|  |
| --- |
| Barwon South Western and Grampians Allied Health Conference 2018Engage, Create, Connect: Allied health working togetherConference Program | Thursday 31 May 2018 Deakin University | Warrnambool Campus | Warrnambool | VictoriaDeakin University logo Victoria State Government logo |
|  |

|  |
| --- |
|  |

Contents

[Introduction 3](#_Toc514231891)

[Barwon South Western and Grampians Allied Health Conference 2018 3](#_Toc514231892)

[Conference agenda 4](#_Toc514231893)

[10 minute presentations 4](#_Toc514231894)

[10 minute presentations 5](#_Toc514231895)

[5 minute presentations 6](#_Toc514231896)

[Workshops 8](#_Toc514231897)

[Barwon South Western and Grampians Allied Health Conference Planning Committee 9](#_Toc514231898)

[The Eastern Maar Aboriginal Corporation 9](#_Toc514231899)

[Venue 10](#_Toc514231900)

[Map of campus 11](#_Toc514231901)

[Tradestalls 12](#_Toc514231902)

[Keynote speakers and workshop facilitators 13](#_Toc514231903)

[Keynote presenter and workshop facilitator: Mr Jason Clarke, Minds at Work 13](#_Toc514231904)

[Workshop facilitator: Mr Richard Frankland 14](#_Toc514231905)

[Workshop facilitator: Professor Karen Stagnitti 15](#_Toc514231906)

[Keynote presenter: Ms Kathleen Philip, former Chief Allied Health Advisor, Victorian Department of Health and Human Services 16](#_Toc514231907)

[Presentation abstracts (10 minutes) 17](#_Toc514231908)

[Theme 1 – Engage: Engaging clients in the health system 17](#_Toc514231909)

[Theme 2 – Create: Creating a new idea or way of delivering a service 23](#_Toc514231910)

[Theme 3 – Connect: Connecting staff in the workplace 32](#_Toc514231911)

[Presentation abstracts (5 minutes) 42](#_Toc514231912)

[Theme 1 – Engage: Engaging clients in the health system 42](#_Toc514231913)

[Theme 2 – Create: Creating a new idea or way of delivering a service 53](#_Toc514231914)

[Theme 3 – Connect: Connecting staff in the workplace 63](#_Toc514231915)

# Introduction

## Barwon South Western and Grampians Allied Health Conference 2018

### Engage, Create and Connect: Allied health working together

Welcome to the third biennial Barwon South Western and Grampians Allied Health Conference. The Planning Committee has enjoyed working together as a team to bring this conference to fruition, and we hope your expectations will be met. Thank you for your support and we look forward to hearing your feedback.

We respectfully acknowledge the Traditional Custodians of the land on which this conference is being held, and their Elders past, present and future.

### Vision

This conference will bring together allied health professionals from across the Barwon South West and Grampians regions to support discipline-specific and interprofessional knowledge exchange, to optimise collaborative learning about practice innovations and service developments, and to celebrate allied health’s collective contribution to the overall health and wellbeing of the regions’ diverse communities.

### Aims

The Barwon South Western and Grampians Region Allied Health Conference seeks to provide opportunities for:

Showcasing quality improvement / research projects that demonstrate allied health working together, engaging, creating and connecting.

Highlighting the various allied health assistant roles and allied health assistant quality improvement / research projects.

Networking and sharing ideas and expertise.

Supporting allied health professionals, including first time presenters, on their potential pathway to pursuing further research and post graduate studies.

Showcasing and supporting rural allied health practice.

* Outlining government policy and strategic directions in relation to allied health workforce.

[Barwon South Western Allied Health Conference 2018 page](https://www2.health.vic.gov.au/allied-health-conference) <https://www2.health.vic.gov.au/allied-health-conference>

A photographer will be in attendance and taking photos throughout the day. These photos will only be available for 2 months after being uploaded to the conference website. If anybody would not like their photo taken or image uploaded onto the website please notify the conference organisers.

# Conference agenda

| 9.00–9.30am | Registration |
| --- | --- |
| 9.30–9.35am | Welcome: Dr Anna Wong Shee, Master of Ceremonies |
| 9.35–9.50am | Welcome to Country: Uncle Rob Lowe and Uncle Locky Eccles, local Peek Whurrong, Elders of the Maar Nation |
| 9.50–10.00am  | Opening remarks: Mr Craig Fraser, Chief Executive Officer, South West Healthcare |
| 10.00–10.45am | Keynote Speaker: Mr Jason Clarke, Minds at WorkRediscovering leadership |
| 10.45–10.55am | Question time |
| 10.55–11.10am | Morning Tea |

## 10 minute presentations

| Theme  | Engage: Engaging clients in the health system  | Create: Creating a new idea or way of delivering a service | Connect: Connecting staff in the workplace | Create: Creating a new idea or way of delivering a service |
| --- | --- | --- | --- | --- |
| Room number | Room 12.24 | Room 12.01 | Room 12.27 | Room 12.20 |
| 11.10–11.25am | Ms Natasha Selenitsch – Barwon HealthEncouraging activity: Barriers and facilitators for subacute stroke survivors | Ms Elizabeth Walker and Ms Eleanor Capel – Northeast Health WangarattaMealtime dangers: Assessing food allergy practices within a sub-regional hospital | Ms Angela Brommeyer and Mr Mark Kelly – Barwon HealthDeveloping clinicians who model excellence in practice, challenge poor practice and inspire others | Ms Lisha Kuravilla – Barwon HealthRegional palliative care partnerships: A pharmacy outreach program |
| 11.25–11.40am | Ms Jane Dow – Barwon HealthTelehealth: Clinician utilisation and perceptions in spinal community rehabilitation | Ms Kait Brown – South West HealthcareAdvanced developmental paediatric practitioner: A one‑stop shop for children with developmental delay | Ms Carol Mioduchowski – Barwon HealthHigh risk foot rotations for podiatry staff outcomes | Ms Katrina Martin – Western Victoria Primary Health NetworkChronic pain: Less opioids, more allied health...but how? |
| 11.40–11.55am | Ms Madison Rush – South West HealthcareCancer rehabilitation program: Supportive care for people with cancer | Mrs Megan Battersby – Barwon HealthCan clinical practice be improved for charting specialised nutritional products? | Ms Karyn Newnham – Ballarat Health ServicesSupporting early career allied health clinicians in rural Australia | Mr Thomas Chapman and Ms Amy Smith – South West HealthcareSaeboflex service delivery model at Southwest Healthcare |
| 11.55–12.00pm | 5 minute transition | 5 minute transition | 5 minute transition | 5 minute transition |

## 10 minute presentations

| Theme | Engage: Engaging clients in the health system | Create: Creating a new idea or way of delivering a service | Connect: Connecting staff in the workplace | Connect: Connecting staff in the workplace |
| --- | --- | --- | --- | --- |
| Room number | Room 12.24 | Room 12.01 | Room 12.27 | Room 12.20 |
| 12.00–12.15pm | Ms Kylie McKenzie – Ballarat Health ServicesGuiding patients through complexity: Motivational interviewing and multimorbidity | Ms Meredith Atkinson – Ballarat Health ServicesMalnutrition Weighted Inlier Equivalent Separation (WIES) management | Mr Brian Eft – Ballarat Health Services and Corangamite Health CollaborativeThe allied health interdisciplinary leader project | Ms Nicole O’Shea and Ms Gemma Siemensma – Ballarat Health ServicesHow are medication resources used? A library and pharmacy department collaboration |
| 12.15–12.30pm | Mrs Jacinta Lenehan – South West HealthcareEvaluation of a breastfeeding app in rural Australia: Prospective cohort study | Miss Fontaine Portelli – South West HealthcareRedesign of the food service model within chemotherapy | Mr Mark Kelly – Barwon HealthLessons from delivering interprofessional education for clinical supervisors and preceptors | Ms Helen Codman and Dr Ruth Nicholls – Royal Children’s HospitalEducation outreach: A new approach for Victorian allied health professionals |
| 12.30–12.45pm | Ms Natasha Selenitsch and Ms Erin O’Shanassy – Barwon HealthVolunteers: A useful team member for increasing subacute activity levels | Ms Rachael Couch and Ms Hannah Rippon – South West HealthcareEstablishing an upper limb assessment model across occupational therapy services | Dr Cath Cosgrave and Ms Rachael Cooper – East Grampians Health Service and University of Melbourne, Rural HealthTrialling “whole-of-person” approach to improve rural-retention of early-career allied health professionals | Mrs Genevieve Arblaster – Barwon HealthAllied health involvement in the Skin Integrity Champion Program |
| 12.45–1.15pm | Lunch | Lunch | Lunch | Lunch |

## 5 minute presentations

| Theme | Engage: Engaging clients in the health system | Create: Creating a new idea or way of delivering a service | Connect: Connecting staff in the workplace | Two themes: Engage and create  |
| --- | --- | --- | --- | --- |
| Room number | Room 12.24 | Room 12.01 | Room 12.27 | Room 12.20 |
| 1.15–1.20pm | Introduction | Introduction | Introduction | Introduction |
| 1.20–2.15pm | Mr Damon Burn – Barwon HealthA hydrotherapy class audit: Should we focus on low performers? | Ms Johanne Walker – Deakin UniversityA novel cycling program for volunteers and aged care residents | Ms Emma Edwards – Barwon HealthStrategies to enhance physiotherapy student engagement in non-metropolitan clinical placements | Mr Adrian Benson – St John of God Warrnambool Hospital**Engage:** Improving balance: Is getting into the water enough? |
|  | Mr Brendan Cutts – Ballarat Health ServicesHow does delirium affect allied health therapy after stroke? | Ms Amanda Jones – Barwon HealthNational Disability Insurance Scheme (NDIS) in community health and private practice: A dietetic perspective | Ms Kathryn Vick – Barwon HealthReflecting on the allied health graduate program: 4 years on | Dr Lucio Naccarella – University of Melbourne**Engage:** Optimising the capability of allied health workforce within cancer prehabilitation |
|  | Ms Anne-Marie Banfield – Winda-Mara Aboriginal Health, Indigenous Eye HealthClosing the gap for vision by 2020: Great South Coast | Ms Susan Eaton – Ballarat Health ServicesImplementation of a lymphoedema surveillance program in a regional hospital | Mrs Charmaine Swanson – University of MelbourneGoing Rural Health (GRH): Making rural student placements work for all | Mr Luke Evans – Ballarat Health Services**Engage:** Preoperative exercise intervention for patients with prostate, colon and breast cancer |
|  | Mr Simon Buggy – Barwon, Child, Youth and FamilyAlcohol and other drug services integration in a primary care setting | Ms Jane Hurley – South West Health CareImproving the model of care for Gestational Diabetes Mellitus | Ms Courtney Seipolt and Mr David Kerr – Wimmera Health Care GroupWestern Cluster – Allied Health Early Career Program | Ms Janet Yong – Ballarat Health Services**Engage:** Establishing the dietetic service of Commonwealth Home Support Program (CHSP) at Ballarat Health Services |
|  | Ms Marian Cornett – Moyne HealthShort Term Restorative Care (STRC): Enhancing rural allied health care | Ms Erin O’Shanassy – Barwon HealthEvaluation of a competency training package for XSENSOR® | Mrs Anna Densley and Ms Lisa Worden – South West HealthcareSupporting rural professional collaboration: Occupational therapy networking in southwest Victoria | Ms Kate Van Berkel and Mr Matthew Ely – Barwon Health**Create:** One consultation, four disciplines: A model for inter-professional cancer cachexia management |
|  | Ms Tameaka Lakey – Ballarat Community Health Collaborating to connect at-risk youth with oral health care | Miss Lisa Edwards – Barwon HealthInvestigating the safe positioning of clients in podiatry clinics | Dr Deborah Greenslade and Ms Gemma Siemensma – Ballarat Community Health and Ballarat Health ServicesEngaging with the evidence in a community health setting | Ms Eliz Rhook – Hepburn Health Service**Create:** Foot health in cancer care: Introducing podiatry |
|  | Ms Samantha Morley and Ms Madison Pyke – South West HealthcareIntensive home-based Rehabilitation: The value of allied health assistants | Ms Simone Meade – Ballarat Health ServicesBuilding momentum: Strengthening Hospital Responses to Family Violence (SHRFV) | Mr John Brooks and Mrs Liz Robinson – South West Healthcare and Bellarine Community HealthAllied health assistants connecting together | Ms Carly McKew – South West Healthcare**Create:** South West Healthcare community health divisional assessment tool |
| 2.15–2.30pm | Afternoon tea | Afternoon tea | Afternoon tea | Afternoon tea |

## Workshops

| Room number | Room 12.01 | Room 12.27 | Room 12.24 |
| --- | --- | --- | --- |
| 2.30–3.15pm | **Workshop 1** – Mr Jason ClarkeGreat minds don’t think alike | **Workshop 2** – Mr Richard FranklandCreating Cultural Safety | **Workshop 3** – Professor Karen StagnittiResearcher and clinician: Connecting research with practice |

| 3.15–3.45pm | Keynote Speaker: Ms Kathleen Philip, former Victorian Chief Allied Health AdvisorReflections and directions: Building the future |
| --- | --- |
| 3.45–3.55pm | Question time |
| 3.55–4.15pm | MC: Summary, prizes and closing remarks – Mr David Meade, Director Allied Health, Barwon Health |

# Barwon South Western and Grampians Allied Health Conference Planning Committee

The Department of Health and Human Services, West Division, would like to acknowledge the contributions made to the Barwon South Western and Grampians Allied Health Conference 2018 by the conference planning committee. The Barwon South Western and Grampians Allied Health Conference Planning Committee included the following members:

Mr Aaron Atkinson – Department of Health and Human Services, Coordinator Barwon South Western Workforce Network

Dr Deborah Greenslade – Ballarat Community Health, Research Coordinator and Action Researcher / Partnership Facilitator Youth Crime Prevention Partnership

Ms Melanie Hopwood – East Grampians Health Service, Senior Podiatrist

Ms Jane Hurley – South West Healthcare, Allied Health Clinical Educator

Ms Linda Kar – Barwon Health, Hospital Admission and Risk Program, Care Coordinator

Ms Mary-Jean Kerr – Wimmera Health Care Group, Senior Speech Pathologist

Mr James McInnes – Western District Health, Director, Primary and Preventative Health

Mr Peter Sheehan – South West Healthcare, Workforce Education and Training Coordinator

Dr Sevi Vassos – Deakin University, Lecturer Social Work

Dr Anna Wong Shee (Chair) – Ballarat Health Services and Deakin University, Associate Professor of Allied Health

[Pull out text:

## The Eastern Maar Aboriginal Corporation

The Eastern Maar are Traditional Owners of south-western Victoria. Their land extends as far north as Ararat and encompasses the Warrnambool, Port Fairy and Great Ocean Road areas. It also stretches 100m out to sea from low tide and therefore includes the iconic Twelve Apostles.

