

Rural Innovations Changing Healthcare – RICH Forum 2020

Wednesday, 29 July 2020

9:00am-3:30pm

Health by Stealth – Evaluation Report



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Thank you to the following people who worked together as the RICH Forum Steering Committee to plan and deliver the Rural Innovations Changing Healthcare (RICH) Forum 2020:

Jenny Preece	Rural Health Network Manager, ACI
Emily Saurman	Research Fellow, Broken Hill University Department of Rural Health, FWLHD
Sally Cusack	Consumer, Byron Bay
Kelly Foran	Consumer, Glen Innes, NSW. Friendly Faces Helping Hands
Brad Rossiter	Consumer, Batemans Bay, SNSW
Alyce Worboys	A/Acute Stroke Advisor, Paramedic NSW Ambulance
Vanessa Knibbs	Radiographer, NSW Cancer Institute, NNSWLHD
Danielle Mills	Cluster Clinical Support Officer, Corowa, MLHD
David Cross	Physiotherapist, Gilgandra, WNSWLHD

The ACI also acknowledge and thank the additional facilitation support provided on the day of the Forum by:

Phillip Orcher	Project Officer, Rural Health Network, ACI
Rachael Sinclair	Project Officer, Primary Healthcare Institute, ACI
Anthea Temple	Manager Primary Health and Integrated Care, ACI
Regina Osten	Manager, Integrated Care and Aboriginal Health Stream, ACI

Evaluation Report prepared by Jenny Preece, Rural Health Network Manager August 2020.

Executive Summary

The RICH Forum is an annual virtual forum designed to connect healthcare professionals and consumers. The forum offers professional development opportunities, networking opportunities and access to innovative projects for the interdisciplinary rural health workforce across NSW and interstate. The forum focuses on sharing innovative practices across NSW via face to face presentations, videoconferencing, Pexip, social media and live streaming technologies to eliminate costs associated with travel and time lost from work.

The 2020 RICH Forum focused on ***Health by Stealth – rural communities leading by example*** to showcase home grown strategies which rural communities implement to strengthen connectivity and decrease social and geographical isolation, and ultimately improves health and wellbeing.

The forum was attended by 350 delegates from varying sectors and disciplines including Local Health Districts, Multipurpose Service staff, NSW Ambulance, medicine, allied health, nursing, Primary Health Networks, University academics and researchers and consumers. Attendees also included cross-border representation from Queensland Health, Victoria Health and Tasmania Health. Some chose to join for selective sessions of relevance, others streamed the event live all day. Individuals were able to earn continuing professional development (CPD) hours which contribute to national registration purposes without being absent from their workplace for the whole day, as is the case with conventional forums.

eHealth NSW has worked continually with ACI over the last seven years to develop a choice of reliable options for both NSW Health employees and external organisations to access and attend the forum. Options now include face-to-face via traditional videoconferencing, live streaming (both internally and externally) and linking from individual computers using the Pexip Virtual Meeting Room platform. Table 1 outlines the technologies used and how many participants used each technology to attend the forum.

Table 1: Technologies used to attend the forum per eHealth NSW Login Portal

Technology	Number of participants
Videoconference sites as a small group (3%)	10
Pexip via desktop (43%)	150
Live streaming – internal to NSW Health (30%)	106
Live streaming – external organisations via YouTube Conference Channel (24%)	84

Attendance on the day was captured via the eHealth NSW login portal with average participation 80 minutes. eHealth NSW and the ACI Telehealth team provided support during the event to trouble shoot and fix connectivity issues quickly throughout the day. Question and Answer (Q&A) sessions were facilitated after each presentation using Pexip Chatroom, SMS messaging and SliDo to enable audiences to interact.

A Poll was also made available on SliDo to evaluate the audio-visual quality, what worked well and where there were areas for improvement. A summary of responses is included in this report. The responses will enable refinements for future forums to ensure they remain relevant and meet the needs of the LHDs, communities and the broader rural health workforce.

About the program

The theme *Health by Stealth* was inspired by the series of disasters and adverse events throughout 2019 - the ongoing and relentless drought, the heartbreak caused by a series of bushfires spanning 5 months and then the COVID-19 Pandemic early 2020, where rural communities were further isolated and having to draw on courage and unity in helping each other overcome hardship and adversity.

