

## Rural Local Health District Health Awards / ACI Innovation Award Winners 2015

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

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 convene adjudication panels to review entries per LHD against weighted scoring criteria, and the winners are presented with a framed certificate or trophy as part of the LHD Quality Awards celebrations. Winning projects are loaded onto the ACI Innovation Exchange <http://www.aci.health.nsw.gov.au/ie>, and opportunities are sourced for authors 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 2015.

### Far Western NSW LHD

#### **The School Based Apprenticeship and Traineeship Program (SBAT).**

This program creates a pathway for Yr 11 & 12 students to gain a recognised qualification and paid work experience as part of their HSC, plus the opportunity to pursue a career in health and build the future workforce of FWNSW LHD. Offered under the Program are traineeships for qualifications in Business Administration (Medical), Health Service Assistant, Allied Health Assistant and ATSI Primary Health Care. This program is well co-ordinated, with strong partnerships formed between 14



Organisations (Health, NSW TAFE Riverina and schools), it does not rely on specific funding, it uses multimedia to overcome distance, and students (predominantly aboriginal) are able to obtain excellent qualifications whilst remaining in their remote communities. The Program is ongoing, and traineeship retention is at 100% demonstrating sustainability and embedded practice.

**Contact:** Rebecca Heron-Dowling, Management Trainee, Broken Hill

**Photo:** Narelle Symonds (Australian Business Apprenticeship Centre), Jenny Preece (ACI), Rebecca Heron-Dowling (Management Trainee)

### **Hunter New England LHD**

#### **Patient Driven Radiotherapy Information Movies**

Tamworth NWCC identified that new patients struggle to understand radiotherapy processes which increases anxiety at the beginning of treatment. Using PEARL 3D visualisation software, primarily used for educating students, the staff developed patient information Videos which provide an



interactive model of the treatment environment; including machine lights, movement and sounds to recreate a visual image between the scan, the target of treatment and the radiation beams. Videos now form part of the standard 'check list' for individual consultations and information sessions with all new patients using footage to explain the CT scan, the importance of keeping still and why the machine moves the way it does. The patient information videos convey complex concepts simply, are cost neutral and can be replicated easily across other Radiotherapy Services.

**Contact:** David Willis, Chief Radiation Therapist, Tamworth

**Photo:** Jenna Blencowe (Radiation Therapist), David Wills (Chief Radiation Therapist), Brad Hansen (General Manager, Tamworth Rural Referral Hospital)

### **Mid North Coast LHD**

#### **The Kempsey Patient Transport Project**

To reduce reliance on NSW Ambulance and associated costs in transporting non-emergency patients from Kempsey District Hospital to Port Macquarie Base Hospital, the Patient Transport Service was upgraded to transport stable cardiac monitored patients and to accommodate those requiring pain relief in transit using Patient Controlled Analgesia (PCA). The ACI Hip Fracture Guidelines and staff education provided the framework to commence the service in 2014, and since implementation 300



non-emergency patients have been transported from Kempsey District Hospital, saving \$250,000 in ambulance costs and reducing overtime rates for LHD staff and Ambulance crews. Cost savings have enabled recruitment for a new after-hours Patient Transport Officer position for Kempsey, embedding the change and guaranteeing sustainability.

**Contact:** Catriona Coles, Nurse Manager Patient transport Services, Kempsey.

**Photo:** Catriona Coles (Health Transport Unit), Julie Dodds (Manager Health Transport), Robin Norton (Deputy Director of Nursing), Nigel Lyons (CE, ACI), Terry O'Shea (Executive Manager), Patrick Frances (ACI Rural Health Network Co-Chair)

### **Northern NSW LHD**

#### **Drain the Pain**



This project developed a flexible admission process for end stage liver disease patients requiring regular large volume paracentesis. Admission is initiated by the patient and avoids the Emergency Department, reducing length of stay and improving end of life care. A Clinical Practice Guideline was developed, with a standardised approach to streamline bed management, chronic disease management, paracentesis management and end of life planning. Length of stay for this regular Palliative Procedure has been reduced by 33% from 4 days to 24 hours; with a reduction in overall bed days equalling cost savings of \$210,000 in 12 months. Contact: Sarah Lawty, Acting Quality Manager, Lismore

**Photo:** Sarah Lawty, Vahid Saberi (ACI Rural Health Network)

### Southern NSW LHD

#### **The F.O.H.C.U.S. Project (Forum for Oral Health collaboration, understanding and sharing)**

The program has been running for 1.5 years offering monthly 'virtual' meetings using computer web-cam technology linking 29 Oral Health staff from 22 clinic locations across 2 LHDs (Murrumbidgee



LHD and SNSW). Field experts provide education and clinical case review to enhance skills acquisition and accrue Continuing Professional Development points with HETI for National Registration. There is evidence of change with greater interdisciplinary teamwork, sharing of resources, improved problem solving and clinical decision making, and ongoing clinical support leading to better patient outcomes.

**Contact:** Anne Pritchard, Clinical Leader Oral Health, MLHD / SNSW LHDs

**Photo:** Vanessa Causer (Dental therapist, Pambula dental clinic), Anne Pritchard, (Clinical Leader Oral Health SNSW and MLHD), Angela Masoe (Clinical Leader Oral Health Promotion SNSW and MLHD), Donna Corliss (Video Conference Coordinator, SNSWLHD Information Services), Jenny Preece (ACI)

### Murrumbidgee LHD

#### **The Collaborative Midwifery Group Practice Project**



This project used the Essentials of Care principles as the Framework to realign midwifery service provision using annualised salaries to enable more flexible multidisciplinary work practices and offset the impact of declining numbers of GP/Obstetricians on birthing services at Deniliquin Hospital. This collaborative model involves midwives, GPs, Obstetricians, Allied Health professionals and clinicians from surrounding higher level facilities often across border, and has seen birthing at Deniliquin increase by 27% and Outpatient activity (antenatal, post natal and domiciliary) significantly increase by 39% without increasing FTE; a strategy which is sustainable and easily transferable across other LHDs. Non admitted Patient Occasions of Service (NAPOOS) have increased by 44% over 2 years.

**Contact:** Andrew Dagg, Nurse Manager, Deniliquin Health Service

**Photo:** Andrew Dagg, Jenny Preece (ACI)

### Western NSW LHD

#### **'Let's get STARTed – Managing UTIs in the RACU'**

This project identified a local issue at Grenfell MPS with the prescribing of antibiotics for suspected Urinary Tract Infections before specimens were sent to pathology, resulting in residents often being treated with multiple antibiotics unnecessarily. An educational resource which provides a better



understanding predisposing factors to UTI was 'home grown' by staff to reducing incorrect usage of antibiotics. **START** (Symptom, Testing, Assessment, Resistance, Treatment), is an innovative mnemonic creating easy recognition for the educational resource which has seen a 90% reduction in UTI in the last 2 years through alternative approaches like baseline observations, increasing oral intake and personal hygiene. The **START** Program is now embedded into routine practice as part of the workforce orientation to the Residential Aged Care Unit.

**Contact:** Francine Pirie, Acting Nurse Manager Grenfell MPS

**Photo:** Francine Pirie, Karen Hancock (Nurse Manager), Jenny Preece (ACI), Richard Cheney (ACI Rural Health Network Co-Chair).