“Eastern Maar” is a name adopted by the people who identify as Maar, Eastern Gunditjmara, Tjap Wurrung, Peek Whurrong, Kirrae Whurrung, Kuurn Kopan Noot and/or Yarro waetch (Tooram Tribe) amongst others, who are Aboriginal people and who are:

descendants, including by adoption, of the identified ancestors;

who are members of families who have an association with the former Framlingham Aboriginal Mission Station; and

* •who are recognised by other members of the Eastern Maar People as members of the group.

[Eastern Maar Aboriginal Corporation’s About page](http://easternmaar.com.au/about/) <http://easternmaar.com.au/about/>

End pull out text]

# Venue

The Barwon South Western and Grampians Allied Health Conference is being held at Deakin University Warrnambool campus. The venue is located on the Princes Highway Warrnambool, please see the map below. For more information please go to the [Deakin website](http://www.deakin.edu.au/locations/warrnambool-campus): <http://www.deakin.edu.au/locations/warrnambool-campus>.

 

## Map of campus

The conference is being held in the “J” building in rooms 12.24, 12.01, 12.27 and 12.20. There is free car parking available in the general white bays. To locate buildings and car parking please refer to the campus map.



# Tradestalls

The Barwon South Western and Grampians Allied Health Conference Planning Committee would like to thank tradestall holders for supporting the conference. Please see information below in relation to these organisations. Tradestall holders will be available to speak with during breaks at the conference.

[Advert:

Rural Workforce Agency Victoria (RWAV) is a non-profit, government funded organisation that develops and delivers solutions to enhance rural, regional and Aboriginal communities’ access to health workforce.

Allied health CPD and scholarships are available for Allied health practitioners working in RA 2-5.

Health Workforce Scholarship program is available to Allied health professionals privately employed in MM3-7.

Allied health professionals relocating to a rural location may be eligible for relocation support.

* Allied health professionals providing outreach services may be eligible for assistance.

For more information visit www.rwav.com.au, email alliedhealth@rwav.com.au or call 03 9349 7800.

Rural Workforce Agency Victoria

Level 6, Tower 4,

World Trade Centre,

18–38 Siddeley Street,

Melbourne VIC 3005

End advert]

[Advert:

Deakin University

Do you aspire to be a leader in health? To shape the future of health care in Australia, or even globally?

Deakin’s suite of postgraduate courses in health will provide you with a qualification tailored to meet both your needs and the health systems of the future. As leaders in allied health courses and research, Deakin is proud to sponsor the Barwon South Western and Grampians Allied Health Conference in Warrnambool.

You can study our postgraduate courses in public health, health promotion, health and human services management and health economics online in Deakin’s Cloud campus. Our courses in disability and inclusion and child play therapy are relevant and innovative – providing you with unique and up-to-date knowledge to build on your existing skillset, or create a new career trajectory.

Visit our exhibition stand at the Barwon South Western and Grampians Allied Health Conference to discuss your future, or find out more at http://www.deakin.edu.au/postgrad-health.

End advert]

# Keynote speakers and workshop facilitators

## Keynote presenter and workshop facilitator: Mr Jason Clarke, Minds at Work

### Title: Rediscovering leadership

#### Keynote presentation

Ask any keynote speaker – we live in a rapidly changing world.

They might even tell you all this change is not some transition to a new way; from here on in, change is the new normal. They’ll probably tell you we all need to start thinking in longer, broader terms; the faster change comes, the further ahead we all need to see.

That’s what we’ve traditionally trusted our leaders to do; to see the possibilities of the future without losing sight of the realities of the present… but that’s the kind of leadership we don’t see much of anymore.

It’s time to find genuine leadership within ourselves, within our organisations and communities.

That means engaging people who may be tempted to give up on the future, inspiring and empowering them to discover and harness their real potential to create a better world.

Of course, none of us can change the world alone – no‑one ever has – but what if we could somehow connect all these engaged and creative people into a powerful network of change agents?

What could we do, tomorrow, together?

#### Workshop

Great minds don’t think alike

Think of all the qualities we want in a leader: they must be brilliant but humble, bold but careful, charismatic but honest, exceptional but as ordinary as the rest of us. A visionary genius with an eye for detail, a giant on the world stage we can rub shoulders with on the bus.

Here’s the problem: humanity has never produced such an Uberperson and never will. It’s too much to ask of one human, too many conflicting and contradictory qualities to expect from a single individual.

But what if we stopped looking for a lone saviour and reimagine leadership as a team sport? Is it possible we have more than enough leadership qualities between us?

Let’s rediscover the hidden talent all around us and connect it together to create the kind of future we’d be happy for our kids to grow up in.

#### Biography

In 1977, Jason Clarke achieved the lowest year 12 score in the history of his school. Today he is one of the most sought after creative minds in the country, consulting on issues of leadership and innovation to some of Australia’s biggest companies and institutions. He’s developed and taught courses in innovation, logic and problem solving for two of Australia’s most prestigious Business Schools, the Australian Graduate School of Entrepreneurship and the Stern Business School of New York. He doesn’t know what he’ll being doing in 2020 but he’s open to suggestions.

## Workshop facilitator: Mr Richard Frankland

### Abstract title: Creating cultural awareness

#### Workshop

This workshop explores the ideals and practice of cultural safety in the contemporary Australian health care system, with a specific focus on creating culturally safe health care environments for first nations peoples. The workshop aims to heighten awareness of the socio-cultural barriers facing first nations people within health institutions and to furthermore engage participants in an exploration of the challenges and opportunities of cultural safety within their own work contexts. The aims of this workshop align coherently with the intent and objectives of Victoria’s new *Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027.* The ultimate objective is to challenge participants to engage with matters of culture and discrimination in ways that will extend their practice as culturally responsive allied health professionals.

#### Biography

One of Australia’s most experienced Aboriginal singer / songwriters, authors and film makers. Born in Melbourne, but raised mostly on the coast in south-west Victoria, Richard is a proud Gunditjmara man who has worked as a soldier, fisherman and field officer during the Royal Commission into Aboriginal Deaths in Custody. In 2010, and 2011 Richard co-wrote Forever Business, a publication about restoring cultural safety and facilitated over 50 workshops to community, government and business groups on lateral violence and cultural awareness.

## Workshop facilitator: Professor Karen Stagnitti

### Abstract title: Research and clinician: Connecting practice to research

#### Workshop

This 45 minute workshop is on how to build research capacity as a practitioner in the field and how to link with academics to work on projects of interest. The workshop will outline what research is and the type of thinking that is required to think through a research question and arrive at a project that would be workable in your workplace. Suggestions for linking with academics and how to find academics in your interest area will also be given. Small group work is included in the 45 minute session.

#### Biography

Professor Karen Stagnitti currently works as Professor, Personal Chair at the School of Health and Social Development at Deakin University, Victoria, Australia. She graduated with a Bachelor degree in Occupational Therapy from the University of Queensland. In 2003, she graduated from La Trobe University with a Doctor of Philosophy. For over 30 years she has mainly worked in early childhood intervention programs in rural community-based settings as part of a specialist paediatric multidisciplinary team. Karen has been a clinician and researcher for over 30 years and has worked with clinicians in community based organisations to build research capacity. She has supervised doctoral students and masters students to successful completion and many of these projects have also involved clinicians from health and community organisations.

## Keynote presenter: Ms Kathleen Philip, former Chief Allied Health Advisor, Victorian Department of Health and Human Services

### Abstract title: Reflections and directions: Building the future

#### Keynote presentation

Allied health is maturing as a workforce and has gained presence as an important pillar of the health and human services workforce over the last decade. This presentation reflects on the strategic developments in allied health over the last several years and considers how these provide a platform which can be built on in the future.

#### Biography

Kathleen was appointed to the newly created role of Chief Allied Health Advisor of Victoria in 2013 in conjunction with her role as the Manager, Health Workforce Innovation and Reform in the Health Workforce Unit of the Department of Health and Human Services, Victoria, a position she has held since 2008. From February 2016 she focused on the Chief Allied Health Advisor role. Kathleen is a physiotherapist by background and has Masters Qualifications in Public Health, Health Economics and Health Policy. The Chief Allied Health Advisor role has been responsible for driving leadership and strategic direction to Victoria’s allied health workforce across the various sectors of practice. Kathleen has recently resigned from the Chief Allied Health Advisor role and her presentation will focus on *Reflections and directions: Building the future.*

# Presentation abstracts (10 minutes)

## Theme 1 – Engage: Engaging clients in the health system

### Ms Natasha Selenitsch – Barwon Health

Email Ms Natasha Selenitsch <natasha@barwonhealth.org.au>

#### Abstract title: Encouraging activity: Barriers and facilitators for subacute stroke survivors

##### Introduction

To get the optimal outcome stroke survivors in subacute inpatient rehabilitation are encouraged to be as active as possible. Despite this stroke patients have been shown to be inactive for significant proportions of their day.

##### Objective

To establish the barriers and facilitators to activity (physical, social and cognitive) for stroke survivors admitted to public Victorian subacute inpatient rehabilitation services.

##### Methods

An 18 item questionnaire was sent to 26 Victorian inpatient rehabilitation services and was completed by a multidisciplinary team member. The questionnaire explored the physical spaces and activities available to stroke survivors and the barriers and facilitators to their utilization outside of formal therapy sessions. Data was collected between November 2016 and March 2017. It was analysed using descriptive statistics or the principles of thematic analysis for free test answers.

##### Results

All 26 services responded. The 2 common barriers to patient activity reported were insufficient time or staff numbers (88% of services mentioned this) and patient capability (54%). The 2 most common facilitators to patient activity raised were staff motivation and willingness (44% of services) and accessible spaces for activity (20%). A larger number of barriers than facilitators to activities were mentioned.

##### Conclusion

A wide range of barriers and facilitators were highlighted by Victorian services. Understanding what these are enables health services to address barriers and further enhance the facilitators to enable stroke patients to be more active. There are likely to be similar barriers and facilitators to activity outside therapy time for other diagnostic groups.

### Ms Jane Dow – Barwon Health

Email Ms Jane Dow <jadow@barwonhealth.org.au>

#### Abstract title: Telehealth: Clinician utilisation and perceptions in spinal community rehabilitation

##### Introduction

Clients living in the community with a spinal cord injury (SCI) require ongoing support from a multidisciplinary team of healthcare professionals. Those in rural and regional communities face increased challenges with timely access to specialist healthcare services. Telehealth has been described broadly as the use of information technology to deliver medical services over distances and has been proposed as a solution. Expected benefits of telehealth include: improved clinical outcomes, improved client and clinician satisfaction and economic benefits. Despite the potential benefits, telehealth has a poor record of adoption and integration. Early positive experiences with telehealth have been linked to improved clinician uptake.

##### Objectives

To identify clinician experiences and readiness to engage with telehealth.

* To collate perceived barriers, enablers and use of telehealth to target training for sustainable integration.

##### Methods

All clinicians of the multidisciplinary team were invited to participate in a pre-intervention survey. The survey was completed in hard copy and included the ‘Practitioner Telehealth Readiness Assessment Tool.’ Responses were confidential and data entry was completed manually into a pre-prepared excel spreadsheet.

##### Results

10 clinicians completed the survey, none had experiences using telehealth for clinician to patient interactions, however all clinicians thought that telehealth was appropriate technology to consider for clients living in the community with an SCI. Timely access to technology was the most cited perceived barrier and the greatest benefit cited was improved access to services.

##### Conclusion

Further structured training of telehealth was recommended, with a focus on technology use, together with identifying local telehealth “champions” to assist with integration of technology. A 6 month review survey of telehealth utilization is planned to further target implementation.

