for the organisation to deliver a great patient experience and In The Patient's Shoes Program is recognised across Australia for its multipoint sensitivity.

Leadership walkrounds are another strategy used to understand the patient experience. Last quarter 91 per cent of senior leaders conducted at least three leadership walkrounds.

Patient experience data is available at an organisation-wide, program and individual ward/service level, and is used as one of the first points of gaining consumer input to inform quality improvement.

Consumers are involved in all of EH's re-design rapid improvement activities, which ensures the consumer is central to the process.

The new model of care for general medicine has delivered a consistent model of care to patients, regardless of the unit or hospital, and now operates seven days a week.

The EH Expected Pathways of Care for Pregnant Women project has transformed the focus of maternity care, which is traditionally defined by the scope of practice of clinicians. In this project, maternity care is instead defined according to the individual needs of the woman. Care is planned, documented electronically and stored in a handheld maternity record that is owned and carried by the woman throughout pregnancy. The model of care has been presented nationally and internationally and adopted by a range of other health services.

In the area of improvement, EH ensures that improving the work done each day is a core task for EH staff. All staff are expected to actively participate in improvement work to meet EH performance standards.

EH uses a number of planning activities to identify improvements, and these are in place for all levels of the organisation. All improvements are documented on Operations and Improvement Plans, which are monitored and reported on a quarterly basis.

In March 2013, EH implemented a pilot Early Supported Discharge service for stroke patients. This innovative bed-substitution model recruits people earlier than standard hospital practice from acute and subacute settings for intensive rehabilitation in the community setting. Results to date show a reduction in acute length of stay and significant improvements in key client and carer outcomes.

In e-health, EH has implemented a new electronic system for the management of inpatient access and patient flow called Patient Flow Manager. The system optimises visibility of patient movement at all levels of the organisation and helps identify and manage any impediments to rapid patient flow throughout the organisation.

In April, EH was the first Victorian public healthcare service to upload the discharge summary from the clinical system to the National eHealth Personally Controlled Electronic Health Record. This means that real-time sharing of patient information between a health service, patient (or carer/family) and their GP is now a reality.

EH has again demonstrated that it is at the cutting edge of public healthcare in Victoria, through its commitment to excellence and its dedication to the community in the eastern region of Melbourne.

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Metropolitan health service of the year

Western Health

With an annual budget of \$580 million, Western Health (WH) provides services to a region with more than 800,000 people, identified in the most recent census as the fastest growing in Australia. Patients and their families speak more than 110 different languages. Socioeconomic disadvantage is pronounced in many of our communities.

The rapid population growth and extraordinary diversity of the region is reflected in the scale of demand for services, delivered through Western, Sunshine, Williamstown and Sunbury Day Hospitals, Hazeldean Transition Care and in dozens of community clinic settings as well as patients' homes.

WH employs 6,100 staff who provide care to patients through 184,000 medical outpatients, 128,000 emergency department presentations and more than 110,000 inpatient separations and were capably supported by more than 450 volunteers. Sunshine Hospital is the third largest maternity hospital in the state, with more than 5,250 births a year.

WH takes its role as a significant community partner in Melbourne's west very seriously. It is a major employer, working closely with partners to promote a healthier community, participating actively in a wide range of community events, and advocating for the overall health and wellbeing of the region.

From board to ward, WH is innovative and proud, continuously developing services and approaches to education and workforce development through the Western Centre for Health Research and Education.

WH places a high value on remaining financially responsible and sustainable. It is on track to record a surplus over \$4 million in 2013–14 and has a strong cash position.

The health service is building organisational capability by listening to consumers and their families, and engaging with the teams who deliver care at the bedside. This ensures that organisational development efforts are channelled into the most meaningful activities. This was evidenced by the unprecedented 94 per cent compliance rate for performance development appraisals this year.

WH's reputation is also enhanced by its collaborative clinical placement partnerships with major universities. WH has provided 55,000 clinical placement days across 17 different health disciplines within the past 12 months.

WH is driving the implementation of truly collaborative projects in areas such as health literacy, service navigation and workforce innovation. The BHPW initiative on health literacy resulted in a consumer led WH Patient Information Review Group, the first of its kind in our region. The group has reviewed over 40 patient information publications.

There has been significant progress to improve identification and support of Aboriginal and Torres Strait Islander patients. An Aboriginal Health Reference Group was established and the opening of an Aboriginal Unit Office and family room at Sunshine Hospital had immediate impact, with the doubling of identified patients at the Sunshine Emergency Department.

WH is supporting self-managed healthcare in a number of ways. In what is believed to be an Australian first, WH is using innovative telehealth solutions to enable more Victorian patients to undertake home dialysis. Nicknamed the HUG program, it involves using iPad technology to track patients' clinical signs remotely and intervene before they deteriorate. The devices have supported a 15 per cent reduction in emergency department visits.

WH has assisted the Western Bulldogs to establish and run the Sons of the West Men's Health Program, designed to improve men's health behaviour and health status. WH has also targeted healthy lifestyle and risk-taking drug and alcohol behaviours for young people with the implementation of the Western Alcohol Reduction Program in conjunction with Essendon-Keilor and Copperfield Colleges.

A number of improvements have ensured the invaluable support provided by WH's 450-plus volunteers is used effectively. VMAP (Volunteer Meal Assistance Program) has improved food intake of patients. The Taking Time to Talk initiative involved specific training for volunteers to provide social support for patients with cognitive impairment. It has led to a marked decrease in challenging behaviours.

In May 2014 at the Minister for Health Volunteer Awards, a 20-year-old WH Volunteer was awarded the Most Outstanding Achievement by an Individual in a Metropolitan Health Service.

WH governance systems for quality and safety, including committees, education, policies and procedures, improvement plans and risk profiles are aligned with the new Best Care Framework.

ACHS Periodic Review in March 2014 provided an independent review of WH's approach to quality and safety, and it was awarded with full accreditation status, along with the award of a substantive number of met with merits.

WH is also gaining a reputation as an international leader in environmental sustainability in a hospital setting. Twenty-seven per cent of all WH waste is now diverted from landfill each year, with 12 operational recycling streams and a 13 per cent reduction in energy consumption in just 12 months.

Having implemented Productive Ward foundation modules over 2013–14, WH has demonstrated a decrease in staff absenteeism, medical/surgical expenditure and patient length of stay.

WH offers the highest proportion of community-based care options and midwifery-led models for pregnant women of any maternity hospital in the state, with 49 clinics in 15 different community locations. This includes an all risk case load model and the home birth program.

To progress towards WH's vision of an integrated digital environment, wi-fi coverage was deployed to all areas of WH in 2013–14. This enabled the introduction of the Bring Your Own Device initiative, securely connecting clinicians to WH applications from mobile tablet devices.

Industry partners actively work with us to provide better bedside care, evidenced by the Intelligent Patient Journey System, an interactive tool developed in partnership with WH to provide real time patient journey information and guidance. Proof of concept is completed, and the tool is being expanded across WH and has attracted interest from Victorian and interstate health services.

Western Health is setting the standard for providing person-centred care in a diverse urban community. The health service's focus on enhancing quality, organisational capacity and self-managed care in the community is exemplary.

Contact

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Highly commended

Alfred Health

Alfred Health is a leading major metropolitan public health service, and is passionate about delivering the best possible care.

With an annual budget of \$919 million, we serve more than 680,000 people in Melbourne's inner bayside and southeast areas and provide 13 statewide services to the broader Victorian community.

In the past year we treated 97,743 inpatients, 190,548 outpatients and saw 86,979 emergency department presentations. We employ 7,992 staff across our three campuses.

The Alfred is a major tertiary referral hospital providing a comprehensive range of specialist acute health services, and it is home to Australia's busiest trauma centre.

Caulfield Hospital is a major provider of aged care, aged psychiatry services and residential care. Sandringham Hospital focuses on the healthcare needs of the bayside community.

Alfred Health continues to innovate, developing new models of care, nurturing partnerships, investing in research and embracing technology.

Contact

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Dental Health Services Victoria

Established in 1996, Dental Health Services Victoria (DHSV) provides quality dental care to public patients via The Royal Dental Hospital of Melbourne and 57 community dental agencies throughout Victoria.

With the investment of unprecedented federal funding into the public dental sector through the National Partnership Agreement, DHSV's annual budget grew from approximately \$120 million to \$200 million in 2013–14.

All factors involved with this transition, including workforce expansion and effective resource allocation, were handled meticulously to ensure the Victorian community had increased access to public dental services.

In 2013–14, DHSV focused on transforming the organisation by introducing innovative, patient-centred, multidisciplinary, collaborative and evidence-based models of care.

DHSV employs 729 staff who treated, and provided support to agencies to treat a projected total of 412,000 people – a 21 per cent increase compared with 2012–13.

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HEALTH LEADERS' AWARDS





Premier's Award for
advancing healthcare –
putting patients first

WINNER

Nutrition Project Working Group

St Vincent's Hospital Melbourne

Nutrition Project Working Group

St Vincent's Hospital Melbourne

Poorly managed patient nutrition can lead to significant harm and poor-quality outcomes.

The St Vincent's Hospital Melbourne (SVHM) Nutrition Committee was established to address malnutrition in admitted inpatients, which is a significant clinical risk due to low rates of identification by medical and nursing staff and subsequent referral to dietetics for management.

The Nutrition Project Working Group (PWG) was formed in January 2013 from the existing Nutrition Committee to consolidate and expand the work of the committee.

The multidisciplinary PWG includes a consumer representative, senior medical, allied health, quality and risk, nursing, education, food services and support staff.

Part of the process involved improving the identification of malnutrition using a validated Malnutrition Screening Tool (MST). Patients with a positive risk score are referred to the dietitian and receive an individualised nutrition management plan.

Standardised weighing equipment was introduced throughout the hospital to enable patient weights to be measured on admission and on a weekly basis.

Special stations with scales, a height measure, nutrition information and a healthy weight range chart have also been introduced on some wards.

Patients are encouraged to visit the stations to weigh themselves and access information.

Bedside signage to explain individual meal requirements was also improved, and the volunteer meal assistance program expanded to improve the management of patients who require feeding assistance.

The documentation of malnutrition in the patient medical record was improved by the development of a malnutrition diagnosis sticker, and adding a malnutrition diagnosis option on the electronic medical discharge summary.

