



2017

VICTORIAN PUBLIC HEALTHCARE AWARDS

Showcase

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VICTORIAN PUBLIC HEALTHCARE AWARDS

Showcase

Premier's message



Seven days a week, 365 days a year, our state's hardworking health professionals change and save lives.

Tonight, we recognise their profound contribution.

From pursuing the next great medical breakthrough, to ensuring every Victorian gets the care they need, the Victorian Public Healthcare Awards celebrate a diversity of achievement.

On behalf of the Victorian Government, it gives me great pleasure to congratulate this year's finalists and winners.

And to every member of our health workforce, thank you for your dedication.

A handwritten signature in black ink, which appears to read 'Ja Andrews'.

The Hon. Daniel Andrews MP
Premier of Victoria



Minister for Health, Minister for Ambulance Services

The Victorian Public Healthcare Awards recognise the incredible contribution of health workers across our system.

Every day I feel so proud and privileged to work with the most dedicated and hard-working health workers.

These awards are crucial, because they help us shine a light on the vital work you all do for Victorians. That work is so great, so appreciated – and I'm delighted to play a small part in celebrating it with you.

Victorians are healthy and well looked after. This is in no small part due to the ability and devotion of whom we entrust our care.

So to you: our doctors, nurses, paramedics, allied health and healthcare workers – a very big and warm thank you.

The Victorian Government is committed to supporting innovation in health care and to continue ensuring that it is available, timely and of the highest quality.

Congratulations to all the award winners and finalists, and to all those who continue to deliver world class care to Victorians.

The Hon. Jill Hennessy MP
Minister for Health
Minister for Ambulance Services



Minister for Housing, Disability and Ageing, Minister for Mental Health

The Victorian Public Healthcare Awards recognise the achievements and excellence in the delivery of health programs and services to the Victorian community.

The 13th Victorian Public Healthcare Awards provide well-deserved recognition of the extraordinary contribution our dedicated healthcare professionals and associated health groups make to public health.

They highlight the great work of our doctors, nurses, paramedics and healthcare professionals, and commend the outstanding programs and initiatives that make our health system truly world class.

You should all be very proud of your achievements as we continue to make remarkable advances and save lives in Victoria.

Victoria leads the country in mental health reform, which is underscored by the 2017–18 State Budget's record \$325.7 million investment in mental health services, and supported by the government's 10-year mental health plan.

With one of the most talented and dedicated health workforces in the world, it is no surprise that this year's nominations are again outstanding.

Congratulations to all of the winners, finalists and all entrants for their commitment to quality, innovation and excellence in healthcare.

Martin Foley MP
Minister for Housing, Disability and Ageing
Minister for Mental Health



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Introduction

In their 13th year, the Victorian Public Healthcare Awards received entries across 18 categories, reflecting the government's priority areas in healthcare. These awards recognise excellence, dedication and innovation in providing publicly funded healthcare for the Victorian community. They include Victoria's most prestigious accolade – the Premier's Health Service of the Year Awards.

Introducing our judges

The judging panel comprised 78 experts from across the healthcare sector. The panel included chief executives, board members, patient advocates, researchers, clinicians, general managers, directors, program managers and advisers.

The Hon. Bob Cameron, chair of the Bendigo Health board, was our chair of judges, and oversaw the judging process.

In 2017, we congratulate the following judges on completing 10 years service as an awards judge:

- Associate Professor Richard Newton, Clinical Director, Peninsula Mental Health Service
- Ms Sonia Posenelli, Fellow, Social Work, School of Health Sciences, The University of Melbourne
- Adjunct Associate Professor John Rasa, Chief Executive Officer, Networking Health Victoria.

We sincerely thank all the judges for their continuous dedication to these awards.



Judges at the 2016 Victorian Public Healthcare Awards gala ceremony, 12 Dec 2016

Judges

Chair of Judges

The Hon. Bob Cameron
Chair of Bendigo Health
Board of Directors
Bendigo Health

Panel Chairs

Ro Allen
Gender and Sexuality
Commissioner
Department of Premier
and Cabinet

Ms Colleen Boag
Chief Executive Officer
Yarram and District Health
Service

Ms Rita Butera
Executive Director
Women's Health Victoria

Dr Catherine Crock AM
Physician
The Royal Childrens Hospital
Chair Hush Foundation

Dr Simon Fraser
Chief Medical Officer
and Senior Paediatrician
Latrobe Regional Hospital

Ms Sue Kearney
Executive Officer
Dental Health Services Victoria

Hon Rob Knowles AO
Board Chairman
The Royal Children's Hospital

Mr Demos Krouskos
Chief Executive Officer
North Richmond Community
Health

Mr Steven McConchie
Group Manager, Clinical
Institutes and Medical Audit
Epworth HealthCare

Ms Lorraine Parsons
Health Systems Consultant

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

**Associate Professor
Tony Walker ASM**
Chief Executive Officer
Ambulance Victoria

Professor Andrew Way
Chief Executive Officer
Alfred Health

Mr Dan Weeks
Chief Executive Officer
West Gippsland Healthcare Group

Judges

Ms Briana Baass
Manager, Advisory
Ernst & Young

Ms Susan Biggar
National Engagement Advisor
Australian Health Practitioner
Regulation Agency

Professor Christopher Bladin
Program Director - Victorian
Stroke Telemedicine Project
The Florey Institute of
Neuroscience and Mental Health
Melbourne Brain Centre

Dr Anna Boltong
Head of Division,
Strategy and Support
Cancer Council Victoria

Ms Lyn Bongiovanni
Manager Language Services
Western Health

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

**Adjunct Professor
Cheyne Chalmers**
Chief Nursing and
Midwifery Officer
Monash Medical Centre

Ms Amanda Charles
Risk Manager
Austin Health

Ms Rowena Clift
Director Service and
System Integration
Western Victoria Primary
Health Network Ltd.

Dr Sally Cockburn
GP, Media Commentator and
Health Advocate 'Dr Feelgood'

Mr Philip Cornish
General Manager,
Health and Community Services
Chisholm Institute

Ms Alison Coughlan
Managing Director
Alison Coughlan Pty Ltd

Mr Peter Craighead
Chief Executive
Latrobe Regional Hospital

Dr Grant Davies
Director of projects
Safer Care Victoria

Dr Sandra Davis
Course Coordinator,
Applied Gerontology
Postgraduate Program,
Palliative and Support Services
Flinders University

Judges

Ms Karella de Jongh

Chief Interpreter,
Language Services
St Vincent's Hospital Melbourne

Ms Andrea Doric

Clinical Lead, Clinical
Deterioration and Resuscitation
Eastern Health

Dr John Elcock

Director, Medical Services
Northeast Health Wangaratta

Associate Professor Sue Evans

Director of the Centre of
Research Excellence in
Patient Safety
Monash University

Ms Jo Gatehouse

Director, Quality, Planning
and Innovation
Eastern Health

Dr Sabine Hammond

Executive Manager, Science,
Education and Membership
Australian Psychological Society

Ms Tanya Hendry

Manager, Quality,
Research and Evaluation
EACH

Ms Liz Hlipala

Principal Search Consultant
HardyGroup International

Ms Debbie Hsu

Executive Officer
The Australian Psychological
Society Limited

Ms Sue Huckson

Manager CORE
Australian and New Zealand
Intensive Care Society

Ms Sandra Keppich-Arnold

Associate Director of Nursing and
Operations, Alfred Psychiatry
Alfred Health

Ms Bronwyn Lawman

Executive Director Operations
Mind Australia

Mr Allan Layton

Life Governor and
former Board Chair
Alexandra District Health

Ms Rebecca Lewin

Clinical Risk and Patient Safety
Manager
Melbourne Health

Professor Erwin Loh

Chief Medical Officer
Monash Health

Ms Fiona McKinnon

General Manager Allied Health
and Community Services
St Vincent's Hospital Melbourne

Ms Jane Miller

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

Ms Jo-Anne Moorfoot

Executive Director
The Australian Centre for
Healthcare Governance

Ms Lyn Morgain

Chief Executive
cohealth

Ms Assunta Morrone

Manager Consumer Partnerships
Equity and Diversity
Western Health

Ms Lauren Newman

Education Manager
Portland District Health

Associate Professor**Richard Newton**

Clinical Director
Peninsula Mental Health Service

Mr Gregg Nicholls

Chairperson
Enliven Victoria

Mr Robin Ould

Former Chief Executive Officer
The Asthma Foundation of
Victoria (Retired)

Ms Samantha Plumb

EMR Project Director
Melbourne Health

Adjunct Professor David Plunkett

Chief Executive Officer
Eastern Health

Ms Sonia Posenelli

Fellow, Social Work,
School of Health Sciences
University of 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 Anne Robinson

Divisional Operations Director -
Medical and Critical Care
Goulburn Valley Health

Ms Jacinta Russell

Divisional Director Clinical
Support Services
Goulburn Valley Health

Mr Simon Ruth

Chief Executive Officer
Victorian AIDS Council

Ms Meg Rynderman

Consumer Representative
for the Australian Cancer
Survivorship Centre
Peter MacCallum Cancer Centre

Mr Andrew Smith

General Manager,
Clinical Services
East Wimmera Health Service

Ms Mary-Jane Stolp

General Manager
The Bridge

Ms Anne-Maree Szauer

General Manager,
Corporate Services
Correct Care Australasia

Ms Meredith Theobald

Acting Executive Director
Aged Operations
Ballarat Health Services

Ms Therese Tierney

Chief Executive Officer
Bairnsdale Regional
Health Service

Ms Tracey Tobias**Ms Felicity Topp**

Chief Operating Officer
Peter MacCallum Cancer Centre

Mr John Turner OAM

Victorian Treasurer and
National Board Director
Australasian College of Health
Service Management

Mr Danny Vadasz

Chief Executive Officer
Health Issues Centre

Ms Janney Wale

Community Advisory Committee
Melbourne Health

Adjunct Professor Kylie Ward

Chief Executive Officer
Australian College of Nursing

Dr Margaret Way

Executive Director Innovation,
Quality, Research and Education
Sunshine Coast University
Hospital and Health Service

Dr Pamela Williams OAM

Secretary
Cancer Action Victoria

Ms Jane Williamson

Program Manager
Victorian Paediatric Integrated
Cancer Service

Ms Janet Wood

Volunteer and Community
Advisor, Aged Care Sector

Summary of awards

Premier's Health Service of the Year awards

Premier's Primary Health Service of the Year

Winner
cohealth

Finalist
Star Health Group

Finalist
Sunbury Community Health

Premier's Small Health Service of the Year

Winner
Kyneton District Health

Finalist
Rochester and Elmore District Health Service

Finalist
Rural Northwest Health

Premier's Medium Health Service of the Year

Winner
Benalla Health

Finalist
East Grampians Health Service

Finalist
Echuca Regional Health

Premier's Large Health Service of the Year

Winner
The Royal Victorian Eye and Ear Hospital

Finalist
The Royal Children's Hospital

Key awards

Minister for Health's Award for improving workforce wellbeing and safety

Winner
Ambulance Victoria
Occupational Violence Prevention Education Program

Highly commended
Dhauwurd-Wurrung Elderly and Community Health Service
Tackling lateral violence in an Aboriginal health service and community

Finalist
Alfred Health
Treat: multifaceted wellbeing program

Minister for Mental Health's Award for excellence in supporting the mental health and wellbeing of Victorians

Winner
Eastern Health
Bringing tele-psychiatry to an emergency department – an international first

Highly commended
St Vincent's Hospital Melbourne
Recovery and Support Program (RaSP): complex care for people with dual diagnosis

Finalist
Self Help Addiction Resource Centre
Promoting the voice and needs of family in drug treatment

Secretary's Award for improving integration of care for patients with chronic and complex conditions

Winner
The Royal Children's Hospital
Care is a partnership

Finalist
Dental Health Services Victoria
Teledentistry: improving access to specialist dental care through innovation and integration

Finalist
Diabetes Victoria
Diabetes Camps Victoria

Finalist
Monash Health
Oncopain clinic

Category awards

Excellence in CALD health

Winner

Melbourne Health

Refugee and Immigrant Health Program (RHP) at The Royal Melbourne Hospital

Highly commended

Monash Health

Refugee health: the GP engagement initiative

Finalist

Your Community Health

Your Community Health Refugee Health Model

Excellence in public sector aged care

Winner

Rural Northwest Health

ABLE and the expansion of the memory support nurse

Highly commended

Monash Health

Residential In Reach: thinking outside the box

Finalist

Peninsula Health

SPeED: Supported patient-centred early discharge for geriatric rehab patients

Excellence in women's health

Winner

Northern Health

Safe birthing choice for women in the north: a private practice midwife model of care

Highly commended

Western Health

'A Matter of Urgency': Women's Health Advanced Practice Physiotherapy Clinic

Finalist

The Royal Women's Hospital

Managing Menopausal Symptoms after Cancer (MSAC)

