



FESTIVAL OF
**CONTAGIOUS
IDEAS** 2016

PROGRAM 2016

27 / 28 OCTOBER
EXHIBITION HALL 5
SYDNEY OLYMPIC PARK



Health

NEW SOUTH WALES
HEALTH INNOVATION
Symposium **2016**



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**CONTAGIOUS
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NEW SOUTH WALES
HEALTH INNOVATION
Symposium 2016

11.00 REGISTRATION OPENS (LIGHT LUNCH SERVED)

12.00 SYMPOSIUM OPENING

Master of Ceremonies, Dr Norman Swan

Welcome to Country

12.05 Opening addresses

12.05 The Hon Jillian Skinner MP, Minister for Health

12.15 Elizabeth Koff, Secretary, NSW Health

12.30 SESSION ONE: Keeping people healthy

PLENARY SESSION

Chair: Dr Jeremy McAnulty

A/Chief Health Officer and Deputy Secretary,
Population and Public Health
NSW Ministry of Health

BREAKOUT SESSION

Chair: Stewart Dowrick

Chief Executive, Mid North Coast Local Health District

12.30 Make Healthy Normal: Reducing childhood obesity

Dr Katherine Samaras, Professor of Medicine,
University of NSW, senior staff specialist, Department
of Endocrinology, St Vincent's Hospital

Anita Truninger, Health Director, Social Policy Group,
NSW Department of Premier and Cabinet

Amanda Larkin, Chief Executive, South Western
Sydney Local Health District

Leesa Kaimoana, Go4Fun Program Leader, Consumer
Go4Fun program

1.10 60 CONTAGIOUS SECONDS

1.15 HIV: Redesign reimaged

Dr Phillip Read, Acting Director and staff specialist, Kirketon
Road Centre

Nicolas Parkhill, Chief Executive Officer, ACON

Dr Andrew Knight, Chair of the Nepean Blue Mountains
Primary Health Network and a Staff Specialist and
Conjoint Senior Lecturer at the Fairfield GP Unit
and University of NSW

Dr Teresa Anderson, Chief Executive, Sydney Local
Health District

1.35 60 CONTAGIOUS SECONDS

1.40 Healthdirect services

Mary Byrne, Service Director, Healthdirect Australia

Allan Loudfoot, Executive Director, Clinical Services,
Ambulance NSW

Pathways to Community Living Initiative

Deborah Hoban, Senior Project Manager, PCLI, NSW Ministry of Health

Phil Escott, Peer Support Worker, Mobile Rehabilitation Team,
Sydney Local Health District

Ian Rawson, District Clinical Coordinator, Specialist Mental Health
Services for Older People, Western NSW Local Health District

Damien McCaul, Project Manager, InforMH, Health System
Information and Performance Reporting, NSW Ministry of Health

LifemilesGOLD: Better access to oral health care

Anne Pritchard, Clinical Leader Oral Health Quality and Information
Systems, Southern NSW Local Health District

Healthy Smiles Healthy Kids

Dr Amit Arora, Honorary Research Fellow, Sydney Dental Hospital, Oral
Health Service, Sydney Local Health District

Take Blaktion: Using comedy for better health

Sallie Cairnduff, Public Health Manager, Aboriginal Health and Medical
Research Council of NSW

Gemma Hearnshaw, Project Manager, NSW STI Programs Unit, Centre
for Population Health, NSW Ministry of Health

2.00 AFTERNOON TEA

2.30 SESSION TWO: Providing world-class clinical care

Chair: Susan Pearce
Deputy Secretary, System Purchasing and Performance Division
NSW Ministry of Health

2.30 Lighting the way

Managing increasing aged care presentations with GRACE - Geriatric Rapid Acute Care Evaluation Service Model

Dr Clare Skinner, Director of Emergency Medicine, Hornsby Kuring-Gai Hospital, Northern Sydney Local Health District

Aged Care Emergency (ACE) Model

Jacqueline Hewitt, Aged Care Emergency Clinical Nurse Consultant, Patient Flow Unit, Hunter New England Local Health District

Advance care planning

Anne Meller, Chief Investigator and Clinical Nurse Consultant, Advance Care Planning, South Eastern Sydney Local Health District

3.10 60 CONTAGIOUS SECONDS

3.15 Emergency Shines: Meeting emergency department targets

Susan Pearce, Deputy Secretary, System Purchasing and Performance Division, NSW Ministry of Health

Deborah Willcox, Director of Operations, Sydney Local Health District, and General Manager, Royal Prince Alfred Hospital

Professor Paul Torzillo, Clinical Director Critical Care and Executive Clinical Director, Royal Prince Alfred Hospital

Paul Tonge, Manager Sustainable Access and Patient Flow, Service Delivery, NSW Ambulance

Ray Messom, Executive Director, Health System Information and Performance Reporting Branch, NSW Ministry of Health

3.55 60 CONTAGIOUS SECONDS

4.00 Cutting edge work

Sensible test ordering project STOP

Dawn Fowler, Organisational Performance Support Manager, South Eastern Sydney Local Health District

Simone Kelly, STOP Project Officer, Sutherland Hospital, South Eastern Sydney Local Health District

SeedTracker: Targeting prostate cancer for high precision radiotherapy

Dr Sankar Arumugam, Sr Medical Physics Specialist, Liverpool and Macarthur Cancer Therapy Centres, South Western Sydney Local Health District

Dr Mark Sidhom, Radiation Oncologist, Liverpool and Macarthur Cancer Therapy Centres, South Western Sydney Local Health District

Hypofractionated post mastectomy radiotherapy

Dr Carmen Hansen, Radiation Oncologist MBBS FRANZCR, Mid North Coast Cancer Institute, Mid North Coast Local Health District

Joshua Mortimer, Honours research student, Mid North Coast Local Health District

4.55 Closing Remarks: Minister for Health

5.00 DAY ONE CONCLUDES

NETWORKING OPPORTUNITY

9.00 SYMPOSIUM OPENS

Master of Ceremonies, Dr Norman Swan

9.10 **Key note: Supporting and harnessing research and innovation** **Genomics in the clinic: A revolution for healthcare and medical research**

Associate Professor Marcel Dinger, CEO, Genome.One

Head, Kinghorn Centre for Clinical Genomics, Garvan Institute of Medical Research

Associate Professor, St Vincent's Clinical School, UNSW Australia

ProCan™: A new approach to cancer diagnosis and treatment options

Professor Phil Robinson, Head of the Cell Signalling Unit, Children's Medical Research Institute

10.00 **ON THE COUCH WITH THE MINISTER AND SECRETARY**

10.30 MORNING TEA

11.00 SESSION ONE: Delivering truly integrated care

PLENARY SESSION

Chair: Elizabeth Koff

Secretary, NSW Health

BREAKOUT SESSION

Chair: Danny O'Connor

Chief Executive, Western Sydney Local Health District

11.00 **60 CONTAGIOUS SECONDS**

11.05 **Under construction – building the patient centred medical home**

Dr Vahid Saberi, Chief Executive Officer, North Coast

Primary Health Network

Adjunct Associate Professor Walter Kmet, Chief

Executive Officer, WentWest

Where are they now?