The program was developed to showcase the strength of rural communities implementing strategies to improve mental, physical and social wellbeing. The day featured rural community-based health management strategies which use social connectivity to enhance:

- behavioural change
- indigenous and culturally appropriate care
- self-management (to increase confidence)
- community connections
- health service continuity (by consumers)
- the creative use of technology for wellness
- innovative and flexible workforce models.

The criteria for oral presentations and ePosters were:

- A resourceful and creative approach
- Evidence that resilient approaches have potential to be successfully taken up by other health care settings
- Is there a clear take home message?
- Quality of written abstract and readability?

Stuart Torrence, Men's Health Project Officer with the Australian Men's Sheds Association (AMSA) provided the opening keynote address, setting the scene with his presentation '*Shoulder to Shoulder*'. Stuart started his working life as a mechanic, welder, debt collector, advertising manager and business owner before working in the NSW Hunter on a Men's Shed program back 2009, where the social engagement and wellbeing attributes of this Australian innovation captured his imagination. He joined the AMSA in 2018 as the Men's health project coordinator, and focuses on other health initiatives for Sheds and their members through the conduit of 'Spanner in the Works', program that covers all the parts that a car needs to perform at its peak.....correlated to all the parts of a man's body that he needs to perform at his peak.

The program (see Appendix 1) also included presentations from Deakin University Victoria, Department of Education, private practitioners, NSW Ambulance, Sydney Children's Hospital Network, Primary Health Network, Mission Australia and rural Local Health Districts. Question time (10 minutes) was included at the end of each presentation to encourage participation from the audience. This was facilitated using SMS messaging, the Pexip chatroom and Slido.

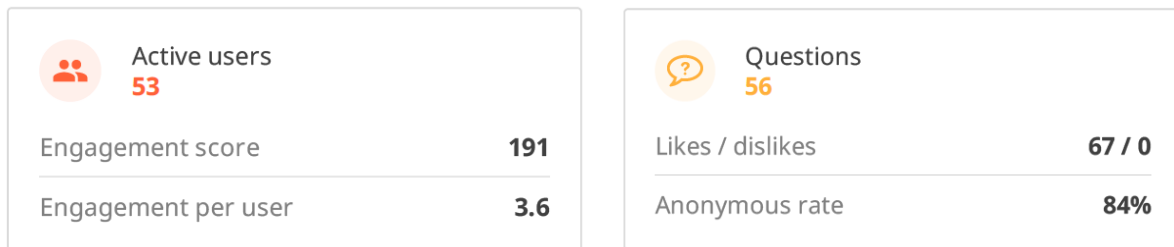
Eleven ePosters were shown as a slide show over the lunch break to further showcase other examples of *Health by Stealth*. Individual oral presentations and ePosters are available on the ACI website. <https://www.aci.health.nsw.gov.au/resources/rural-health/rural-innovation-changing-healthcare-forums/rich-2020>

Some presenters chose to show a short video, which needed to be facilitated by the eHealth team as the Pexip functionality does not support sharing videos at this time. Any videos were received as an MP4 and made available to the eHealth team who loaded them when prompted by the speaker.

Speakers were offered practice sessions prior to the RICH Forum so they were confident with the technology on the day. Practice sessions involved linking to the host via a videoconference Pexip Virtual Meeting Room (VMR), ensuring that both audio and camera were working, presenters were able to share the presentation on the screen and then stop presenting at the end so that the speaker was visible for Q&A.

Evaluation

Over the course of the day, activity was captured through Slido for the Q&A segments at the end of each presentation. There 191 active users on Slido with an average engagement period of 3.6 sessions (80 minutes).




Of the 350 registered to attend on the online registration portal, 43% joined individually via Pexip from their desktop, 30% attended via internal live streaming, 3% attended as part of a small group via Videoconference or DX80 Machines and 24% attended as external organisations via external live streaming (made live on the day by eHealth as a Conference Channel using the You Tube Platform).

Where did you dial in from?