Improving children's health

Winner

Victorian Clinical Genetics Services

Pioneering clinical genomics in undiagnosed children

Highly commended

The Royal Children's Hospital

New enhanced recovery pathway after spinal fusion delivers improved outcomes

Finalist

Barwon Health

Wide Smiles

Finalist

The Royal Children's Hospital

Using big data to improve access to outpatient clinics

Improving healthcare through clinical research

Winner

The Royal Women's Hospital and the Judith Lumley Centre at La Trobe University

Diabetes and Antenatal Milk Expressing (DAME)

Highly commended

The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and Walter and Eliza Hall Institute

A new anti-cancer therapy: a breakthrough in treating chronic lymphocytic leukaemia

Finalist

The Royal Children's Hospital

Liquid gold: improving how we collect urine samples from young children

Summary of awards

Improving Indigenous health – Closing the gap

Winner

Odyssey House Victoria

'You will need a mob to do this'

Highly commended

Dental Health Services Victoria

Creating a more culturally affirming public dental environment for Indigenous patients

Finalist

Northern Area Mental Health Service, Neami National, Victorian Aboriginal Health Service and UnitingCare ReGen

Wadamba Wilam: supporting Aboriginal homelessness and enduring mental health

Safer Care Victoria award for excellence in quality and safety

Winner

Ambulance Victoria

Revised Clinical Response Model

Highly commended

Peninsula Health

Pharmacy Prescriber: new model dispensing patient safety

Finalist

Melbourne Health

Australia's first Behavioural Assessment Unit at The Royal Melbourne Hospital

Finalist

The Royal Children's Hospital

BREATHe: improving the safety of paediatric emergency airway management

Safer Care Victoria compassionate care award

Winner

Western Health and Dental Health Services Victoria

Dental health services for those with special needs

Highly commended

Barwon Health

Volunteer-based Dignity Therapy program

Finalist

Ambulance Victoria

Thank you video

Finalist

Melbourne Health, The Royal Melbourne Hospital and Peter MacCallum Cancer Centre

Responsive Acute Palliative Intervention and Decision Assistance (RAPID Assist)

Supporting healthy populations

Winner

Alfred Health

Healthy food environments

Highly commended

Barwon Health

A novel setting for screening diabetes

Finalist

Alfred Health

A breath of fresh air

Finalist

Carrington Health

Baby Makes 3: strengthening Victorian families

Supporting LGBTI health

Winner

Peninsula Health

Proudly inclusive: the journey to achieving Rainbow Tick accreditation

Whole-of-hospital model for responding to family violence

Winner

Bendigo Health

Strengthening Bendigo Health's response to family violence

Highly commended

Northern Health

Family violence is a health issue: protecting the community of the north

Finalist

Benalla Health

Family violence: a whole of health service model

Finalist

Eastern Health

Partnerships enable enhanced response

Premier's Health Service of the Year



Primary Health Service of the Year

Winner

cohealth



Primary Health Service of the Year cohealth

cohealth delivers services to some of Victoria's most disadvantaged and fastest-growing communities. It operates more than 13 sites across 14 local government areas in the north and west of Melbourne, and it employs more than 900 staff. In 2016–17, cohealth had an operating budget of \$68 million.

The community cohealth serves is incredibly diverse, and in the last year it has provided services for more than 110,000 people who spoke 85 community languages. These services include mental health recovery services, medical and oral health services, therapists to support people to live independently and manage their health, counsellors, and many more services and programs that meet people's needs and circumstances.

cohealth's services support healthy bodies, minds, families and communities, as well as caring for people living with chronic illness, children and families, Aboriginal and Torres Strait Islander people, and refugees and asylum seekers. Using an embedded commitment to co-design, cohealth ensures that consumers and communities help to shape and deliver services.

In 2016–17, the organisation's third year of operation, cohealth consolidated its systems, embedded plans, built partnerships and supported staff to deliver innovative, high-quality services. Some highlights for the year include new funding to pilot innovative models of care, promoting children's language development in early childhood settings, better equipping workers to respond to consumer experiences of traumatic death, and investing in design thinking methodology to empower staff to find solutions to problems. In addition, a new state-of-the-art facility was completed at Paisley Street, Footscray.

cohealth's strategic plan was developed with input from more than 550 staff, partners and consumers, and it documents bold ideas about the future health system. The plan positions cohealth as a contemporary, progressive and evidence-based health service; not only a provider of quality healthcare, but part of building a more responsive, cost-effective health system.

Recent investment in information and communication technology systems has also improved cohealth's ability to deliver more effective and efficient services and support staff development.

cohealth recognises that great healthcare begins with a strong, values-based workforce. The organisation is building an agile workforce through sector-leading learning, development, engagement and capacity building.

A key staff development focus in 2016–17 was the leadership program, designed to ensure senior staff are skilled in building cohesive teams, and to foster a culture of accountability and innovation. Following consultation, a range of tailored forums and training were held, each drawing on principles of strengths-based leadership and cohealth's organisational values.

cohealth has also embedded allied health, family violence, family services and homelessness practice leads who provide specialist expertise to teams and across the organisations. Practice leads undertake practice reviews, develop quality improvement plans, support policy development, support training and development, and lead communities of practice.

To address system complexity, which presents many navigation challenges for cohealth's vulnerable communities, the organisation has undertaken a number of initiatives. As the lead agency at Central City Community Health Service, cohealth collaboratively delivers targeted, wrap-around services to people experiencing homelessness, including a dedicated women's health clinic. It also provides outreach support to people where they are, including community-based access to newly listed hepatitis C medications, and oral health outreach to people experiencing homelessness.

cohealth also promotes health equity through courageous, evidence-informed, rights-based advocacy. Its advocacy work is shaped by the issues raised by our consumers.

Through advocacy campaigns and government relationships, it secured future funding for our Homeless Outreach Mental Health Service via the Towards Home response package, and preserved the collaborative delivery partnerships underpinning our Community Asthma Program.

Providing the right care in the right place at the right time is critical for good health and wellbeing, and is supported by timely access to primary care and general practitioners, and holistic wrap-around care.

cohealth invests in its 55 GPs' capacity to maximise their capabilities. An innovative peer review program supports them to nominate and share specialist interests and expertise in areas including opiate substitution therapy, working with mental illness, and refugee health. A recent evaluation of the program confirmed its positive impact, and it has since been integrated into GPs' continuing professional development requirements.

cohealth also has a strong history of trialling new co-locations. Our Victims Assistance Program co-location at Werribee police station was a Victorian first, and it has since been replicated across the state. We also have staff co-located at the Collingwood Neighbourhood Justice Centre and on public housing estates in the City of Yarra and City of Melbourne.

cohealth is establishing its research agenda and building partnerships with external research bodies to strengthen its capabilities, drive service innovation and achieve efficiencies. It has also maintained its commitment to managing research ethics.

In 2016–17, cohealth participated in the Victorian Healthcare Experience Survey for community health services, and is currently reviewing the results. Its overall service experience achieved a rating of 92 per cent.

In addition to its clinical work, cohealth delivers a wide range of prevention programs in multiple settings. It focuses on developing community leadership, health literacy, social cohesion and inclusion, and harm minimisation.

cohealth also works to develop its partners' professional capabilities. Recent examples have included a field trip and presentations for delegates from the 2017 World Congress on Public Health.

In partnership with the Victorian Foundation for Survivors of Trauma, cohealth recently commenced a program to deliver health literacy and mental health peer support sessions to refugee and asylum seekers through bicultural workers. This program, along with cohealth's innovative bicultural workers internship program, will build the capacity of the local bicultural health workforce.

cohealth's commitment to diversity and vulnerable communities is deeply embedded in its organisational practice and culture. cohealth continues to provide priority access to quality healthcare for Aboriginal and Torres Strait Islander Victorians, as well as implementing its reconciliation action plan and providing cultural immersion activities for cohealth staff.

Contact

Lyn Morgain
cohealth
Lyn.Morgain@cohealth.org.au

Finalist

Star Health Group

Star Health is a major provider of health and community services across Melbourne, with centres in St Kilda, Prahran, Cheltenham, South Melbourne and Port Melbourne. An expert, multidisciplinary team of 300 staff provides more than 100,000 occasions of client service each year, with an annual budget of over \$28 million.

Star Health has a strong track record of working alongside the most marginalised community members to improve health outcomes. One significant highlight from the last year was working with the City of Port Phillip, St Kilda Community Housing and others to support 50 of the most vulnerable tenants affected by the Gatwick Hotel closure with housing and other arrangements.

Clients and community members play a critical role in co-creating services. This includes flagship health promotion initiatives that bring together local residents, businesses and community organisations.

Star Health's focus on building the capacity of the communities it works with is core to its mission.

Contact

Damian Ferrie
Star Health Group
dferrie@starhealth.org.au



Finalist

Sunbury Community Health

Located on the rapidly growing urban fringe, Sunbury Community Health (SCH) has been a vital part of the local community for more than 40 years. With around 200 staff and contractors, and 100 volunteers, SCH provides traditional community health services as well as other services including residential aged care and early childhood education. Around 8,000 people – or 23 per cent of Sunbury's population – access services each year.

Community-based service provision is at the heart of SCH's philosophy. SCH has embedded services within a number of community settings, including oral health screening in early childhood settings, outreach dental care at an aged care facility, music therapy and an Aboriginal engagement hub at a local neighbourhood house.

Highlights for the year included an external governance review, and a focus on sustaining high performance. In addition, a number of new family violence programs and service models are helping to address need in the Sunbury community.

Contact

Phillip Ripper
Sunbury Community Health
phillipr@sunburychc.org.au



Small Health Service of the Year

Winner

Kyneton District Health



Small Health Service of the Year Kyneton District Health

Kyneton District Health (KDH) is a public hospital, community care provider and regional healthcare partner that has been servicing the Macedon Ranges for 160 years.

Today's growing peri-urban community of about 45,000 people is spread across nine towns and outlying rural areas. The population comprises long-term locals, tree-changers and a commuter population who travel between the centres of Melbourne and Bendigo.

Our services include urgent care, surgical, medical, maternity, palliative care and community care. A team of 130 staff deliver this care at the hospital and in the community. The health service draws on a blend of dedicated staff, visiting specialists, local practitioners and healthcare partners. Skilled nurses provide many of our services.

KDH has come through a period of significant reform driven by financial imperatives, quality standards and community relations. Three years down the track, this turnaround means KDH is now a proactive healthcare provider, rather than one that is focused on fixing its past.

It has entered a positive period of consolidation, where the results of hard work are starting to be realised and appreciated by stakeholders. KDH is actively leveraging these successes for continuous improvement and innovation.

Achievements this year include the launch of the Treehouse supportive care program for palliative care and dementia clients, the Patient Stories pilot program, and the transformation of a hospital corridor into gallery for mental health promotion. KDH won the Macedon Ranges Shire Council Business Excellence Awards.

In the past year, KDH has also enhanced its Best Care quality framework, and it is now able to evaluate and embed key elements of the framework. It has also been active in developing ways to support quality governance, and it is evaluating its dashboard tool, which builds the board's capacity to monitor clinical and financial performance.

Last year, KDH achieved an overall surplus of \$10.9 million. Key factors for this result included achieving or exceeding targets, partnership initiatives with Western Health, and successful submissions for targeted funding. In three years, KDH has gone from a deficit, to a break-even budget, to this sustainable surplus position.

Since 2013, when community dissatisfaction with KDH could no longer be ignored, a new board and CEO have prioritised community re-engagement and trust-building. KDH has worked hard to create and realise a new vision, and has now restored community confidence and staff morale, as well as reversing the budget deficit and improving quality and safety.

To reach this position, KDH took a strategic, consultative and multi-pronged approach to enhance finances, quality and community engagement. Its overarching intent is that every consumer has a positive experience, every time. It is now measuring and achieving results, and embedding a culture of continuous improvement.

KDH has developed and implemented an innovative quality and safety framework – the KDH Best Care Plan. It is a whole-of-organisation system developed with staff from the bottom up. The plan focuses on the points where patients interact with staff or systems. This year, KDH evaluated preliminary activities, demonstrating that its actions are improving patient experience and health outcomes.

Over the past year significant improvements continued to be made to the budget. KDH developed its people to better understand costs, and implemented innovative governance and operational improvements to support financial sustainability, including a pilot mechanism to enhance board reporting, and improved cashflow review and monitoring.

KDH has also engaged local GPs through regular communications, and the health service now accommodates a busy medical practice on site. Engagement activities include consumer participation, revamping publications, media profiles, public forums and community initiatives like the Tea for Ten listening project, Check Out Our Insides open day, and When the Black Dog Bites art exhibition. Planning is underway for a mums and bubs maternity picnic in September.

Occupational violence has also been a focus, with an external review focusing particularly on after-hours operations. KDH reviewed incidents and identified ways to systematically reduce risk, such as the use of personal duress buttons and the installation of a triage window.