Electronic medication management at Concord Hospital - 2015 Recipient of the Minister for Health Award for Innovation

Sydney Local Health District

Jackie Laurens, Nurse Manager, Performance Management Unit/eMeds
Nursing Lead, Concord Hospital

Rosemary Burke, Director of Pharmacy, Concord Hospital

A public-private rural physiotherapy service - 2015 Recipient of the NSW Health Secretary Award for Integrated care

Murrumbidgee Local Health District

Emily Farquhar, Physiotherapy Advisor

Jeremy Carr, Principal Physiotherapist at Back on Track Physiotherapy

Enduring client discharge project - 2015 Recipient of the Minister for Mental Health Award for Excellence in the Provision of Mental Health Services

Southern NSW Local Health District

Rose Roberts, Nurse Manager, Inpatient Services, Mental Health Drug & Alcohol

11.35 60 CONTAGIOUS SECONDS

11.40 Innovation in integrated care

Scott McLachlan, Chief Executive, Western NSW Local Health District

Kids Guided Personalised Services

Lisa Altman, Integrated Care Manager, The Sydney Children's Hospitals Network

11.30 Unplanned readmissions project

Renee Droguett, Manager, Activity Based Management, Performance and Casemix, Strategy and Innovation, Central Coast Local Health District

Ben Roberts, Acting After Hours Nurse Manager, Central Coast Local Health District Mental Health Services, Central Coast Local Health District

12.00 LUNCH

12.45 SESSION TWO: Enabling eHealth/Designing and building future-focused infrastructure

PLENARY SESSION

Chair: Dr Zoran Bolevich
Chief Executive, Chief Information Officer,
eHealth NSW

BREAKOUT SESSION

Chair: Wayne Jones
Chief Executive, Northern NSW Local Health District

12.45 60 CONTAGIOUS SECONDS

12.50 eHealth: Getting strategy right

Dr Monica Trujillo, Executive General Manager, Clinical and Consumer Engagement and Clinical Governance, Chief Clinical Information Officer, Australian Digital Health Agency

Dr Zoran Bolevich, Chief Executive, Chief Information Officer, eHealth NSW

Psychogeriatric SOS: e-Outreach for rural Australia by clinicians for clinicians

St Vincent's Health Network

Dr Louisa Norrie, Acting Director Psychogeriatrics, St Vincent's Hospital Sydney

Dr Jacqueline Huber, Advanced Trainee Psychiatry of Old Age, Project Manager Psychogeriatric SOS, St Vincent's Hospital Sydney

1.30 Hub and Spoke model of dialysis

Leanne Kelly, Nursing Unit Manager, Nambucca Valley Dialysis Unit, Mid North Coast Local Health District

Building our future together: The Blacktown and Mount Druitt hospitals expansion project

Andrew Paris, Project Director, Health Infrastructure

Peter Rophail, Director of Operational Design at Blacktown and Mount Druitt Hospital, Western Sydney Local Health District

1.25 Child-at-Risk electronic medical record alert

Rosemaria Flaherty, Child Protection Manager, Northern NSW Local Health District

2.00 SESSION THREE: Supporting and developing our workforce

Chair: Karen Crawshaw PSM
Deputy Secretary, Governance, Workforce and Corporate, NSW Ministry of Health

2.00 60 CONTAGIOUS SECONDS

2.05 Improving the focus on safety and quality

Karen Crawshaw PSM Deputy Secretary Governance, Workforce and Corporate, NSW Ministry of Health

BeSafe; BeWell; BeFit - Embedding a high performing health and safety culture at Murrumbidgee Local Health District

Meredith McClelland, Manager Work Health Safety & Wellbeing, Murrumbidgee Local Health District Workforce Services

Clinicians and managers improving the care experience

Jacqueline Cross, Chief Nursing and Midwifery Officer, NSW Ministry of Health

Robert Bavcevic, Nursing Unit Manager, Liverpool Hospital, South Western Sydney Local Health District

Professor Donald MacLellan, Acting Chief Executive, NSW Agency for Clinical Innovation

Peter Rophail, Director of Operational Design at Blacktown and Mount Druitt Hospital, Western Sydney Local Health District

Adjunct Professor Annette Solman, Chief Executive, Health Education and Training Institute

Dr Emma McCahon, Director of Clinical Operations, The Sydney Children's Hospitals Network

Carrie Marr, Chief Executive, NSW Clinical Excellence Commission

Dr Mark Kol, Acting Director, Intensive Care Services, Concord Repatriation Hospital, Sydney Local Health District

3.00 AFTERNOON TEA

3.30 SESSION FOUR

3.30 People's Choice Award

3.40 The Pitch: Transforming health through digital technology or built environments

4.10 Closing remarks: Minister for Health

4.15 SYMPOSIUM CONCLUDES



FESTIVAL OF
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AWARD FINALISTS

Patients as Partners

Integrated Health Care

Translational Research

Bob Leece Transforming Health Award

Enhancing the Patients' Experience through the Arts

Local Solutions

Preventive Health

Harry Collins Award

Collaborative Team

Volunteer of the Year

Staff Member of the Year

Collaborative Leader of the Year



PATIENTS AS PARTNERS



Caring for our carers
Western Sydney Local Health District

PATIENTS AS PARTNERS



01

MID NORTH COAST LOCAL HEALTH DISTRICT

Aboriginal wellbeing hospital discharge journey booklet

The Aboriginal Wellbeing Hospital Discharge Journey booklet came from one of our Aboriginal Health Workers who had concerns about the gaps in the discharge journey for Aboriginal people in the Mid North Coast Local Health District.

A plan was developed and funding was obtained from the “Big Ideas Project” to develop this cultural resource and to improve patient stay and discharge experience.

The aim was to “improve the discharge journey of Aboriginal patients, families and carers from the hospitals within the Mid North Coast Local Health District”. The method used was the clinical redesign process involving diagnostics, solutions, implementation and evaluation.