### Ms Madison Rush – South West Healthcare

Email Ms Madison Rush <mrush@swh.net.au>

#### Abstract title: Cancer rehabilitation program: Supportive care for people with cancer

##### Introduction

In collaboration with a number of health care providers the South West Cancer Center has been providing a cancer rehabilitation program for those currently receiving treatment. Evidence has demonstrated that exercise during cancer treatment is safe and can assist with the management of fatigue and improve quality of life, muscular strength and aerobic fitness (Hayes, Spence, Galvão, 2009; Schmitz, 2010; Segal, 2017).

##### Objective

To provide a multidisciplinary cancer rehabilitation program for patients undergoing active cancer treatment.

##### Methods

Participants attend a 6 week program for 2 hours once a week. Each week patients attend an education session presented by an allied health clinician or nurse practitioner, followed by an individualised exercise program, prescribed and supervised by a physiotherapist. Participants complete an individual assessment prior to commencing the group and a review session on completion of the program.

##### Results

Of the participants who completed the program, there was a mean improvement of 41 meters and a median improvement of 50 meters on the 6 minute walk test. Feedback has shown that all participants would recommend the program to others and 86% reported feeling satisfied with the program.

##### Conclusion

Further evaluation of the effectiveness of the program would be beneficial. Collecting data on the other domains of health including: physical, social and emotional well-being would also be worth consideration in the future.

##### References

1. Hayes, S., Spence, R., Galvão, D., & Newton, R. (2009). Australian association for exercise and sport science position stand: Optimising cancer outcomes through exercise. Journal of Science and Medicine in Sport 12: 428–434
2. Schmitz, K. H., Courneya, K. S., Matthews., C., Denmark-Wahnefried, W., Galvão, D. A., Pinto., B. M., Schwartz, A. L. (2010). American sports medicine roundtable on exercise guidelines for cancer survivors. Medicine and Science in Sports and exercise 42(7): 1409–1426
3. Segal, R., Zwaal, C., Green, E., Tomasone J.R., Loblaw, A., & Petrella, T. (2017). Exercise for people with cancer: a clinical practice guideline. Current Oncology 24: 40–46

### Ms Kylie McKenzie – Ballarat Health Services

Email Ms Kylie McKenzie <kylie.mckenzie@bhs.org.au>

#### Abstract title: Guiding patients through complexity: Motivational interviewing and multimorbidity

##### Introduction

Multimorbidity is an increasing and complex issue in Australian health care. Emerging guidelines for multimorbidity recommend patient-centred care and addressing the lifestyle factors of the patient. Motivational interviewing (MI) is a patient-centred approach that is focused on behavioural change and effective across a range of lifestyle factors.

##### Objective

The aim of this presentation is to briefly summarise the systematic review evidence for MI in health care and to provide a practical introduction to MI skills that may be helpful in working with patients who have multimorbidity.

##### Methods / approach

This presentation will draw on 2 published papers; a systematic review of MI in health care and its potential as an intervention for multimorbidity (1), and a clinical practice paper about the skills that may be helpful for working with multimorbid patients (2).

##### Results / practice implication

Our systematic review of MI in healthcare settings identified 12 meta-analyses pertinent to multimorbidity. As an intervention, MI was found to have a small-to-medium statistically significant effect across a wide variety of single diseases, for a range of behavioural outcomes and by a range of health professionals. For allied health professionals, MI offers an evidence-based approach, with particular promise to support and empower multimorbid patients to change unhelpful behaviours. Key skills for allied health professionals include agenda setting, giving advice, responding to resistance, and asking questions to evoke a patient’s own motivation for change.

##### References

1. McKenzie KJ, Pierce D, Gunn JM. A systematic review of motivational interviewing in healthcare: the potential of motivational interviewing to address the lifestyle factors relevant to multimorbidity. Journal of Comorbidity. 2015;5(1):162–74.
2. McKenzie KJ, Pierce D, Gunn JM. Guiding patients through complexity: Motivational interviewing for patients with multimorbidity. Australian Journal of General Practice. 2018;47(1–2):8–13.

### Mrs Jacinta Lenehan – South West Healthcare

Email Mrs Jacinta Lenehan <jlenehan@swh.net.au>

#### Abstract title: Evaluation of a breastfeeding app in rural Australia: Prospective cohort study

##### Introduction

New mothers often need support to establish breastfeeding and rural women often find it difficult to access breastfeeding resources locally. They seek support and information from a range of sources, including information technology. Many smartphone applications exist to support breastfeeding mothers; however, very few have been developed by health professionals. We selected the app ‘Breastfeeding Solutions’ developed by a lactation consultant to evaluate.

##### Objective

The primary aim of the evaluation was to determine if “Breastfeeding Solutions” is an effective and acceptable app to support breastfeeding women.

##### Methods

A prospective cohort design was used, with data collected via online questionnaires at baseline and again at 3 and 6 months. This study was based in south west Victoria, Australia, across 4 rural local government areas, involving 4 local hospitals in 2016–17.

##### Results

Of the initial 46 women who received the app, 63% of women completed both surveys at 3 and 6 months. At the 6 month survey, 23 women out of 29 (79%) were currently breastfeeding, while 3 women (10%) had stopped breastfeeding in the first 3 months. Of the women using the app, 93% rated it favourably, 97% found it useful and 90% would recommend it to other breastfeeding mothers.

##### Conclusion

This project evaluated the useability of an app, ‘Breastfeeding Solutions’, for breastfeeding women in an Australian rural setting. Our findings provide a basis for further evaluation using a user-centred design to improve rural women’s access to evidence-based information.

### Ms Natasha Selenitsch and Ms Erin O’Shanassy – Barwon Health

Email Ms Natasha Selenitsch <natasha@barwonhealth.org.au>

Email Ms Erin O’Shanassy <erin.oshanassy@barwonhealth.org.au>

#### Abstract title: Volunteers: A useful team member for increasing subacute activity levels

##### Introduction

The literature shows that stroke survivors in subacute rehabilitation spend the majority of their time inactive. A Victorian Stroke Clinical Network grant supported a project to increase activity levels outside of therapy. It ran from May 2016 to June 2018 at the McKellar Centre, Barwon Health.

##### Objectives

To optimise patient activity through the use of volunteers.

* To ensure sustainability post project.

##### Methods

Behavioural mapping established pre and post activity levels (physical, social and cognitive). Volunteer roles were developed using an iterative methodology and benchmarking. Surveys of patients, staff and volunteers were completed.

##### Results

At baseline patients were active 58% of the time. Post-intervention activity levels were higher (63%) and patients spent double the time outside of their rooms. New volunteer roles have included playing games, supporting individual exercises, internet access, talking books, music, Wii, videos, an art group and a craft group. Staff and patients state that volunteers complement and enhance ward experiences. A new role has ensured that Volunteers are still an essential part of the stroke care team. The project has been expanded to all inpatient rehabilitation and geriatric evaluation and management patients.

##### Conclusion

Volunteers are a useful addition to a subacute inpatient rehabilitation ward. Challenges have included recruiting appropriate volunteers, timing shifts and assigning the right roles. For the successful integration of volunteers into the team, careful recruitment, a clear understanding of the volunteer role by the team and volunteers, an effective orientation, a designated contact person and flexibility in roles and scheduling are important.

Presentation abstracts (10 minutes)

## Theme 2 – Create: Creating a new idea or way of delivering a service

### Ms Elizabeth Walker and Ms Eleanor Capel – Northeast Health Wangaratta

Email Ms Elizabeth Walker <elizabeth.walker@nwh.org.au>

Email Ms Eleanor Capel <eleanor.capel@nhw.org.au>

#### Abstract title: Mealtime dangers: Assessing food allergy practices within a sub-regional hospital

##### Introduction

In 2011–12, 17% of Australians reported avoiding a food due to food allergy or intolerance. Safe management of hospital patients with food allergies is essential in reducing risk of adverse outcomes. Current food allergy practices at Northeast Health Wangaratta (NHW) remain unclear and inaccurate, increasing risk of allergen exposure.

##### Objective

This study aimed to improve patient safety, minimise harm, and standardise food allergy management at NHW.

##### Methods

Interview-style surveys of admissions and nursing staff (n=8), foodservice staff (n=7), dietitians (n=2) and patients (n=1) were conducted with thematic analysis and process mapping of current management systems completed. A point prevalence study on documentation compliance with key performance indicators occurred on inpatients at NHW (n=85).

##### Results

Process maps (n=7) identified multiple areas of communication breakdown and system errors, including a lack of staff ownership and responsibility. Survey results highlighted the need for improved communication between ward and foodservice staff, and a streamlined process for food allergy management. Foodservice staff training was also recommended. Point prevalence results identified 5 patients with food allergies, with 40% documentation compliance with key performance indicators. Alarmingly, 0% of these allergies were entered into the foodservice system

##### Conclusion

Establishment of a multidisciplinary food and nutrition committee was recommended to develop food allergy guidelines, initiate staff training, conduct auditing processes, and complete a menu review. Finally, multiple areas of risk within the current foodservice system at NHW were highlighted, indicating the need to investigate the management of other high risk diet codes.

##### References

1. Australian health survey: nutrition first results – food and nutrients, 2011–12. Australian Bureau of Statistics. 2014.

### Ms Kait Brown – South West Healthcare

Email Ms Kait Brown <kbrown@swh.net.au>

#### Abstract title: Advanced developmental paediatric practitioner: A one-stop shop for children with a developmental delay

##### Introduction

Children’s development in their early years has a lasting impact on their learning and education outcomes later in life. In response to increasing service demands for children with mild to moderate developmental delays, South West Healthcare, with the support of a Department of Health and Human Services Workforce Innovation grant, developed an innovative Advanced Practice role.

##### Objective

The project aimed to develop a clinical competency package and clinical guidelines in order for a Speech Pathologist to work in an Advanced Developmental Paediatric Practitioner (ADPP) role, by completing competencies in tasks that are traditionally completed by an occupational therapist or physiotherapist.

The target client group was children aged 1 to 8 years. Instead of children attending assessments with multiple members of a multidisciplinary team (e.g. Speech pathologist, occupational therapist, physiotherapist), the ADPP would provide a holistic “one-stop-shop” needs-based assessment across all developmental domains, to minimise service duplication, and ensure timely access to early assessment and diagnosis. The ADPP would also provide basic therapy interventions and advice.

##### Method

A multidisciplinary team was formed to develop the clinical competency package, resources to support the new ADPP role and revised model of care. Clinical governance and risk management tools were also developed, including clinical decision making pathways.

##### Results

Implementation of the ADPP role resulted in:

Earlier identification of developmental issues not previously identified by referrers.

Facilitation of early onward referrals for identified developmental issues.

Increased therapy and intervention service intensity.

High client satisfaction with the service rated 4.8 out of 5 stars.

* Staff satisfaction and strengthened workforce collaboration.

##### Conclusion

The ADPP role is a valuable addition to the South West Healthcare paediatric service. The competency package could be expanded in the future to include learning and assessment for the “communication” developmental domain, so that a physiotherapy or occupational therapy could also be trained as an ADPP.

### Mrs Megan Battersby – Barwon Health

Email Mrs Megan Battersby <mtrigg@barwonhealth.org.au>

#### Abstract title: Can clinical practice be improved for charting specialised nutritional products?

##### Introduction

It is standard practice in the inpatient setting for specialised oral nutritional products to be charted on the National Inpatient Medication Chart (NIMC). These may include specific wound nutritional supplements and nutritional supplements administered as divided doses. The Australian Commission on Safety and Quality in Healthcare (ACSQHC) acknowledges use of the NIMC for these purposes poses potential risks for patients and may contribute to substandard clinical practice (National Safety and Quality Healthcare Standards, 2017). The ACSQHC encourages health services to consider use of a separate clinical nutrition chart. However there have been no published best practice guidelines to date.

##### Objective

To pilot the implementation of a Nutrition Prescription Chart (NPC) in a subacute inpatient setting for charting both enteral and specialised oral nutritional products.

##### Methods

The NPC was developed via a collaborative approach between dietetics, nursing and pharmacy, and was implemented in a staged process across a 100 bed inpatient subacute setting over 18 months. Feedback was encouraged through discussions between dietitians and nursing Staff with engagement from the Medication Safety Committee, broader acute dietetics team and pharmacists.

##### Results

Feedback from staff was overwhelmingly positive. Key outcomes with the NPC included ease of use, streamlining of process for charting and supply, and improved documentation practices with enteral and specialised oral nutritional products.

##### Conclusion

Following the successful pilot of the NPC, our project supports further research to be undertaken to determine if these results are consistent across other inpatient settings, and whether it can guide clinical practice in other organisations.

##### References

1. [National Safety and Quality Healthcare Standards, 2017](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/) <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

### Ms Meredith Atkinson – Ballarat Health Services

Email Ms Meredith Atkinson <mereditha@bhs.org.au>

#### Abstract title: Malnutrition Weighted Inlier Equivalent Separation (WIES) management

##### Introduction

40% of all patients admitted to acute hospitals are at a high risk of malnutrition. Malnutrition is associated with significant costs both to the patient and the health service, including delayed wound healing, higher infection rates, reduced immune function and increased readmission rates. Malnutrition diagnosis is clearly recognised in the Weighted Inlier Equivalent Separation (WIES) and the Subjective Global Assessment (nutrition assessment) is used to identify the diagnosis. In 2015 only 194 cases were coded due to inadequate staff levels

##### Objective

To identify the incidence of malnutrition in acute inpatients and evaluate the impact of this on the WIES value for malnutrition diagnosis.