A staff accountability and communication strategy was implemented to promote positive workplace culture. Our People Matter survey shows that the overall job satisfaction rate is now 95 per cent, up from 71 per cent in 2014.

KDH's on-site primary care provider, Campaspe Medical Practice, has strong relationships with acute services. Its 11 doctors are engaged on the ward, and continue to expand after-hours availability in the Urgent Care Centre. The facilities were redesigned so that an internal door easily connects GPs to wards in the hospital. This access supports collegiality, and builds confidence between clinical teams. The community is responding, and there has been an 8 per cent increase in Urgent Care Centre attendances this year, with overall increased use of clinical services. GPs and patients appreciate the continuity of care that this collaborative approach engenders.

Over the last year, KDH has also partnered with Western Health to assist them to reduce their surgical waiting list by offering surgical services to people across a range of procedures. This initiative allowed KDH to use latent surgical capacity and reduce demand for surgery at Western Health.

In this vein, KDH is committed to implementing integrated care approaches across health and community support services to improve access. It works with key partners to identify and respond to the needs of local people. This year it signed a new memorandum of understanding with Cobaw Community Health, committing the two health services to joint planning.

KDH leverages its advantage as the only local acute service, and looks for opportunities to partner with metropolitan and regional health services. It works closely with major obstetric and surgical hospitals to ensure local patients can access safe acute healthcare close to home.

Contact

Maree Cuddihy
Kyneton District Health
MCuddihy@kynetonhealth.org.au

Finalist

Rochester and Elmore District Health Service

Based in the northern Victorian town of Rochester within the Shire of Campaspe, Rochester and Elmore District Health Service (REDHS) has a catchment of 6,500 people in Rochester and surrounding farming communities. A comparatively high proportion of community members are elderly (above the Victorian average).

REDHS employs 116 full-time equivalent employees (206 people), and it carefully tailors the composition of its workforce, along with its service provision and growth, to community needs.

REDHS delivers person-centred care in a variety of settings, with an increasing emphasis on care delivery in the community. REDHS continues to deliver outreach services to neighbouring, rural communities, providing increased access to allied health professionals.

The recent downturn in milk prices has affected the whole community, which has deep roots in agriculture. REDHS has been active in supporting those affected, including by coordinating a well-attended mental health forum that provided messages of community support and avenues for financial assistance.

Contact

Anne McEvoy
Rochester and Elmore District Health Service
amcevoy@redhs.com.au



Finalist

Rural Northwest Health

Rural Northwest Health (RNH) provides responsive, quality care and community services by empowering a vibrant, committed team that is continuing to deliver innovation in dementia care, cancer care, cardiovascular care, obesity prevention, community engagement, end-of-life care, and the use of technology in rural and remote communities.

RNH employs 270 staff across the campuses of Warracknabeal, Beulah and Hopetoun in the grain-growing Yarriambiack Shire of the Wimmera Mallee. It serves a population of 7,080.

The demographic of the area is characterised by an ageing population that is in decline, and which has significant sociodemographic disadvantage. Health outcomes include the highest rates in the state for chronic disease and high-risk behaviours contributing towards poor health.

With cancer services being one of the greatest areas of need in the community, RNH has actively sought opportunities to reduce the burden and impact of cancer and improve survivorship outcomes.

RNH maintains a close connection with the community through consultation and community engagement.

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Medium Health Service of the Year

Winner

Benalla Health



Medium Health Service of the Year Benalla Health

Benalla Health (BH) is located in the township of Benalla to the northeast of Melbourne. Its total catchment population is 13,818. The community BH serves is ageing at a higher rate than for Victoria, with about 50 per cent of the population aged 50 or over in 2016. This is expected to increase to 53 per cent by 2030.

The urban population of the Rural City of Benalla is relatively disadvantaged compared with other areas in Victoria. It also has significantly more family violence incidents per 100,000 population, with the seventh highest number of incidents among all 79 Victorian local government areas. BH has a number of initiatives in place to prevent and respond to family violence, and it proudly became an accredited White Ribbon Workplace in February 2017. This is an outstanding achievement, and a credit to the hard work of all staff who contributed to the accreditation process.

The community within BH's catchment also has a number of social determinants of health that indicate poorer health outcomes for its residents compared with other population groups. These include arthritis, cancer incidence, self-reported health status and avoidable deaths due to cardiovascular and respiratory diseases. There are high-risk levels of smoking, alcohol consumption and obesity compared with other areas in the state.

To address these issues, BH aims to facilitate a healthy and resilient community through integrated, lifelong healthcare services with a significant focus on inpatient care, maternity services and a diverse range of innovative community health programs.

BH's staff are highly skilled health professionals who have a real connection with their community. The organisation is committed to providing person-centred care, and it does this by listening to the community, and determining each patient's plan of care in partnership with the person and their family.

Services provided by BH have evolved to meet the changing and expanding needs of the community. The Urgent Care Centre treats on average 500 patients per month. Acute care is fully integrated and includes medical, surgical, managed care and palliative care patients. Maternity care provides three fully self-contained birthing suites. The theatre complex caters for approximately 2,200 minor to medium complexity cases per year.

In 2016, the health service once again achieved its acute and community health activity targets, on time and within budget, thanks to the dedication of its loyal staff. It also received the 2016 Large Business Excellence Award from the Benalla Business Network.

BH has strong partnerships with the local council, schools, football and netball clubs and other services. Its Community Health division, established in 1989, provides community-based health services to the Benalla community.

In terms of quality and safety, BH's hand hygiene compliance of 89.5 per cent is above the statewide target of 80 per cent. Victorian Healthcare Experience Survey data shows that patient experience has been consistently above the statewide target of 95 per cent, scoring 99 per cent in the fourth quarter of 2016–17. Patient safety culture for this time period was 87 per cent, which is also above the statewide target of 80 per cent.

Overall, BH's performance assessment score was at 100 for each quarter of 2016–17. Full accreditation has been achieved and maintained for the 10 national standards and the four aged care standards. There were no sentinel events in 2016–17. Highlights from BH's work this year include the evidence-based chronic disease program. One of these is the Arthritis Support Group, which provides people with arthritis and other musculoskeletal disorders the chance to get together with other people who understand their experience, and to boost their self-esteem by feeling valued and stronger.

Another highlight is the Little Learners program undertaken as part of a contract between Benalla Community Health Service and Benalla P-12 College to provide speech pathology services. The program screens all prep students for speech and language difficulties. The number of children with significant language difficulties has been steadily rising, with just over 50 per cent of students requiring speech pathology during their first year of school, and 20 per cent of students needing in-depth language and cognitive assessments.

In addition, Benalla Breastfeeding Working Party aims to increase the percentage of mothers breastfeeding by three months. Maternal and child health statistics showed that breastfeeding rates decreased by 10 per cent between discharge and two weeks, and again between weeks four and eight. Research suggested that an automatic text message system for new mothers could increase breastfeeding rates to 93 per cent at eight weeks. The text messages were developed in collaboration with mothers. They acknowledge how hard it is to continue breastfeeding, and that mothers can access support to continue doing so. The messages also provide mothers with contact details for local support services and websites that provide evidence-based data on child development.

As well as these community-based initiatives, BH is also working to support disadvantaged and at-risk families and individuals. Programs include Rock and Water for girls and women, which teaches participants basic self-defence and assertive communication skills, and the Parent and Child Mother Goose program, which encourages parent-child bonding and teaches early language concepts.

Real Men Make Great Dads is a group for men facilitated by men to understand their child as they grow, discuss their relationship with their child, learn how to deal with behavioural issues, and improve communication with their child. Bringing Up Great Kids is a six-week group parenting program that encourages parents to reflect on their role as a parent, and teaches the use of mindfulness for calmer parenting.

As well as teaching parenting skills, all of these programs are part of the upstream model of family violence prevention.

These initiatives, as well as BH's clinical work, show a health service engaged in its local community, with a strong team of committed staff pursuing service excellence in the provision of health and community services.

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Finalist

East Grampians Health Service

East Grampians Health Service (EGHS) delivers high-quality healthcare that meets the needs of the community living in Ararat, Willaura, and the local government area of Ararat Rural City. It services a population of approximately 12,000 people, with a median age 9.8 years older than the national population.

EGHS's 358 permanent staff, in conjunction with its 150 volunteers and five auxiliaries, work collaboratively and creatively to deliver on its commitment to improve its community's health and quality of life.

Successful innovations include a review of discharge planning processes, which has led to a 5 per cent improvement since 2015 on how patients rate their discharge. In addition, EGHS's person-centred Montessori Model of Care has made a huge difference to residential aged care services, with environmental cues and meaningful activities for all residents.

Last year, in partnership with Justice Health, EGHS became one of only two Victorian public health services to perform elective operations on prisoners.

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Finalist

Echuca Regional Health

Echuca Regional Health (ERH) is an integrated subregional health service that provides acute, subacute, residential aged care, and community and primary care. It is located 180 kilometres north of Melbourne on the Murray River, and 2017 is its 135th year of service. It has an operating budget of \$66 million, and it has 450 full-time equivalent positions.

One of the ERH's main achievements in the past year was to safely manage record levels of activity in acute admissions and emergency presentations.

At the same time as activity was at unprecedented levels, the health service also managed to complete the consolidation of the new and expanded hospital, in addition to meeting or exceeding most agreed targets in the Statement of Priorities, achieving a financial surplus, and strengthening partnership agreements with neighbouring health services.

The Echuca community also continues to benefit from ERH's innovative and highly successful Victorian Stroke Telemedicine program.

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Large Health Service of the Year

Winner

**The Royal Victorian
Eye and Ear Hospital**



Large Health Service of the Year

The Royal Victorian Eye and Ear Hospital

The Royal Victorian Eye and Ear Hospital provides a statewide specialist tertiary and emergency eye and ear healthcare service. It is internationally recognised as a leader in clinical service delivery, teaching and research in both ophthalmology and otorhinolaryngology.

The hospital delivers more than half of Victoria's public eye surgery, and all of Victoria's public cochlear implants. It has over 50 specialist clinics for the diagnosis, monitoring and treatment of vision and hearing loss, and it provides a 24-hour emergency eye and ear, nose and throat health service. In 2016–17, the hospital cared for more than 200,000 patients throughout Victoria including 148,018 outpatients, 15,049 inpatients and 40,712 emergency patients. There were also 17,846 pharmacy occasions of service.

With an operating budget of \$102 million, the hospital achieved outstanding performance results, despite major site redevelopment works and a partial relocation. During the year, the workforce comprised approximately 900 staff, with 178 new staff recruited. Volunteers gave close to 8,000 hours of their time, and provided direct assistance to more than 65,000 patients.

The hospital's performance against Statement of Priorities targets shows it is one of the highest-performing health services in the state. Its elective surgery waiting list reduced to 2,401 – well under the target of 2,995. The majority of patients were treated within the clinically recommended period of time.

Emergency care targets were achieved, including 100 per cent of ambulance patients transferred within 40 minutes against a target 90 per cent, and 81 per cent of emergency stays were less than four hours.

The hospital's resilience during a period of major operational challenges was demonstrated by outstanding results achieved across the year. Through careful planning and management, patient care was maintained at high levels during the disruption caused by redevelopment works, a partial site relocation, and the operation of dual campuses.

To advance renovation works at the main site, the outpatients department and day surgery services (including three operating theatres) were relocated to the old Peter MacCallum site in East Melbourne – now 'Eye and Ear on the Park'. The main site retained inpatient beds, the emergency department, main surgical theatres and the Cochlear Implant Clinic.

Despite these considerable challenges, the hospital's surgical productivity increased, and wait list numbers were reduced to 2,401, exceeding the target by 594 patients. More elective surgery removals are now performed than most health services. While most of these cases are of lower complexity, the figure highlights the efficiency of our theatre, and pre- and post-operative processes.

Emergency service levels were maintained despite significant disruption due to redevelopment works. The hospital also made progress on reducing long outpatient wait times, with the longest clinic waits down by two years to 18 months.

The hospital worked hard to ensure patients received clear and timely communication about the relocation and changes that would affect them. Brochures, building signage, and messaging were developed in conjunction with consumers and designed to minimise impact on patients. The building itself has been decorated with paintings from local Aboriginal artists, and a smoking ceremony was performed as part of the official opening ceremony to create a culturally appropriate space.

The hospital's approach to building capability is critical to its delivery of sustainable, efficient and innovative health services. The redevelopment program encompasses a major change management plan to guide this work. Year two of the plan has now been implemented, and the focus is now on developing new models of care and improving processes and systems, particularly within the emergency department.

In response to increased occupational violence in Victorian healthcare settings, the hospital has completed a major risk assessment and rolled out new training for staff. It has installed more CCTV units, and reviewed security guard placement around its sites.