Since the implementation of the Aboriginal Wellbeing Hospital Discharge Journey booklet, other hospitals and local health districts developed their own versions of the booklet.



02

SYDNEY LOCAL HEALTH DISTRICT

Supporting families after infant loss – multidisciplinary clinic

Infant loss is a devastating life event, around 80 families per year in the Sydney Local Health District experience stillbirth or neonatal death with a lack of community support.

The Sydney Stillbirth Study used data from bereaved families and demonstrated the need for family hospital follow up including being seen for longer, in a space not near pregnant women and the need for specialised bereavement support.

Canterbury-Hurlstone Park RSL's donation opened the multidisciplinary clinic to support families. The iSAIL clinic offers integrated service and care, meaning families avoid returning to hospital on multiple occasions. The clinic offers a full team for coordinated appointments.

Community organisations and services are available, including SIDSandKIDS, Stillbirth Foundation Australia, Art Therapy workshop and in-hospital support.

The program and service has received \$6,500 in donations and positive media attention. We hope the service will improve issues for families including for their mental health and return to work.



PATIENTS AS PARTNERS



03

WESTERN SYDNEY LOCAL HEALTH DISTRICT

Caring for our carers

During consultations for Blacktown and Mount Druitt Hospitals Expansion Project carers told us they were exhausted from sleeping on chairs; they needed somewhere comfortable to sleep so they could support the patient in hospital, and leave hospital well-rested.

Architects re-designed single rooms to include a carer zone with a sofa-bed. A privacy curtain provides a discrete sleeping area, while still allowing safe clinical care to be provided to the patient. To support the program, we developed new consumer-friendly resources, changed visiting hours, and amended operational policies.

The initiative has now attracted hundreds of local and overseas health professionals, and is being incorporated into new hospital facilities for Stage 2 at Blacktown Hospital.



INTEGRATED HEALTH CARE



Psychogeriatric SOS: e-Outreach for rural Australia by clinicians for clinicians
St Vincent's Health Network

INTEGRATED HEALTH CARE



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Diabetes alliance integration project

Quality clinical care for diabetes is a huge challenge with 60,000 patients across the 131,000km². This project improves diabetes-related outcomes with a model of integrated care and specialists at a patient's local general practitioner.

In our pilot project, 20 general practices were invited to a case conference and individual consultations with experts and patient, with a detailed assessment of patient lifestyle, psychosocial aspects and medication changes. Over three days, general practitioners and practice nurses received education by specialist teams to offer care to patients with reduced specialist input.

Nearly 500 patients were seen over 14 months. At six month follow-up these patients showed significant improvement in diabetes control. Clinicians felt the experience was satisfying and patients felt involved and supported, with improved knowledge in diabetes management using the Patient Activation Measure (PAMTM).

The project aims to expand to 40 new practices each year with a regional diabetes registry to monitor diabetes outcomes and support clinicians in the quality of the care.



MID NORTH COAST LOCAL HEALTH DISTRICT

Hub and Spoke

In 2014 Coffs Clinical Network identified a capacity issue for patients receiving Haemodialysis. They developed a partnership between the District and the Nambucca Healthcare Centre, implementing the innovative hub-and-spoke model.

The Nambucca Valley Dialysis Unit:

- Reduces travel time to 30 minutes or less to attend haemodialysis treatment
- Provides an integrated model of care with Active Imaging for Vascular Surveillance, Laverty Pathology for timely transportation and sampling of pathology specimens and Nambucca Healthcare for improved access to general practitioners, specialists and immunisation

Co-ordinating these services reduces:

- The amount of time patients spend at medical appointments on non-dialysis days
- Cost of transport to appointments

Follow up between services for each patient is achievable, with the goal to improve patient outcomes and quality of life.



INTEGRATED HEALTH CARE



06

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Reducing avoidable ambulance presentations in emergency

NSW Ambulance and the GRACE (Geriatric Rapid Acute Care Evaluation) team at Hornsby Ku-ring-gai Health Service have developed and implemented a simple low cost mechanism taking advantage of already available resources in the Local Health District. It is streamlining patient presentations to the emergency department for patients with sub-acute or chronic health issues. This mechanism allows the GRACE team access to the booking icon alert when an ambulance is booked for response to a residential aged care facility in the area.

As a result of this innovation we have achieved an additional 15 per cent reduction in unnecessary hospital presentations.



07

ST VINCENT'S HEALTH NETWORK

Psychogeriatric SOS: e-Outreach for rural Australia by clinicians for clinicians

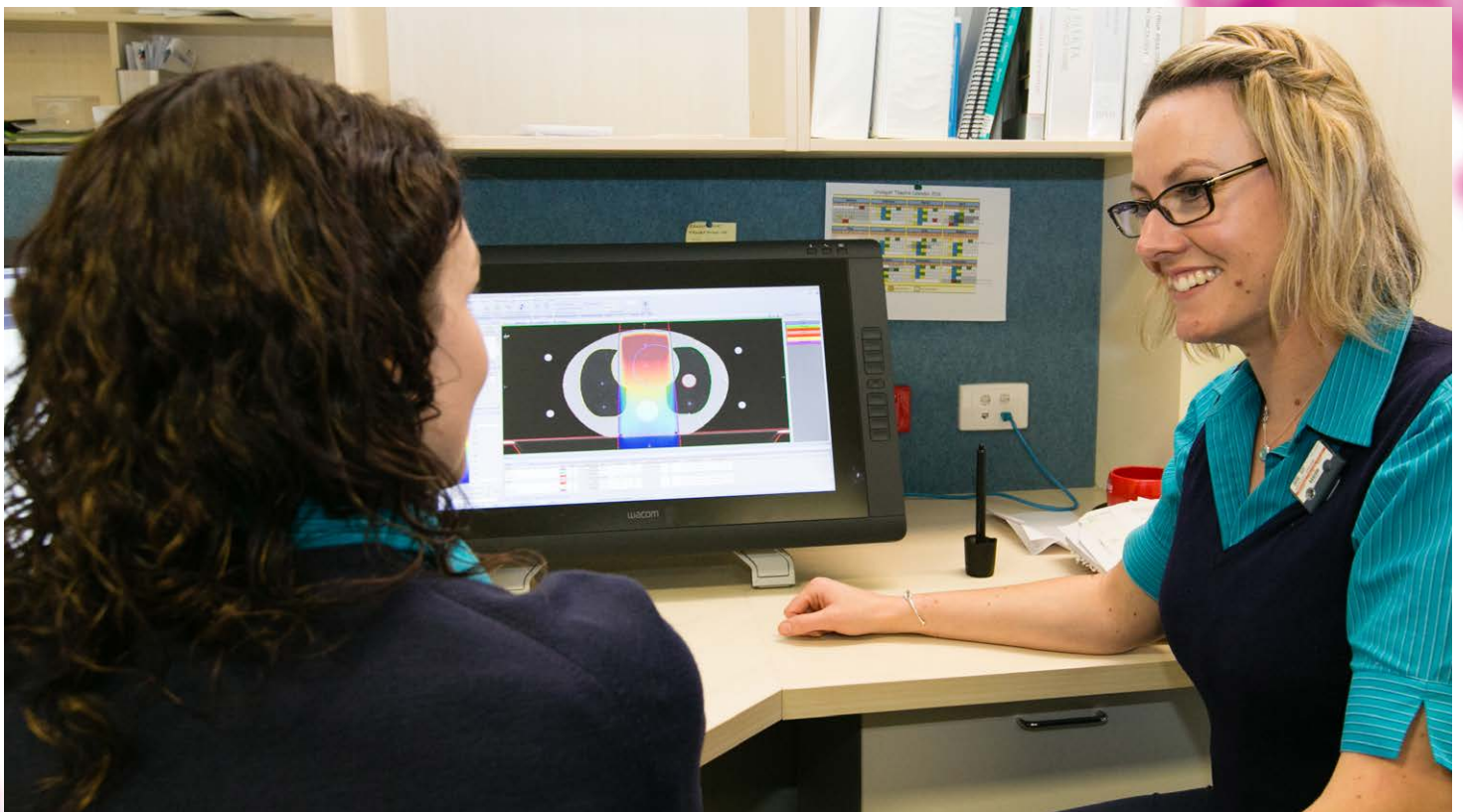
There is significant medical and psychiatric staffing shortages in regional Australia. International first, Psychogeriatric SOS, is a clinician-to-clinician service bringing expertise via web-conferencing for those who manage the care of vulnerable older patients.