##### Methods

Two audits for malnutrition status were conducted in BHS acute services. Training in documentation skills for dietitians was carried out. A defined increase in staffing was utilized to assess the impact on WIES income for malnutrition diagnosis.

##### Results

In 2016 there were 1000 admissions per month, with 39% of BHS admissions identified to be at nutritional risk. Most of dietetics referrals (80%) were for malnutrition. Staffing levels only enabled 45% of referrals to be seen. Allocation of an additional 1.0 EFT for 17 days showed an increase in the value of the episode WIES from 0.33 to 2.81, with an average increase of $1,712 per episode (1 WIES = $4500). Total income from increased staffing $70,167.94.

##### Conclusion

Addressing malnutrition early can reduce deterioration and resulting complications. The WIES value for an admission was increased significantly through increasing staff resource and education and enabling correct documentation and coding.

### Miss Fontaine Portelli – South West Healthcare

Email Miss Fontaine Portelli <fportelli@swh.net.au>

#### Abstract title: Redesign of the food service model within chemotherapy

##### Introduction

The 2016 opening of the South West Regional Cancer Center corresponded with the relocation of South West Healthcare’s chemotherapy unit to the offsite facility. This coincided with recent recommendations from the Department of Health and Human Services regarding listeria risk management within high risk populations, such as chemotherapy patients. Consequently, a review of the current chemotherapy food service was initiated, to ensure all food and beverages provided met current food safety recommendations and best practice guidelines.

##### Objective

To provide a chemotherapy food service model in accordance with current food safety and nutrition guidelines.

##### Methods

A multidisciplinary working party was formed to review current food service provision and the logistics of providing a food service model in an offsite facility. Additional benchmarking with other metropolitan and regional chemotherapy sites in Victoria was also completed. A post implementation patient satisfaction survey was used to evaluate the changes made to the food service model.

##### Results

A new food service model, including a new menu was implemented within the chemotherapy unit. This provided increased flexibility of food and beverage distribution, as well as increased variety and availability of options. The changes resulted in an improvement to the overall nutritional value of the menu, with the new menu containing more high energy and high protein items compared to the original. Overall 95% of patients expressed satisfaction with the food and beverages provided.

##### Conclusion

The food service redesign resulted in a broader menu in line with food safety guidelines. Furthermore these changes have decreased the risk of listeria infection. Further work is required to develop more robust nutritional parameters for the current menu.

### Ms Rachael Couch and Ms Hannah Rippon – South West Healthcare

Email Ms Rachael Couch <rmcouch@swh.net.au>

Email Ms Hannah Rippon <hrippon@swh.net.au>

#### Abstract title: Establishing an upper limb assessment model across occupational therapy services

##### Introduction

In 2016, the occupational therapy team at South West Healthcare identified varied confidence levels, skills, knowledge and approaches to completing upper limb assessments with consumers across both inpatient and outpatient settings.

##### Objective

Implementation of a standardised upper limb assessment to ensure consistency in upper limb assessments and treatment modalities across multiple therapy streams of an occupational therapy service.

##### Methods

A clinician driven evidence based working party completed a meta-analysis of current evidence based practice within areas of treatment modalities, upper limb assessments and outcome measures. A standardised and evidence based assessment procedure was developed and staff were trained in the use of the assessment and treatment modalities. Post implementation data was collected.

##### Results

Post implementation results showed an increase in:

Staff confidence in assessing a client with an upper limb deficit.

Staff confidence in providing treatment modalities.

* Staff confidence in consistent approach to both across the large team to all consumers.

##### Conclusion

Clinicians have the ability to drive and implement evidence based research into their everyday practice. The process of meta-analysis, resource development and teaching and training can be utilised as an avenue to ensure standardised and consistent approaches to care within large teams.

### Ms Lisha Kuruvilla – Barwon Health

Email Ms Lisha Kuruvilla <lisha.kuruvilla@barwonhealth.org.au>

#### Abstract title: Regional palliative care partnerships: A pharmacy outreach program

##### Introduction

Increasing numbers of patients with a life limiting illness needing palliative care are now being cared for in the community setting. Most palliative care patients are on complex and dynamic treatment regimens. The role of a pharmacist as part of the specialist community palliative care team (CPC) is not widely evaluated.

##### Objective

The study aimed to obtain stakeholder perspectives on the gaps in the current model in relation to medicines management and to develop pharmacist interventions to potentially address some of those gaps in the CPC program.

##### Methods

Focus groups involving stakeholders (n=20) associated with palliative care in various capacities including: health care professionals, patients and carers in the Barwon southwest region were conducted.

##### Results

Five major themes from the focus groups were: access to resources and information, shared care, challenges of polypharmacy, informal caregiver needs and potential roles of a palliative care pharmacist. Pharmacist-led medicines reviews and medicines information services were established based on the focus group themes. The medicines reviews identified and resolved 113 medication related problems in the 50 patients reviewed (mean 2.2; range1–5). The medicines information service received an average of 9 contacts per month and over 95% of queries were resolved instantaneously or on the same day.

##### Conclusion

Significant gaps in the provision of CPC service in relation to medicines management were identified in the study. The inclusion of a specialist palliative care pharmacist as part of the service may help to address some of those gaps and build capacity for the program.

### Ms Katrina Martin – Western Victoria Primary Health Network

Email Ms Katrina Martin <katrina.martin@westvicphn.com.au>

#### Abstract title: Chronic pain: Less opioids, more allied health…but how?

##### Objective

Outline the success of using continuing professional development (CPD) for GPs to promote non-pharmacological methods of managing chronic pain patients.

##### Methods

A CPD event was developed to deliver education to GPs in a regional centre to encourage safe and appropriate prescribing of opioids for chronic pain patients. The bio-psycho-social approach to chronic pain management was championed by presenters from mental health (psychology and social services), physical rehabilitation (myotherapy and physiotherapy) and pharmacy. The importance of incorporating allied health into a chronic pain care plan was further promoted by the GP educator.

##### Results

Prior to attending the CPD event, just 18% of GPs routinely used non-pharmacological methods for managing non-malignant chronic pain, compared to 54% of GPs following the event. The majority of practitioners were successful in reducing the dose of opioids (in morphine equivalent dose) in follow up consultations with their case study patients.

##### Conclusion

Using GP CPD events to promote the role of allied health in managing chronic pain patients was a successful method to increase GP engagement and referral to allied health services, whilst reducing the amount of opioids being prescribed to non-malignant chronic pain patients.

### Mr Thomas Chapman and Ms Amy Smith – South West Healthcare

Email Mr Thomas Chapman <tchapman@swh.net.au>

Email Ms Amy Smith <acsmith@swh.net.au>

#### Abstract title: Saeboflex service delivery model at South West Healthcare

##### Introduction

In 2016, South West Healthcare (SWHC) purchased the Saebo Upper Limb Therapy Kit (functional dynamic orthoses) for use with stroke and other neurological clients. Best practice use of Saeboflex is considered to be two 45 minute sessions daily (Lannin, Cusick, Hills, Kinnear, Vogel, Matthews and Bowring, 2016). This proved to be challenging, placing high demands on clients and clinicians due to available resources and identifying the need to change the current model of practice.

##### Objective

To develop a Saeboflex Service Delivery Model (SSDM), including guidelines for the frequency and intensity of therapy, given time and resources available within the occupational therapy department, and create a streamlined approach for all clients receiving Saeboflex treatment.

##### Methods / approach

A treatment cycle was developed, consisting of an initial consultation, identification of SMARTA goals and creation of an upper limb treatment program. Initial outcome measures were taken and family members trained in completion of Saeboflex home exercise program. Client’s attended weekly in-clinic reviews, and at eight weeks further outcome measures were taken to establish client progress and indications for further therapy.

##### Results

The implementation of the SSDM enabled clinicians to have clear guidelines when completing treatment sessions with clients. The adapted SSDM was demonstrated to have a positive impact on clinician’s workloads and enabled therapists to provide an equitable service for all clientele.

##### Conclusion

The redesign has empowered patients and family members to take greater ownership of their therapy and value the service being provided at Southwest Healthcare. The SSDM’s impact on client outcomes is yet to be determined as it is still in the pilot phase.

Presentation abstracts (10 minutes)

## Theme 3 – Connect: Connecting staff in the workplace

### Ms Angela Brommeyer and Mr Mark Kelly – Barwon Health

Email Ms Angela Brommeyer <angela.brommeyer@barwonhealth.org.au>

Email Mr Mark Kelly <markke@barwonhealth.org.au>

#### Abstract title: Developing clinicians who model excellence in practice, challenge poor practice and inspire others

##### Objective

To develop a course for experienced clinicians to explore capabilities beyond disciplinary proficiency that supports interdisciplinary clinical excellence. The course purpose was to provide an engaging, relevant-to-practice learning opportunity for staff to come together in an interprofessional experience to develop knowledge in relation to higher order practice skills and collaboration, in order improve patient centred care.

##### Methods

The Advancing Interdisciplinary Clinical Excellence (AdvICE) course was developed through a process of interdisciplinary collaboration within its own Clinical Education and Training (CET) unit, and drew on rigorous and simultaneous processes of literature reviews, consultation with stakeholders and experts in the interprofessional education (IPE) field. A mixed methodology was utilised to evaluate the research objectives.

##### Results

Five courses have been run, with 104 participants to date. The course has provided a valuable opportunity for staff to learn from, with and about others with whom they work. The evaluation of the course to date has revealed changes in attitudes to interprofessional collaboration and confidence to put in place strategies that support positive change in practice. AdvICE challenges its participants to move away from siloed, traditional care models to a collaborative practice model that improves safety and delivers quality care outcomes.

##### Conclusion

Course evaluations show evidence that a transition is taking place for participants when it comes to clinical excellence. Literature evidence suggests this will have a positive impact on the quality of care provided to the consumers, increase efficiency, cost effectiveness and staff satisfaction at work.

### Ms Carol Mioduchowski – Barwon Health

Email Ms Carol Mioduchowski <carolmi@barwonhealth.org.au>

#### Abstract title: High risk foot rotations for podiatry staff outcomes

##### Introduction

Barwon Health podiatry works across the continuum of care. The complexity of wounds that are being managed in our community service delivery settings is increasing and podiatrists are often the primary contact for identification of wounds needing medical management. To upskill and build confidence in management of high risk diabetes foot ulcers, a structured four week rotation within the Diabetes Foot Unit (DFU) at the University Hospital Geelong was developed. Twenty podiatrists undertook the rotation. Clinicians completed a pre and post survey, used as a measure of improvements in clinical knowledge and confidence in the management of the diabetes high risk foot.

##### Methods

The DFU rotation was developed with the Podiatry Manager, Senior Clinicians and the medical Endocrinology DFU lead. We measured nineteen knowledge and nineteen confidence domains using a 10 point self-efficacy rating scale. Qualitative narrative was also collected. The information was then analysed to understand the outcomes and value of this rotation.

##### Results

The results indicated a significant positive increase in both knowledge and confidence in the DFU with 100% of the participants finding it a very beneficial process in skill building. Further benefits were an augmented awareness of the roles of the multidisciplinary medical team, referral pathways and complex wound management planning.

##### Conclusion

A structured rotation for podiatrists within a high risk foot clinic is a beneficial process to improve knowledge and confidence of managing the high risk foot. It improves capability, referral and management pathways of the podiatry workforce within our organisation.

### Ms Karyn Newnham – Ballarat Health Services

Email Ms Karyn Newnham <karynn@bhs.org.au>

#### Abstract title: Supporting early career allied health clinicians in rural Australia

##### Introduction

Early career marks the transition from student to professional and coincides with a number of challenges such as often relocation away from home and support systems, development of sense of self, confidence, and professional identity. This period of transition can leave health care workers vulnerable to anxiety, depression, isolation, burnout, and less able to provide quality patient care.

##### Objective

The program aimed to provide clinicians with professional development, patient centred skills practice and networking opportunities in a safe, creative and engaging way. Additionally, it aimed to enhance work satisfaction, reduce burnout and increase staff retention in rural settings.

##### Method

Sessions (10 X 2 hour), across nine months, covered content such as: supervision, career development and identity, resilience and sources of support, building skills in motivational interviewing, time management, self-care, and resolving conflict. Each session was evaluated with quantitative and qualitative feedback including pre and post knowledge of the subject, and how well session learning objectives were met.

##### Results

Participants strongly endorsed the program content, particularly skills for working with challenging clients, resolving conflict, and motivational interviewing. Throughout the program, 100% of participants reported an increase in skills after each session. Overall, participants enjoyed the ‘hands on’ activities and opportunities to connect with other early career clinicians.

##### Conclusion

This program was successful in meeting its objective and may be helpful for ongoing support to allied health professionals in other regional rural settings.

