

Rural Local Health District Quality Awards / ACI Innovation Award Winners 2014

An ACI Innovation Award was introduced at the rural Local Health District Quality Awards 2014, to recognise and reward innovation and capture models of care which have potential for broader implementation across other health sectors. Selection Criteria included:

Selection Criteria	Description
Improved patient outcome and experience for hard to reach population groups	Aboriginal or Torres Strait Islander populations, geographically isolated, low socioeconomic, culturally or linguistically diverse (CALD)
Resourcefulness and creativity utilising existing resources	Telehealth, small facility / MPS; including workforce or service delivery models
Inclusive partnerships which increase access to services	Links between: Primary Health Care / Acute Facility, rural / metropolitan, public / private, hospital avoidance
Transferability or system-wide potential	Scalability across other health departments / sectors

The Rural Health Network Executive Committee convened adjudication panels to review entries per LHD against weighted scoring criteria, and the winners were presented with a framed certificate as part of the LHD Quality Awards celebrations. Winning projects have been loaded onto the ACI Innovation Exchange, previously the Australian Resource Centre for Healthcare Innovation (ARCHI) <http://www.archi.net.au/resources/delivery/rural>, and authors will be given the opportunity to present their work on a state-wide platform eg Rural Innovations Changing Healthcare (RICH) Forum, or the NSW Rural Health and Research Congress.

The projects summarised below are the winners of the ACI Innovation Awards 2014.

Far Western NSW LHD

Sugar Gum – Diabetes and Gum Disease, Broken Hill

FW Local health Network Oral Health Team and Menindee Health Service recognised that Gum disease is a chronic inflammatory disease which has a direct impact on blood sugar levels yet Diabetic patients are not routinely referred for oral health checks. Using existing personnel, the interdisciplinary approach includes an oral health therapist, Aboriginal Health Worker, Diabetes Educator, Dietitian, and Transport Officer in the Multidisciplinary team and has increased access for people with chronic disease eg Diabetes, to home care kits, acquisition of oral hygiene skills and preventative education, reducing the demand for emergency appointments and significantly improving blood sugar stability. This project utilises minimal resources, targets a high risk/ high priority population group and demonstrates that collaboration has been embedded between RFDS, Maari Ma and FWLHN.

Contact: Royal Flying Doctor Service and Oral Health Team Broken Hill; Dr Lyn Mayne, Senior Dentist

Hunter New England LHD

The Rural / Remote Recruiting and Retention Value-Based Redesign (R5) Project

The project identified the problem with high staff turnover and low occupancy rates directly impacting on quality of patient care for mental health patients, adopting redesign methodology to stabilise the workforce, increase productivity and substantially improve patient care. Recruitment, retention and induction processes were reviewed and redesigned to align strategies with Core Values (Collaboration, Openness, Respect, Empowerment), build partnerships and share resources. Some strategies include:

- the inclusion of heads of department in the recruitment phase
- partnership with the Rural Doctor Network and other services
- sharing eligibility lists and recruitment episodes this project has easy potential for district wide
- use of telehealth for supervision and peer mentoring
- community partnerships with social clubs to assist in settlement

This project has potential to be utilised across all services due to its value-based structure and outcomes have been excellent; exceeding Key Performance Indicators and reducing the vacancies from 12 Full Time Equivalent (FTE) to 0 FTE within 3 years.

Contact: Leigh Philpott, Service Manager Mental Health, Tamworth

Mid North Coast LHD

The Aboriginal Identification Quality Project, Kempsey

Kempsey District Hospital was one of 8 sites in NSW funded by the Ministry of Health to increase cultural competence and correct identification of Aboriginal and Torres Strait Islander (ATSI) people aiming to decrease the number of 'did not waits' and the number of those who discharge against medical advice from the Emergency Department. Resources were developed to connect with Agencies, Aboriginal Medical Services, Medicare Locals and community groups. Resources included discharge planning prompt cards with local phone numbers and contacts, Information pamphlets and mechanisms for staff to more accurately assess level of understanding: "*is what the nurses say, what the aboriginal people hear?*" This project not only reduced the numbers of people who 'did not wait' or discharged against medical advice, but it embedded cultural connectedness across the community, with staff playing sport and socialising with the aboriginal community.