The service established partnerships with rural local health districts, primary health networks and non government organisations. The project set up a purpose-built website, clinician-to-clinician web-conferencing, and supported up-skilling of rural clinicians to achieve best practice with mental health and dementia-related issues. This has improved communication between providers and enhanced access to psychogeriatric expertise for older rural patients, achieving more dignified outcomes.

This is an innovative model of service delivery, as well as problem-solving around technological problems, communication issues, and change management. Evaluation data demonstrates that rural clinicians feel supported and confident in delivering improved quality care for their older, rural patients.



TRANSLATIONAL RESEARCH



Hypofractionated post mastectomy radiotherapy at Mid North Coast Cancer Institute
Mid North Coast Local Health District

TRANSLATIONAL RESEARCH



08

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Prehospital thrombolysis and transfer improves outcomes in segment elevation myocardial infarction

Regardless of whether patients live in a rural or metropolitan area, they can now have their myocardial infarction (MI) diagnosed and treatment commenced in the back of an ambulance via mobile phone, with excellent clinical outcomes.

This is the outcome of a project intended to improve MI treatment. Two well-described methods of reperfusion strategies for the treatment of MI were examined: Prehospital Thrombolysis and Primary Percutaneous Coronary Intervention.

Real world experience shows that Prehospital Thrombolysis followed by early transfer to a Primary Percutaneous Coronary Intervention capable facility is a safe and effective method of treating MI for all patients across our District. This significant research project examined the major statistical endpoints that ensure this project is a robust examination of the treatment of MI. This analysis has ensured that the method of treating MI is comparable to any system worldwide.



09

MID NORTH COAST LOCAL HEALTH DISTRICT

Hypofractionated post mastectomy radiotherapy at Mid North Coast Cancer Institute

There is currently no randomised evidence and very limited retrospective evidence comparing hypofractionated post-mastectomy radiotherapy (Hf-PMRT) with traditional conventionally-fractionated post-mastectomy radiotherapy (CF-PMRT) for breast cancer.

The hypofractionated regimen for radiotherapy to the intact breast has been gradually introduced into clinical practice in Australia following the results of landmark randomised trials which demonstrated its safety and efficacy in 2010. However, there is currently no randomised evidence comparing Cf-PMRT with Hf-PMRT.

Within six months of treatment patients receiving Hf-PMRT were significantly less likely to be referred for wound care (OR 0.11;p<0.001), indicating less severe acute skin toxicity from radiotherapy. We also demonstrated that patients treated with Hf-PMRT were not more likely (OR = 0.62;p=0.335) to be referred to lymphoedema care than Cf-PMRT. Patient satisfaction is enhanced as treatment episodes are reduced by ten and treatment time reduced by two weeks. The mutual trust between clinical staff, researchers and patients is demonstrated with no patients lost to follow.



BOB LEECE

TRANSFORMING HEALTH AWARD



A telehealth care model for spinal fractures
Hunter New England Local Health District

BOB LEECE TRANSFORMING HEALTH AWARD



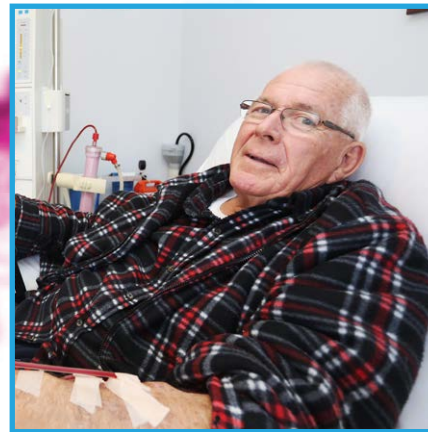
10

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

A telehealth care model for spinal fractures

For people with spinal fractures that require a Thoracic Lumbar Sacral Orthotic, there is now a District wide development, implementation and evaluation of a telehealth care model. This involves a pre / post design evaluation of the model of care implementation across Hunter New England Local Health District.

Surveys assessed staff educational outcomes, clinical data identified patient outcome improvements and cost efficiencies. As a result 81 patients were managed with average length of stay reduced by five days, 24,324 kms of travel eliminated for patients and families, significant increases in staff knowledge across nine sites ($P < 0.05$), 156 transfers and 405 bed days eliminated, representing \$1.2 million in efficiency savings. This model streamlined patient journeys and reduced travel and transfers, enabling rural clinicians to provide specialised care which addressed inequality between rural and metropolitan services.