### Mr Brian Eft – Ballarat Health Services and Corangamite Health Collaborative

Email Mr Brian Eft <Brian.Eft@bhs.org.au>

#### Abstract title: The allied health interdisciplinary leader project

##### Introduction

The Corangamite Health Collaborative consisting of four rural health services and the Corangamite Shire conducted a pilot program for a new senior Allied Health (AH) role. The Allied Health Interdisciplinary Leader (AHIL) to support career pathways and support AH workforce development in the Shire. This Department of Health and Human Services initiative focused on issues for rural AH including professional isolation, clinical governance, and the clinicians’ access to support and mentoring.

##### Objective

To pilot an advanced scope of practice interdisciplinary AHIL role that provides leadership in Allied Health workforce support and development.

##### Methods

Data was collected on staff perceptions of AH in the region, clients’ access to services, and mapping of AH resources and availability. Project evaluation utilized the Victorian Innovation and Reform Impact Assessment Framework and included outcomes related to access to care, safety and quality, client satisfaction, workforce integration, capacity building and optimal use of skills, and workforce satisfaction.

##### Results

The project resulted in improvements in:

* + - * 1. staff skill and workforce development including: the development of mentoring networks and a service capability framework across the region;
				2. improved communication across services within the community including: coordinated AH forums, email distribution list and directory, marketing in primary care; and
				3. development of an AH governance framework including: uniform policies and protocols across the region.

##### Conclusion

The AHIL Project demonstrated that a coordinated approach to leadership within the Corangamite AH workforce resulted in improved workforce engagement and clinical governance, and set the ground-work for best practice. Additional work is needed to implement the frameworks and continue with key coordination of AH provision.

##### References

1. Boyce R.A. (2014). ‘Allied Health Career Pathways’: an extract from: ‘Allied Health Identity, Governance & Leadership: The What and the Why’ Workshop Series. Retrieved from [Rosalie Boyce website](http://www.rosalieboyce.com.au/) <http://www.rosalieboyce.com.au/>
2. Department of Health and Human Services (2014). [Allied Health: Credentialing, Capability, and Competency Framework; and Allied Health: Credentialing, Capability, and Competency Framework – Revised (2017).](https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework) DHHS, Victoria. Retrieved from <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>
3. Department of Health and Human Services (2017). [Health 2040: Advancing health access and care.](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care) Retrieved from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care>
4. Safer Care Victoria (June, 2017) [Delivering high-quality healthcare – Victorian clinical governance framework](https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/clinical-governance-policy). Retrieved from <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/clinical-governance-policy>
5. [Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care. Report of the Review of Hospital Safety and Quality Assurance in Victoria Review of Hospital Safety and Quality Assurance in Victoria,](https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria) Melbourne: State of Victoria, Department of Health and Human Services; 2016 TRIM D16-36558. Retrieved from <https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria>

### Mr Mark Kelly – Barwon Health

Email Mr Mark Kelly <markke@barwonhealth.org.au>

#### Abstract title: Lessons from delivering interprofessional education for clinical supervisors and preceptors

##### Introduction

In 2016 Barwon Health recognised an opportunity to evolve its Nursing Preceptor training workshop into an Interprofessional Education (IPE) format to include Allied Health Clinical Supervisors. The new “Clinical Supervisor & Preceptor Workshop” was created with collaboration between Allied Health & Nursing educators, and delivered on 5 occasions in 2017. Participant evaluations were analysed to determine if the sessions were effective in this format. Overall, feedback was positive and the workshops are being offered again in 2018.

##### Objectives

To deliver training for Allied Health clinicians and Nurses, that developed their skills and confidence for working with students or new graduates.

* To provide the benefits of IPE to participants in learning with, from and about each other.

##### Method

A 1 day, interactive workshop (delivered on 5 occasions in 2017), for an interprofessional audience of approximately 22 clinicians. Evaluations were collected at the end of each workshop, and responses collated and analysed.

##### Results

Across the 5 workshops, 100% responded Agree, or Agree Strongly, to the statement “I now feel more confident in assessing students and providing feedback on their practice” (n = 100). Evaluation responses are currently being analysed and more data will be available for the conference.

##### Conclusion

The clinical supervisor and preceptor workshop was valued, achieved its objectives, and will be continued in 2018. It was observed through the facilitation of these workshops that there were many similarities in the challenges, barriers, skills and knowledge required, and lived experiences of allied health supervisors and nursing preceptors.

### Dr Cath Cosgrave and Ms Rachael Cooper – University of Melbourne, Department of Rural Health and East Grampians Health Service

Email Dr Cath Cosgrave <catherine.cosgrave@unimelb.edu.au>

Email Ms Rachael Cooper <rachael.Cooper@eghs.net.au>

#### Abstract title: Trialling a “whole of person” approach to improve rural retention in early career allied health professionals

##### Introduction

A major and ongoing challenge facing Australia’s rural and remote public health services is attracting and retaining Allied Health Professionals (AHP). This project builds on research findings conducted by Dr Cath Cosgrave in an earlier study investigating turnover intention of early-career community mental health professionals working in rural NSW. The study found that after a year working, social and personal factors were the main determinant of retention, in particular individuals’ sense of belongingness. Dr Cosgrave has developed a whole-of-person retention framework with specific interventions across the life domains of work, career and personal and addressing critical adjustment stages identified for early career AHP.

##### Objective

The University of Melbourne’s Department of Rural Health (UoM – DRH) is currently working in partnership with two Victorian public health services to develop and trial a rural retention program for early career AHP. East Grampians Health Service is one of the partner health services.

##### Methods

A participatory action research method is being used. Each site has a co-funded project worker. At EGHS, Ms Rachael Cooper, a senior dietitian has been seconded to the role. Dr Cosgrave is interviewing early career AHP, as well as key informants at EGHS to identify recruitment and retention issues. Dr Cosgrave and Ms Cooper are using this data and the theoretical retention framework to develop and trial an evidence-based service, place and community specific retention program.

##### Results

The presentation will present the key findings from the research data and the program developed and being trialled. The presentation will also discuss the challenges and opportunities that EGHS is experiencing leading a complex change process and wanting outcomes to be sustainable.

##### Conclusion

This presentation will have broad relevance for health services and government wanting to explore a new and innovative approach to addressing rural health workforce shortages and increasing retention of AHP.

### Ms Nicole O’Shea and Ms Gemma Siemensma – Ballarat Health Services

Email Ms Nicole O’Shea <nicoleos@bhs.org.au>

Email Ms Gemma Siemensma <Gemma.Siemensma@bhs.org.au>

#### Abstract title: How are medication resources used? A library and pharmacy department collaboration

##### Introduction

Ballarat Health Services (BHS) is the largest regional hospital in the Grampians region in Victoria. Medication information access affects clinical staff and currency is imperative to patient safety. Access to drug information needs to be quick, easy to use and accurate.

##### Objective

In 2017 the BHS library and pharmacy collaborated to complete a Medication Decision Support Tools Survey for clinical staff to review if drug information was current, accurate and readily available at the decision making point.

##### Methods

The survey was run in June 2017 via surveymonkey. The questions included: - How often resources were accessed? What features were used? Whether the query was answered? Where a clinician would go for further advice. Ease of use. Suggestions.

##### Results

Clinicians used a wide range of medicines information with most staff using additional features within products (such as calculators) and generally their query was answered. Several people mentioned using Google if they couldn’t find an answer. There were many comments about educating staff and promoting resources more widely. Overwhelmingly the results highlighted the need for a direct link to medicines information on either desktops or the intranet homepage. A 2015 survey also highlighted difficulties in accessing medicine decision support tools and though changes were made the 2017 survey highlighted that more was needed.

##### Conclusion

Recommendations included: educating clinicians on the pitfalls of using Google for medicines information, promotion of resources organisational wide, online list of recommended drug calculators and a direct link to drug resources on the intranet homepage. After discussions with stakeholders and using our survey, a direct link was added to the homepage in September 2017. In just two months hits on the drug resources have grown by over 25%.

### Ms Helen Codman and Dr Ruth Nicholls – Royal Children’s Hospital

Email Ms Helen Codman <helen.codman@rch.org.au>

Email Dr Ruth Nicholls <ruth.nicholls@rch.org.au>

#### Abstract title: Education outreach: A new approach for Victorian allied health professionals

##### Introduction

There is a recognised demand for paediatric education that supports Allied Health clinicians delivering paediatric care across Victoria. Access to paediatric education is often limited by the clinical responsibilities of the workforce and current models of education delivery do not always meet the learning needs of allied health professionals working within metropolitan, regional and rural areas.

##### Objective

An innovative program commenced in 2017 which aimed to deliver a unique education outreach program for nurses and allied health across the state. Funded by the RCH Foundation, this program provides clinicians with the opportunity to receive paediatric education in their place of work based on their identified learning needs.

##### Methods

A state wide scoping exercise was undertaken to engage clinicians regarding their needs for tailored paediatric education. Responses to this initiative led to the augmentation of a consumer based framework and the development of a sustainable costing model for education provision. Subsequent strategic direction centred on development and delivery of specific content identified by clinicians.

##### Results

Since September 2017, a total of 5 sites and 120 allied health professionals have participated in the program. All participants provided feedback following delivery of education and numerous common themes were identified from sites that were similar in size and population served.

##### Conclusion

Engagement with this innovative program has been overwhelmingly positive. Evaluation data to date demonstrates that participants rated the education content as being of high quality and relevance. This program has successfully created connections between services across the state and enhanced opportunities for clinicians to work together.

##### References

1. Lynch CD, Ash PJ, Chadwick BL, Hannigan A (2010). Effect of community-based clinical teaching programs on student confidence: a view from the United Kingdom. J Dent Educ. May;74(5):510–6.
2. Jordan S (2000).Educational input and patient outcomes: exploring the gap. J Adv Nurs. Feb;31(2):461–71.

### Mrs Genevieve Arblaster – Barwon Health

Email Mrs Genevieve Arblaster <genea@barwonhealth.org.au>

#### Abstract title: Allied health involvement in the Skin Integrity Champion Program

##### Introduction

As per the direction of the Barwon Health Pressure Injury Committee, allied health was given the approval to enrol staff who have an interest in pressure injury and wound management into the Skin Integrity Champion Program.

##### Objective

Nursing staff have always led the Skin Integrity Champion Program. With the recent inclusion of allied health staff (podiatry, physiotherapy, occupational therapy and dietetics) the aim is to assist in the development and sharing of knowledge and skills whilst engaging a multidisciplinary approach to patient care.

##### Methods

The program is led by Wound Care Clinical Nurse Consultant (WCCNC), Donna Nair. Workshops with multidisciplinary representation are attended to provide opportunities to advance self-knowledge and provide a platform for inter-professional collaboration and open communication and support. Online education tools, training opportunities and a forum for discussion is also available to access.

##### Results

The inclusion of allied health in the Barwon Health Skin Integrity program has been successful. Most recently Barwon Health have established skin rounds across our acute, sub-acute and aged care inpatient care sectors. These skin rounds have a skin integrity champion multidisciplinary team focus and are designed to identify patients at high risk of pressure injury development, review of patients with existing pressure injuries and review of patients with complex wounds.

##### Conclusion

I am a skin integrity champion (podiatrist). Including allied health and working together as a multidisciplinary team, collaborating and communicating with each other allows us to keep engaged and focused on patient care.

# Presentation abstracts (5 minutes)

## Theme 1 – Engage: Engaging clients in the health system

### Mr Damon Burn – Barwon Health

Email Mr Damon Burn <damon.burn@barwonhealth.org.au>

#### Abstract title: A hydrotherapy class audit: Should we focus on low performers?

##### Introduction

Following the introduction of a new programme a clinical audit of 7 exercise classes over a 12 month period from August 2015 was undertaken. Clients participated once weekly for 12 weeks of an aquatic lower limb exercise programme involving strengthening and cardiovascular components. The class was taken by an allied health assistant following physiotherapy staff set up.

##### Objective

To examine the effects of a lower limb aquatic exercise class in community dwelling clients identified as having deteriorating mobility.

##### Methods

40 clients with multiple comorbidities participated. Clients were selected from community programmes in an annual review process. These programmes take place in a community rehabilitation hydrotherapy pool. Clients were offered to attend the class if it was identified their standardized mobility measures had deteriorated compared to previous measures. The following standardized measures were taken before and after the programme: 10 m walk (steps and time), step test, timed up and go, sit to stand in 30 seconds and 6 minute walk test (distance).

##### Results

Client with lower mobility initially improved significantly more than patients with higher mobility. Clinically significant improvements were noted in the lower group for 6 minute walk and 10m walk tests. Improvements, but not clinically significant were noted in lower group for sit to stand in 30 seconds, step test.

##### Conclusion

This study appears to demonstrate benefits of a twelve week aquatic basic lower limb exercise programme are more pronounced in clients with lower mobility and general fitness. Further randomized controlled trials are required to substantiate these results.

### Mr Brendan Cutts – Ballarat Health Services

Email Mr Brendan Cutts <brendan.cutts@gmail.com>

#### Abstract title: How does delirium affect allied health therapy after stroke?

##### Introduction

Delirium is a common complication after stroke and significantly increases the likelihood of in-hospital mortality, in-hospital complications, longer length of stay and discharge to a nursing home. Although improvements have been made in preventing delirium, many patients still become delirious during the critical early rehabilitative phase following stroke. Currently, there is little guidance around the length of time, frequency or time of day for patients with delirium to undertake rehabilitative therapies.