This highlights the nutrition care provided in hospital for ongoing community and primary care and facilitates optimal diagnostic clinical coding and hospital reimbursements.

A comprehensive hospital-wide awareness program was introduced to improve staff understanding of their role in malnutrition management and to promote the new innovative strategies.

The program has had strong positive results.

Identification of malnutrition has improved significantly, with the 2014 bedside audit showing on average 89 per cent of patients are screened for malnutrition risk and 64 per cent are weighed on admission. This compares with no screening and three per cent of patients weighed on admission in 2006.

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Highly commended

Coordination of Australia's largest paired kidney exchange

Melbourne Health, Monash Health, Austin Health, Melbourne Private, Eastern Health, Western Health, Victorian Tissue Typing and Immunogenetics Service

In May 2014, a six-way paired kidney exchange took place in Melbourne.

It was the largest paired kidney exchange ever undertaken in Australia, and it required extraordinary leadership and collaboration.

It involved six hospitals, at least 150 staff, 12 patients, the first-ever altruistic anonymous live kidney donor and, most importantly, it saved six lives.

Kidneys given by friends or relatives now form around a third of all transplant procedures.

However a number of patients with willing and healthy donors are excluded from giving because of tissue incompatibility, often because antibodies in the potential recipient would quickly destroy the kidney if transplanted.

The nationwide Australian Paired Kidney Exchange Program assists in matching incompatible donor-recipient pairs with other pairs in a similar position.

There are typically one or two kidney-swaps involved in such a match. In May 2014, Victorian hospitals coordinated a 12-person paired exchange procedure, the largest such event in Australia.

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Emergency Care Team: bottom up meets top down leadership to revolutionise emergency care

Monash Health

The Monash Health Emergency Care Team provides emergency services through three emergency departments located at Monash Medical Centre, Dandenong Hospital and Casey Hospital.

Only 18 months ago, none of Monash's three emergency departments was meeting its key performance indicators.

At that point, only 58 per cent of patients were being treated within the four-hour timeframe.

Rather than attempt to roll out a single new process, the leadership team in each department was encouraged to develop a model from the 'bottom up' that best suited local needs, with 'top down' support as required.

The Monash Health Emergency Care Team demonstrated outstanding leadership by having a clear vision and showing resilience to stay true to its vision even when times got tough.

Changes have resulted in improvements to patient experience, ambulance ramp times, time to seeing a doctor, time spent in the emergency department and staff engagement.

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

WINNER

REACH: A student led primary care initiative, delivered through a unique partnership between students, cohealth and the University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences

cohealth and the University of Melbourne

REACH: A student-led primary care initiative, delivered through a unique partnership between students, cohealth and the University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences cohealth and the University of Melbourne

REACH (Realising Education and Access in Collaborative Health) is Australia's only student-led interprofessional primary care initiative.

It was established as a partnership between students of the University of Melbourne Faculty of Medicine, Dentistry and Health Sciences and Dousta Galla Community Health (now cohealth) in 2011.

REACH undertakes a range of community engagement activities, with the main output being a primary care clinic targeting vulnerable members of the community, run on Saturday afternoons from the cohealth Kensington site.

It embodies outstanding health leadership to improve workforce capacity by recruiting volunteer students to run all aspects of REACH.

At the end of 2013, there were 70 students volunteering as part of the REACH organisation and in the REACH clinic.

The REACH clinic is unique in that all aspects of the operations are planned and managed by students of medicine, nursing and physiotherapy at the University of Melbourne.

The first year of operations provided many challenges and learning experiences for the students, highlighting issues requiring attention to improve the services for clients and refine the service model.

Through cohealth, a grant from the Department of Health enabled REACH to employ a part-time project officer to contribute to the sustainability and improvement efforts of the organisation.

Establishment of the organisation and the clinic has involved countless hours of work from REACH volunteers, together with significant input from cohealth and members of the faculty.

Most of the original students have now graduated and moved on, with new students each year responsible for the initiative. The clinic, now in its fourth year continues to be run by student volunteers.

Volunteering in the clinic allows students to gain practical experience in a multidisciplinary community healthcare setting, and to learn some of the skills required for managing a health service including people and finance management, partnership work, recruitment, evaluation, marketing, planning and fund raising.

Students have reported an appreciation of the different type of learning that takes place through REACH compared with university-based learning. In particular, they value the unique opportunity to work and learn in a multidisciplinary and collaborative environment with peers.

REACH also equips students with skills and knowledge to understand the challenges of delivering health services to clients experiencing significant disadvantages such as poverty, mental illness, refugee background or homelessness.

Contact

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Highly commended

Dr Andrew Scanlon – neurosurgery nurse practitioner

Austin Health

Dr Andrew Scanlon led efforts to establish the nurse practitioner role (NP) in the Department of Neurosurgery at Austin Health, where he has held clinical nursing roles for more than 20 years.

In his two NP-led clinics he currently sees around 1,200 patients a year and has contributed to a significant improvement in person-centred care.

The wait time for a booking in the carpal tunnel syndrome (CTS) clinic has decreased from 12 months (in 2009) to six weeks (in 2014), while at the same time the number of neurosurgery CTS patients seen per year has increased 20 times (from 31 to approximately 600).

This growth is largely due to the consolidation of referrals previously dispersed across a number of surgical units.

Dr Scanlon is a leader in the early adoption of the NP model and passes his knowledge on to Victoria's future nurses and nurse practitioners as a lecturer at La Trobe University.

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The Registered Training Organisation Team

Western Health

Western Health's Registered Training Organisation (RTO) is led by the Accredited Training Manager, Annette de Jager, and the Director of Education and Learning, Louise McKinlay.

Annette and Louise have both worked at Western Health for six years, and under their leadership, workforce learning and development opportunities have been transformed.

As a result, Western Health's integrated approach to workforce development will continue to improve the health outcomes of a community challenged by significant economic and social barriers.

Louise and Annette have built the development opportunities available for staff, and assisted Western Health to increase its capacity to service the changing needs of the area by ensuring the 6,500 strong workforce has capability to respond.

A key strategy has been to deliver customised, flexible and accessible training for staff through the enterprise Registered Training Organisation.

This has created an integrated and seamless health workforce through enhanced employability, and a greater amount of flexibility within the workplace.

Contact

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

Dr Melissa Casey and Professor David Clarke,
Agile Psychological Medicine Team

Monash Health

Dr Melissa Casey and Professor David Clarke, Agile Psychological Medicine Team

Monash Health

Dr Melissa Casey and Professor David Clarke, both members of the Mental Health Program (MHP) Executive, adeptly lead the Agile Psychological Medicine Team at Monash Health.

This team has spent the last 12 months designing a new and innovative model of care using a patient-focused design framework.

Patients presenting to the Agile Psychological Medicine Team are in crisis, usually suicidal, and with an underlying mental health condition that has predisposed them to vulnerability in the event of a life stressor.

Existing programs were seen to be disjointed, with a lack of transition for the patient and a high level of re-presentation at emergency departments.

The AMHP sought to create a system that was truly designed around the needs, experiences and outcomes of our adult mental health clients.

This was led by psychologically informed change principles from cognitive, behavioural and emotional domains.

The purpose of the design framework was to deliver excellence in care by engaging patients and staff in the process of design, delivery and a therapeutic partnership.

The first step was to outline the purpose and strategic plan. The team established that they sought to enable patients to stay well and live healthily in their community.

With this goal in mind, they embarked on the design process within a strategic framework.

They worked collaboratively to develop a key stakeholder communication and engagement strategy to be implemented from the beginning of this change process, and involved all levels of stakeholders.

It became evident through the strategic planning process that the AMHP understood its current supply determinants, but not its demand determinants.

To address this, the team undertook analysis to understand quantitative demand for service, by volume, where they accessed services, and for what clinical reason.

The team also evaluated service delivery by KPI performance and then from the patient's perspective – ultimately asking if the system of care is a good one from the patient's perspective.

Over the previous five years, the AMHP had initiated numerous processes to develop a new model of care and undertake associated restructures – yet the model of care remained the same.

Any restructure options prompted controversy and resistance.

This project required strong leadership and unwavering intent to achieve the AMHP vision.

Melissa and David realised they had to lead the work and model next generation design processes so that clinicians could experience change as meaningful success that delivered better patient outcomes.

Contact

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Highly commended

Acute Aged Persons Mental Health Unit (South Ward)

Eastern Health

South Ward is the largest (30 bed) Acute Aged Persons Mental Health Unit in Victoria. It is located within Peter James Centre which is a subacute campus of Eastern Health.

A seclusion room was introduced in South Ward in 2002 and during the period from 2005–2009 South Ward had the highest rates of both seclusion and physical restraints for an acute aged inpatient unit in the state of Victoria.

A multidisciplinary team worked together to bring about a shift in culture and management and nursing practices to address the issue of abolishing physical restraints and seclusions on South Ward.

Over the last 18 months, South Ward has been able to maintain zero levels of restraints and seclusion on the inpatient ward.

What was once considered the impossible has been shown to be possible by effecting culture change through leadership and teamwork.

This is an achievement that has great potential to be mirrored on other acute mental health settings.

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Methamphetamine Project – ReGen Withdrawal Services Team

UnitingCare ReGen

ReGen exists to promote health and reduce alcohol and other drug (AOD) related harm. The Withdrawal Services Team provides a range of withdrawal services including outpatient, home-based and residential.

Australia has one of the highest rates of methamphetamine use and injecting in the world.

This pattern of widespread and escalating use and associated problems has increased treatment demand and created pressure on a treatment system that is already struggling to cope.

The Withdrawal Services Team sought to explore why withdrawal models were not meeting the needs of the methamphetamine withdrawal client group.

A six-month audit of ReGen's methamphetamine withdrawal clinical practice in 2013 highlighted areas for improvement and structural change. Consistent with evidence-based practice, a balance was sought between the research evidence, clinical practice wisdom and the preferences of the people using the service.

Following the changes, program retention for methamphetamine clients increased from 48 to 60 per cent.

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Secretary's Award for improving patient outcomes and patient experience

WINNER

Collaborating to improve regional critical care: Saving lives

Barwon Health, Alfred Health and The Royal Children's Hospital

Collaborating to improve regional critical care: Saving lives

Barwon Health, Alfred Health and The Royal Children's Hospital

Barwon Health intensive care unit (ICU) partnered with the ICUs of The Royal Children's Hospital (RCH) and Alfred Health to improve outcomes for patients in the Barwon-South Western (BSW) Region.