11

NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT

Confident and connected at home on haemodialysis

The Home Haemodialysis Remote Monitoring System enables remote monitoring of patients' home haemodialysis related parameters. This innovative telehealth system has created an effective model of care by increasing patient support and empowerment through the use of information technologies. The Home Haemodialysis Remote Monitoring System provides remote monitoring of home haemodialysis related data, patients' mood and early detection of complications by nurses. The system enhances communication and strengthens nurse-to-patient network and safety.

In a three month trial, 74 patients used 'My Home Hemo' App, and received notifications, emails or phone calls from nurses based on data reviewed remotely in real-time. Occasions of patient reviews increased by 270 per cent and saved 14 hours (11 hours of patient's travel time) of combined nursing and patient time by replacing home or clinic visits with digital communication. Patients expressed improved confidence, connectedness and involvement with their care.



BOB LEECE TRANSFORMING HEALTH AWARD



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SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

SeedTracker: Targeting prostate cancer for high precision radiotherapy

Stereotactic radiotherapy is a cutting edge treatment for prostate cancer, delivering significantly escalated radiation doses to maximise cure rates. This technique mandates highly accurate treatment delivery. Prostate motion is known to occur during radiation treatment, which results in inaccurate and potentially ineffective radiotherapy. The radiation therapy treatment machines (linear accelerators) used in South Western Sydney Local Health District, similar to the majority of systems world-wide, do not have the ability to identify the prostate position during treatment delivery.

This project involved the development of methodology and software, 'SeedTracker', to enable cost-effective, novel real-time prostate position monitoring on general purpose radiotherapy treatment machines. The developed solution was implemented for routine clinical use and established as a standard of care for prostate stereotactic radiotherapy.



ENHANCING THE PATIENTS' EXPERIENCE THROUGH THE ARTS



Being and Belonging: How art transformed the new Blacktown Hospital Regional Dialysis Centre
Western Sydney Local Health District

ENHANCING THE PATIENTS' EXPERIENCE THROUGH THE ARTS



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HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Gomeroi Gaaynggal arts health for pregnant Indigenous women

The Gomeroi Gaaynggal Arts Health/Research Programs work with Indigenous women to improve health literacy, access to services, and well-being during their perinatal period. An Indigenous artist guides creative activities to encourage self-expression through a variety of media. While undertaking this, health professionals including dieticians, midwives, community and oral health practitioners, attend the art studio and engage in creative activities of their own.

This innovative approach encourages two-way learning between professionals and participants. Participants can assist health professionals in developing their artistic skills and health professionals can explain aspects of health that are a part of their creative piece.

Anecdotal evidence suggests that these women have reduced weight, increased exercise and improved the diet of their families.



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JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK

Rhythm and Rhymes adolescent/adult program – hip-hop therapy

The Rhythm and Rhymes adolescent/adult program is a therapeutic group which utilises rap music to promote positive behaviour change, motivation to engage in treatment, prosocial behaviour and to build empowerment and self-efficacy in the young offender/adult offender population. The program is culturally sensitive and diverse and is delivered weekly for 12 weeks. It connects current and relevant psychosocial themes with the form of rap music and incorporates the diversity of participants' backgrounds, trauma and experiences of marginalisation. Participants compose their own rap song during the 12 week program.

This encourages self-reflection and self-expression and allows the facilitator to address cognitive distortions held by the participant using a Cognitive Behavioural Therapy and Narrative Therapy perspective.



ENHANCING THE PATIENTS' EXPERIENCE THROUGH THE ARTS



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WESTERN SYDNEY LOCAL HEALTH DISTRICT

Being and Belonging: How art transformed the new Blacktown Hospital Regional Dialysis Centre

"My condition doesn't define me. Nor is it the most interesting part of me," Silia, renal patient.

Being and Belonging is an exciting, engaging, collaborative consumer-led arts project at the Regional Dialysis Centre at Blacktown Hospital which encourages patients to get more involved in their healthcare by expressing their experience through art, and directly influencing their care environment.

Being and Belonging uses a consumer-led model, quirky and inventive projects conceived through direct patient and community consultation, an ability to engage traditionally difficult-to-reach clients such as young adults and Aboriginal patients, and a capacity to strengthen networks with key community partners.

The program has delivered better patient outcomes by creating a more positive and uplifting physical space which helps reduce tension, address isolation, alleviate boredom and promote communication.



LOCAL SOLUTIONS



Developing a pathway for forensic paediatric services at Wagga
Murrumbidgee Local Health District

LOCAL SOLUTIONS



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MURRUMBIDGEE LOCAL HEALTH DISTRICT

Developing a pathway for forensic paediatric services at Wagga

Child victims of sexual assault and physical abuse and neglect presenting to Wagga Wagga Rural Referral Hospital emergency department were required to be transported to the Australian Capital Territory.

In 2013 a working party was established, including Violence Prevention and Response, paediatrics, the hospital emergency department and Family and Community Services. A forensic model was developed including clinical leadership and resourcing to ensure the delivery of a high standard of coordination and care to patients attending the hospital with suspected child abuse, neglect and sexual assault.

Project members developed approaches to integrate care to provide seamless, effective and efficient care that responds to all of the child's and their families health needs across both physical and psycho-social health, with connected services across different providers.



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NORTHERN NSW LOCAL HEALTH DISTRICT

Child-at-Risk electronic medical record alert

Many child death reviews and commissions of inquiry have recommended improved information sharing within and between agencies as a strategy to prevent harm to vulnerable children.

In 2015, the Northern NSW Local Health District implemented a Child-At-Risk eMR Alert system to allow clinicians timely access to a patient's child protection status. The CAR Alert system enables clinicians to see that their patient (child or at-risk pregnant woman) has been identified as having wellbeing concerns. This then allows clinicians to view the patient through a wellbeing lens.

The CAR Alert information sharing system has produced excellent clinical outcomes. These include clinician-initiated case reviews of children who have several CAR Alerts on their electronic medical record, escalation of cases to Family and Community Services for a statutory response where required and the ability to maintain wellbeing vigilance on cross-border patients.



LOCAL SOLUTIONS



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SOUTHERN NSW LOCAL HEALTH DISTRICT

LifesmilesGOLD: Better access to oral health care

The goal was to reduce waiting times for adult patients waiting from 65 per cent of recommended waiting time to 15 per cent and reduce the average cost of a course of care from \$1080 to \$560 by December 2015.

The method of achieving this was to use redesign methodology, which ensured staff, patients and members of the community were involved in the change. Clinical champions led implementation of separate care pathways for urgent and general care patients. Patients, community members and clinic staff from Southern NSW Local Health District (Queanbeyan) and Murrumbidgee Local Health District (Wagga) dental clinics collaborated on diagnostics, solution design, implementation and evaluation phases.