Meanwhile, the hospital has implemented training for staff to help them identify patients who might have experienced, or be at risk of, family violence. Leveraging a pilot program developed by The Royal Women's Hospital, the aim is to help patients in this situation become aware of their options.

The hospital works with partners to ensure better care for Victorians. For example, the collaborative glaucoma clinic run with the Australian College of Optometry has reduced waiting times for low-risk patients and increased hospital capacity for treating high-risk patients.

The hospital is also currently involved in over 250 active research projects with partners including the Centre for Eye Research Australia (CERA), the University of Melbourne, the Bionics Institute, Bionic Vision Technologies and the HEARing CRC. This collaboration with CERA means the hospital is often the first to implement new innovations and technology that enhances patient outcomes.

With regards to safety and quality, the hospital's 2016 People Matters Survey revealed 95 per cent of staff report that patient care errors are handled appropriately in their work area, and hospital had the highest patient safety culture score (94 per cent) in Victoria.

A large body of work was undertaken to prepare for National Standards Accreditation. Ten clinical leads were supported by clinical staff assigned with portfolios for each standard. These members progressed safety initiatives, reviewed procedures, completed scheduled audits, implemented action plans, and responded to incidents, feedback and any new or emerging risks.

The hospital has a range of initiatives in place to address the burden of eye and ear disease in the Victorian Aboriginal community. We are proud of our partnerships with Aboriginal and Torres Strait Islander health organisations that work towards closing the gap between Aboriginal and non-Indigenous Victorians.

To address the disproportionate number of Aboriginal people with high-risk eye conditions, the hospital is consulting with the Victorian Aboriginal Health Service to develop a fast-track process to access surgery. This will lead to more effective referral mechanisms and streamlined patient management processes.

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Finalist

The Royal Children's Hospital

The Royal Children's Hospital (RCH) provides secondary and tertiary care to children and young people across the northern and western suburbs of Melbourne, and specialist paediatric healthcare to children across south-eastern Australia. It also provides statewide services including paediatric trauma, rehabilitation and forensic medicine. Its complex cardiac surgery and organ transplantation centres care for some of the sickest children in Australia.

Children from birth to four years are the fastest growing demographic group in Victoria, and RCH continued to be one of the busiest emergency departments in the state, often treating more than 300 children on any given day.

Over the past year, the RCH has played a pivotal role in two major incidents. The 'thunderclap asthma' event of November 2016 saw the RCH treat around 450 patients in the first 24 hours of the event. Then, in January 2017, the RCH cared for five victims of the Bourke Street tragedy.

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Key awards



Minister for Health's Award for improving workforce wellbeing and safety

Winner

Ambulance Victoria

Occupational Violence Prevention Education Program



Ambulance Victoria

Occupational Violence Prevention Education Program

This initiative uses innovative technology to reduce the exposure to and risk of occupational violence faced by Victoria's paramedics.

Occupational violence is significantly underreported at Ambulance Victoria due to a historical acceptance of it being 'part of the job'. Ambulance Victoria data shows that paramedics report an average of 55 occupational violence incidents a month, and 72 per cent of paramedics have experienced occupational violence.

Metropolitan Melbourne has the highest rate of occupational violence incidents in Victoria, and the top five suburbs for these incidents are all within 5 kilometres of the CBD. The highest rates of aggression occur on Friday and Saturday nights.

The Occupational Violence Prevention Education Program arose from the Victorian Auditor-General's report *Occupational violence against healthcare workers*. The program is the first of its kind for emergency services. It uses cutting-edge, immersive virtual reality training that features lifelike scenarios of actual paramedics being exposed to a variety of occupational violence hazards while treating patients.

Immersion in virtual reality scenes and roleplaying gives participants a compelling and realistic experience that resonates in ways a PowerPoint presentation or a video cannot. Immersion in these scenes brings home the critical importance of the skills being taught – dynamic risk assessment, communication, de-escalation, risk-rating jobs and using the technique of 'contact and cover', where one member of the team is responsible for having contact with people at the scene, while the other is responsible for ensuring overall safety.

The training is backed by a comprehensive program including process improvement, communication, education, and awareness and reporting, all of which are geared towards building a zero tolerance culture to occupational violence.

To design and implement the training, Ambulance Victoria undertook extensive consultation with internal and external stakeholders including Ambulance Victoria's Health and Safety Committee and representatives, the paramedic workforce, Department of Health and Human Services, WorkSafe, and the New South Wales and Queensland ambulance services.

The program was rolled out to 3,700 paramedics in three months.

Since the training program, incident reporting data demonstrates that paramedics are changing their behaviour. The training had a strong component on incident reporting, and more incidents are being reported, but there has been a significant reduction in the number of actual assaults compared with the same period last year.

This shows that paramedics are successfully implementing avoidance strategies after identifying occupational violence situations, thus preventing incidents from escalating. There has been a significant improvement in situational awareness and safe, appropriate responses from paramedics.

Participants have provided overwhelmingly positive feedback, with 97 per cent of respondents rating the training as satisfactory or higher.

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Highly commended

Dhauwurd Wurrung Elderly and Community Health Service

Tackling lateral violence in an Aboriginal health service and community

Dhauwurd Wurrung Elderly and Community Health Service (DWECH) is located on Gunditjmara lands in south-west Victoria. The health service has embarked on an ambitious program to eliminate lateral violence from its services and the broader community.

Lateral violence is a form of bullying in which people who perceive themselves to be oppressed and powerless direct their anger and frustration towards each other, rather than towards their oppressor. It has its roots in colonisation and the resultant oppression, loss of identity, intergenerational trauma and feelings of powerlessness. Up to 95 per cent of Aboriginal people have experienced lateral violence.

The zero tolerance approach to lateral violence and bullying in the workplace at DWECH has significantly increased psychological safety and reduced the risk of psychological harm.

Training conducted with employees is also being shared by participants with their families, which is spreading skills and knowledge for tackling negative relationship behaviours more broadly within the community.

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Finalist

Alfred Health

Treat: multifaceted wellbeing program

Therapeutic Relaxation and Enhanced Awareness Training (Treat) is a self-care program pioneered by Alfred Health to manage work stress. This innovative system aims to improve staff wellbeing by enhancing self-awareness, self-compassion, resilience and engagement. The initiative, part of our Occupational Health, Safety and Wellbeing strategy, was developed through deep consultation with staff.

Treat is based on mindfulness meditation, gentle yoga movement, stress awareness, education and other self-care tools. The program is delivered in a number of ways for individuals and teams, including weekly discussion sessions, one-off team sessions, 10-minute focus sessions and a mindfulness meditation app.

The free programs have been delivered at each Alfred Health site during work hours to more than 1,000 staff members. The Treat app has been downloaded 3296 times.

In anonymous surveys 100 per cent of respondents found the Treat programs to be beneficial, and 97 per cent would like to participate in further sessions. The majority felt better able to cope with stress and conflict at work.

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Minister for Mental Health Award for excellence in supporting the mental health and wellbeing of Victorians

Winner

Eastern Health

Bringing tele-psychiatry to an emergency department – an international first



Eastern Health

Bringing tele-psychiatry to an emergency department – an international first

As mental health needs in the community increase, emergency departments are treating more mental health patients presenting in crisis. The tele-psychiatry trial at Eastern Health used video conferencing technology to provide mental health consultations for emergency department patients.

Tele-psychiatry was considered a safe and reliable option to meet high emergency department demand, and the trial sought to examine benefits for patients and staff. It also aimed to maximise clinical resources, reduce waiting times for mental health assessments, and improve National Emergency Access Targets (NEAT) performance. In addition, it examined the overall sustainability of the tele-psychiatry model.

The trial used a mixed-methods analysis to incorporate the strengths of both qualitative and quantitative data. Participants who agreed to be part of a tele-psychiatry assessment completed a paper questionnaire.

Staff members were also invited to complete a questionnaire, along with the mental health provider performing the assessment. The mixed-methods questionnaire examined choice about preference, satisfaction, technological experience, understanding of the process, impact on workflow, rapport, time considerations, and performance indicators, as well as providing an opportunity for open comment.

Mental health assessment is by its nature patient centred, and the tele-psychiatry trial sought to provide prompt assessment, reduced waiting times, and potential 'freeing up' of mental health staff to assist with community calls at the triage service. Patient care was a priority, and exclusion criteria were developed to ensure optimal patient care and experience.

Overall, participants reported feeling satisfied with the assessment. Eighty per cent of consumers who participated in the trial agreed they were satisfied with having a video consultation, and that they would be happy to have another in the future.

The poorest result from consumer feedback was that only 50 per cent agreed that they were able to properly hear the provider at the other end.

The results of this study are encouraging in utilising tele-psychiatry as an addition to existing emergency department mental health services.

A significant factor that contributed to the success of the trial was the leadership shown by emergency department staff in their willingness to trial tele-psychiatry in a setting where it is not normally used.

Nursing staff entirely changed their practice by being present during the assessment to ensure patient care was not compromised. This resulted in an unprecedented improvement in collaboration between mental health staff, the patient and emergency department staff, which, in turn, meant that many patients were discharged sooner.

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Highly commended

Finalist

St Vincent's Hospital Melbourne

Recovery and Support Program (RaSP): complex care for people with dual diagnosis

The Recovery and Support Program (RaSP) at St Vincent's Hospital is a group-based post-withdrawal treatment program. It targets people with dual diagnosis – a complex and vulnerable group who have mental illness and are drug and alcohol dependent. RaSP works predominantly but not exclusively with methamphetamine users.

RaSP uses acceptance and commitment training (ACT), an innovative form of cognitive behavioural therapy that focuses on recovery, building a life worth living, and personal wellbeing.

The program includes ACT, mindfulness, meaning-based goal setting, peer support, self-management teaching, and expert medical review and follow up. It targets the complex care needs of people with dual diagnosis. Services are wrapped around the participants, and RaSP staff provide ongoing support, assertive outreach and follow up.

The unique components of this program have resulted in exceptional outcomes for participants, who have been able to achieve positive change across a range of psychosocial and drug use measures.

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Self Help Addiction Resource Centre

Promoting the voice and needs of family in drug treatment

The Self-Help Addiction Resource Centre (SHARC) promotes peer-led, self-help approaches for people affected by their own or someone else's alcohol and other drug use. The program combines expertise in family support, consumer participation and peer-based recovery.

Alcohol and other drug use has a significant impact on the mental health of families and friends, and it can result in severe depression, anxiety and social isolation. The growing use of the drug ice has increased the severity of these impacts.

SHARC develops, implements and advocates for strategies and programs to ensure the family voice is integral to alcohol and other drug services, at both the policy and practice levels.

In the context of major reforms to the alcohol and drug sector in Victoria, SHARC has extensively redesigned its service delivery models to better fit the new funding and service environment, and to ensure that families can continue to access SHARC's effective family support programs and initiatives.

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Secretary's Award for improving integration of care for patients with chronic and complex conditions

Winner

The Royal Children's Hospital

Care is a partnership



The Royal Children's Hospital Care is a partnership

Over the last three years, The Royal Children's Hospital (RCH) has developed a comprehensive model of care unique to Australian paediatric healthcare.

The model comprises a nurse-led partnership with families, and it now provides support for more than 140 children with complex medical needs. The service is coordinated, flexible and integrated across acute and ambulatory services.

The program started as a pilot initiative to provide care for 20 children with the most complex and chronic problems, and their families.

This pilot aimed to work with the increasing numbers of patients with complex medical issues who were using a disproportionate amount of resources. Consumer feedback from these patients and their families also consistently described poor experiences of care, and dissatisfaction with service delivery.

The outcomes of the pilot demonstrated a significant improvement in family experience of care, as well as a reduction in the use of hospital resources.

After the successful pilot, the RCH established the Complex Care Service (CCS) to support up to 180 patients, from June 2015 to June 2017. The expansion phase included reviewing organisational structures to overcome barriers.

The CCS model of care is evidenced based, and draws on international experience at Toronto Sick Kids, Boston Children's Hospital, Montreal Children's Hospital and the Children's Hospital of Wisconsin, Milwaukee.

The initiative aimed to establish a sustainable, integrated model of care for children with chronic and complex medical needs. The expected outcomes were to improve the quality of care for these patients and their families, and more efficiently use hospital resources.

The outcomes have been improved family and staff satisfaction with the quality of care, and a sustained reduction in the use of inpatient, emergency and outpatient resources.

The CSS focuses service delivery on the needs of the patient and their family, partnering with families to ensure the patient is at the centre of all decision making. It also seeks to minimise duplication, improve equity and enhance coordination and flexibility, as well as reducing fragmentation, improving the continuum of care, and building the capability and capacity of community providers.

An extensive evaluation process demonstrated that the project successfully achieved expected outcomes and all of the objectives.

One of the main benefits of the initiative has been integration of all existing RCH programs into one seamless service for patients with chronic and complex conditions. There is now a Complex Care Hub that provides different levels of support according to need, and is responsive and flexible – a model of care unique to paediatric healthcare in Australia.