A Poll was created in Slido to rate audio-visual quality, the thing that was liked most and any improvements or potential themes recommended for 2021.

 Poll votes	173
Polls created	2
Votes per poll	87

How would you rate the audio-visual quality?

Despite some connectivity issues at times, respondents rated the audio-visual quality as good 45%, very good 36% or Excellent 18%.

What was the one thing you liked most?

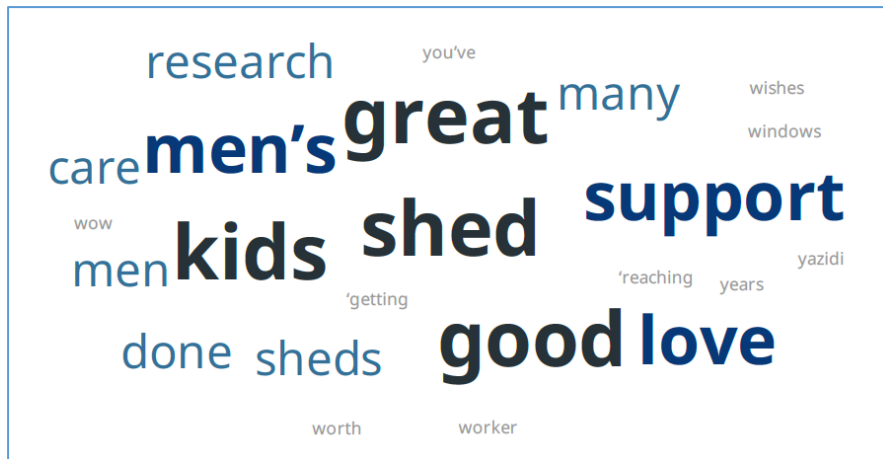
- The variety, quality and locations of speakers
- Enormously informative
- Being able to drop in for sessions that interested me
- The focus was on rural health 0 very inspiring
- Very real and very relevant
- The content and the day flowed really well
- Congratulations to all involved on an excellent day
- The videos worked well
- The focus on some ideas not being health gave a great representation of how to engage and work with rural groups.

What improvements would you recommend for next year?

- None – deeply respect the effort taken to deliver virtually
- Would like ePosters available to view in your own time
- More rural Aboriginal programs
- Please continue live streaming – to avoid long travel times
- There were technical issues, but the trouble shooting was first class. I loved Phil’s skills in hosting!
- I liked the use of Pexip rather than Zoom to allow using Videoconference Units.
- Get better at technical glitches – sometimes wifi in rural areas isn’t stable
- Program is always well put together – maybe flag new programs a bit better.
- Have poster presentations available at different times
- Maybe play some music as background for the ePoster slide show.

Do you have ideas for potential RICH Forum themes?

- Continue to showcase different communities, age groups and lifestyles from suburban, rural and remote areas
- Creative communities for better health
- Sharing rural research using genuine community engagement and co-production with all agencies
- Maybe, if our Pandemic situation continues, some COVID-19 responses – Rural Health during COVID / Innovative clinical work practices
- Maybe when the new Future Health Strategy comes out, link in presentations from the key focus areas



There was a good spread of attendance across all presentations, with the most popular sessions being the opening address by the Australian Men’s Sheds Association, the Bust the Dust presentation from Trangie St Johns Parish Primary School and the Ezedi Resettlement in Armidale presentation – Thinking outside the box.

School kids engaging in real relevant research. Love it! Well done teachers! Clinician

The Shed is awesome. So much to aspire to and so much to chat about - lots of chances to strike a common interest. A great way to discuss and connect. Clinician

Participants commented that presentations were relevant, diverse, well presented, pitched at the right level and that the audiovisual quality was good. Unfortunately, the process for sharing videos on screen required the presenter to stop presenting to enable eHealth to share the video on the full screen. This meant that videos all had to be shown at the end of the presentation. eHealth NSW are working to streamline this process for RICH 2021.