Results saw an overall reduction in waiting lists and waiting times, better access for the highest five of eight triage categories, and reduction in average cost of a course of care. Clinicians' mindsets have moved towards a population health perspective.



PREVENTIVE HEALTH



Partners in improved developmental outcomes
South Western Sydney Local Health District

PREVENTIVE HEALTH



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HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Physical activity 4 everyone: Preventing the decline in physical activity

Physical activity 4 everyone is a secondary school program that aims to reduce the decline in physical activity and to improve weight status among adolescents attending school in disadvantaged areas. The program involved ten secondary schools (five intervention schools and five control schools) and involved 1100 Year 7 students who were followed over two years.

Evaluation using a randomised controlled trial design found that students attending schools that implemented the program performed 13 per cent (7.0 minutes) more physical activity each day and gained two per cent (0.9 kg) less weight ($p < 0.01$) compared to students attending the control schools. This is the first school based physical activity program internationally to increase physical activity and reduce weight gain in disadvantaged adolescents.

If applied across NSW, the program could make a substantial contribution to achieving the Premier's Priority target of a five per cent reduction in child overweight and obesity.



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SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

Partners in improved developmental outcomes

The partnership between South Western Sydney and Tharawal Aboriginal Corporation aimed to place allied health services on site to engage the local Indigenous community, develop sustainable partnerships between health and Tharawal and access a population who was not accessing mainstream services.

The project aims to close the gap in Aboriginal health outcomes through culturally appropriate services. The Gudaga Study (McDonald et al 2003) indicates the emergence of delays in Indigenous children's language acquisition, fine motor development, cognitive skills at three years and prior to school entry, and declines in personal/ social development. This service has resulted in a streamlined, person centred, integrated health care pathway between Tharawal Aboriginal Medical Service, allied health services and mainstream community health services.

Pre and post testing of children has demonstrated individual improvements with skills that are predictors of learning and literacy.



PREVENTIVE HEALTH



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SYDNEY LOCAL HEALTH DISTRICT

Healthy Smiles Healthy Kids

The overarching goal of Healthy Smiles Healthy Kids was to improve the oral health literacy of socio-economically disadvantaged parents with young children. An innovative promotion package was developed and piloted in partnership with disadvantaged and culturally diverse families. It involved multidisciplinary partnerships to promote maternal and child oral health literacy.

Results showed significant improvement in maternal oral health knowledge and practices, utilisation of child dental services (75 per cent after three years; 65 per cent after six years), and oral health-related quality of life. Only ten per cent of children were reported to have dental decay by age 2.5-3.5 years and 15 per cent by age 4-5 years (significant improvement since a national survey reported 45 per cent of children of similar age have dental decay).



HARRY COLLINS AWARD



Central line infection prevention in newborns
Sydney Local Health District

HARRY COLLINS AWARD



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CENTRAL COAST LOCAL HEALTH DISTRICT

Right bug, right drug - every patient, every time

Antimicrobial resistance has been recognised as one of the greatest threats to human health. In September 2016 global leaders met in the United Nations General Assembly to commit to united action.

With this project we set out to improve prescribing across the Central Coast Local Health District, to reduce patient harm and preserve antibiotics. We implemented a number of programs, including the requirement for approval of protected antimicrobial agents, the development of guidelines, antimicrobial stewardship ward rounds and education sessions.

Since implementation of the antimicrobial stewardship program 18 months ago, the use of two classes of antibiotics, which have the highest risk for promoting antimicrobial resistance and superinfection with *Clostridium difficile*, has halved. Prescribing according to national guidelines has improved by 25 per cent.



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SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Say no to multi resistant organisms

In 2014, The Sutherland Hospital Department of Critical Care Medicine experienced an increased volume of Multi Resistance Organism (MRO) acquisitions, both methicillin resistant staphylococcus aureus and vancomycin resistant enterococcus. Many of the acquisitions had similar genotypes which indicated that MROs were being transferred between patients. We identified that the volume of MRO acquisitions were due to:

- Inadequate number of isolation rooms
- Unit design (double bed-bays) and functional areas not conducive to management of MROs
- Multiple bed moves to accommodate for staff allocation and changing patient acuity
- Length of time to process test, leading to cohorting of patients with unknown MRO-status which increased the risk of transmission

In order to reduce acquisition rates and improve patient safety we implemented a multi-faceted project to address the issues identified.

The implementation of these strategies resulted in significant reduction in MRO acquisitions from 15.7 (above state benchmark of 2) to 1.3 per 1000 occupied bed days.



HARRY COLLINS AWARD



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SYDNEY LOCAL HEALTH DISTRICT