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Finalist

Dental Health Services Victoria

Teledentistry: improving access to specialist dental care through innovation and integration

In July 2015, Dental Health Services Victoria piloted a teledentistry project to increase access to specialist dental services for people living in remote and rural areas of Australia.

The project created a patient-centred specialist model of care that significantly improved access to specialist services for people living in rural and remote areas of Australia.

It involved installing intra-oral cameras, as well as viewing equipment for teledentistry, and it developed care pathways to support the patient, specialists at the Royal Dental Hospital Melbourne (RDHM), and the referring dentist in the remote community clinic. Care could be delivered solely in the community clinic, or via a hybrid model that combined local services with RDHM specialists.

It also developed a peer education program to build the capacity of dentists at community clinics to work with RDHM specialists and to diagnose and treat patients in their local community, instead of patients having to travel to RDHM.

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Finalist

Diabetes Victoria

Diabetes Camps Victoria

Diabetes Camps Victoria (DCV) is an integrated statewide program providing children with type 1 diabetes a unique camp experience.

Diabetes camps offer a safe and fun environment for learning about diabetes and self-care skills. Camps are a place where children can meet others with diabetes and share experiences.

DCV is a consumer-centred, integrated program that is respectful and responsive to the needs of the children and families.

The program recognises that lived experience with diabetes is invaluable. The model provides past campers the opportunity to be volunteer leaders, and encourages health professionals who may be past campers to attend camps.

Camps are planned using regular stakeholder feedback, as well as best practice in clinical governance thanks to a partnership with The Royal Children's Hospital and Monash Children's Hospital.

The combination of peer support, role modelling and clinical support, ensures that children, with complex diabetes management and varied self-management competencies can participate.

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Finalist

Monash Health

Oncopain clinic

The Oncopain clinic is a new outpatient-based initiative that allows for rapid assessment, review and coordination of treatment for patients with refractory cancer pain.

The clinic allows the Supportive and Palliative Care (SPC) team at Monash Health to provide multidisciplinary care to people with poorly controlled and refractory pain by means of early identification and referral of appropriate patients.

The initiative aims is to improve quality of life by giving people timely access to pain management strategies, reducing suffering and hospital admission rates to keep patients where they want to be – in their own home.

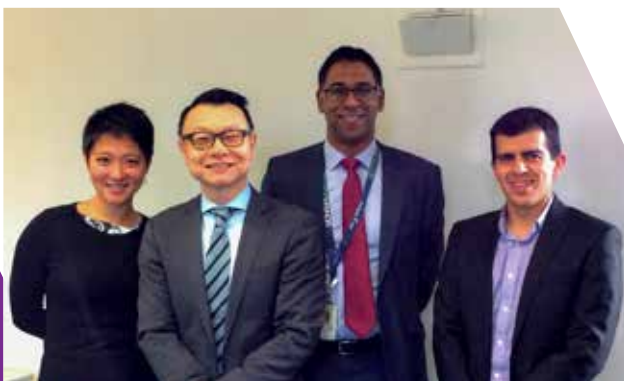
Another benefit of the clinic has been to allow people with refractory pain to be treated earlier in their disease trajectory.

One success story includes a woman with a head-and-neck cancer who had been contemplating suicide and obtaining illicit drugs. Commencing methadone and achieving good pain management helped her regain her love for life.

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Category awards



Excellence in CALD health

Winner

Melbourne Health

Refugee and Immigrant
Health Program at
The Royal Melbourne Hospital



Winner

Melbourne Health

Refugee and Immigrant Health Program at The Royal Melbourne Hospital

The Refugee and Immigrant Health Program (RHP) at The Royal Melbourne Hospital has been operational for nearly 10 years. In that time, the program has made significant achievements in clinical care, innovation, education, advocacy and research.

RHP is noteworthy for its early adoption of digital technology, including electronic medical records and telehealth capability, as well as its status as a hospital-based multidisciplinary program nested in a tertiary academic hub.

The initiative was born out of a recognition that people who arrive in Australia as refugees are at risk of experiencing worse health outcomes when compared with their Australian-born counterparts.

There are many interrelated reasons for these health inequalities, including low health literacy and language barriers among refugees, inadequate or inappropriate workforce capabilities and service provision, suboptimal care coordination, an increased prevalence of untreated and chronic diseases, and settlement in rural areas in Victoria where health services have limited ability to address the above issues.

With a clinical emphasis on communicable disease prevention and mental health, RHP's objective is to ensure that refugee and immigrant patients have access to world-class medical care. Above all, the care delivered must be culturally and linguistically appropriate.

The RHP engaged regularly with patients and the refugee community by participating in a small group of refugee health advocates, which later became the Victorian Refugee Health Network. Qualitative and quantitative research identified key health areas for improvement that were priorities for community leaders and the wider refugee community.

Outreach clinics in rural and outer metropolitan areas were also established in response to changes in settlement patterns over the last decade.

In addition, the RHP campaigns strongly for the needs of its refugee clients. Simple measures like training reception staff in the emergency department to recognise which patients may be refugees helps ensure they receive culturally appropriate care.

The RHP has transformed The Royal Melbourne Hospital's approach to the care of refugee and migrant groups with tangible and measurable benefits.

In 2016, RHP delivered close to 1,200 episodes of care. Common conditions treated included tuberculosis, parasitic infections and viral hepatitis, and mental health conditions. Left undiagnosed or untreated, many of these conditions can cause death or significant morbidity.

The RHP is a trusted member of the Victorian Refugee Health service network. The knowledge gained in building the service over the last decade has been applied in other healthcare settings.

The RHP is an innovative model delivering a unique program of services to benefit an increasingly diverse and geographically dispersed population of refugees and migrants.

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Highly commended

Finalist

Monash Health

Refugee Health: the GP engagement initiative

The GP Engagement initiative aims to boost the capacity of general practitioners (GPs) and other primary healthcare providers to address the health needs of asylum seekers and refugees. Despite having greater health needs than the general population, asylum seekers and refugees have low rates of engagement with mainstream primary health.

The project arose from the work of Monash Health's multidisciplinary Refugee Health and Wellbeing (RHW) health service, which provides intensive care for asylum seekers and refugees and helps them transition to mainstream primary healthcare.

As part of the initiative, RHW identified 31 GP practices and 169 staff in the Dandenong area with a high refugee caseload, and worked with them to provide tools and templates and follow up engagement focusing on education and problem solving.

GPs consistently reported improvements across all domains of best practice, indicating the project is effectively assisting mainstream general practitioners to provide better care for this vulnerable group.

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Your Community Health

Your Community Health Refugee Health Model

Your Community Health (formerly Darebin Community Health) runs a Refugee Health Model that provides quality, innovative health services to refugees. It includes a paediatric vitamin D clinic, a refugee medical clinic and a refugee capacity building project.

The model aims to provide quality healthcare for refugee communities across the North and West Metropolitan region by developing specialist medical clinics and approaches, engaging specialist staff, and working in partnership with refugee health services.

Refugees generally arrive in Australia from camps and as a family. They are traumatised, frightened, have few possessions and no income. Their focus is on their immediate needs such as housing, employment and children's schools, and healthcare is not a priority. The Refugee Health Model seeks to change that by providing quality medical and nursing care.

It also fosters partnerships with funding bodies, and health and refugee services providers, embracing a regional response to refugee health not restricted by service boundaries.

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Excellence in public sector aged care

Winner

Rural Northwest Health

**ABLE and the expansion
of the memory support nurse**



Rural Northwest Health

ABLE and the expansion of the memory support nurse

Rural Northwest Health (RNH) developed an innovative memory support program called ABLE in its 15-bed Wattle unit.

Since 2012, when Wattle won a gold medal for person-centred care, the ABLE model has been expanded, and has achieved outcomes for local community members living with dementia, and their carers.

The demographic of the Yarriambiack Shire is decreasing in numbers, but increasing in age, and a significant number of community members live alone in isolated towns or on farms.

RNH was experiencing premature admissions into its aged care facilities, and recurring admissions into its acute facilities from community members who were struggling with memory loss.

To address this, RNH sought to provide access to evidence-based strategies to help people address memory loss and live a productive life.

Community engagement sessions and research projects run by RNH demonstrated that it was critical to provide memory-supportive activities, reduce social isolation, support carers and assist with transitioning into residential aged care.

World's best practice demonstrated that a community-wide approach was needed to support people living with dementia.

Rural settings face significant challenges in providing these services. Based on research using the Community Action Research Group and community members, RNH looked for ways to provide locally sensitive responses to meet healthcare needs, while simultaneously undertaking continued service rationalisation and centralisation.

The ABLE model tailors local existing community and residential dementia services to better meet the needs of the community, taking into account administrative, resource and geographic constraints. The model aims to improve the experience of people living with dementia and their carers in the community, reducing the health and wellbeing effects on people with dementia when they're not supported in the community, and leveraging a range of technologies to better support individuals with dementia to live safely in their community.

RNH has continued to achieve significant outcomes for residents and community members living with dementia, including reduced use of psychotropic drugs for residents from 80 per cent of residents down to occasional usage. It also gives residents a reason to get out of bed in the morning, with an intergenerational program, as well as Montessori activities to enhance and improve residents' ability.

Work has also included better dining experiences for residents, which led to a more inviting dining space, residents eating healthy meals independently, and the elimination of unexplained weight loss across the organisation's aged care facilities

In addition, RNH has implemented a memory-supportive environment, as well as a men's shed and art program.

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Highly commended

Monash Health

Residential In Reach: thinking outside the box

Residential In Reach helps prevent avoidable hospital admissions and trips to the emergency department for people living in residential care facilities.

People living in residential care often have high rates of chronic disease and multiple comorbidities. Nationally, 25 per cent of people living in residential care are admitted to hospital each year.

The Residential In Reach program provides a 24-hour acute outreach service, as well as supporting people's transition home after hospital admission.

The program also collaborates with general practitioners to manage people living in residential care who have acute or chronic conditions. This helps to reduce hospital admissions and emergency department presentations.

Currently, the service is provided to residents of 146 residential care facilities in Monash Health's catchment, bringing expert hospital-level care to the facility when needed.

Program pilots were extremely successful, and Monash Health has continued to support the practices within its standard budget.

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Finalist

Peninsula Health

SPeED: Supported patient-centred early discharge for geriatric rehab patients

Supported Patient-centred Early Discharge (SPeED) is a program of Peninsula Health that helps people who need geriatric evaluation and management services to be discharged sooner. The program works by streamlining assessments and providing a greater intensity of interdisciplinary allied health treatment.

An early supported discharge model has been validated for managing people with stroke and respiratory diseases. The benefits include lowering the risk of death, reducing length of stay in hospital, and improvements to long-term functional outcomes for up to five years.

SPeED is the first program of its kind in Australia, and it has been very successful, achieving a 15 per cent reduction in length of stay and a reduction of re-admissions.

The program mitigates the risks of early discharge by using a new screening tool and a patient- and family-centred approach. In addition, timely referrals, interventions and collaboration between services build strong support for frail older people who may otherwise face challenges on discharge.

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Excellence in women's health

Winner

Northern Health

Safe birthing choice for woman in the north: a private practice midwife model of care



Northern Health

Safe birthing choice for woman in the north: a private practice midwife model of care

Northern Health's private practice midwifery program allows women to have the same midwife throughout their pregnancy, birth and post-natal period.

The program arose from Northern Health's clear strategy built on the fundamental beliefs that birthing was a normal process, and that informed choice for women was of utmost importance. There was also a heightened awareness regarding women choosing a home birth who may become isolated and at risk without the supports and access to higher levels of medical expertise when needed.

Consultation with private midwifery practices throughout Australia demonstrated that when a private midwifery practice was established within a healthcare organisation, a group of women with risk factors will choose to birth in hospital with a known midwife over a home birth.

It appears that for these woman, the impetus for choosing a private midwifery practice was the access to continuity of midwifery care, not the home environment.

The program grew from increasing public awareness of home births, coupled with the limited choice for woman in the north for continuity of midwifery care models. Evidence shows that continuity of care and freedom of choice coupled with access to medical services was extremely important to women.

Northern Health's private midwifery practice initiative ensures women are provided with choice and greater control of their birthing experience, while being able to engage the skills of all healthcare providers. It is based on close partnership and collaboration with the obstetric team, meaning that all women, regardless of maternal or foetal risk factors, can choose this model of care.

The objective of the private midwifery practice model of care was to give woman the choice of a private midwifery model that provided continuity in a safe and supportive environment. An additional objective was to improve access and assist with flow within the maternity services at Northern Health.

The program has been continuously evaluated using both qualitative and quantitative data. The private practice midwifery model had better outcomes than the traditional hospital model in terms of length of stay, breastfeeding rates, episiotomy, caesarean section, instrumental delivery and neonatal outcomes. Women participating in the model reported greater levels of satisfaction with their experience.