Contact: Ro Stirling-Kelly, Aboriginal Identification Project Officer

Aboriginal Well-being – A Cancer Journey of Healing, Coffs Harbour (*Highly Commended*)

'A Cancer Journey' booklets were developed in partnership between local Aboriginal people, MNCLHD, Medicare Local, Aboriginal Medical Services, North Coast Cancer Institute, Cancer Council NSW and Breastscreen NSW to demystify the cancer journey. The reader is navigated from reception, through the treatment modalities of Pathology, Radiation and Chemotherapy using aboriginal artwork, text and images of the unit. Feedback has been positive: "*The booklet has helped me, it has great resources and information for me, our people and other races of people*". "*It shows there is help there to seek treatment early*".

Contact: Dorothy Wilson, Manager Clinical and Primary Care

Northern NSW LHD

The Carer Consultant Program, Mullumbimby

Mullumbimby Community Health identified that conventional methods of community consultation such as meetings and workshops presented challenges in participation for carers due to cost, time and the unpredictable and episodic nature of the caring role. A new email-based consultative program was developed, facilitated by a Central Co-ordinator who has developed a register of carers on a distribution list, co-ordinates consultancy requests from Health Managers and collates feedback. This is an innovative approach to engaging consumers in a formalised and ongoing process of consultation simply using email. The program has had some clearly tangible outcomes,

with 95 recommendations received and 56 recommendations directly contributing to changes in LHD Policies, clinical procedures, assessment tools and patient information publications. It targets a highly vulnerable, yet valuable group in a simple approach which enables carers to 'own' the issues and find solutions.

Contact: Ken Lee, Co-ordinator Strategic Programs: Disability and Carers

Southern NSW LHD

Delivering Mobile Simulation to SNSW LHD

The Sister Alison Bush Mobile Simulation Centre (MSC) was introduced in 2013 to deliver a high realism simulated learning environment to rural and remote clinicians who would normally have limited access to this type of education. Utilising this existing resource, SNSW and HETI piloted an innovative educator and driver model to build capacity within the LHD. The Educator Model involves a 'lead' educator position, supported by HETI, who co-ordinated specialised training in simulation via Nhet-Sim for 10 educators in Goulburn, and for 14 educators in maternal and paediatric specific education in Batemans Bay throughout 2014. A total of 24 educators have now been trained to deliver ongoing simulated education across SNSW LHD. By facilitating the establishment of Sim Educators, a state-wide Mobile Simulation Centre 'faculty' is being developed which will provide sustainability for local sites to host the MSC. The new driver model involves the driver relocating and liaising closely with the LHD to site the MSC, but not staying with MSC for the duration of the rotation. This model has enabled sufficient cost savings already to fit out a Toyota HiAce Van as a back-up with spare parts and an extra Simulation Man.

Contact: Kirsti Dixon, CNS, Cooma

Murrumbidgee LHD

The Shared Care Community Midwife Model – A Maternity Model of Care, Narrandera

With declining midwife numbers from 5.4FTE to 2FTE at Narrandera, birthing services ceased in 2011 and women had to travel to Wagga Wagga with no accessible midwifery follow up in the first 2 weeks. Clever workforce roster redesign enabled the development of a domiciliary midwife model of care within existing funding, utilising the skills of the remaining midwives to conduct antenatal clinics (in partnership with the VMOs) and outreaching to homes supporting early discharge of mothers from Wagga Wagga. 63 women have accessed the service over the last 2 years and the model has been included in the Maternity Service Plan for Murrumbidgee LHD.

Contact: Pauline Hatherly, Midwife, Narrandera

Western NSW LHD

Closing the Gap – Empowering Aboriginal Women to access Colposcopy and Gynaecology Services in Rural and Remote NSW, Condobolin

Colposcopy services have historically been the domain of the Gynaecologist, but in Australia indigenous communities endure barriers such as distance, lower socioeconomic status, emotional stress related to be absent from family and country, distance and the high cost for specialist care. The Nurse Practitioner led model of care is the first of its kind in Australia. Through partnerships with the Rural Doctor Network, the Royal Hospital for Women Randwick, and the Orange Aboriginal Medical Service, and made sustainable by the successful attainment of Schedule 19(2) Exemption this Nurse led program can claim MBS Item Numbers, increasing the scope of and availability of telehealth resources. The program has been running for 2 years, and is well established and has enabled Aboriginal women to gain timely and cost effective access to specialist services close to country for gynaecological assessment.

Contact: Leonie Parker, Nurse Practitioner, Condobolin