These partnerships enabled Barwon Health ICU to expand its model of care to include a regional paediatric ICU supported by RCH ICU, and a regional nurse-led extracorporeal membrane oxygenation (ECMO) service supported by the Alfred ICU.

The Barwon Health ECMO service is the first regional nurse-led ECMO service in Australia.

Underpinned by use of existing telehealth capabilities, these partnerships have provided critically ill children and adult patients with safer, higher quality and more timely care, closer to their homes.

The Barwon Health ICU is a 24-bed mixed medical, surgical, cardiothoracic ICU, providing critical care services to the BSW Region.

Before the implementation of the two partnerships, critically ill children were transferred to RCH for care.

In addition, patients requiring advanced cardiorespiratory support were given a basic model of ECMO that involved early transfer to the Alfred ICU.

The model was difficult to resource and led to cancellations in elective cardiac surgery due to the requirements on local perfusionists to staff ECMO around the clock.

Barwon Health ICU collaborated with Alfred Health and RCH to improve the timeliness of care and the health outcomes, particularly through better utilisation of telehealth.

The regional paediatric ICU model has improved health outcomes for critically ill patients and has improved the patient experience for children and their families.

The ECMO model has also been demonstrated to be effective and safe and has led to increased ECMO provision and improved survival.

The collaboration between the ICUs of Barwon Health, Alfred Health and RCH has dramatically improved the quality of service and health outcomes of patients in the BSW Region.

It exemplifies a localised approach to care that is enabled by strong collaboration between metropolitan and regional service providers.

The success of both models and the use of existing telehealth infrastructure suggest that the models may be transferrable to other rural or regional centres.

This model has involved a considerable extension of practice for the Barwon Health ICU staff in learning the technical aspects of ECMO.

The collaborative approach has been built on initial face-to-face training and development followed by ongoing videoconference communication, case review and audit.

The collaboration between Barwon Health, Alfred Health and RCH is truly building a health system responsive to the needs of regional Victorians.

Contact

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Highly commended

Interventional Radiology Team: Leading an image guided venous access port service

Monash Health

The Interventional Radiology Team is a subspecialist team of radiology and oncology doctors, nurses, sonographers, radiographers and clerical staff, performing minimally invasive procedures using image guidance.

The team's skills have allowed the introduction of the Venous Access Port Insertion Service at the Dandenong Hospital, Monash Health.

Oncology patients require multiple intravenous treatments and blood samples. Obtaining access to a vein for these investigations and treatments is often difficult, painful and distressing.

The best alternative is to place a venous access port that sits under the skin and gives access to the central vein in the chest.

This provides a durable and reliable method of administering chemotherapy, other medications and withdrawing blood.

The results of the team's work ensure that cancer patients have a timely, reliable and robust port service that facilitates their treatment and improves outcomes and quality of life.

The service will continue to develop and facilitate improved cancer treatment at Monash Health.

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Cardiopulmonary Prehabilitation Clinic at Peter Mac: Turning the humble exercise bike into a cancer fighting machine

Peter MacCallum Cancer Centre

Clinician researchers from Peter Mac have turned an exercise bike into a cancer-fighting machine, helping patients counter the physical effects of chemotherapy and radiation therapy with rigorous, individually tailored pre-surgery exercise regimens.

Introduced in 2012, the Cardiopulmonary Prehabilitation Clinic is now being used routinely at Peter Mac to ensure patients are in the best possible functional condition before surgery, thereby mitigating the occurrence of unexpected postoperative complications.

Prehabilitation refers to a series of interventions implemented before surgery with the aim to improve a patient's chances of achieving the best outcome after surgery and has been aptly described by the aphorism 'better in, better out'.

The clinic at Peter Mac aims to improve the physiological, physical and psychological condition of patients before having major cancer surgery.

This is the only clinic of its kind in Australia, and it now carries out prehabilitation for all patients scheduled for major cancer surgery.

Contact

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MINISTERS' AWARDS



Outstanding achievement
by an individual or team
in healthcare

WINNER

Emergency and health response to the Hazelwood
open cut mine fire

Ambulance Victoria

Emergency and health response to the Hazelwood open cut mine fire

Ambulance Victoria

In February 2014, Ambulance Victoria (AV) was part of a multi-agency response to battle a major fire in the Hazelwood open cut mine in the Latrobe Valley, and also manage the associated health effects of smoke, ash and carbon monoxide.

AV's multifaceted response to the complex and prolonged event included health monitoring of firefighters and emergency responders, and providing medical advice and assessment for the community.

AV adapted its well-established emergency response capability to meet these added demands, while continuing its normal business of caring for the wider Gippsland community.

The Hazelwood mine fire resulted in a range of potential health concerns for emergency service responders and the community, including the risk of carbon monoxide poisoning and exposure to fine particulate matter in smoke.

This presented a particular risk to people with chronic heart and lung disease, those who were pregnant, and the very young and very old.

Guided by the State health emergency response plan (SHERP), AV deployed a range of resources to support the emergency response including health commanders, specialist paramedics able to work in breathing apparatuses, paramedics embedded in Country Fire Authority (CFA) community liaison teams, and the development, management and staffing of a Community Health Assessment Centre at Morwell.

Soon after the fire commenced, the Incident Controller asked AV to review and supervise health monitoring of firefighters working at the incident, in particular to look at potential carbon monoxide poisoning. No existing, evidence-based protocol could be identified.

In addition, as community concerns about the effects of smoke and ash grew, CFA community liaison teams fielded a large number of health-related queries. CFA teams were unclear on health messaging and unable to provide clinical assessment or referral.

In response, AV worked with the Department of Health public health epidemiology unit to develop, test and implement new protocols for carbon monoxide. These were based on available evidence and tested by a panel of experts before implementation.

This initiative to implement new protocols for both firefighters and the community showed significant innovation above and beyond the call of duty, and it has resulted in a new relationship and capability that can be used for future mass casualty incidents.

The Hazelwood mine fire response demonstrates AV's capability to simultaneously integrate into both a multi-agency emergency and a large-scale health management operation, all while maintaining its usual community service.

Contact

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Highly commended

Deteriorating Patient Leadership Team

Austin Health

The Medical Emergency Team (MET) was introduced into Austin Health in 2000 and reduced cardiac arrests by 70 per cent.

While this represents an excellent improvement, the in-hospital mortality rate of MET patients is 25 per cent. As some patients are irreversibly deteriorating, performing invasive procedures will not benefit them.

There is thus a need to identify patients who deteriorate, even before a MET call is made.

The Deteriorating Patient Leadership Team at Austin Health came together 2.5 years ago to develop innovative ways to further improve outcomes of deteriorating patients.

An outstanding feature of this program is that processes were tailored to all areas of Austin Health, including the mental health and subacute sites.

Data from the last 12 months show improved outcomes for patients and the organisation. Austin Health is now recognised as a national leader in deteriorating patient care.

Contact

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BRCA Genotyping Project: Rewriting the ovarian cancer rules

Peter MacCallum Cancer Centre

The Peter MacCallum Cancer Centre is home to Australia's largest cancer research group, and researchers conduct their work wholly embedded in Australia's only public hospital dedicated to cancer.

At Peter Mac, laboratory-based genetic researchers and genetic counsellors work side-by-side, enabling the rapid translation of new knowledge to individuals and their family members who have concerns about their personal and/or family history of cancer.

The BRCA Genotyping Project brought together a research team of genetic counsellors and laboratory researchers at Peter Mac to examine the role of the BRCA gene in ovarian cancer.

Most women with ovarian cancer present with more advanced disease, as symptoms can be subtle, making it more difficult to detect, and there is currently no reliable screening to enable early detection.

The project aimed to better understand the incidence of BRCA mutations, in order to identify more women and families living with increased risk of cancer and support them to make decisions about how to manage their genetic predisposition.

Contact

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Outstanding achievement
by an individual or team
in mental healthcare

WINNER

Julie Dempsey

Forensicare

Julie Dempsey

Forensicare

Julie Dempsey has been employed as a Consumer Consultant at the Victorian Institute of Forensic Mental Health (Forensicare) since 2009 at Thomas Embling Hospital.

Julie has worked in the mental health field for almost 20 years and is widely recognised as a valiant consumer advocate, leader, innovator, mentor, teacher, artist and author.

Forensicare is the statutory agency responsible for the provision of adult forensic mental health services across Victoria. It delivers inpatient, community and prison services to over 7,000 Victorians a year.

The consumers of specialist forensic mental health services often find themselves at the complicated interface between the criminal justice and mental health systems.

They have experienced significant trauma, stigmatisation, social dislocation and discrimination – however have found a voice through the work of Julie and her Consumer Consultant colleagues, instilling hope to combat despair and alienation.

Julie's preparedness to share her lived experience of mental illness over a 40-year period and her story of survival from trauma has inspired others.

The recovery framework that Julie incorporated into practice at Forensicare has had a broad and enduring impact. The education framework has instilled a recovery focus within the organisation.

Julie has also made a significant contribution to the mental health field as Chair of the Mental Health Women's Network. This group has put women's safety in mental healthcare on the policy agenda, resulting in over \$4 million in funding initiatives.

Julie has also influenced the reform of the service system with her formal consultation with the Victorian Government. In 2013 Julie consulted extensively with the Department of Health about the future plans for forensic mental health and the Victorian Law Reform Commission review of the Crimes and Mental Impairment Act.

Despite long-standing personal experience, and carrying the confidence of the peers she represents, her approach to providing this feedback is inclusive and continually involves consumer collaboration.

Another initiative that exemplifies her outstanding achievement relates to her advocacy for women's safety and needs, especially in inpatient settings.

Julie has made a significant difference to the lives of people with a mental illness in Victoria. She has overcome systemic barriers that occur for those working between the criminal justice and mental health systems.

Julie has also risen above very personal barriers, including her own personal experiences of mental illness, restrictive intervention and repeat inpatient admissions, all of which make her input more outstanding.

Contact

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Forensicare

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Highly commended

Eating Disorder Service

Barwon Health

The Barwon Health Eating Disorder Service (EDS) is responsible for specialist assessment, consultation and treatment services for people with eating disorders of all ages and their carers. It is estimated that 11,400 people and their families are affected by an eating disorder in the Barwon region.