##### Objective

The aim of this study is to identify whether patients in delirium after stroke are able to engage in allied health therapy. The session length and time of day will also be examined to generate temporal characteristics of an ideal therapy session. It is hypothesised that stroke patients with delirium will participate in less therapy as a proportion of total patient-attributable time.

##### Method

Consecutive stroke patients admitted to Ballarat Health Services acute stroke ward or subacute wards were enrolled in the trial if they were inside the first four-weeks post stroke and for active therapy, between 08/01/2018 and 31/05/2018. Patients were screened for delirium each day using the Confusion Assessment Method. Allied health professionals completed a survey on the patients’ engagement after each therapy session.

##### Results

14 patients have been enrolled in the trial to date, producing over 100 therapy session surveys. Analysis of preliminary results will be presented.

##### Conclusion and clinical implications

This study is the first step towards developing strategies for the effective delivery of rehabilitation to stroke patients in delirium.

### Ms Anne-Marie Banfield and Miss Rosmund Gilden – Winda-Mara Aboriginal Health Services and University of Melbourne, Indigenous Eye Health

Email Ms Anne-Marie Banfield <annemarie@windamara.com>

Email Miss Rosmund Gilden <rgilden@unimelb.edu.au>

#### Abstract title: Closing the gap for vision by 2020: Great South Coast

##### Introduction

National surveys of Aboriginal and Torres Strait Islander eye health are showing significant improvements. In 2008, Indigenous Australians suffered six times more blindness and three times more vision loss than non-Indigenous Australians, yet by 2016 the rates of blindness had been reduced to three times. A national framework, The Roadmap to Close the Gap for Vision (2012), guides much of the work undertaken to deliver these outcomes.

##### Objective

This presentation will highlight initiatives and achievements in Indigenous eye care in the Great South Coast. We will explore the role and contribution of allied health professionals in close the gap for vision.

##### Method

A Great South Coast Indigenous eye health stakeholder group has worked regionally to understand local service pathways, identify gaps, barriers and to ensure better access to eye services. A focus on cultural safety and building of collaborative, strong stakeholder relationships have been key priorities.

##### Results

Roadmap implementation is now occurring in 40 regions across Australia, covering 68% of Australia’s Indigenous population. Eye health outcomes for Indigenous Australians in Great South Coast have improved, with eye examinations and diabetic retinopathy screening rates increasing. In 2016/2017 56% of Type 2 diabetic clients regionally received a comprehensive eye examination.

##### Conclusion

Strong partnerships, culturally appropriate resources and upskilled Aboriginal health workers have achieved significant eye health change in Great South Coast. We can close the gap for vision by 2020 and the support and assistance of allied health is critical for this outcome.

### Mr Simon Buggy – Barwon Child, Youth and Family

Email Mr Simon Buggy <simon.buggy@bcyf.org.au>

#### Abstract title: Alcohol and other drug services integration into a primary care setting

##### Introduction

Barwon Child Youth & Family (BCYF) is a Geelong based community service offering programs across the early years, youth, family, alcohol and drug (AoD) and mental health treatment sectors. Informed by catchment based data, Western Victoria Primary Health Network (WV PHN) commissioned Commonwealth funding to enable increased access to free specialist AoD services and in April 2017. BCYF were funded to deliver “AoD Brief Interventions”.

##### Objective

To extend and decentralise AoD service provision in order to enable improved access for people in rural and regional communities.

##### Methods

BCYF partnered with Stepping Up, the principal state-wide AoD funded service provider as well as Colac Area Health to ensure local knowledge and expertise to deliver services and maximise reach. The challenge to introduce a free specialist AoD service to existing Medical Centres in a way that could add value. Our experience with Headspace Geelong and the Mental Health Nurse Incentive Program where we hold outposts in allied health environments that it was critical to build relationships with practices. We developed dialogue with practice managers and General Practitioners sharing an understanding of opportunities to add a specialist by integrate specialist an AoD service. Working in partnership with WV PHN and leveraging from their institutional intelligence and technology, an existed allied health referral pathway, Referralnet was implemented.

##### Results

Co-location of AoD services to medical centres.

* Consistent and increased referrals from regional areas.

##### Conclusion

AoD service delivery has extended reach significantly to communities in the Geelong, Bellarine, Golden Plains, Surf Coast and Colac regions. Brief Interventions has provided bridging to specialist AoD and mental health services where required.

### Ms Marian Cornett – Moyne Health

Email Ms Marian Cornett <mkcornett@moynehealth.vic.gov.au>

#### Abstract title: Short Term Restorative Care (STRC): Enhancing rural allied health care

##### Introduction

Access to allied health (AH) services improves health outcomes and yet despite those living outside major cities having poorer health, rural Australians have reduced access AH services. Moyne Health Services (MHS) currently holds federal funding to deliver short term, multi-disciplinary packages of care aimed at reversing or slowing functional decline in older people and helping them stay at home and delay or avoid entry to higher level care. Due to the level of funding available through Short Term Restorative Care (STRC). STRC-specific AH resources have been able to be allocated along with management resources facilitating multidisciplinary team management.

##### Objective

To describe the impact of an innovative form of goal-oriented flexible care that provides high intensity short-term allied health therapy on the health of elderly rural clients.

##### Methods

Case study design.

##### Results

Dedicated AH services for STRC clients reduce service demand on the resource for allowing timely and intensive therapy. Sufficient funding to support the purchase of minor equipment and minor home modifications is also highly beneficial and an adjunct to therapy. Management also allows for the inclusion, management and coordination of allied health assistants and a variety of adjunct services providers such as fitness professionals, massage therapist and swim instructors, etc. to be included in the multidisciplinary team to augment allied health interventions.

##### Conclusion

The provision of timely, intensive and coordinated allied health and adjunct services supported by the STRC program can result in better health and quality of life outcomes for older Australians, potentially reducing the burden on health and aged-care services.

### Ms Tameaka Lakey – Ballarat Community Health

Email Ms Tameaka Lakey <tameakal@bchc.org.au>

#### Abstract title: Collaborating to connect at risk youth with oral health care

Although largely preventable, oral disease is one of the most common health problems in Australia. Caused by poor oral hygiene, it is linked to caries and tooth deterioration. Without treatment, the resultant pain, infection and loss of teeth can create difficulty chewing and eating a balanced diet. For young people experiencing homelessness, poor oral health further exacerbates their experience of disadvantage by limiting social networks due to shame and embarrassment, damaging self-esteem and affecting their ability to secure meaningful employment.

This presentation reports on an innovative partnership between Ballarat Community Health (BCH) and Ballarat Health Services Dental Clinic that developed an outreach youth dental clinic at the BCH Lucas site. This model brought together staff from health promotion, dental health and social services to connect youth experiencing or at risk of homelessness with access to dental care in a supportive and safe environment.

Since 2015, 105 clients have received oral health care early intervention and treatment. All examinations included oral health education and free consumables to support daily brushing. Referrals into the clinic were received through BCH and external homeless youth sector organisations across Ballarat. All clients were transported by their case workers to/from the clinic, this was identified as a significant contributor to clients accessing the clinic.

Feedback from participants typically reported that ‘although they knew their dental hygiene was poor and it was painful to eat, still going into dental services was not a priority, therefore without this opportunity, would not have attended the service’.

### Ms Samantha Morley and Ms Madison Pyke – South West Healthcare

Email Ms Samantha Morley <smorley@swh.net.au>

Email Ms Madison Pyke <mpyke@swh.net.au>

#### Abstract title: Intensive home based rehabilitation: The value of allied health assistants

##### Introduction

The intensive homebased rehabilitation program offers a multidisciplinary approach for patients who require intensive rehabilitation, either post-discharge or to prevent an admission. Due to the intensity of the program, a multidisciplinary allied health assistant is required to ensure patients are able meet their rehabilitation goals.

##### Objective

To establish the role of a multidisciplinary allied health assistant as the main therapy provider in intensive home based rehabilitation.

##### Methods

All patients have 2 or more disciplines involved in their care, including physiotherapy, occupational therapy, speech therapy and social work. The intensity of therapy is up to 3 sessions a day per patient, for up to 6 weeks. Each allied health discipline involved was required to develop a range of both clinical and non-clinical competencies for the allied health assistant. Prior to working within the program, the allied health assistant has to be deemed competent across all areas, to ensure safe and consistent care. From here, the allied health assistant can provide intensive multidisciplinary therapy sessions for patients.

##### Results

The allied health assistant is crucial in allowing the intensity of the program to be achieved. In addition, they coordinate appointments, set goals with the client, and provide feedback to the allied health professionals. Ultimately, this reduces the demand on the allied health professionals by providing efficient, yet effective multidisciplinary therapy.

##### Conclusion

A multidisciplinary allied health assistant in the Intensive Home Based Rehabilitation program has ensured consistency of care and efficient use of multidisciplinary resources to assist patients in reaching their goals.

### Mr Adrian Benson – St John of God, Warrnambool Hospital

Email Mr Adrian Benson <adrian.benson@sjog.org.au>

#### Abstract title: Improving balance: Is getting into the water enough?

##### Introduction

Aquatic Physiotherapy delivered in a hydrotherapy pool is a safe and effective therapy for improving strength, mobility and balance in a variety of populations.

##### Objective

Investigate whether the destabilising nature of the aquatic environment provided significant balance training effects, or did program design have a more significant influence and need consideration.

##### Methods

A narrative review of published research was completed from 1994 to 2014 with a systematic search of 4 major databases. 3 systematic reviews, 16 RCT’s and 3 cohort studies met the inclusion criteria were reviewed.

##### Results

Great variety existed in research protocols relating to the frequency, length of session, duration of programs and program content. Not all programs that investigated balance as the primary outcome were able to demonstrate statistically significant improvements. Some but not all research where balance was a secondary outcome showed improvement in balance. Common themes that were evident in programs that reported significant changes in balance, allowed implications for practice to be made.

##### Conclusion

Aquatic programs intending to address falls and balance should incorporate exercises specifically designed to challenge balance as well as other domains such as strength and endurance. Structure should be at least twice per week and of at least 6 weeks duration. Programs should be conducted by trained therapists with knowledge on how to progress and adapt exercises to individual participants.

### Dr Lucio Naccarella – University of Melbourne

Email Dr Lucio Naccarella <l.naccarella@unimelb.edu.au>

#### Abstract title: Optimising the capability of allied health workforce within cancer prehabilitation

##### Introduction

Supportive approaches during cancer prehabilitation that prepare newly diagnosed cancer patients can impact on patient experiences and outcomes. Limited data exists on the contribution of allied health in cancer prehabilitation.

##### Objective

To develop, implement and evaluate the feasibility of an evidence-based cancer prehabilitation intervention to increase allied health support for newly diagnosed cancer patients.

##### Methods

The study comprised of:

1. literature review;
2. clinical data mining of 50 cases at Eastern Health (EH) and Ballarat Health Services (BHS);
3. pre-intervention focus groups with EH and BHS allied health;
4. trimodal intervention and evaluation at EH and BHS; and
5. post-intervention focus groups with EH and BHS allied health.

##### Results

Cancer prehabiltation should include: emotional (stress management) functional (exercise and walking) and nutrition (to promote appropriate weight and adequate protein intake) interventions. 14 people with cancer (9 Breast cancer, 4 Prostate cancer, 1 colorectal cancer) participated in an integrated cancer intervention. Post-intervention patients: increased physical activity levels; required same or less dietetic interventions and reported lower distress levels. Key barriers to allied health roles and embedding cancer prehabilitation into practice: recruiting patients, including cancer prehabilitation within staff EFT, and communicating the benefits of cancer prehabilitation.

##### Conclusion

This study supports supportive cancer care policy plans which identify primary prevention, screening and early detection as key to improving cancer care outcomes. While, the study supports evidence that allied health advanced practices roles (shifting to prevention) can have a positive impact on patient care key practice challenges and research gaps remain.

### Mr Luke Evans – Ballarat Health Services

Email Mr Luke Evans <luke.evans@bhs.org.au>

#### Abstract title: Preoperative exercise intervention for patients with prostate, colon and breast cancer

##### Introduction

Prostate, colorectal and breast cancer are the most commonly diagnosed cancers in Australia and collectively are the leading contributors to cancer-related deaths. Exercise decreases modifiable cancer risk factors and improves long-term cancer-related morbidity and mortality, but previous research has focused only on post-operative interventions. Incorporating pre-operative exercise training to improve physical fitness prior to major oncological surgery may also reduce the likelihood of peri- and post-operative complications.

##### Objective

Determine the safety, feasibility and efficacy of preoperative exercise training in patients with curative prostate, colorectal or breast cancer within the Grampians region.

##### Methods

Eligible participants who are scheduled for major oncological surgery and undergoing medical management at Ballarat Regional Integrated Cancer Centre will be invited to participate in a preoperative exercise programme. The intervention involves cardiovascular and resistance based exercise 2 times per week for 4 weeks, supervised by Exercise Physiologists. Patients who decline the programme will be invited to participate in the control group and will complete the study assessments without receiving the intervention. Patient demographic, treatment, medical and health outcome data will be measured pre and post-intervention, and 30 days post-surgery.