There were many positive comments:

“I loved the format. Coming and going allowed me to do quick meetings and then rejoin without interrupting anyone”. Clinician

“Everything about this day was great. I loved how presenters could present from their respective areas, stretching across NSW. I loved how I didn't have to take two days out of office to travel to get to partake in this forum. This method of communication is effective, interactive and saves organisations lots of money.” Manager

“I listened to the first two presenters on the Forum on my mobile as was driving that day to clients. Later managed to see a few other sections on you tube. Finishing the Forum off this afternoon. I appreciated the ability to drop in and out and the access via you tube so I could listen to all the presenters. I enjoyed the variety of presenters as well.” Community worker

APPENDIX 1: RICH Forum 2020 Program

Wednesday, 29 July 2020		
9:00am	Introduction, Acknowledgement to Country, Housekeeping Phillip Orcher, Rural Health Network Project Officer	ACI
9:05am	Official opening Dr Tracey Tay, Clinical Executive Director, CATALYST, ACI	ACI
9:10am	KEYNOTE: Australian Men's Sheds – Shoulder to shoulder Stuart Torrance, Men's Health Project Officer Australian Men's Sheds Association	NEWCASTLE
10:00am	Ezidi resettlement in Armidale – Thinking outside the box Ellen Meinel, Integrated Health Officer, Hunter New England Central Coast Primary Health Network, Armidale	ARMIDALE
10:30am	Morning tea (15 mins)	
10:45am	'Bust the Dust' dance movement Emma Wilson, Teacher St John's Parish School, Trangie Lilly Ryan, Hannah Peadon, Kayden Voucher, Students St Johns Parish School, Trangie	TRANGIE
11:15am	Reaching the hard to reach for effective change Dr Alison Kennedy, Research Fellow, National Centre for Farmer Health, Deakin University, Victoria	HAMILTON
11:45am	Collaboration is more than just communication – Success of the Western Rural Support Network Camilla Herbig, Rural Adversity Mental Health Program; Brenda Baker, National Association Grief and Loss, Western NSW LHD	DUBBO
12:15pm	Lunch (45 mins) ePoster Slideshow	
1:00pm	SWaP: a model of care to support practitioners in a rural community Linda Newell, Psychologist, Child and Adolescent Mental Health Services, Hunter New England Local Health District; David Lawrence, School Counsellor, Department of Education and Provisional Psychologist	GUNNEDAH
1:30pm	A Tale of the 'Connections Program' Chelsea Edwards, Manager Consumer and Carer Engagement, Far West LHD Jenna Bottrell, Program Manager, Mission Australia, Broken Hill	BROKEN HILL
2:00pm	Heart Yarns – Aboriginal Cardiac Education Program Mark Trebley, Aboriginal Cardiac Educator, NSW Ambulance	ALBURY

2:30pm	All for one and one for all: Establishing a supportive paediatric coordination network Emma Dickins , Integrated Care Project Lead, Sydney Children’s Hospital	RANDWICK
3:00pm	Wrap Up and close Phillip Orcher , Rural Health Network Project Officer	ACI

Presentations

Keynote speaker



“Men don’t talk face to face, they talk shoulder to shoulder”

Stuart Torrance, Men’s Health Project Officer, Australian Men’s Sheds Association (AMSA)

Stuart started his working life as a mechanic, welder, debt collector, advertising manager and business owner, positions far removed from his life today in social services with a focus on men’s health.

The switch occurred when working in the NSW Hunter on a Men’s Shed program back in 2009, the social engagement and wellbeing attributes of this Australian innovation captured his imagination.

He went on to work with Alzheimer’s Australia NSW (Now Dementia Australia) to connect men impacted by dementia with their local Shed. The ‘Every Bloke Needs A Shed’ program and the resource ‘Your Shed and Dementia....a manual’ allowed Sheds across Australia to open up and discuss, welcome and engage others impacted by dementia.