The team consists of a sessional consultant, clinical coordinator, three part-time psychologists and two part-time dietitians.

Beginning in 2011, the service has undertaken a significant service redesign in line with the *Victorian mental health reform strategy* along with other peak policy documents including the *Victorian framework for the assessment and treatment of eating disorders*.

This outstanding redevelopment has been supported by a unique workforce development framework in partnership with the Victorian Centre of Excellence in Eating Disorders.

Another example of EDS's outstanding achievement is the adult specialist outpatient service, which offers multidisciplinary assessment and evidence-based treatment, which represents a unique shared care model.

Contact

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Private hospital excellence

WINNER

Emergency department follow-up phone call service
Cabrini Health Limited

Emergency department follow-up phone call service

Cabrini Health Limited

Cabrini is a private health service with six clinical sites in Melbourne. Founded in 1948, it is owned by the Missionary Sisters of the Sacred Heart of Jesus. It is a not-for-profit health service, and modest profits are reinvested in facilities and services. Cabrini invests in social outreach programs sponsored by the Sisters and its staff.

The emergency department at Cabrini Malvern is a major window to the community, with 23,642 attendances in 2012–13 (200 more than 2011–12). The number of patients admitted from the emergency department rose by almost 10 per cent.

Most emergency department doctors are emergency medicine specialists, and Cabrini is an accredited training site for emergency medicine trainees.

The emergency environment poses significant challenges, and Cabrini provides an excellent example of innovations that have improved patient experience.

Daily, emergency department staff are challenged to care for multiple patients simultaneously in a dynamic environment. It is vital to provide processes that directly benefit patients and their families.

Communication is a particular challenge, as a significant proportion of patients do not fully understand the care and discharge instructions, leading to complications after discharge.

While patients are only discharged if stable or improving, experience has demonstrated that a minority fail to improve or indeed deteriorate after discharge.

To ensure the safety of patients after they leave the emergency department, the Cabrini team implemented a safe discharge quality improvement program, which includes a follow-up phone call service for all patients discharged home from the emergency department.

Feedback received during the phone calls indicated 67 per cent of patients had positive comments about their emergency department experience including the follow-up phone call.

As well as improving patient care, emergency department staff have derived many benefits from the follow-up phone call service, such as reassurance that patients who do not improve as predicted are given appropriate advice and assistance, early feedback from patients (positive and negative), early intervention and resolution of complaints and better understanding of the importance of effective communication and documentation.

Traditionally, emergency departments provide an episode of care during the acute phase of illness then pass on the follow-up and ongoing clinical governance to primary care or hospital services.

The introduction of a follow-up phone call service expands the role and assumed responsibility for ensuring the right outcome for patients. It has enabled Cabrini to provide patients with reassurance and assistance when required.

Contact

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Highly commended

CARE: Multidisciplinary Falls Prevention Intervention Program for a rehabilitation setting

Epworth HealthCare Group

Epworth Rehabilitation Brighton (ERB) is an integral part of the Epworth HealthCare Group, Victoria's largest not-for-profit healthcare group.

Falls are a major health problem for the growing population of older adults. At ERB, falls and falls-related injuries were the most commonly occurring patient-related incidents.

As a team, the staff at ERB took ownership in developing and implementing an innovative falls prevention and intervention program called CARE.

The program aims to reduce the number and rate of falls, provide evidence-based individualised care and therapy to treat the reasons why patients fall, and involve each member of the multidisciplinary team in falls risk assessment and risk reduction strategies.

CARE's acronym encompasses its guiding principles: communication, assessment, rounding (regularly checking on patient needs), response (attending to call bells within two minutes), recovery (treating the reasons why people fall) and education (to broaden and strengthen staff and patients' understanding of falls prevention initiatives).

Contact

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Emergency health services admission availability in the Grampians Region

St John of God Ballarat Hospital

St John of God Ballarat Hospital (SJGBH) has a long and proud history of serving Ballarat and Western Victoria.

SJGBH was one of the first private hospitals in Victoria to open an emergency department and it is currently the only regional private hospital providing a 24-hour emergency service.

Since opening as a small unit in 1989, the SJGBH emergency department has grown from a seven-bay ward to a purpose-built 24-hour emergency department dealing with approximately 25 per cent of the emergency presentations in the Grampians Region.

Over the last 18 months, SJGBH has undertaken a deliberate strategy to enhance capacity in emergency services.

This program targeted services to the high-impact areas of respiratory disease, diabetes, cardiac disease and avoidable deaths due to cancer.

It reduced length of stay and improved patient flows.

No public funding is used in the provision of this service to our community, which costs our organisation in excess of \$2 million per annum.

Contact

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Mental health educator excellence WINNER

SAFEMinds

headspace National Youth Mental Health Foundation

SAFEMinds

headspace National Youth Mental Health Foundation

The Department of Education and Early Childhood Development (DEECD) partnered with headspace, the National Youth Mental Health Foundation, to develop SAFEMinds: Schools and families enhancing minds.

SAFEMinds is a comprehensive learning and resource package to help school communities identify children and young people with early signs of mental health issues, and then offer school-based interventions and refer appropriately when needed.

SAFEMinds was developed by a small project team within the headspace School Support Service, in consultation with DEECD and key mental health experts.

A range of mental health issues affect Victorian students and school communities every year. These may include mood disorders (anxiety and depression), self-harm behaviours, suicidal ideation and suicide. Mental health issues can impact on students' learning and social relations, which in turn may threaten their engagement with school.

The Victorian Government endorses a whole-school approach to mental health promotion and prevention in Victorian primary and secondary schools. This approach supports schools and communities to work together to create protective and safe environments that promote mental health and wellbeing on both social and emotional levels.

However, an early intervention approach was needed for schools.

The development of the SAFEMinds training package was challenging due to the broad scope of the project and the target audience being all Victorian primary and secondary schools.

Research into the existing resources and training programs was conducted and gaps identified.

A comprehensive package was developed that would suit a school environment while targeting a range of levels of responsibility across school staff.

SAFEMinds Online targets all school staff; SAFEMinds In Practice targets champions who will lead the implementation of SAFEMinds in their school; while SAFEMinds At Home is aimed at parents and carers supporting their child's positive mental health.

Non-clinical language is used in all the resources, and the suggested early interventions do not require a clinical assessment or diagnosis to be implemented.

By skilling up school staff, parents and carers of all children, and young people attending schools in Victoria, there will be greater early detection and support for those children and young people who struggle with emotional distress, which will help them maintain their attendance at school and so enhance their resilience.

SAFEMinds was launched on 2 June 2014, and training both online and face-to-face has rolled out since.

Evaluation data regarding knowledge and skill increase and satisfaction and suitability is being collected and will be collated and analysed by the end of December 2014.

Contact

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Mental health employer excellence WINNER

Mental Health Program: awareness,
prevention and early intervention

CitiPower and Powercor

Mental Health Program: awareness, prevention and early intervention

CitiPower and Powercor

CitiPower and Powercor owns and manages poles and wires that deliver electricity to more than a million homes and businesses in Victoria. The company has just over 2,000 people, with offices and depots around Victoria.

Over the past 18 months, CitiPower and Powercor has developed a robust mental health strategy focusing on mental health awareness, prevention and early intervention. The strategy is supported by a number of successful programs and results show they are working toward achieving their vision of having a mentally healthy workplace.

CitiPower and Powercor has invested approximately \$370,000 to help create and sustain a workplace that encourages positive mental health. This includes removing stigma associated with mental illness, understanding organisational factors that contribute to poor mental health, and developing workplace practices that contribute to good mental health.

The most significant barrier the organisation faced was the lack of good practice within and external to the industry. The company explored the practices of over 20 organisations, many of which were global, progressive companies with a reputation for having sound health and wellbeing practices. Surprisingly, not one of them took a strategic or structured approach to mental health in the workplace.

CitiPower and Powercor did not want a one off, short-term program. They wanted to develop a set of effective approaches to mental health that would see a sustained action to improve mental health practices. Some of the steps taken included investing in training of HR professionals to support people with mental illness, as well as recruiting a senior return-to-work advisor to work closely with HR in all matters associated with mental illness prevention and recovery.

The company also revoked the exclusion of mental illness from its income protection policy, as well as taking a multi-faceted approach to supporting employees with mental illness through counselling, peer support and other options.

The three-year mental health strategy outlines a set of key performance indicators to measure the success of the program. Results from September 2013 to July 2014 include the participation of more than 850 employees in awareness sessions, 293 hits on the mental health intranet, a 47 per cent increase in employees accessing the Employee Assistance Program, and 65 people seeking support from peer officers.

This innovative program provides an industry-leading example of workforce mental health engagement.

Contact

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Highly commended

A sustainable social enterprise

Clean Force Property Services

Clean Force Property Services (Clean Force) is a commercial contract cleaning social enterprise of WISE Employment Ltd (WISE) that seeks to provide employment for people from disadvantaged backgrounds including mental illness and disability.

Clean Force's motto is: 'We don't want charity, just an opportunity to provide a high-quality cleaning service to you'.

Clean Force leads the way for other social enterprises through best practice: having an integrated workforce, paying award wages, ensuring staff are trained and supported, maintaining high standards of work health and safety, delivering superior customer service, community and business education, and creating a sustainable and rapidly growing social enterprise.

Clean Force's business model links its strategy to deliver social outcomes to its commercial priorities and delivers consistently high-quality cleaning services while providing an employment environment structured to meet the unique needs of employees.

Many Clean Force employees go on to permanent employment in the competitive labour market.

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Mental health campaign

Lend Lease

Lend Lease Engineering is a leader in civil infrastructure and provides packaged solutions for the delivery of infrastructure assets, including development and financing, design and construction, and lifecycle operations and maintenance.

The construction industry can be a challenging environment. The work can be tough, the hours long and the jobs can be stressful – factors that can increase the risk of a person developing depression and anxiety.

These risk factors include sites in remote areas, relocation and separation of partners and families, and the fact that a male-dominated workforce is less likely to identify and seek support for their mental health.

The first step in our approach was understanding that we needed the support and assistance of external experts.