Staff surveys also indicate that more than 80 per cent of staff feel that this model has added to the choice of care for women birthing at Northern Health.

The data over the last 12 months has demonstrated that this model actively considers risks and provides safe, high-quality care to woman and their families.

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Highly commended

Finalist

Western Health

'A Matter of Urgency': Women's Health Advanced Practice Physiotherapy Clinic

The Women's Health Advanced Practice Physiotherapy Clinic at Western Health improves access to best practice care for women suffering from pelvic floor dysfunction.

Pelvic floor dysfunction includes urinary incontinence, faecal incontinence and pelvic organ prolapse. Women who suffer from long periods of pelvic floor dysfunction are at greater risk of depression and anxiety, lower participation in physical activity, and poorer quality of life.

At Western Health, the waitlist for an initial urogynaecology appointment was around 18 months, with some women waiting up to two years for treatment.

A successful pilot program showed that participants experienced improved access to care and evidence-based practice, and that there were high levels of patient and staff satisfaction. The program also included a robust clinical governance structure, and rigorous competency training for the advanced practice role to ensure care was safe and effective.

The clinic has been continued, and waiting times for expert treatment are now under four months.

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The Royal Women's Hospital

Managing Menopausal Symptoms after Cancer (MSAC)

Increasing numbers of women are surviving cancer, and menopausal symptoms are one of the most common long-term side effects. Breast cancer affects one in eight women, and while treatments are effective, many women are unable to tolerate them due to menopausal side-effects.

Despite the fact that menopausal symptoms are one of the most persistent long-term effects of cancer treatment, there was no post-cancer service for women in Victoria.

The Royal Women's Hospital Menopause Symptoms After Cancer service was established to support this growing population. It helps women to continue effective cancer treatments, and improves their quality of life.

The service is now established as an international leader in patient-focused models of care, and has led to the development of new treatments for menopausal symptoms which have changed practice internationally.

There are more than 1,000 referrals to MSAC each year with numbers steadily increasing. Patient data shows high levels of satisfaction.

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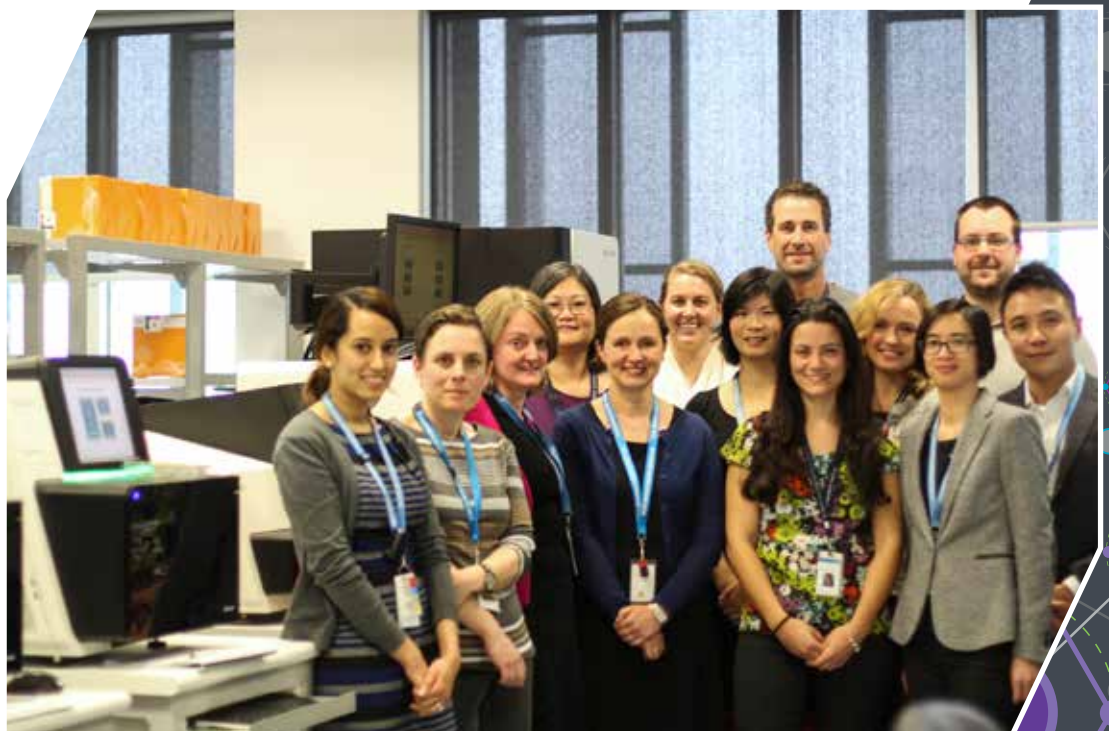


Improving children's health

Winner

**Victorian Clinical
Genetics Service**

**Pioneering clinical genomics
in undiagnosed children**



Victorian Clinical Genetics Service

Pioneering clinical genomics in undiagnosed children

Finding the cause of rare childhood conditions has traditionally involved a protracted diagnostic odyssey, punctuated by painful, invasive tests. Analysing the child's entire genetic information by genomic sequencing can provide answers for many undiagnosed children – but the clinical value of genomic sequencing and how best to use it was unknown.

Children with genetic conditions comprise the majority of inpatients in paediatric hospitals. While each condition is rare, collectively they affect one in 12 Australians, most are genetic, and many remain undiagnosed.

Genomic sequencing is a revolutionary technology enabling the simultaneous sequencing of all human genes. Over the past decade, it has proven a powerful research tool for the discovery of new disease genes.

Victorian Clinical Genetics Services (VCGS) identified that genomic sequencing could transform the diagnostic process in children. It worked in partnership with the Melbourne Genomics Health Alliance, a collaboration of 10 Melbourne hospitals and research institutes, to implement genomic sequencing early in the diagnostic trajectory, and measured the impact of this on children and their families.

Together, the partnership designed two genomic sequencing projects in undiagnosed children. These projects required collaboration from geneticists, counsellors, scientists, bioinformaticians, health economists, ethicists and other medical specialists, while keeping the interests of children and the family paramount.

The results of the project were staggering. Genomic sequencing diagnosed more than 50 per cent of patients, four times the rate of standard care, at 25 per cent of the cost per diagnosis. One-third of diagnosed patients had a change in care.

In addition, the integrated clinical-laboratory approach to genomic diagnosis demonstrated a superior performance compared with automated approaches. The impact on families and extended families has also been profound, and it has sometimes led to the diagnosis of other family members who were asymptomatic.

All aspects of this initiative required innovation, from integrating clinical expertise into test interpretation, to rapid genomic testing. Challenges included managing complex data and developing a whole-team approach to delivering answers.

Genomic sequencing is unique in that it can be re-analysed at different time points. VCGS has instituted a re-analysis program for unsolved patients as new genes for genetic conditions are identified.

Genomic sequencing also yields a high diagnosis rate from one blood test, compared with standard tests that combine multiple invasive procedures, frequently requiring general anaesthetic. An early accurate diagnosis enhances quality care, reduces invasive tests and healthcare costs.

This genomic sequencing project has changed lives, providing greater certainty about the child's future, and restoring parents' confidence to have more children.

Contact

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Highly commended

The Royal Children's Hospital

New enhanced recovery pathway after spinal fusion delivers improved outcomes

Adolescent idiopathic scoliosis (AIS) is the most common adolescent spinal condition, often requiring posterior spinal fusion surgery which results in an average hospital stay of six to seven days.

In 2015, after observing the success of accelerated discharge pathways internationally, The Royal Children's Hospital (RCH) formed a multidisciplinary team to create an enhanced recovery pathway for AIS patients undergoing posterior spinal fusion.

The new enhanced recovery pathway has resulted in reduced length of hospital stay and decreased post-surgical nursing, medical, and allied health costs. The average number of physiotherapy sessions has decreased, with no increase in the complication rate or hospital readmission rate.

The program is one of the most significant innovations in post-operative care to be introduced at RCH over the past 30 years, and has resulted in improved outcomes for patients and families.

It is now standard practice at RCH, providing positive patient experience, excellent clinical outcomes and zero harm.

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Finalist

Barwon Health

Wide Smiles

Barwon Health's Wide Smiles program addresses the growing prevalence of tooth decay in the region's children, as well as an increase in the number of children needing emergency dental procedures.

The Wide Smiles program visits early learning centres and schools to screen children aged three to seven years for tooth decay. It provides fluoride treatments for children with the early signs of dental caries. It also aims to promote a generational change in attitude towards oral health and dental procedures.

After obtaining parental consent, dental technicians use minimal intervention dentistry to apply fluoride directly to white spot lesions on affected teeth.

The program has screened more than 13,000 children in four years, and follow-up work showed that 92 per cent of tooth surfaces that had been treated with fluoride remained stable or improved.

Wide Smiles has been very favourably received by parents and teachers.

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Finalist

The Royal Children's Hospital

Using big data to improve access to outpatient clinics

Demand for outpatient appointments at The Royal Children's Hospital (RCH) has faced significant growth in recent years, with an increase of almost 70,000 specialist clinic appointments recorded in 2016–17, compared with the previous year alone.

To counter the negative effects caused when patients fail to attend an appointment, the RCH has been using big-data modelling to predict the likelihood of a patient not attending their appointment (similar to that used in the airline industry). This has enabled us to create a pool clinic of patients who can attend and fill those gaps in the clinicians' schedules, improving access and ensuring that clinic appointments are used to optimal capacity.

This innovative approach focuses on maximising appointment occupancy, increasing patient throughput, reducing appointment waiting times and reducing hospital costs through making better use of existing resources.

It is a significant departure from the more traditional approach of trying to reduce the incidence of patients failing to attend their appointment.

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**Improving healthcare
through clinical research**

Winner

**The Royal Women's Hospital
and the Judith Lumley Centre
at La Trobe University**

**Diabetes and Antenatal Milk Expressing
(DAME)**



Winner

The Royal Women's Hospital and the Judith Lumley Centre at La Trobe University

Diabetes and Antenatal Milk Expressing (DAME)

The Diabetes and Antenatal Milk Expressing (DAME) randomised controlled trial is the first of its kind in the world. It was developed to determine the safety and efficacy of antenatal breast milk expressing in pregnant women with diabetes (who are otherwise low risk), and whether antenatal expressing leads to better outcomes for mother and infant.

Infants of women with diabetes in pregnancy are at increased risk of hypoglycaemia, admission to a neonatal intensive care unit (NICU), and not being exclusively breastfed. Breastmilk stabilises infants' blood sugar levels more effectively than formula, but many women with diabetes experience a delay in milk coming in.

As such, many clinicians encourage women with diabetes in pregnancy to express and store milk in late pregnancy to have it available if the infant needs supplementary feeding to treat hypoglycaemia. Until now, there has been limited scientific evidence for this practice, including its impact on labour and birth, with some concern that it may cause premature birth.

Long-term clinical observation has shown that the practice of antenatal expressing was becoming increasingly widespread, especially among pregnant women with diabetes (around one in 10 pregnancies).

Two previous small studies into antenatal breast milk expressing suggested the practice could possibly increase admissions to the NICU and increase the chance of earlier birth. This was causing concern for both women and clinical practitioners.

The DAME trial aimed to examine the practice of antenatal expressing of colostrum from 36 weeks' gestation for women with diabetes in pregnancy, and to determine whether this increased the proportion of infants requiring admission to the special care nursery or NICU compared with infants of similar women receiving standard care.

The trial showed there is no harm in advising low-risk women with diabetes in pregnancy to express breast milk from 36 weeks of pregnancy. There was no difference in the percentage of babies needing neonatal unit admission. In fact, there was an increased chance that the babies would be exclusively fed breastmilk in the first 24 hours of life, decreasing the risk of these babies developing diabetes later in life.

This is the first trial to provide evidence of the safety and efficacy of antenatal expression of milk. These findings support a practice that contributes to fulfilling the World Health Organization mandate that infants be exclusively breastfed, in this case at least for the first days following birth, and contributes to a wider body of knowledge about practices that support breastfeeding.

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Highly commended

The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and Walter and Eliza Hall Institute

A new anti-cancer therapy: a breakthrough in treating chronic lymphocytic leukaemia

Researchers at The Royal Melbourne Hospital, the Peter MacCallum Cancer Centre, and the Walter and Eliza Hall Institute have developed a drug that can kill cancer cells in people with chronic lymphocytic leukaemia when conventional treatment options have been exhausted.

Sadly, patients with leukaemia and lymphoma who no longer respond to standard therapies have a very poor prognosis. In world-first clinical trials, the team showed that patients with an advanced form of leukaemia that is resistant to standard therapy can achieve complete remissions that last for years with a novel tablet treatment.

The trials of the potent new anti-cancer drug venetoclax showed it was effective where conventional treatment options had failed.

The success of these pioneering trials has resulted in venetoclax receiving marketing approval from regulators in the US, the EU and Australia.