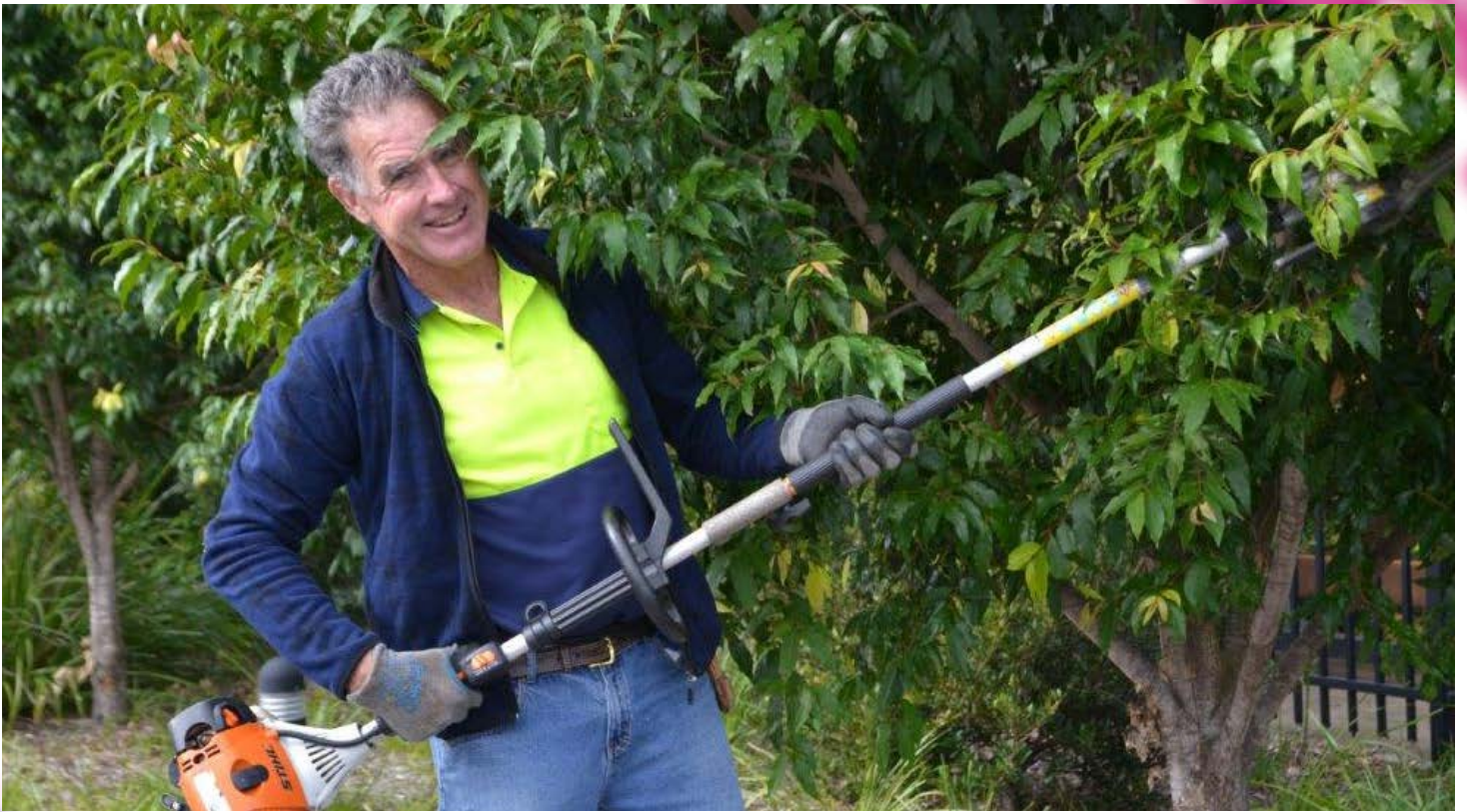
Central line infection prevention in newborns

Prevention of central line-associated blood stream infection (CLABSI) is a key objective for improvement of patient safety and reduction of mortality, morbidity, hospital stay and costs. We introduced a bundle of evidence-based interventions into our Newborn Care Unit to reduce the number of CLABSI in our vulnerable newborn patients. A coordinated program was designed, and focused on training, education and audit with feedback.

Results showed significantly reduced central line use and dwell time, and sustained reduced CLABSI rates up to the most recent available data. The project highlights the substantial impact on clinical practice that can be made within one nursery, and that this translated into significant reductions in CLABSI.



COLLABORATIVE TEAM



VIP: Vocational intervention program
Mid North Coast Local Health District

COLLABORATIVE TEAM



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MID NORTH COAST LOCAL HEALTH DISTRICT

VIP: Vocational intervention program

The Vocational Intervention Program (VIP) is a pilot program supporting people with an acquired brain injury to seek and obtain sustainable employment. Work is a key measure of community integration following brain injury.

Participants are engaged in one of two intervention streams:

1. Fast track: Assists return to pre-injury place of employment
2. New track: Explores new employment opportunities through work trials.

Under the Mid North Coast Brain Injury Rehabilitation Service/ CHES partnership, 18 patients have engaged in the program. Positive experiences relate to effective inter-agency communication, sharing of expertise, responsive service delivery and supportive employer networks.

An independent evaluation will determine the efficacy and costs/ benefits of the program to consider extending to other regions and sustainability beyond the pilot funding period.



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NORTHERN NSW LOCAL HEALTH DISTRICT

Early recognition of dementia: Memory assessment program

Our Memory Assessment Program was developed in response to local need and an identified gap in accessing medical specialist services. It involves collaboration between the private and public sectors to provide a local specialty memory assessment service at no cost to the community. This service has reduced diagnostic waiting times for patients suffering with memory problems while alleviating associated anxieties. The program has created local access to specialist psycho-geriatric services not previously available on the north coast.

The consultative process is facilitated using the District's LYNC telemedicine program, a safe and confidential medium.

As a result of the program patients suffering with memory loss receive timely diagnosis by a specialist and get access to specialised medications, imaging etc.



COLLABORATIVE TEAM



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SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

Equal access for the culturally and linguistically diverse community

Within Fairfield Orthopaedic Hip and Knee Service it was identified that disparity existed in the time taken to access the service for patients from the culturally and linguistically diverse (CALD) community compared to the remainder of the population. A project team was established to analyse possible reasons for this and explore possible solutions.

A revised patient-centred process was developed which included changes such as contacting the next of kin (or an English-speaking contact), adjustment of appointment letters and introduction of confirmation phone calls with client/next of kin the week prior to the appointment.

Clients from the CALD community are now able to access an initial appointment in a similar time frame to the English speaking population. Following implementation of the new process this improved from five per cent to 40 per cent for CALD community and from 35 per cent to 45 per cent for English speaking patients.



VOLUNTEER OF THE YEAR



NORTHERN NSW LOCAL HEALTH DISTRICT

Mrs Barbara Swain

Volunteer for Mental Health Services St George Hospital

Barbara Swain has made a phenomenal contribution to local mental health services and people who have experienced mental health issues.

Barbara established and coordinates a registered charity called the Mental Health Support Group which works collaboratively with the District in meeting the practical needs of many people accessing mental health services.

With a view to creating more warm and welcoming environments for people requiring hospital admission Barbara and the Mental Health Support Group provided 139 handmade patchwork quilts for the adult inpatient unit and 36 quilts for the child and adolescent unit.

Barbara is a fundraiser extraordinaire. She and her group raise around \$40,000 per year.



NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Mrs Lyn Seghers

Volunteer - Home Volunteer Program Dalwood Spilstead Early Intervention and Support Service

The Dalwood Spilstead Home Volunteer Support Service is a targeted early intervention program supporting vulnerable families. Lyn Seghers has been a volunteer since the inception of the services in 1997.

Lyn provides weekly support to eight of our most challenging and vulnerable families with a range of highly complex issues and has been inspirational with her weekly commitment, visiting each family for over two years.

Lyn demonstrates a strong awareness of her role working collaboratively alongside the professional team towards common goals. Her belief in engendering hope and a capacity to change for families is deeply empowering.

VOLUNTEER OF THE YEAR



SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Ms Janette Denniss

Volunteer and Consumer Representative St George Hospital

As a diligent volunteer Jan has been known to spend hours of her own time participating in audits, surveys and reviewing patient information material for various clinical departments.