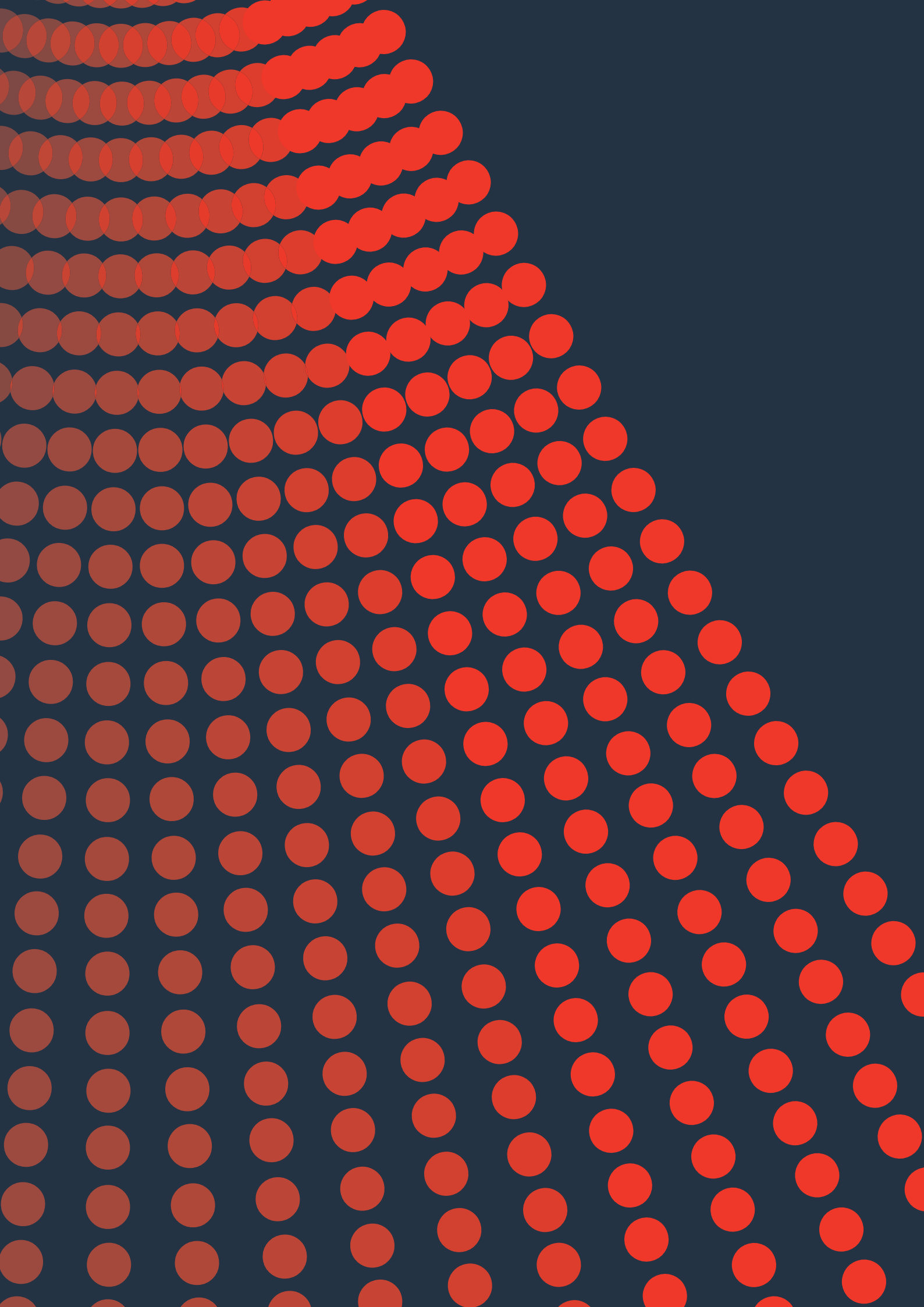
In response, Abigroup (now Lend Lease) approached beyondblue: the national depression initiative in October 2009 seeking an opportunity to work together across the construction industry.

This partnership has continued for over the last five years with some exceptional outcomes.

Contact

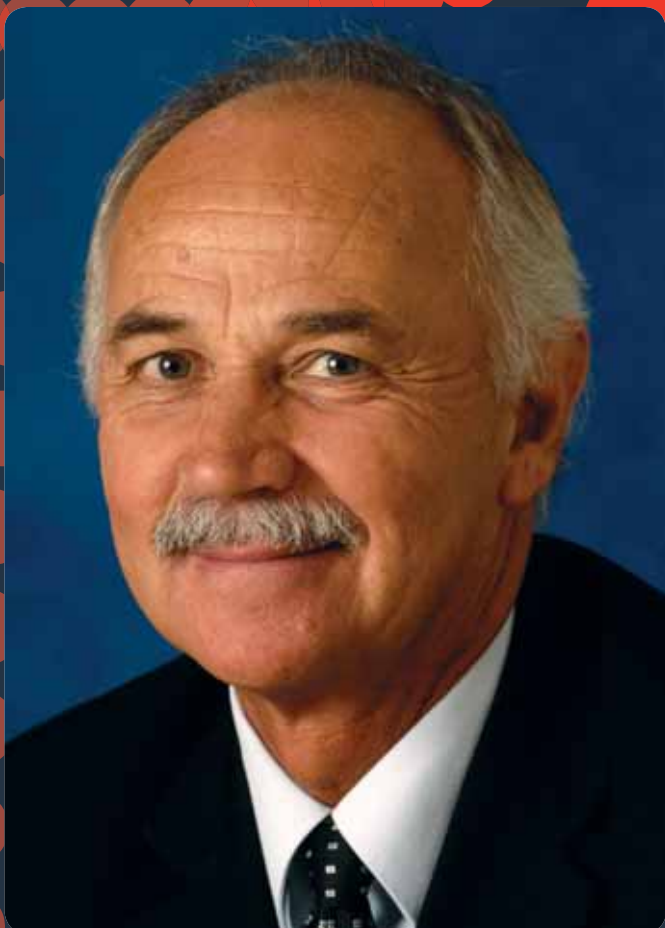
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LIFETIME ACHIEVEMENT HEALTH AWARDS



Associate Professor
Larry McNicol

Associate Professor Larry McNicol's passionate commitment to the public health system over 35 years has improved clinical practice and patient safety at Austin Health and, more broadly, for Victorians and Australians.

As Director of Anaesthesia at Austin Health for 25 years, he has led the growth of the organisation from an emerging hospital into a major hospital of international renown.

As Medical Director of the Anaesthesia, Perioperative and Intensive Care Clinical Service Unit, Associate Professor McNicol's influence extends beyond the specialty of anaesthesia to clinical governance and patient safety more broadly.

He is a state and national leader in patient safety and quality of healthcare, including clinical governance in anaesthesia, perioperative care, transfusion medicine and patient blood management.

Associate Professor McNicol also has a number of external appointments to state and national committees, providing high-level advice to governments and clinicians to improve health outcomes.

Over the course of his career, he has leveraged his unique expertise to contribute to safety and quality of care in a number of clinical areas including anaesthesia, intensive care, surgery and perioperative care. He was instrumental in the development of Austin Health's inaugural Clinical Outcomes Review Committee, and robust clinical governance systems and infrastructure.

Associate Professor McNicol's has an interest in transfusion medicine and patient blood management which evolved from his clinical work and research. At the state level, he was the Chairman of the Blood Matters Advisory Committee (2005–2011) for the Victorian Department of Health. The Blood Matters Program in Victoria was one of the first initiatives for improving decision making in transfusion medicine in Australia and indeed the world.

At a national level, he is Chairman of the Australian Red Cross Blood Service (ARCBS) Advisory Committee, an external body providing independent medical and scientific advice to the ARCBS and the Australian Red Cross Society.

His approach to improving clinical governance and the quality of patient care has ensured that Austin Health's Department of Anaesthesia is one of the best in Australia.

The Department of Anaesthesia is renowned for world-class clinical expertise, especially in the complex anaesthesia care for liver transplantation and cardiothoracic surgery.

He sees himself as a servant of the community, and he has deliberately avoided the private health sector to dedicate his efforts to developing an excellent public sector.

As a result of Associate Professor McNicol's lifetime contribution, people visiting Austin Health are able to access services with a global reputation for excellence in patient care, quality and safety.

Contact

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Professor
Dinah Reddihough AO

Professor Dinah Reddihough AO is a pioneering clinician, researcher and educator, and for the last 30 years she has been a key force for change in the field of developmental medicine.

Professor Reddihough's impact on the lives of children with a disability cannot be overstated.

Her influence has included facilitating a cultural shift in the assessment and treatment of children with a disability. She pioneered the delivery of services with a family and patient focus, and she has trained a new generation of clinicians.

Her extensive body of research in developmental medicine has directly impacted on the outcomes and wellbeing of children with disabilities, particularly those with cerebral palsy.

When Professor Reddihough first began working with children with disabilities, their treatment and care was not a priority for the medical model.

Professor Reddihough's determination that children with disabilities should be able to have the same expectations of care, and measurable improvement in outcomes as other areas of medicine, was a challenge to the system.

Throughout her career, she ensured children with disabilities received optimum multidisciplinary care in both inpatient and outpatient settings, and she established a research program that continues to focus on improving the quality of their lives.

Building from a base of six part-time clinicians, the department has grown to become a nationally recognised leader in its field, with 45 staff including a 14-strong research team.

The department trains a constant stream of medical, allied health, PhD and postdoctoral students each year, increasing the pool of knowledge and the quality of care at the bedside for children with disabilities.

Professor Reddihough's concern for her patients never ended on discharge, and she advocated for services for young adults with physical disabilities.

Professor Reddihough has always displayed a commitment to the best possible outcomes for her patients and their families, and a belief that the system should adjust to meet their needs, rather than the reverse.

Before the term patient-centred care was coined, Professor Reddihough conducted clinics at schools and community-based facilities rather than the hospital so that it was easier for the children and their families to attend. She established regular parent seminars and developed patient information booklets.

She has published 137 papers and her superior networking skills have led to fruitful research collaborations throughout Australia and overseas.

The pool of research about childhood disability would be greatly diminished without Professor Reddihough's work, particularly in relation to cerebral palsy, the most common physical disability in childhood.

Contact

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Professor
Euan Wallace AM

Professor Euan Wallace AM is the Director of Obstetrics and Gynaecology Services at Monash Health, overseeing Victoria's largest maternity service provided by Monash Women's at Monash Medical Centre, Dandenong Hospital, and Casey Hospital.