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Finalist

The Royal Children's Hospital

Liquid gold: improving how we collect urine samples from young children

Urinary tract infection (UTI) is one of the most common infections of early childhood. Urine samples are crucial for the diagnostic work-up of fever and suspected UTI, but obtaining urine if young children are not toilet-trained is difficult and time-consuming.

Current urine collection methods have significant limitations. The last thing parents want for their sick child is to wait hours for them to wee spontaneously at 1 am in a busy emergency department, or to need a painful catheter or needle procedure.

The novel Quick-Wee method was developed to improve this. The Quick-Wee method uses wet gauze to gently trigger voiding, helping collect non-invasive urine samples quickly and easily. A randomised controlled trial provided definitive evidence that Quick-Wee is nearly three times more effective than current practice, and was published in the influential journal *The BMJ*.

Quick-Wee is simple, has higher user satisfaction than existing practice, and has many benefits for children, clinicians and health services.

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Improving Indigenous health – Closing the gap

Winner

Odyssey House Victoria

‘You will need a mob to do this’



Odyssey House Victoria

'You will need a mob to do this'

For more than 37 years, Odyssey House Victoria (OHV) has been a place of hope and positive change for people working towards breaking their pattern of addiction. It is a multi-service, multi-site agency operating in metropolitan and rural locations across Victoria, comprising both community and residential services.

However, OHV realised it was not doing enough to meet the needs of Indigenous Victorians, and embarked on an organisation-wide program to improve service delivery to Aboriginal and Torres Strait Islander people, families and communities affected by alcohol and other drug (AOD) problems.

No other generalist Victorian alcohol and drug agency had undertaken this kind of targeted work with Aboriginal people.

OHV knew that Aboriginal people wanted access to non-Aboriginal services. Evidence for this came from the Telkaya network of Aboriginal AOD workers in Victoria.

OHV's main priority was to make services accessible, relevant and sensitive to Aboriginal people, families and communities. A second priority area was to train staff and ensure environments were welcoming. By focusing on these areas, OHV would be better prepared to support the needs of Aboriginal service users.

The third priority was to improve OHV's recruitment and retention of Aboriginal staff. This involved specific changes to advertising, collaboration with services and policy development.

The initiative undertaken by OHV has been incorporated across all sites and programs. Each program has developed its own environment and processes to improve accessibility, suitability and service delivery to the target group. These are overseen by the board, management and Aboriginal advisory groups. All aspects of the initiative have been embedded throughout the whole organisation.

The results speak for themselves. Between 2011 and 2016, the number of Aboriginal people accessing OHV services increased 25-fold, from 23 people in 2011 to 572 in 2016. Average length of stay in our residential services has increased from 22 days to 80 days. For women, the length of stay increased from 17 to 95 days during the same period. For men, this number went from 25 days to 71.

OHV's reputation in the Aboriginal community and within Aboriginal Community Controlled Health Organisations has grown, so that now OHV is seen as capable and reliable for their needs.

The organisation can now look back over the last six years and see that it has become stronger as a result of embracing Aboriginal culture. Testimonials from clients and stakeholders show the quality of the mob we have put together to achieve what we have.

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Highly commended

Dental Health Services Victoria

Creating a more culturally affirming public dental environment for Indigenous patients

Dental Health Services Victoria (DHSV) created a culturally inclusive Aboriginal and Torres Strait Islander talent and development program for people interested in a career in public oral health and the health of their communities.

This helped us provide more culturally affirming care for our Aboriginal patients, while empowering the next generation of oral health leaders.

Despite dental diseases being largely preventable, Aboriginal children have higher levels of these diseases than the average population, especially those in socially disadvantaged groups and those living in remote areas.

To achieve good health outcomes for Aboriginal Victorians, the program established strong partnerships with Aboriginal communities.

The program runs traineeships for Aboriginal dental assistants, who work closely with dental professionals to deliver oral care and education to their community members. It also introduced a number of roles and partnerships that aim to provide Aboriginal people with culturally supportive hospital access.

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Finalist

Northern Area Mental Health Service, Neami National, Victorian Aboriginal Health Service and UnitingCare ReGen

Wadamba Wilam: supporting Aboriginal homelessness and enduring mental health

Wadamba Wilam supports Aboriginal and Torres Strait Islander people experiencing homelessness and mental health issues in Melbourne's northern suburbs. The name means 'renew/shelter' in the Woiwurrung language of the Wurundjeri people.

The project is a collaboration between Neami National and three key partners.

The project provides a culturally competent workforce, partly comprising Aboriginal people. It works with groups of 25 people who have significant trauma histories, as well as interrelated issues of mental illness, poverty, addiction, racism and cultural dislocation.

Wadamba Wilam provides pathways into safe, secure housing with wrap-around support. It also aims to increase collaboration between mainstream and Aboriginal community-controlled services.

The majority of participants have shown significant improvements in health, with a marked decrease in the severity of their symptoms and an improved sense of wellbeing.

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Safer Care Victoria award for excellence in quality and safety

Winner

Ambulance Victoria

Revised Clinical Response Model



Ambulance Victoria

Revised Clinical Response Model

Ambulance Victoria's (AV) revised Clinical Response Model (CRM) arose due to concerns that ambulance resources were not being used effectively. The initiative sought to improve resource allocation, ensure there is better clinical alignment between the ambulance response and patient need, and provide a faster response for the sickest patients.

As a result of the new model, an estimated 98,000 cases each year were downgraded from a time-critical lights and sirens ambulance response. Furthermore, approximately 50,000 cases which would have received an emergency ambulance prior to the revised CRM are now referred to an alternative service, provided with a non-emergency ambulance response, or given self-care advice.

These changes have allowed paramedics to respond more quickly to time-critical cases, and have increased the availability of Mobile Intensive Care Ambulance (MICA) paramedics, which means the patients most in need of MICA care are more likely to receive it.

A review of the dispatch grid was undertaken using a combination of research, audit and clinical expertise, and drew extensively on AV's large clinical database of paramedic electronic patient care records.

Initially, an epidemiological and clinical profile of all time-critical (Code 1, lights and sirens) and acute but not time-critical (Code 2) dispatch case-type codes was constructed. These profiles were then used to assess the suitability of the dispatch code assigned to particular case types, and identify those eligible for a lower priority response.

The review resulted in a number of recommended case type downgrades, in addition to removal of dual dispatch of MICA to Code 1 events. Overall, 105 case types were downgraded from Code 1 to 2, while 150 were downgraded from Code 1 to secondary triage. Seventy-one were downgraded from Code 2 to secondary triage.

Implementation of the revised CRM was a significant reform exercise for AV, and the biggest operational performance improvement project undertaken by the organisations to date. It involved a major change program conducted in the live Triple Zero environment, touching nearly 30 per cent of Triple Zero events in some way, with no room for error.

The skill and teamwork that occurred to research the work, mitigate the risks and implement the program safely were outstanding.

As a result of the revised CRM, AV provides a faster response to patients across all dispatch priority levels, and is better able to assess and meet the individual needs of Victorians. There is now a stronger focus on assessment and, where appropriate, referral, helping to ensure that ambulances are available for emergencies.

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Highly commended

Peninsula Health

Pharmacy Prescriber: new model dispensing patient safety

The Pharmacist Prescriber project positions a credentialed pharmacist as a supplementary prescriber alongside medical officers to provide medication management. It is the first project in Australia to trial pharmacist prescribers who electronically chart medications for newly admitted hospital inpatients.

The project focuses on optimising pharmacist expertise, improving medication management, and improving patient-centred care. It has resulted in a statistically significant improvement in the accuracy of medication charts, with a greater than 80 per cent relative reduction in errors.

The pharmacist prescribers work in a multidisciplinary team to provide prescribing services. Pharmacists actively participate in the evaluation, selection and revision of drug therapies for inpatients, and also prescribe medication using an electronic drug chart – a function previously performed by medical officers only.

The project has improved medication management by creating a new model of care that has been replicated across the health service. It also significantly improved patient outcomes.

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Finalist

Melbourne Health

Australia's first Behavioural Assessment Unit at The Royal Melbourne Hospital

The Royal Melbourne Hospital's Behavioural Assessment Unit (BAU) is a six-bed unit that uses an Australian-first model to treat patients with acute behavioural disturbance based on their needs, rather than according to diagnostic labels. It also provides patients with ready access to expert treatment via a single point of referral.

The Royal Melbourne Hospital emergency department treats around 4,000 people a year with behaviour disturbance, encompassing a complex range of factors including alcohol and other drug use, mental health issues and psychosocial situations.

These types of presentations can pose significant risks to the safety of the patient, staff and others.

The BAU is improving health outcomes for this vulnerable group by reducing length of stay in the emergency department. It has also seen a decrease in the number of patients who leave against medical advice, and a reduction in the number of unplanned code greys (an internal emergency response to an unarmed threat).

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Finalist

The Royal Children's Hospital

BREATHe: improving the safety of paediatric emergency airway management

Unless it's done in an operating theatre, emergency airway management for children is a high-risk activity.

Adverse events during intubation can result in permanent disability or death. Hypoxia and hypotension, in particular, and more than one intubation attempt, are the strongest predictors of poor outcomes.

After reviewing its data on these events, The Royal Children's Hospital implemented a project in the emergency department to improve the rate of first-pass intubation without hypoxia or hypotension.

The initiative involved developing a range of interventions, including an airway algorithm, standardised airway equipment, a pre-intubation checklist and template, as well as multidisciplinary team training and debriefing after intubations.

The main outcome was that patients were intubated on the first pass in 78 per cent of cases compared with 48 per cent before the intervention, and no significant harms from study interventions were identified.

The project also improved staff competence and confidence with this infrequent but high-risk event.

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Safer Care Victoria compassionate care award

Winner

Western Health and Dental Health Services Victoria

Dental health services for those
with special needs



Western Health and Dental Health Services Victoria

Dental health services for those with special needs

Western Health and Dental Health Services Victoria have established a specialist dental service for patients with an intellectual disability and other complex medical conditions. It is currently the only service of its kind in Victoria.

The demand for dental treatment for special-needs patients under general anaesthesia continues to increase. This collaborative service cares for people who can't be accommodated at The Royal Dental Hospital of Melbourne, which has no facilities for admitting people overnight.

Patients requiring this type of service have specific requirements for care, relating to physical, medical, psychiatric or psychological conditions. They may be unwilling or unable to have routine dental treatment, and may not be able to tolerate routine medical and dental interventions. Many patients wait several years for dental treatment because their complex needs are unable to be catered for at mainstream dental services.

They are a vulnerable patient group who don't have a voice to drive improvements in care, and who often face significant barriers to accessing healthcare.

Although only a small fraction of these patients may need to be admitted overnight after their treatment, their healthcare needs are great. Healthcare providers may find it difficult to comprehensively assess the patients before, and after, treatment and general anaesthesia.

The special-needs dental service opens a care pathway to this group, which faces inordinate difficulties in accessing services, and the services endeavours to address their vulnerability and improve their access to dental services.

Over 40 patients have been treated by the service – patients who would otherwise not have received timely dental care. Patients and their carers come from all over Victoria and some need to stay overnight in hospital. They are often very anxious about their stay, and the special needs dental service provides physical and emotional support for both patients and their carers to provide the best care possible.

A key component of the development of the service was recognising the important role of families and carers in guiding patient care. The service was designed to include family members and carers throughout the entire perioperative period in order to reduce stress and anxiety for patients.

Feedback from parents and carers has been very appreciative of the compassionate, quality care provided by this program.

Abruh, the mother of a patient with a severe disability, said, 'We were treated with such kindness and compassion, which made a stressful situation more bearable. It was the first time my son felt important and that he mattered.'

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Highly commended

Barwon Health

Volunteer-based Dignity Therapy program

Dignity therapy works with palliative care patients to construct a printed narrative for the participant and their family and friends. It involves a semi-structured and recorded interview, and uses a carefully staged process to create a narrative legacy.

It is an evidence-based and reflective response to many of the psychological, existential and spiritual challenges that patients and their families face as death draws near.

To provide a sustainable dignity therapy program, Barwon Health Palliative Care uses trained volunteers, so that it can be offered more broadly across the palliative care program.

Quantitative data shows the growth in dignity therapy interventions in each of three 12-month periods, and the increase in volunteer participation and leadership.

Qualitative evidence demonstrates that dignity therapy provided by skilled volunteers can indeed be very effective – it is meaningful for the patient, deeply appreciated by their family, and rewarding for the volunteer.

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Finalist

Ambulance Victoria

Thank you video

During the Bourke Street Mall tragedy in January 2017, a vehicle accelerated along crowded pavements, killing six people and injuring many others. Bystanders in the local area rushed to help those affected before paramedics and emergency services arrived.

Ambulance Victoria paramedics wanted to acknowledge those passers-by who came to the aid of the injured, and to do something that was not possible on the day – to say thank you.