This was furthered by being an instrumental participant during the Hospital's accreditation process in November 2015.

Jan regularly advocates for patients and has been instrumental in a number of projects across St George Hospital. Her advocacy work has led to major changes in the hospital including signage, hydrotherapy services and the emergency department pick up and drop off.

Jan embodies the CORE Values of NSW Health. Over 16 years, Jan has forged strong and positive relationships with clinicians, allied health staff and hospital management in her efforts to improve patient outcomes and is held in high regard by the Hospital.

STAFF MEMBER OF THE YEAR



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Dr Shamasunder Acharya

Clinical Director Senior Staff Specialist

Dr Shamasunder Acharya is a dedicated endocrinologist who has led improved outcomes for people with diabetes. He was recently awarded the 2016 Hunter New England Health "Staff Member of the Year Award". Shamasunder has great passion and drive and like many good leaders he leads with respect, collaboration and by building team capacity to deliver great results.

As Clinical Director for Diabetes and Clinical Lead of Alliance Diabetes Stream, Shamasunder has demonstrated outstanding leadership and improved patient care through initiatives such as the introduction of telehealth appointments, new outpatient clinics and partnerships with local General Practitioners (GPs). With a limited specialist work force and lack of integration of services, providing excellent clinical care for 60,000 people with diabetes is a huge challenge.

His dedicated team has been able to achieve many significant milestones in diabetes. In the Alliance Diabetes Integration Project, Shamasunder and his team are working very closely with GPs in the area to improve diabetes care across the region by integrating specialist teams with the practices through case-conferences with patients to educate GPs about diabetes management. This has been a huge success and team is now expanding this model to 40 GP practices per year along with a regional diabetes registry.



NORTHERN NSW LOCAL HEALTH DISTRICT

Ms Rosemaria Flaherty

Child Protection Manager Chief Executive Unit

As Child Protection Manager, Rosa makes an outstanding contribution to the NSW Health system. Her contribution is evidenced in a multitude of ways, by developing local solutions to child protection concerns, through contribution to research, by providing support to governmental policy, and providing ongoing assistance to our District staff and external agencies. Her advocacy to protect vulnerable children and families is inspirational.

Rosa's recent work includes an innovative Child-at-Risk file flagging project which is leading an imperative cultural change regarding information sharing.

The research thesis that Rosa is currently undertaking relates directly to evaluating the high risk birth alert issued by NSW Family and Community Services to the mother. Once published, this research will provide previously non-existent evidence required for promoting procedural change to enhance outcomes for children.

STAFF MEMBER OF THE YEAR



SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Ms Heather Doolan

Deteriorating Patient Programs CNC St George Hospital

Heather continually provides exceptional support to nursing and medical staff through her hands-on approach to developing, monitoring and improving clinical processes for the identification, review and management of deteriorating patients within St George Hospital.

Heather was instrumental in the development and implementation of the hospital Deteriorating Patient Program (PACE). And as part of her review of all rapid response and cardiac arrest calls Heather also identified deficiencies in the hospital's capture and review of appropriate death audits.

Heather promotes collaboration and is insistent on ensuring a multidisciplinary approach to improvement by actively involving nursing, medical and pharmacy staff in reviews and service developments.



WESTERN NSW LOCAL HEALTH DISTRICT

Ms Wendy Holmes

Aboriginal Immunisation Project Officer

Wendy's current role is one of two positions as the Aboriginal Immunisation Health Worker, covering the Western and Far West Local Health Districts.

The key responsibility of this position is to implement specific strategies to improve Aboriginal immunisation coverage and timeliness of vaccination to the Aboriginal communities across both Districts.

Wendy has devised the 11A-ACIR Report Guide; a structural manual to assist nurses, practice managers, other service providers and stakeholder's to access the ACIR database.

This process enables service providers to enter Aboriginal children's vaccination history correctly and in a timely manner.

Wendy has also provided leadership and mentoring to colleagues and her team by continuing to raise the profile of the Aboriginal Immunisation Program.

COLLABORATIVE LEADER OF THE YEAR



ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

Dr Michael Davis

**Director of Intensive Care Unit,
Wollongong Hospital
Divisional Co-Director, Division of Critical Care**

Some of Michael's achievements include working with his staff to develop a multidisciplinary team based model of care that is staffed at the same level 365 days a year. Together with this group of senior clinicians Michael has helped establish a regular teaching program for junior doctors in the ICU and has recognised the importance of establishing a close relationship with the University of Wollongong Medical School.

Michael has also played a key role in the commissioning of the new expanded intensive care unit in 2015 with two distinct hubs and a further change in the model of care. He has been instrumental in facilitating a networked approach to anaesthetic, intensive care and emergency services across the District, establishing rotation of trainees and senior staff to Shoalhaven and Shellharbour.



SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Ms Melanie Lai

**Orthoptic Department Head, Sydney Hospital
Sydney Eye Hospital and Orthoptic
Discipline Advisor, South Eastern Sydney
Local Health District**

Ms Melanie Lai continually demonstrates excellent leadership through her role as Department Head Orthoptics at Sydney Eye Hospital and as Orthoptics Discipline Advisor across South Eastern Sydney Local Health District.

Melanie demonstrates excellent collaboration, working with many multidisciplinary teams at Sydney Eye Hospital (including nursing, ophthalmology and clerical staff) to improve patient flow in outpatient specialty ophthalmology services and the emergency department.

Melanie takes every opportunity to improve quality and safety of patient care, and enhance person-centred approaches to care. Through strong and transformational leadership Melanie has played a key role in driving a number of initiatives for sustainable improvements in patient care.

COLLABORATIVE LEADER OF THE YEAR



WESTERN SYDNEY LOCAL HEALTH DISTRICT

Mr Peter Rophail

Director of Operational Design Blacktown and Mount Druitt Hospitals

Peter's nomination for NSW Health Collaborative Leader of the Year recognises his exceptional contribution to health services as Transition Manager for Stage 1 of the Blacktown and Mount Druitt Hospitals Expansion Project.

Peter oversaw an extensive engagement program with more than 10,000 interactions with staff and community members to ensure the new facilities truly reflected their needs, and the cultural diversity of the local area.

Peter championed a collaborative and consultative approach by working extensively with clinicians, consumers, carers, patients and community to implement a range of cultural and operational changes in readiness for the opening of state-of-the-art new hospital buildings.

The project is now recognised locally and internationally for its successful consumer and clinician engagement, carer zones, arts program, Paper-Lite initiative and digital innovation, as well as the design itself.

THANKS TO OUR EXHIBITOR PARTNERS



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