Professor Wallace has a clinical appointment in high-risk pregnancy care and maternal-fetal medicine at Monash Medical Centre.

He is a graduate of the Edinburgh Medical School, completing both his research and clinical training in Edinburgh before joining Monash Health and Monash University in 1996.

In addition to his roles at Monash Health, Professor Wallace is the Carl Wood Professor and Head of the Department of Obstetrics and Gynaecology at Monash University and the Director of The Ritchie Centre – a research collaboration between Monash Health and Monash University.

Professor Wallace has particular clinical interests in recurrent miscarriage, multiple pregnancy, hypertension and fetal growth problems. His research has been extensively funded both by the National Health and Medical Research Council (NHMRC) and by international funding agencies.

Professor Wallace also sits on a number of Victorian government initiatives including the Perinatal Services Advisory Committee and the Perinatal Quality and Safety Committee, of which he is past Chair.

His other current appointments include Chair of the Royal Australian and New Zealand College of Obstetrics and Gynaecology Fetal Surveillance Education Program, Member of the Consultative Council for Obstetric and Paediatric Mortality and Morbidity (CCOPMM) of the Victorian Government and Chair of CCOPMM's Stillbirth Subcommittee.

Professor Wallace has dedicated his professional life to excellence in obstetrics and improving the quality of care for women and babies.

He has personally cared for 7,000–8,000 women during their pregnancies at Monash Health, as well as authoring more than 214 published research papers and holding numerous administrative portfolios across Monash Health, the Victorian Government and Monash University.

Under his leadership, Monash Health is now home to Victoria's largest maternity service.

He also provided strong medical leadership to Victoria's first public hospital home birth program through Casey Hospital, ensuring public hospital patients have the same choices of pregnancy care as women accessing private home birth services.

Professor Wallace established Australia's first guidelines on fetal surveillance and Fetal Surveillance Education Program, which are now in every hospital providing maternity care in the country.

He is a leader and an inspiration to others, and is committed to keeping researchers focused on meaningful clinical care improvements. He challenges himself and others with the question: 'How has your work changed women's health this year?'

Contact

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HEALTHCARE INNOVATION AWARDS





Optimising the health status of Victorians

GOLD WINNER

‘Drink Safe Mate’ Binge Drinking Prevention Project

Incolink

‘Drink Safe Mate’ binge-drinking prevention project

Incolink

The Drink Safe Mate project targeted Victorian construction industry apprentices, predominantly young men aged 16–25 years, and aimed to reduce the prevalence of binge drinking among this group.

To achieve its objectives the project delivered face-to-face education sessions in TAFEs and on building sites, capacity building of key industry ‘influencers’ to provide better support to apprentices, and promoted safe drinking practices broadly to all workers.

A number of education tools were developed including a short fictional film, a YouTube clip, banner pens and posters.

The project grew from evidence that young men working in the building and construction industry are at high risk of binge drinking and its associated harms.

Research shows that 65 per cent of apprentices drink at hazardous levels, often consuming more than 10 drinks in any one drinking session.

As a joint enterprise of unions and employer associations in the building and construction industry, Incolink is uniquely placed to deliver health and wellbeing programs to construction workers.

The project design process included consultation with all key stakeholders: unions, employers, TAFEs and apprentices themselves.

Project materials were made to look authentic to construction apprentices, particularly the short fictional film that followed the lives of a group of apprentices as they engaged in risky substance use.

The project primarily focused on prevention through delivering education and awareness raising.

A key component of the program was the delivery of over 300 preventive education sessions for construction apprentices in their TAFE training program.

The key message of the project was ‘if you are going to drink, drink safely’.

A range of strategies were taught on how to stay safe while drinking, such as planning ahead when going out, drinking water, knowing your limits, carrying a mobile phone and looking out for your mates.

The project successfully tackled the difficult topic of alcohol use with a high risk and hard to reach group – young men in the construction industry.

The results of the project were outstanding, with almost one-third of apprentices changing their alcohol use behaviour and a further 21 per cent intending to make changes.

The project achieved a 25 per cent increase in knowledge, which was sustained several months after participating in the project.

Apprentices’ self-efficacy also increased with evidence of apprentice’s taking action within their peer group to reduce alcohol related harms.

Through unique access to apprentice’s place of training and work, the project achieved high levels of engagement to deliver important health messages.

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A coordinated approach to tackling smoking rates in a highly populated Arabic speaking community

Northern Melbourne Medicare Local, Pfizer Australia, in partnership with Dianella Community Health and Quit Victoria

Smoking is a major factor in the development of chronic and life-threatening health conditions. It is also preventable and treatable.

Mainstream quit campaigns and messages may not achieve the same level of effectiveness across the Arabic-speaking community as with other cohorts.

This campaign set an ambitious target to develop a program of tailored communications, based on market research that would have a stronger resonance and a call to action for the Arabic-speaking community in the city of Hume.

Working in partnership with Dianella Community Health and Quit Victoria, Northern Melbourne Medicare Local (NMML) and Pfizer developed a local marketing and communications campaign to encourage the Arabic-speaking community to seek advice or support to quit smoking.

The campaign was developed with insight and advice from the Arabic community and pre-tested to ensure its cultural relevance.

An independent evaluation demonstrated that the campaign was seen by nearly all people (85 per cent) in the target group, and almost all who saw the campaign took positive action, with around one in three people seeking out their GP for advice, and even higher numbers talking to a pharmacist about quitting.

The campaign showed that private industry, local community health and statewide health promotion agencies can effectively work together to improve local health outcomes.

This initiative is an innovative example of tailoring campaigns and partnering with expert organisations to make a positive impact.

To address the barriers, the project partners developed resources and activated a local campaign in the Hume local government area targeting the Arabic-speaking community to tackle their smoking.

Future campaigns will be able to create further momentum for positive change, reinforcing the important quit message. Resources can easily be used by other organisations to reach their Arabic-speaking communities.

The campaign demonstrates that private industry, local community health and statewide health promotion agencies can effectively work together to improve local health outcomes.

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Highly commended

The Barwon-South West Survivorship Project: Improving the health and wellbeing of survivors of cancer

Barwon South Western Regional Integrated Cancer Service

The Barwon-South West Survivorship Project implemented a new model of survivorship care to address the unmet needs of patients completing cancer treatment.

More people are living as cancer survivors, due to earlier detection, treatment advances and population ageing.

This nurse-led survivorship service aimed to address holistic needs, provide individual care plans and coordinate pathways of care to primary care providers for patients completing cancer treatment.

Services were provided at Hamilton, Geelong and Colac and evaluation measures included quality of life, health literacy, health education, economic cost and patient and professional satisfaction.

A comprehensive evaluation demonstrated the new service was highly rated by participants, general practitioners (GPs), allied health providers and cancer specialists, and made a significant impact on patient health literacy.

Fifty GPs returned surveys, with almost all stating the survivorship care plan documents were useful in ongoing care of patients.

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Excellence in supporting self-managed healthcare GOLD WINNER

Dandenong Young Adult Diabetes Service:
Implementation of patient-centred innovation

Monash Health

Dandenong Young Adult Diabetes Service: Implementation of patient-centred innovation

Monash Health

On average, people with type 1 diabetes only have contact with a healthcare professional for a few hours per year. It is therefore imperative to promote and support patient self-management to improve patients' capacity to manage diabetes, prevent further complications and maximise health and wellbeing.

Young adults with type 1 diabetes are at particular risk of adverse physical and mental health outcomes.

They are more likely to fail to attend diabetes appointments, and those who do not attend have poorer control of their diabetes.

These young adults are a vulnerable group, and those living in the Dandenong region are at even greater risk due to low socioeconomic status, cultural diversity and a lack of age-appropriate local diabetes services.

Age-appropriate diabetes services did not exist in the high-needs Dandenong area.

This project aimed to identify the needs, barriers and enablers to engagement with multidisciplinary, patient-centred diabetes care.

These barriers would then be addressed through the design of a developmentally appropriate diabetes service.

Formative research methodology included a cross-sectional study of all young adults (18–30 years) with type 1 diabetes in the Dandenong Hospital catchment area identified from the National Diabetes Service Scheme database.

The evaluation was a longitudinal assessment of attendees of the new Dandenong Young Adult Diabetes Service at baseline, six months and 12 months.

The project had outstanding results, including high satisfaction rates, with 92 per cent of patients satisfied or very satisfied, a well-below average fail to attend rate of 8 per cent, and a 17 per cent reduction in acute diabetes complications.

The service model and patient engagement ensure sustainability, while ongoing evaluation will inform service development based on patient feedback.

Some of the key benefits include improving diabetes self-management to decrease diabetes-related acute (including admissions) and chronic complications.

The cost of these complications, including renal failure, blindness and cardiovascular events, is substantial.

Both acute and chronic complications along with quality of life with anticipated benefit for those affected and the larger community will be evaluated.

Patient needs were made central by linking formative patient-focused research and evidence synthesis with best practice guidelines.

Led by Dr Katherine Kibbey and Dr Helena Teede, the team strived for excellence in healthcare by providing a patient-centred service, with improved patient experience and better healthcare outcomes.

The clinical service is valued by patients and is improving outcomes.

The service actively promotes a focus on self-management, which is crucial to its success.

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Reducing chest pain presentations in the emergency department

Melbourne Health

This project redesigned care to better meet the needs of people attending the emergency department of The Royal Melbourne Hospital with chest pain, and to reduce presentations to the emergency department.

Patients who presented to the emergency department reporting chest pain were recruited, either while in the emergency department or by phone once back at home, by an experienced cardiac nurse.

The nurse offered support, undertook a thorough assessment, educated patients about self-management, encouraged them to see their GP, comply with their medications and helped them to address psychosocial issues, such as anxiety, through referral to appropriate services.

The evaluation compared clients with a matched cohort who had also attended the emergency department for chest pain but had not been recruited.

The coached patients were more than twice less likely to re-present to the emergency department after the intervention and were admitted for fewer bed days.

This is an effective and low-cost intervention (\$70,500 a year). The estimated value of avoided emergency department presentations and admissions by the 100 patients over the same period was \$200,000.

Analysis of emergency department presentation data and frequent attendees identified two groups of patients presenting with chest pain from multiple causes.

It was concluded that these patients had not received sufficient information about their condition to self-manage or allay their concerns and had not been linked to primary care.