The result was an innovative, powerful video recorded by in-house staff almost two weeks after the incident. It enabled paramedics to express compassion and empathy for their patients, and to extend the same sentiments to those bystanders who provided comfort and first aid.

The video received an unexpected and extraordinary response, with extensive media coverage and, for Ambulance Victoria, unprecedented social media reach and engagement.

It also highlighted the message that bystanders have a vital role to play during emergencies.

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Finalist

Melbourne Health, The Royal Melbourne Hospital and Peter MacCallum Cancer Centre

Responsive Acute Palliative Intervention and Decision Assistance (RAPID Assist)

RAPID Assist is a one of a kind initiative that provides comprehensive, urgent palliative care to all patients of The Royal Melbourne Hospital and Peter MacCallum Cancer Centre. It delivers compassionate, needs-based care where people want it.

The initiative is the result of collaboration across the Victorian Comprehensive Cancer Centre, together with partners in community palliative care, plus Primary Health Networks, general practice and the Department of Health and Human Services.

It employs a team of specialist nursing, medical and allied health staff to provide same-day urgent assessment and management of patients in hospital to assist with transition to home, and assessment at home or residential aged care to address uncontrolled symptoms such as pain and nausea. It also helps patients communicate with hospital specialists and formulate advance care plans.

Evaluation shows that it reduced unplanned hospital admission, and increased the number of people who were able to die in their preferred location.

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Supporting healthy populations

Winner

Alfred Health

Healthy food environments



Alfred Health

Healthy food environments

Alfred Health's world-first behavioural insights trials have influenced customers to buy healthier food and drinks, and have been financially viable for the health service's retailers. The trials have changed the placement and pricing of drinks and introduced point-of-sale communications to prompt consumers to make healthy choices.

With the broad reach, simplicity and success of these trials, many sites around Australia have started a conversation about changing how they sell food and drinks. When implemented at scale, these strategies could improve the nation's health.

Only 7 per cent of Australian adults eat the recommended serves of fruit and vegetables, and 63 per cent of Australian adults are overweight or obese. Poor nutrition is correlated with many chronic diseases, but dietary intake is a largely modifiable risk factor. In 2012, Alfred Health committed to the Victorian Healthy Choices guidelines, with their traffic light system which designates 'green' for the best choices, 'amber' for choose carefully, and 'red' for limit.

In 2011, 42 per cent of the food and drinks available for purchase at Alfred Health were 'red', with only 30 per cent 'green'. Alfred Health sees more than 108,500 inpatients annually, many of whom are suffering one or more preventable chronic diseases. Alfred Health has more 9,000 employees and volunteers, 80 per cent of whom report that they don't eat the recommended serves of vegetables.

Alfred Health embarked on a project to use behavioural insights to influence consumer purchasing and perceptions. The aim was to meet the Healthy Choices guidelines. This would mean that more than 50 per cent of food and drink available should be 'green', and less than 20 per cent 'red'.

On-site retailers partnered with Alfred Health voluntarily. Dietitians worked alongside the retailers to improve the healthiness of offerings – altering recipes, substituting, dealing with food distributors and reducing portion sizes. Audits were conducted at the cafes twice a year, with recommendations provided to retailers and stakeholders.

In 2016, Alfred Health was the first Victorian health service to exceed the Healthy Choices Guidelines, with 56 per cent 'green' and 15 per cent 'red' food and drinks on sale. Audits continue twice yearly.

Alfred Health demonstrated that selling healthier food is possible in a complex setting, and that applying behavioural insights techniques can help. Today, the dialogue on healthy food sales in hospitals is open and building. Alfred Health is leading by example, and sharing its experience widely to reduce the burden of chronic disease in Australia.

Contact

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Highly commended

Barwon Health

A novel setting for screening diabetes

Diabetes is a growing chronic condition in Australia. Dental examinations are often a neglected area of the diabetes cycle of care, and yet there is a known link between periodontal disease and diabetes.

This program seeks to redress this imbalance by providing early screening for diabetes at the Colac Area Health Community Oral Health Service, which provides dental care to eligible Health Care and Pension Card holders.

People attending the dental clinic were asked to participate in the study, and those who consented completed a diabetes risk assessment questionnaire. People with high scores were given a blood test at the dental clinic to determine their risk of diabetes. Patients were then referred for further testing if necessary.

The results from the project are being used to implement a model of care for at-risk patients, building and establishing collaborations and referral pathways between dental and diabetes professionals, thus supporting the workforce, patients and community.

Contact

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Finalist

Alfred Health

A breath of fresh air

Alfred Health's approach to smoke-free environments and the clinical management of nicotine dependency uses a range of strategies to improve the physical environment, integrate prevention into patient interactions and support the workforce in improving their health.

Smoking around the main campus perimeter has reduced to one-third of the 2012 baseline level.

One in five patients who access Alfred Health currently smoke; this figure is substantially greater in high-priority populations such as those facing challenges spanning mental health, HIV and social isolation.

Alfred Health identifies patients who smoke, and offers to support them to quit, including via nicotine replacement therapy. Up to 42 per cent of patients attending the outpatient smoke-free clinic achieve cessation, far higher than similar benchmarks.

Alfred Health also introduced the Good News for Smokers initiative, which supports staff to quit. More than 50 per cent of staff who enrolled in the program were smoke-free for more than six months (biochemically verified).

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Finalist

Carrington Health

Baby Makes 3: strengthening Victorian families

Baby Makes 3 is a three-week group program for first-time parents. It supports new parents in negotiating their gendered roles in their transition to new parenthood, with the broader aim of contributing to the prevention of violence against women through gender transformative practices in maternal and child health services.

Violence against women is a global public health priority. Evidence shows the transition to pregnancy and parenthood carries increased risk for gender inequitable patterns to develop, and for violence against women to emerge or escalate.

Baby Make 3 attempts to break down rigid gendered stereotypes and unequal relationships between men and women, and to enhance fathers' potential to positively influence their children's health outcomes, social success, and academic achievements.

It has created positive changes in parents' awareness of roles at home, intimacy and open communication, and social connection for fathers. It has also contributed to the development of a gender-equitable workforce.

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Supporting LGBTI health

Winner

Peninsula Health

Proudly inclusive: the journey
to achieving Rainbow Tick
accreditation



Winner

Peninsula Health

Proudly inclusive: the journey to achieving Rainbow Tick accreditation

In general, lesbian, gay, bisexual, transgender and intersex (LGBTI) people experience poorer health and wellbeing outcomes than the rest of the community. This poorer health and wellbeing largely results from stigma and discrimination.

To further advance inclusive practice for LGBTI consumers, Peninsula Health pursued Rainbow Tick accreditation in 2016–17 and has since become the first entire health service in Australia to achieve this status.

Significant work was undertaken to prepare for and achieve Rainbow Tick, with all areas of the organisation, including consumers and carers, involved in the project.

The LGBTI Consumer Advisory Group (CAG) was established in August 2010. The CAG provides leadership and advocacy for LGBTI consumers and guides the development of inclusive practice. Achieving Rainbow Tick has been a key aim of the CAG since 2010.

Rainbow Tick has six standards for inclusive service delivery: organisational capability, workforce development, consumer participation, welcoming environment, disclosure and documentation, and culturally safe and acceptable services. Accreditation requires organisations to demonstrate a high level of competency against each standard and ongoing quality improvement.

The purpose of the pursuing service-wide Rainbow Tick Accreditation was to embed inclusive practice across the organisations and to improve the quality of care for LGBTI consumers, staff and volunteers.

A gap analysis was then conducted against the standards to review current policies/practices. An audit tool was developed to assess current policies/practices/ systems, and to identify areas for improvement.

Following the audit, a quality improvement plan was implemented to prioritise actions. A detailed communications strategy educated staff about Rainbow Tick, including a monthly newsletter. Heads of department were engaged through presentations and one-on-one meetings.

All levels of the organisation were engaged throughout the process, including all clinical areas and support staff, the board and executive team, volunteers, carers, and, most importantly, LGBTI consumers, who were integral to the process.

Rainbow Tick gives consumers, staff, volunteers and the wider community confidence that Peninsula Health provides a safe and supportive environment. It also signals to LGBTI consumers that our staff understand their unique needs, and that we have practices to limit discrimination. Research shows that the fear of discrimination as well as heteronormative assumptions prevent many LGBTI consumers from seeking healthcare when they need it, which is why programs such as Rainbow Tick are an important signal and key to helping improve health and wellbeing outcomes for LGBTI populations.

Contact

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Whole-of-hospital model for responding to family violence

Winner

Bendigo Health

Strengthening Bendigo Health's response to family violence



Bendigo Health

Strengthening Bendigo Health's response to family violence

Rates of family violence in Bendigo have increased more than 150 per cent in the last five years, exceeding the general increase across the state.

For the past three years, Bendigo Health has worked in partnership with The Royal Women's Hospital on the Strengthening Hospital Responses to Family Violence (SHRFV) project, funded by the state government, to develop and implement a service model to identify and respond to family violence.

The main aim of the initiative is to apply a framework of sensitive practice to increase the competence of key staff within the hospital environment to better identify and respond to family violence for consumers.

This includes working with survivors of family violence, the local women's health and family violence service sector and our staff to ensure policies, protocols and referral pathways are applicable to each area of the health service.

Using a methodology based on extensive stakeholder consultation, the SHRFV project has been conducted in stages. Stage one activities targeted three key areas of the organisation where victims of family violence were most likely to present: women's health services, mental health services and the emergency department. In addition, Bendigo Health undertook a partnership mapping process with the broader family violence service sector, and developed referral pathways into relevant specialist family violence services.

In stage two, the initiative was expanded to inpatient units, and stage three saw Bendigo Health rolling the model out to community and dental services in a whole-of-hospital approach. Mentoring and guidance was also provided to all 14 Loddon Mallee Region health services to implement the model and to two other regional lead hospitals.

In stage four, Bendigo Health will continue to roll-out and embed the model across the whole organisation. The health service has also undertaken responsibility as the rural sector lead to support the implementation of the whole-of-hospital model for rural Victoria.

Each stage of the SHRFV initiative was informed by feedback and experience from the previous stage.

Data shows that the recording and reporting of family violence has increased, and the rate of patients receiving internal and external referrals increased from 7 per cent to 24 per cent.

Creating a safe environment and training staff to sensitively inquire and respond to family violence supports patients to disclose and to be provided with a safe and supported response. The project explored and addressed the specific regional and cultural issues affecting victims of family violence, and embedded an evidence-based approach.

Contact

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Highly commended

Northern Health

Family violence is a health issue: protecting the community of the north

Northern Health has implemented a training program for staff to identify and respond to family violence, as well as an organisational change program to increase awareness of family violence.

A review of current organisational supports and processes for both patients and staff who experience family violence identified not only limited staff knowledge, but also few resources for staff to access.

The family violence initiatives sought to increase sensitive enquiry from staff to prompt family violence disclosures, as well as providing staff with the resources they needed to respond to victims of family violence.

In addition to ensuring all victims of family violence receive appropriate care and referral to specialist services, Northern Health has included staff in its family violence response framework.

Since the project was implemented, Northern Health became the first organisation in Victoria to establish a train-the-trainer model for family violence, as well as providing three distinct levels of training for different staff across the health service.

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Finalist

Benalla Health

Family violence: a whole of health service model

Benalla Rural City has a significant problem with family violence, with the fourth-most family violence incidents reported to police out of 79 local government areas.

Over the past seven years, Benalla Health has provided exemplary leadership in tackling family violence by working with a collaboration of local agencies, schools, community groups and businesses, as well as providing family violence training for staff.

This community-based partnership has successfully organised an ongoing grassroots community campaign with a remit to reduce family violence through strong community action.

Benalla Health has developed high-level partnerships with White Ribbon Australia and local family violence services in the north east, including Centre Against Violence and Women's Health Goulburn North East.

Benalla Health also proudly became a White Ribbon Accredited Workplace in 2017. This outstanding achievement is a direct reflection on all staff and their commitment to make a difference in their community.

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Finalist

Eastern Health

Partnerships enable enhanced response

In 2016, Eastern Health established a comprehensive system to identify and respond to suspected and confirmed instances of family violence, including elder abuse. This commitment was included in the *Eastern Health Statement of Priorities 2016–17*.

An Eastern Health Family Violence Reference Group was established with broad representation, including Eastern Health programs, a consumer and representatives from key community family violence organisations.

With funding from the Department of Health and Human Services, Eastern Health implemented the Strengthening Hospital Responses to Family Violence (SHRV). This assisted Eastern Health to achieve the changes recommended by the Royal Commission into Family Violence for the delivery of patient care.

While this project is not complete, initial outcomes have included development of performance standards and guidelines for practices, mapping of services in the Eastern Region, delivery of training to staff in emergency departments and a number of mental health areas, with a plan to extend this training to all staff at Eastern Health.

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