##### Practical implications

This study will provide early evidence about whether preoperative exercise training can improve post-operative outcomes following oncological surgery

##### Conclusion

This will be the first prospective evaluation of preoperative exercise training for cancer patients in a regional setting.

### Ms Janet Yong – Ballarat Health Services

Email Ms Janet Yong <janet.yong@bhs.org.au>

#### Abstract title: Establishing the dietetic service of Commonwealth Home Support Program (CHSP) at Ballarat Health Service

##### Introduction

Malnutrition in the elderly is common and can be associated with adverse medical consequences, contributing to increased risk of frailty, morbidity, hospitalisation and mortality. The Australian government has started the Commonwealth Home Support Program (CHSP) with aim to provide entry-level home support for older people to live as independently and as safely as possible in the community by working on their strengths, capacity and goals including nutrition.

##### Objective

To explore the acceptability of implementing this newly funded dietetic service involving home visits and the efficacy in maintaining the nutritional status of older people living in a regional area.

##### Methods

Survey data was collected to understand client’s perceptions of the CHSP- dietetic service at Ballarat Health Services. surveys included Likert scales, open-ended questions, anthropometric measures and others.

##### Results

There were challenges in establishing this newly funded dietetic service of CHSP and deterrence for accepting this service including interruption of personal space. However overall clients have reported that the program is invaluable and have benefited from the dietetic service.

##### Implications

This new service has also provided the dietitians an opportunity to have a better understanding of their clients’ capacity at home and the impact home environment has on their nutritional status. Further research are required to identify strategies to overcome barriers for accepting the dietetic service of CHSP at Ballarat Health Services.

Presentation abstracts (5 minutes)

## Theme 2 – Create: Creating a new idea or way of delivering a service

### Ms Johanne Walker – Deakin University

Email Ms Johanne Walker <johanne.walker@deakin.edu.au>

#### Abstract title: A novel cycling program for volunteers and aged care residents

##### Introduction

Cycling is a valued occupation that offers practical and social rewards. Cycling Without Age (CWA) is a novel program, developed in Denmark. Older individuals are provided cycling opportunities as trishaw passengers, whilst guided by volunteer pilots. The value of CWA on individuals and the culture within aged care facilities is yet to be evaluated.

##### Objective

We propose to examine the experience of CWA on organisers and pilots and their perception of CWA on passengers and the culture within aged care facilities. Taking a global approach, we will conveniently recruit from various international chapters. Our presentation will inform the conference theme of ‘engage, create and connect’ by sharing information regarding this novel and compelling program.

##### Methods

A sequential mixed methods approach will be adopted, recruiting 87 CWA members using an online survey to gather quantitative data. Data obtained from the survey will direct the second element of the research with six participants taking part in face-to-face interviews, using a phenomenological approach. Such qualitative data will complement the quantitative data by providing depth and nuance.

##### Results

Data analysis will explore relationships between the different chapters and the effect on aged care culture. The qualitative data will be themed and subsequently used to supplement the quantitative data. We hypothesise that CWA will have positive effects on individuals and aged care residential settings.

##### Conclusion

This research will explore the experiences of CWA organisers and volunteers. Understanding the value of CWA will assist allied health professionals in their role as innovators within healthcare settings.

### Ms Amanda Jones – Barwon Health

Email Ms Amanda Jones <amandajo@barwonhealth.org.au>

#### Abstract title: National Disability Insurance Scheme (NDIS) in community health and private practice: A dietetic perspective

The creation of the National Disability Insurance Scheme (NDIS) has dramatically changed allied health practice and their engagement with people with disability. In July 2013, the Barwon region commenced as one of four national NDIS trial sites.

With the current nationwide implementation of the NDIS, it is timely to share the learnings and challenges of working as an allied health practitioner under this new funding system. Dietetics is often not immediately considered as a core allied health discipline involved in the management of people with disability although it can provide the crucial element to achieving an individual’s personal goals, support their independence with nourishing the ability to actively participate in the community and support lifelong health.

We will journey through the NDIS language, useful tools and resources, connecting with other disciplines, flexible practice and being able to work outside the square to achieve the best outcomes. The importance of the role of advocating for access to dietetic services for people with disability will be explored. Adapting and embracing the challenges of the new NDIS funding system is vital to the long term wellbeing of one of our most vulnerable client groups, not only in dietetics but in all realms of allied health.

### Ms Susan Eaton – Ballarat Health Services

Email Ms Susan Eaton <suee@bhs.org.au>

#### Abstract title: Implementation of a lymphoedema surveillance program in a regional hospital

##### Introduction

The Australasian Lymphology Association endorses early detection and management of sub-clinical lymphoedema to reduce the long-term physical, functional and psychological effects. This pilot project involved the implementation of a Lymphoedema Surveillance Program (LSP) within the Surgical Breast Clinic (SBC) utilizing an advanced practice allied health assistant.

##### Objectives

To determine the acceptability and feasibility of assessing patients pre-operatively in the SBC for staff and patients.

##### Methods / intervention

Train an allied health assistant to perform baseline measures (circumferential measures and bio-impedance analysis) and provide basic patient education. All new breast cancer patients seen in the SBC, who were recommended for surgery as a first-line treatment, were invited to participate. Patients and staff in the SBC were invited to complete satisfaction surveys. Data was collected for all new breast cancer patients seen between October 2016-March 2017.

##### Results

35 patients participated in the project. Most patients (30/32, 94%) indicated they preferred to have their assessment completed on the day in the Breast Clinic and (29/31) 94% rated the overall experience as 5/5. Most staff (8/9, 89%) strongly agreed with the statement “I support the implementation of the LSP.” Patients have been followed up and outcomes at up to 18 months will be presented.

##### Clinical implications

The LSP facilitates the early diagnosis of lymphoedema and was acceptable and feasible to patients and staff.

##### Conclusion

The introduction of the LSP has been a valuable addition to the holistic management of breast cancer patients in the Grampians Region.

### Ms Jane Hurley – South West Healthcare

Email Ms Jane Hurley <jhurley@swh.net.au>

#### Abstract title: Improving the model of care for Gestational Diabetes Mellitus

##### Introduction

In 2014 the Australian diagnostic criteria for Gestational Diabetes Mellitus was lowered, resulting in an increased demand for dietetic outpatient services at South West Healthcare. In order to accommodate this demand, a redesign of the existing dietetic outpatient service was required, to ensure clients were able to access the service in accordance with best practice guidelines.

##### Objective

To provide an outpatient dietetic service for Gestational Diabetes Mellitus in line with evidenced base practice.

##### Methods

An existing acute outpatient clinic was relocated to the Women’s Health Clinic, located at South West Healthcare. The relocation occurred in collaboration with the diabetes nurse educators, to allow for joint consults for clients with Gestational Diabetes Mellitus, after their scheduled obstetrician review.

##### Results

The change in diagnostic criteria, along with the restructure of the dietetic outpatient service saw a 42% increase in the number of Gestational Diabetes Mellitus clients accessing dietetic services at South West Healthcare from 2015-2016. Despite this, clients are now able to access the dietetic service more frequently, in line with evidenced based practice. Over the 2015-2016 period it was also observed that insulin commencement rates amongst Gestational Diabetes Mellitus clients reduced by 24%, warranting further investigation.

##### Conclusion

The redesign of the dietetic outpatient service for Gestational Diabetes Mellitus improved the model of care at South West Healthcare, with clients now receiving a service in accordance with best practice guidelines. Further investigations into the impact this has had on clinical outcomes is currently being explored.

### Ms Erin O’Shanassy – Barwon Health

Email Ms Erin O’Shanassy <eoshan@barwonhealth.org.au>

#### Abstract title: Evaluation of a competency training package for XSENSOR®

##### Introduction

The XSENSOR® is a clinical tool used to assist in measuring interface pressures that occur between patients and their contact surfaces. Since acquiring this tool in 2013 Barwon Health occupational therapists (OTs) have found this to be a beneficial adjunct to current pressure care assessment, education, and management. To ensure best practice across the continuum of care, it was important for all therapists to be trained and competent to use the XSENSOR®. In the absence of available external training, Barwon Health OTs and Deakin University students developed, a competency training package for using the XSENSOR®.

##### Objective

To trial and evaluate the use of a competency training package to improve Barwon Health occupational therapists knowledge, skills and confidence, in the use of the XSENSOR® for pressure mapping.

##### Methods

Occupational therapists working across subacute inpatient and outpatient rehabilitation will complete the competency training package, over three 1 hour sessions. The sessions will include demonstration from a trained therapist, and 2 supervised sessions focussing on XSENSOR® care, XSENSOR® measurement, XSENSOR® data analysis and reporting. The competency package will be evaluated using a pre and post survey of staff’s self-rating of knowledge, skills and confidence in using the x-sensor. Qualitative Feedback from staff will also be collected.

##### Results / conclusion

Preliminary results and recommendations of the evaluation of the XSENSOR® competency training package will be presented.

### Miss Lisa Edwards – Barwon Health

Email Miss Lisa Edwards <lisaed@barwonhealth.org.au>

#### Abstract title: Investigating the safe positioning of clients in podiatry clinics

Introduction: Clients attending clinics may require various forms of assistance with mobility to be positioned for podiatry assessment and treatment. Some innocuous techniques of assisting a client may put the clinician at risk of a manual handling injury.

##### Objectives

To investigate the current equipment utilised in podiatry clinics to assist clinicians to reduce the risk of manual handing injuries related to client care.

To write specific case examples to demonstrate relevant scenarios in which a podiatrist may be situated in a clinical environment.

* To advocate for the purchase and use of appropriate equipment to reduce manual handling injuries within the workplace.

##### Methods

Interview staff about clinical scenarios that require the use of manual handling techniques specific to a podiatry consultation. Collate equipment lists from clinicians working at each of the podiatry clinics across acute, sub-acute rehabilitation, community health and aged care.

##### Results

Staff attend an initial comprehensive education and training session on commencement of work at Barwon Health. Staff complete an annual update with the addition of discipline-specific examples that are relevant to the clinic environment parameters in which they work.

##### Conclusion

Risk of manual handling injuries related to client care may be potentially reduced with in-depth and relevant investigation of scenarios and equipment specific to the discipline.

### Ms Simone Meade – Ballarat Health Services

Email Ms Simone Meade <simone.meade@bhs.org.au>

#### Abstract title: Building momentum: Strengthening Hospitals Responses to Family Violence (SHRFV)

##### Background

In the 2016/17 financial year 76,500 incidents of family violence were reported to Victoria police; 4057 in the Grampians region. The health sector is a critical entry point for identifying family violence. Research indicates an under identification of family violence in hospital settings and a need to increase the knowledge and skills of staff to identify, respond and refer. The Strengthening Hospital Responses to Family Violence (SHRFV) initiative is a system wide approach to embedding the practice of identifying and responding to family violence in the hospital setting. A community of practice (CoP), involving Ballarat Health Services and seven additional health services had been established to support implementation of the SHRFV initiative.

##### Objective

To determine the acceptability and feasibility of a CoP to promote best practice implementation of the SHRFV in the Grampians region.

##### Methods

The CoP is a “group of people who share a concern, set of problems, or passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” Held quarterly for four hours, the CoP provides opportunities to network, access resources to improve practice and facilitates the exchange of skills, knowledge and problem solving approaches. Eight publicly funded health services participate. The CoP will be evaluated via facilitated reflection and post session surveys.

##### Results

2 sessions have been held with strong engagement across services. Initial feedback indicates value in sharing knowledge and devising shared approaches to practice. Intended implications for practice are the coordinated implementation of the ‘best practice model’, an increase in identification of family violence, an effective response and improved referral.

##### Conclusion

The CoP is a multidisciplinary forum connecting various health services to inform and improve hospital responses to family violence.

### Ms Kate Van Berkel and Mr Matthew Ely – Barwon Health

Email Ms Kate Van Berkel <kate.vanberkel@barwonhealth.org.au>

Email Mr Matthew Ely <matthew.ely@barwonhealth.org.au>

#### Abstract title: One consultation, four disciplines: A model for inter-professional cancer cachexia management

##### Introduction

Cancer cachexia is a wasting condition effecting 50%–80% of cancer patients, associated with decreased skeletal muscle, quality of life, and survival. The Barwon Health Cachexia and Nutrition Support Service (CNSS) aims to improve clinical outcomes and quality of life for people with cancer cachexia.

##### Objective

To describe changes made to the CNSS to make it a person-centred inter-disciplinary service.

##### Methods

Initially the clinic operated on a different campus to cancer services on a weekly basis when patients had three consecutive appointments with palliative medicine physician and nurse practitioner, followed by a dietitian and physiotherapist. The format of the service changed to include all disciplines in the same room at the same time and the service was moved to be co-located with cancer services in Barwon Health.

##### Results

Changes to the service have resulted in a shorter total consultation time (100 and 40 minutes less for initial assessment and review respectively). Co-location has resulted in more timely referrals, 50% growth in patient numbers and increased clinic capacity. This has reduced repetition, improved communication and allowed for shared goal setting as well as promoting inter-professional learning. A qualitative study underway has demonstrated overall satisfaction with service format.