This project aimed to correct this. It addressed organisational priorities to prevent emergency department presentations by diversion to appropriate community care, reducing length of stay, and empowering patients to self-manage.

The model is a low-cost and low-tech intervention that is patient centred, preventive and enhances self-management. It transfers care from hospital to the primary health setting, and improves patients' health outcomes by taking a holistic approach that addresses far more than their condition.

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Highly commended

OzDAFNE: A structured self-management program improving biomedical and psychological outcomes for adults with type 1 diabetes

Diabetes Australia – Vic

There are currently 119,154 people in Australia with type 1 diabetes registered with the National Diabetes Services Scheme. Of these, 28,534 (24 per cent) live in Victoria.

People with type 1 diabetes need to administer insulin, balance food intake and physical activity, and monitor their blood glucose levels several times per day.

Maintaining optimal blood glucose levels is essential to prevent high blood glucose levels, which can lead to diabetic ketoacidosis (DKA) and long-term complications, and to low blood glucose levels, which can become severe hypoglycaemia.

People with type 1 diabetes often report high levels of diabetes-related distress, and increased rates of hospitalisation due to DKA.

The Dose Adjustment for Normal Eating (DAFNE) program is an intensive, evidence-based, structured, group education program for adults with type 1 diabetes.

Using adult education principles, DAFNE provides skills-based training in carbohydrate counting and insulin dose adjustment to improve self-management of type 1 diabetes.

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Excellence in person-centred care GOLD WINNER

Innovative physical health program in community
mental health

Melbourne Health

Innovative physical health program in community mental health

Melbourne Health

People with serious mental illness die 15–25 years younger and have much higher rates of morbidity and mortality from chronic physical illness compared with the general population.

This is principally due to their higher prevalence of cardiovascular risk factors, such as smoking, obesity, diabetes, dyslipidaemias and hypertension.

These rates have not changed in 30 years, despite great improvements in the general population.

This clearly indicates a need to prioritise the physical healthcare needs of consumers of mental health services.

To address this unmet need, Northern Community Team North (NCTN) introduced into their community mental health service a ground-breaking physical health program (PHP) run through dedicated nursing roles.

The aim of the PHP was to improve detection and management of cardiovascular and metabolic disorders (a collection of conditions that often occur together and can increase the risk of type 2 diabetes, stroke and heart disease) in NCTN consumers.

It did this by providing consumers with a self-assessment screen to identify their physical health needs, embedding metabolic monitoring in the clinical routine, improving detection of cardiovascular risks and metabolic syndrome, and improving the experience of consumers in addressing their physical healthcare needs.

The improved referral pathway resulted in 248 new referrals to general practitioners, diabetes educators, exercise programs and dental services.

The PHP has now been integrated into the core functions of NCTN.

Most importantly, now consumers and carers of NCTN are experiencing the benefits and embracing the integration of such a program within mental health services.

As a consequence of the effectiveness and acceptability of the PHP, North West Mental Health has committed to scoping the program across its catchment.

The PHP is an innovative and effective program that directly seeks to reduce this disease burden through an integrated, collaborative and dedicated screening and referral process.

It has directly identified widespread levels of previously unrecognised disorder, implemented appropriate referral pathways, facilitated consumer engagement and fostered cultural change within mental health and the broader health service through an appreciation of the physical health needs of people with severe mental disorders.

Its key principles of integration within a mental health service, collaboration with consumers and their carers and engendering attitudinal and cultural change within primary and mental healthcare providers are the fundamental factors to its success.

This has encouraged consumers to exercise self-determination in meeting their physical healthcare needs.

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Not just sick kids: Treating patients as people through arts-based learning

The Royal Children's Hospital

Long school absences compound disadvantage for hospitalised children, but finding ways to engage them in learning at the bedside can be challenging.

The Royal Children's Hospital Education Institute (the Institute) has developed a unique arts-based model to create and deliver an individual learning plan for each child.

Now, through including the learning plan in each child's medical record, staff are constantly reminded of the needs of the 'whole person'. This has contributed to a 60 per cent increase in the number of children referred for arts-based learning during their hospital stay.

The Institute's priority is to support the educational needs of RCH patients aged from three to 18 years old.

The move to the new hospital campus in 2011 was an opportunity to increase the number, engagement and learning outcomes of patients accessing the service.

The design of the new hospital deliberately did not include traditional educational infrastructure, such as classrooms, with the philosophy that learning should be delivered to the patient, rather than the patient having to go to a designated learning space.

Embracing this philosophy, the Institute developed an innovative arts-based program to use the hospital environment itself as a rich source of learning possibilities. This also served to increase awareness of the service by clinical staff, to increase referrals.

Indicative of the hospital's determination to treat the 'whole child', patients' individual learning plans have now been incorporated into the medical record.

The plans are developed by the Institute's teachers in collaboration with the child, their multidisciplinary health team, and parents or carers.

The Institute has increased its 'student' population by 60 per cent in two years: from 1,747 children in 2011 to 2,797 in 2013.

Using the arts as a means of engagement ensures patients are enjoying unique learning experiences.

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Highly commended

Refugee health: Achieving excellence in responsive person-centred care

Monash Health

Health plays an integral role in the resettlement of refugees, impacting all other aspects of this process.

Investing in the health of this population has far-reaching, long-term benefits for both the individual and community.

Melbourne's south-east is well recognised for its cultural diversity, with an estimated 20,000 plus contemporary refugees and approximately 5,000 newly arrived asylum seekers living in the region.

The Asylum Seeker and Refugee Health Clinic (AS&RHC) was developed to provide integrated multidisciplinary care for complex clients, while addressing issues of access and equity through responsive person-centred care.

The AS&RHC model of care is visionary, and challenges traditional service delivery by building bridges across the health sector rather than nurturing silos.

Furthermore, the AS&RHC has successfully engaged a vulnerable client group and is responding to its needs in a person-centred, culturally appropriate way.

In doing this, barriers to access experienced by refugees have been reduced, leading to effective client engagement and enhanced health outcomes.

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Excellence in quality healthcare

GOLD WINNER

A new program for the rapid deployment of extra-corporeal membrane oxygenation for the treatment of patients in cardiac arrest

Alfred Health

A new program for the rapid deployment of extra-corporeal membrane oxygenation for the treatment of patients in cardiac arrest

Alfred Health

Sudden cardiac arrest (SCA) is a common condition that requires emergency medical care including cardiopulmonary resuscitation (CPR), and advanced life support (ALS) therapies such as ventilation, defibrillation and intravenous drugs.

The majority of patients with SCA fail to respond and subsequently die.

One of the most common causes of SCA is an acute blockage of a coronary artery. It has been proposed that the heart could restart if this blockage was successfully opened.

However, the continuous movement during chest compressions in CPR makes it extremely difficult for a cardiologist to unblock a coronary artery.

One strategy to enable a cardiologist to unblock a coronary artery in an arrested patient is to place the patient on a heart-lung machine during CPR, as for cardiac bypass surgery in the operating theatre.

This is known as extra-corporeal membrane oxygenation (ECMO).

Recently, The Alfred introduced a program for the implementation of ECMO during CPR (known as E-CPR) in the intensive care unit (ICU).

This program's outcomes to date are far better than international benchmark, and the program represents excellent value for money.

Until recently, ECMO in Australia has been used for unstable rather than arrested patients.

The program requires considerable team effort and a coordinated approach between the ambulance service, emergency department, interventional cardiology and the ICU.

During the initiation of E-CPR, there is a team of three intensive care physicians and an ECMO nurse, in addition to the normal medical and nursing team at a cardiac arrest.

Regular education and training are provided to the medical and nursing staff, including ECMO and mechanical CPR machines, to ensure competency and efficiency.

There have been 25 patients who have received E-CPR over the last 30 months, of whom 23 were successfully commenced on this support.

E-CPR has been implemented in the emergency department in 15 patients, in the ICU in eight patients and in the cardiac catheter laboratory in two patients.

Overall, 12 patients (48 per cent) have recovered and have been discharged home with minimal or no disability. If these patients had undergone standard therapy, mortality would be close to 100 per cent. The median time to commencement of ECMO from arrival was 24 minutes.

The E-CPR program is now an implemented and working service of The Alfred. There is support from all relevant departments and lifesaving treatment is provided to all suitable cardiac arrest patients.

This excellent program has given hope for patients who would previously have died of SCA.

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Peripheral intravenous line safety initiative

Austin Health

Peripheral intravenous cannulae (PIVC) are a significant cause of healthcare-associated infections – specifically *Staphylococcus aureus* bacteraemia (SAB) or ‘golden staph’ infections.

Typically, patients with SAB require prolonged intravenous (IV) antibiotic treatment.

SAB may also cause serious complications such as infections of the heart valves and other organs, which may require surgery or cause death.

The aim of this project was to reduce PIVC-associated SAB at Austin Health.

To achieve this aim, the project developed a comprehensive program to implement a new hospital standard for PIVC insertion and maintenance.

Since implementation in mid-2012, over 500 nurses and 320 doctors have been trained and credentialed in the PIVC insertion and maintenance policy.

The project has led to a five-fold reduction in the rate of PIVC-associated SAB in the 18 month period following the roll-out of the program and is estimated to have saved the hospital in excess of \$200,000 per year.

Healthcare-acquired infections (HAIs) are a major cause of patient morbidity, mortality and result in increased healthcare costs.

Some of the most difficult HAIs to combat are SABs.

Two key factors contributing to hospital-acquired SAB are poor hand hygiene compliance, and poor insertion and maintenance standards for venous access devices, particularly PIVCs.

This project aimed to further improve SAB rates by reducing PIVC-associated infections.

Given the success at Austin Health, and the development of a whole package of procedures, education and other resources, the program is now ready for trialing and possible adoption across Australia.

Overall, the program represents excellent value as it dramatically decreased infection rates and the associated patient suffering, and saves \$217,000 per year.

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Highly commended

Implementation of a whole-of-hospital sepsis pathway

Peter MacCallum Cancer Centre

Sepsis is a potentially life-threatening complication of infection. It is associated with higher mortality in people with cancer, whose immune system is often weakened as a result of their disease.

Delayed recognition and treatment is also associated with significant mortality.

Traditionally, the approach to the management of infection in cancer patients has been to focus on neutropenic fever (caused by low white blood cell count).