##### Conclusion

An inter-disciplinary combined service with all clinicians in the right location together creates a true person-centred clinic.

### Ms Eliz Rhook – Hepburn Health Service

Email Ms Eliz Rhook <elizabethr@hhs.vic.gov.au>

#### Abstract title: Foot health in cancer care: Introducing podiatry

##### Introduction

Many allied health disciplines have important and increasing roles in cancer care by addressing the consequences of cancer and its treatment during and beyond a diagnosis. One overlooked discipline, however, is that of podiatry. Exercise and increased physical activity are recommendations for cancer treatment. Peripheral neuropathy, nail toxicities and hand and foot syndrome are treatment-related side effects which impact on clients’ capacity for that exercise and physical activity. Podiatrists have a strong educative, support and treatment capacity to address these often-distressing symptoms.

##### Objectives

A Grampians region project is raising the profile of podiatry by adapting an existing Home and Community Care Foot Care Package, working with Cancer Council Victoria to integrate a foot health component into their survivorship program, increasing awareness of treatment-related foot problems with clients, preparing a regional education presentation for cancer professionals and surveying regional podiatrists.

##### Methods

The multidisciplinary project team meet regularly via videoconference. Resources produced so far are a client self-management foot health checklist including treatment and referral recommendations, a podiatrist survey to gauge the cancer-related problems encountered in their practice and a ‘rapid-fire’ presentation on foot health for health professionals.

##### Results

The retrospective podiatrist survey results indicate that clinicians do see patients with treatment-related problems. A prospective study would more accurately gauge the number of clients. Feedback from the rapid-fire session to over 30 health professionals has heightened interest in the topic.

##### Conclusion

Foot problems appear to be prevalent and inconvenient, integration of podiatry into cancer care will take time.

### Ms Carly McKew – South West Healthcare

Email: Ms Carly McKew <cmckew@swh.net.au>

#### Abstract title: South West Healthcare community health divisional assessment tool

##### Introduction

South West Healthcare (SWH) Primary and Community Services (P&CS) division is adopting an integrated Model of Care (MoC). The primary goal of the MoC is to enhance the quality of services provided to clients through consistent client centered care practices. The MoC initiative incorporates all aspects of a person’s journey from access and initial contact through to self-management/transition and discharge. The focus of this presentation relates to the initial needs and assessment phase of the person’s journey.

##### Objectives

Establish a divisional assessment tool which is holistic, consistent, however flexible.

* Develop an associated framework and education plan to ensure successful implementation and sustainability.

##### Methods

A multidisciplinary/divisional working group utilised the following: staff consultation, consumer engagement, care journey audits, benchmarking, and current state analysis to develop solutions for trial.

##### Results

The resulting solution is for a standardised but flexible electronic, live holistic assessment tool. The Holistic Needs Assessment utilises an electronic template which is completed within progress notes in the electronic health record. Following results of the initial trial amendments to the assessment template, framework and education have been made.

##### Conclusion

Currently we are in the second trial of rolling out the Holistic Needs Assessment. Although the trial and planned implementation continues, the care planning component of the MoC initiative is now in progress.

Presentation abstracts (5 minutes)

## Theme 3 – Connect: Connecting staff in the workplace

### Ms Emma Edwards – Barwon Health

Email Ms Emma Edwards <EMMAWI@barwonhealth.org.au>

#### Abstract title: Strategies to enhance physiotherapy student engagement in non-metropolitan clinical placements

##### Introduction

In Australia, there are significant challenges to recruiting and retaining the rural and regional health workforce. There is evidence to suggest that students who have had positive clinical placements in these areas will be more likely to seek employment in non-metropolitan areas on graduation. As the demand for physiotherapy clinical placements increases, there is an urgent need to utilise all geographical areas and provide students with positive learning experiences outside of non-metropolitan areas.

##### Objective

This study aimed to investigate strategies that universities and health services can use to maximise physiotherapy student engagement in non‑metropolitan placements.

##### Methods

Mixed methods research design combining focus groups and surveys. Quantitative data were summarised with descriptive statistics. Qualitative data were analysed using thematic analysis, synthesising the perspectives of student and clinical educators.

##### Results

At the commencement of their physiotherapy course, interest in undertaking a non-metropolitan clinical placement was higher for students with a non-metropolitan upbringing. Concerns about attending non-metropolitan sites included finances, change in living situation, and perceived inferior quality of clinical education. After completing a non-metropolitan placement, four themes were identified in an analysis of student and educator perceptions: individual factors, clinical experience, logistical challenges and strategies for success.

##### Conclusion

Strategies that were perceived to enhance student engagement in non-metropolitan placements included: tailoring preparation for students, paired rather than individual placements and near-peer presentations for physiotherapy students prior to undertaking non-metropolitan placements. Dedicated clinical coordinator positions at non-metropolitan sites and assistance in accessing affordable accommodation are likely to positively influence the student experience.

### Ms Kathryn Vick – Barwon Health

Email Ms Kathryn Vick <kathrynn@barwonhealth.org.au>

#### Abstract title: Reflecting on the allied health graduate program: 4 years on

For allied health professionals at the beginning of their careers, there are many challenges occurring during the transition from student life to life as an employee in a busy client focussed setting. Our allied health clinical education and training team has been running a specialised program for early graduates since 2014, supported by funding from the Department of Health and Human Services. This program is interdisciplinary and includes graduates in the Barwon South West Region via a cluster agreement.

The program is now in full swing with 2 annual intakes of graduates learning and working together on topics such as: teamwork and collaboration, reflective practice, understanding professional roles and responsibilities, and the importance of safety and quality in healthcare. Peer learning across disciplines enables individuals going through a similar experience to share, debrief and focus on common issues and challenges and become a support to each other as they settle in to life in the workforce.

Feedback from the 2017 cohort reveals some interesting themes include; hearing from past participants, networking and peer support, facilitator teaching and mentoring and active involvement in workshops. The most popular topics include self-care and burnout, interprofessional communication and understanding the healthcare system. A strong majority of participants revealed they would recommend the program to others.

### Mrs Charmaine Swanson – University of Melbourne, Department of Rural Health

Email Mrs Charmaine Swanson <charmaine.swanson@unimelb.edu.au>

#### Abstract title: Going Rural Health (GRH): Making rural student placement work for all

##### Introduction

Going Rural Health (GRH) is a Commonwealth funded program working to support nursing and allied health students from any recognised university whilst on their rural clinical placement. The program has operated across three regions of Victoria for the last eighteen months, and includes the Ballarat and Grampians region.

##### Objectives

To describe the approach taken by the Ballarat GRH team to support nursing and allied health students in a quality experience whilst on a rural placement and to strengthen the influence of the placement on their future decision to seek employment in a rural context (Brown et al 2017).

##### Methods

Student, supervisor, placement site and university placement coordinator comments (spoken and email) were examined for their content, with reference to the effectiveness of the student support provided by the GRH team.

##### Results

Students supported by the program have reported feeling less financial burden, developing context specific skills and experiencing their contribution, in a meaningful way, to rural health care needs. Placement sites reported feeling supported and seen their community benefit from student projects. University departments reported valuing new opportunities for students to gain rural health experience.

##### Conclusion

The Going Rural Health program has addressed rural health workforce needs through positive student placement experiences in rural Victoria and evidence the far reaching benefits of this support.

##### References

1. Brown, L; Smith, T; Wakely, L; Wolfgang, R; Little, A; & Burrows, J (2017). Longitudinal tracking of workplace outcomes for undergraduate allied health students undertaking placements in rural Australia. Journal of Allied Health 46(2), pp 79–87

### Ms Courtney Seipolt and Mr David Kerr – Wimmera Health Care Group

Email Ms Courtney Seipolt <courtney.seipolt@whcg.org.au>

Email Mr David Kerr <david.kerr@whcg.org.au>

#### Abstract title: Western cluster: Allied health early career program

##### Introduction

Allied health new graduates have been identified as requiring significant support in their transition to practice. The pressures on new graduate allied health professionals in a rural setting are also often compounded as there is more limited access to supportive professional networks and professional development. As a response to this information, the Western Cluster – Allied Health Early Career Program (WCAHEP) commenced at Wimmera Health Care Group (WHCG) in 2015.

##### Objective

The aim of the program is to support rural new graduate and early career clinicians in their transition to public health through a series of targeted professional development workshops.

##### Methods

The development of the WCAHEP was based on the State-wide interprofessional allied health graduate manual (Northern Health) and a similar program run by Ballarat Health Service to meet the needs of the clinicians working in rural and remote areas, often as sole clinicians. The format of the program has been adapted and modified by WHCG with the assistance of Ballarat Health Service and feedback from participants to suit rural clinicians working in the Western Cluster.

##### Results / practical implications

WHCG used a consistent evaluation framework for each session in the program. The following is a summary of collated participant feedback for the entire program. The scale used for measuring participant feedback was 1 = Strongly Disagree, 4 = Neutral and 7 = Strongly Agree. Since the program has been run independently from 2016 onwards, feedback has been consistently positive and has been trending up with feedback-based refinement of the program.

##### Conclusion

The Western cluster – Allied Health Early Career Program has shown the value of providing a platform for supervised peer to peer support with a focus of rural public health.

### Mrs Anna Densley and Ms Lisa Worden – South West Healthcare

Email Mrs Anna Densley <adensley@swh.net.au>

Email Ms Lisa Worden <lworden@swh.net.au>

#### Abstract title: Supporting rural professional collaboration: Occupational therapy networking in southwest Victoria

##### Introduction

One of the identified issues challenging allied health practice, in remote and rural areas, is professional isolation. Hodgson & Berrl (1991) and Bent (1999) found that inter-professional cooperation and wider networking opportunities were integral to survival of allied health professionals in remote and rural service delivery.

##### Objective and method

Due to professional isolation and expanding workforce, Southwest Healthcare’s occupational therapy (OT) department developed a discipline specific networking group for regional OT’s. The group’s goals were to enable collaboration, professional support and opportunities for professional development. This group became known as SWOT (Southwest Occupational Therapists). The group has met formally and informally, and has associated clinical special interest group. The group was established without any affiliation to a paid professional association and membership is free.

##### Results

The group has evolved from having 40 members from 14 different organisations in 2015 to 72 members from 24 organisations at present. It has been proven that clinicians have found the group to be moderately to extremely useful in terms of enhancing opportunities for professional networking, sharing resources, exposure to professional development and enhancing clients connectivity of care.

##### Conclusion

SWOT group has established itself as an inclusive and supportive professional group that is providing support to regional and rural occupational therapists.

### Dr Deborah Greenslade and Ms Gemma Siemensma – Ballarat Community Health and Ballarat Health Services

Email Dr Deborah Greenslade <deborahg@bchc.org.au>

Email Ms Gemma Siemensma <Gemma.Siemensma@bhs.org.au>

#### Abstract title: Engaging with the evidence in a community health setting

Ballarat Community Health (BCH) aims to deliver high quality health services and programs that are informed by the latest evidence and regularly reviewed and evaluated. Capacity to achieve this is impacted by a range of factors which can act as enablers or barriers.

In 2016, staff access to the latest research evidence was identified as a significant barrier. Unless staff were affiliated with a university through teaching or study, access to research literature was limited. Although all staff had access to some journal databases through the Clinicians Health Channel, this was limited and many staff lacked the skills to search the databases which were often viewed as complex and difficult to navigate. In 2017, BCH entered into an agreement with Ballarat Health Services (BHS) to provide staff access to their health library. The library agreement provides streamlined access to a specialised health library and to professional health librarians who assist BCH staff to locate journal articles, provide literature searches and access to table of contents alerts for journals. Targeted training sessions were also delivered to BCH staff under the agreement, providing guidance on using the service, navigating the Clinicians Health Channel and strategies to assist staff to keep up-to-date in their professional area.

Staff feedback to the initiative has been very positive, with reported benefits including time effective access to the latest research evidence. Evaluation of staff use of the service revealed staff have requested literature searches to inform research projects, program planning, service delivery and funding submissions.

### Mr John Brooks and Mrs Liz Robinson – South West Healthcare and Bellarine Community Health

Email Mr John Brooks <jbrooks@swh.net.au>

Email Mrs Liz Robinson <liz.robinson@bch.org.au>

#### Abstract title: Allied health assistants connecting together

##### Introduction

Feedback indicated that Allied Health Assistants (AHA) in Barwon South West region felt there was a significant gap in professional development opportunities and hands-on learning. This was particularly relevant to AHAs in regional and remote areas. It was proposed that the AHA workforce could drive and implement a framework for professional development and provide upskilling opportunities in an AHA specific conference in the Barwon South West region.

##### Objective / method

Whilst continuing to build on the existing AHA training and networking frameworks, a one day conference designed and organised by the AHA workforce ,enabled upskilling in a wide variety of clinical areas including occupational therapy, speech pathology, physiotherapy and general wellbeing.

##### Results

44 AHAs attended the conference, extending from Bellarine to Hamilton. The evaluation showed that 100% of attendees agreed that it was a worthwhile experience and 92% now feel more connected as an AHA workforce. Over 90 per cent of attendees agreed that the hands-on learning and upskilling were beneficial.

##### Conclusion

As a network AHAs are able to drive their own professional development, connect and support each other and enhance their hands-on skill development.