However, only half of patients with sepsis at the Peter MacCallum Cancer Centre are actually neutropenic, and only 70 per cent of patients with sepsis have fever.

A more comprehensive approach to sepsis was required.

A hospital-wide sepsis program was introduced by Peter Mac's Antimicrobial Stewardship team as a clinical pathway.

It is the first whole-of-hospital implementation of a sepsis pathway in an Australian hospital, and is novel in its adoption of a medical record form for documentation of care and data collection.

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Excellence in service
provision

GOLD WINNER

Caring for the homeless on the peninsula

Peninsula Health

Caring for the homeless on the peninsula

Peninsula Health

Peninsula Health, working in partnership with local welfare services, has developed an innovative and responsive approach to service provision for homeless people in Frankston and the Mornington Peninsula through the co-location of a care coordinator within the City Life welfare café.

The co-location of this care coordinator has successfully engaged marginalised people, and facilitated access to appropriate health services as well as fostering positive networks and relationships with those who were otherwise at risk of poor health outcomes.

In Australia, it is estimated that 1 in 200 people are homeless, and in Victoria more than 20,000 people experience homelessness or insecure housing.

People who are homeless, or at risk of homelessness, face a variety of challenges, including causal links between homelessness and poor health. Additionally, this group of people have higher rates of complex medical needs, yet are less likely to attend or initiate contact with primary health services until emergency department presentation is required.

In recognition of the specific needs of this population, Peninsula Health's Hospital Admission and Risk Program (HARP) has prioritised engaging with homeless and at-risk clients in the Frankston Mornington Peninsula catchment.

HARP clinicians, who traditionally provided services within a person's home, found it very difficult to contact, engage, or meet with this group of clients when they were identified as requiring care coordination for complex medical and psychosocial needs post discharge from the emergency department.

The program sought to use existing networks established with this population and worked in partnership with City Life, focusing on the welfare lunch which is served at their café once a week.

The project has been successful in engaging marginalised clients, facilitating referrals to other services (including housing), providing health assessments and assertively providing ongoing care coordination.

The model is underpinned by flexible, responsive, assertive and intensive case management that respects and relies upon the importance of a long-term relationship between the agency, the individual and their care coordinator.

In many cases, this may be the most consistent, reliable and long-term relationship that some people have experienced.

This care coordination is the foundation for other support services including establishing the extent of trauma and its impact, and delivering a structured therapeutic response to support improved health outcomes.

With the integration of health practitioners in the support teams, a vast array of healthcare interventions have been provided including general assessments, clinical care, wound care, medication management assistance, counselling and health education.

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Responding to family and patient needs – changing service delivery from hospital to home, family-centred care at its best

Paediatric Integrated Cancer Service and Monash Health

Children and adolescents with acute lymphoblastic leukaemia (ALL) need between eight and 24 subcutaneous chemotherapy injections during their therapy.

The procedure takes five minutes, but turnaround time from hospital to home ranges from two to five hours.

Monash Childrens@Home (MC@H) nurses often visited families for supportive care but were not sufficiently trained and credentialed to provide this chemotherapy agent.

The Paediatric Integrated Cancer Service (PICS), MC@H and the Children's Cancer Centre (CCC) at Monash Children's Hospital (MCH) developed a training program that 19 MC@H nurses completed.

The resulting change of service delivery permitted administration of 230 chemotherapy injections to 26 children and adolescents over 21 months at home.

Families saved 22,172 kilometres, 796 hours of travel and hospital visit time, and \$6,808 in petrol and parking expenses.

The transition of care to the home has relieved pressure for inpatient and outpatient admissions.

This new method of service delivery, using the home as an alternative setting, has responded to patient and family needs, supports equity of access and ensures safety within the clinical governance structure of the health service.

The impact on the patient and family experience is clearly demonstrated.

The service model supports family life remaining normal and provides opportunities for maintaining cultural norms by maximising time at home during treatment.

MC@H nurses are now an extension of the CCC nursing team, rather than an independent referral agent. They are empowered to better support families at home and have enhanced job satisfaction.

For a minimal cost in training, and a small staffing allocation in the MC@H budget, this redesigned service has delivered a sustainable model of care that demonstrates excellence in family-centred service delivery.

Through collaboration, the PICS, with MCH CCC and the MC@H have demonstrated commitment to responding to family and patient needs by changing service delivery from hospital to the home – family-centred care at its best.

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Highly commended

Ten years swimming upstream, look how far we've come

Gippsland Lakes Community Health

Ten years ago, Gippsland Lakes Community Health (GLCH) had an opportunity to partner with Bung Yarnda Childcare at Lake Tyers Aboriginal Trust to deliver a weekly Koori Bubs Swim Program for pre-school Aboriginal people.

What has evolved from one small program is a story to showcase enhanced social connectedness for this population, and improved community relationships and cultural change.

Outcomes such as the local Aboriginal population's capacity to identify and address their own health needs, and increased access to GLCH services were very pleasing.

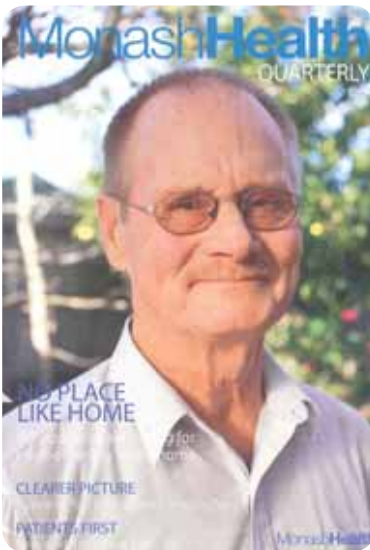
However, there have also been unexpected outcomes like increased employment opportunities for Aboriginal people as health workers, allied health assistants and community development officers, and the development of an extensive and innovative public-private paediatric allied health service for the whole community.

It is a great example of innovative development and provision of paediatric allied health services to meet demand and prepare for future needs.

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Optimising healthcare through e-health and communications technology

GOLD WINNER

Telemedicine enabling chemotherapy in the home

Monash Health

Telemedicine enabling chemotherapy in the home

Monash Health

Monash Health supports Victoria's cancer action plan 2008–2011 to meet the current and future demand for high-quality cancer services, prevention and treatment.

This project is a joint venture of the oncology, haematology, pharmacy, chemotherapy day unit and hospital in the home (program to provide a flexible model of care that safely delivers chemotherapy for all suitable patients in the convenience and comfort of their own home).

Telemedicine enables real-time medical admission, consultation and assessment using mobile devices, provides reassurance to the patient and family, and reduces time to first treatment for the newly diagnosed patient.

The result is a patient-centred care model that is efficient, sustainable, thorough and – importantly – comforting to the person in need.

The primary objective of this innovation was to provide patient-centred, safe and timely care.

Our first patient-in-the-home service initiative reported an extremely positive experience.

To date, more than 30 patients are receiving treatment at home. These patients receive recurrent treatment over many months and sometimes longer.

Every patient is surveyed after their first treatment with outstanding results to date – 92 per cent of patients would recommend this service.

The hospital-in-the-home chemotherapy telemedicine initiative is the successful result of sustained collaboration across departments with a shared vision.

This innovative initiative has achieved a broad array of incredibly positive outcomes, such as successful implementation of telemedicine to enable safe and timely care.

Specialist medical staff members use an iPad and the patient and nurse use a smart phone to enable an assessment prior to treatment and allow real time communications.

The program also eliminates patient travel time and associated costs, and has reduced wait times from approximately three weeks to 10 days for new patients commencing therapy.

The use of telemedicine in the home for chemotherapy patients is a true innovation and a first in Victoria.

It has enabled the resource to be effective and patient-centred, with quality assurance of real time assessment and care.

Right care at the right time in the right place is crucial for immune-suppressed oncology patients, who benefit enormously from avoiding unnecessary hospital admissions.

The use of telemedicine and care in the home are very viable and valuable modes of care and will likely be applied in a growing number of specialties in the future.

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Like! A social approach to optimising child and adolescent health

The Royal Children's Hospital

After six months of careful planning, and despite clinicians' early fears of a community backlash, the new Royal Children's Hospital (RCH) Facebook page is now the busiest and most 'liked' communication platform in the Australian hospital sector, delivering important paediatric and adolescent health information to tens of thousands of Victorians.

In early 2013, the RCH Board and Executive approved a social media strategic plan to proactively embrace the power and reach of social media.

Consumers were using social media to talk about their experiences of care and the hospital was unable to strategically engage with this increasingly active community.

The hospital also lacked policies and procedures to deal with positive or negative mentions on social media.

Like many health services, the RCH had actively banned staff from using social media at work, due to concerns of misuse.

However, it was felt embracing social media would promote the new strategic plan's priorities of delivering 'great care' by consistently providing excellent clinical outcomes, a positive experience for all, timely access, zero harm and financial sustainability.

The initial KPIs of achieving 30,000 page likes and an average daily reach of 10,000 people by 30 June 2014 have been comfortably exceeded.

Corporate Communications monitors the Facebook page via a 365-day on-call roster to enable prompt response to posts, action on inappropriate comments, and to gather data on use and engagement.

Starting late 2013, the RCH has activated other social media platforms: Twitter (1,200 followers), YouTube (17,500 views) and Instagram (1200 followers).

This comprehensive use of social media channels ensures the hospital can reach a wide and diverse audience with a strategic content plan that is created weeks in advance, and monitored daily.

Many organisations fear social media, seeing it as high risk. Our experience has demonstrated its value, given careful planning and robust stakeholder engagement prior to launch, and an innovative approach to content delivery.

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Highly commended

Breastfeeding Support Project

**Australian Breastfeeding Association and
Small World Social**

The Breastfeeding Support Project aimed to support women breastfeeding using new technology.

The project sought to engage women in this important yet quite difficult task and raise awareness of the health benefits of breastfeeding.

The project comprised of three components – a learning portal app, hands-free wearable technology (Google Glass) that provided one-on-one video counselling facilitated by a trained community volunteer, and a peer online support community.

This world-first project using wearable technology to support breastfeeding captured the imaginations of people across the nation and around the world.

The Australian Breastfeeding Association was featured in hundreds of articles, blogs, radio and TV coverage all supporting the breastfeeding initiative and its innovative use of technology.



The project's website received hundreds of thousands of visits from all around the world and was featured in articles in The Guardian, UK's Daily Mail and the NY Times.

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