Joining AMSA in 2018 as the Men’s health project coordinator, he aims to focus his attentions on other health initiatives for Sheds and their members through the conduit of ‘Spanner in the Works?’ A program that covers all the parts a car needs to perform at its peak.....I mean covers all the parts of a man’s body that he needs to perform at his peak 😊

Speakers

Ezidi Resettlement in Armidale – Thinking outside the box

Ellen Meinel, Integrated Health Officer, Hunter New England Central Coast Primary Health Network

Armidale is a northern NSW rural town which became a refugee settlement site in 2018, with approximately 600 Yazidi refugees having been resettled so far. Healthcare delivery issues including a shortage of general practitioners, accessing interpreter services and transport were identified. Cross-sector collaboration between health service providers and community groups was established to facilitate education and information sharing, as well as culturally sensitive care planning and referral pathways. A Care Navigator Program will commence in March 2020 to build sustainable care coordination to assist in navigating the complex health system, including integration of employment and housing.

‘Bust the Dust’ dance movement

Emma Wilson, Teacher and Students Lilly Ryan, Hannah Peadon and Kayden Voucher of St John’s Parish School, Trangie

After learning about the drought during poetry class and then listening to a song about rain, a dance campaign was launched by a tiny rural school with just 50 students, inspiring over 600 schools nationally to participate. With morale very low and another festive season looming and drought riding on farmers' backs, the aim was to improve mental health in drought-stricken areas. As dust storm after dust storm swept their dry community, the students at St John's Parish School in Trangie, NSW, put out the call for a simultaneous dance to ‘Bust the Dust’. Instead of raising money, the students wanted to raise spirits, which is what they achieved.

Reaching the hard to reach for effective change

Dr Alison Kennedy, Research Fellow, National Centre for Farmer Health, Deakin University Victoria

A range of innovative and tailored resources and methods have been developed, in collaboration with industry, health services and other providers, to improve farmer health, wellbeing and safety. Service delivery options include digital story telling workshops and agrisafe clinics, while resources include the book *Managing Stress on the Farm* which is available online. As a national body, programs and resources that reflect the specific needs and contexts of farming life and work are actively being utilised across ages, geographic areas and delivery modes across Australia.

Collaboration is more than just communication – Success of the Western Rural Support Network

Camilla Herbig, Rural Adversity Mental Health Program;

Brenda Baker, National Association Grief and Loss, Western NSW LHD

The Western Rural Support Network is comprised of a group of government agencies, non-government organisations, charities and community groups who support the wellbeing of drought affected communities across the west. Supportive solutions include the sharing of skills, resources and workforce across the diverse member base to provide flexible and tailored support for communities. Other solutions include self-care opportunities through peer support, debriefing and social connectedness for a traditionally remote and isolated workforce.

SWaP: A Model of Care to Support Practitioners in Rural Community

Linda Newell, Child and Adolescent Mental Health Services (CAMHS), Gunnedah, Peel Sector, Hunter New England Health.

David Lawrence, School Counsellor, Department of Education and Provisional Psychologist

Rural communities struggle to attract and retain health professionals, often attracting new graduates who become daunted by the complexity and lack of resources characteristic of rural practice. Ten years ago, three psychologists in Gunnedah started a group which evolved to include Social Workers and Psychologists (SWaP) as well as other relevant professionals and undergraduates. SWaP membership now includes health, education, corrections, non-government organisations and private practice. SWaP is a safe and confidential space for sharing knowledge, resources, case discussion and personal and professional challenges. This presentation outlines the benefits of establishing peer support groups in small communities.

A Tale of the 'Connections Program'

Chelsea Edwards, Manager Consumer and Carer Engagement, Far West LHD

Jenna Bottrell, Program Manager, Mission Australia, Broken Hill

Once upon a time in a silver city in the middle of nowhere, 1200 kilometres from Sydney, an idea was born. Two organisations; Mission Australia and Far West LHD, identified a need to support people who were lonely and socially isolated and living in Broken Hill with mental illness. This peer-led and peer-designed program was established in 2017 and provides regular social coffee mornings, dinner and movie evenings, Sunday lunches, gardening and Saturday crafts. A film will be shown capturing feedback from participants.

Heart Yarns – Aboriginal Cardiac Education Program

Mark Trebley, Aboriginal Cardiac Educator, NSW Ambulance

This educational program was established to reduce the burden of cardiovascular disease in Aboriginal and Torres Strait Islander peoples, improve health through empowerment and develop health literacy through trusting relationships. Heart Yarns replaces standard teaching techniques (lectures and power-point) with innovation, humour and storytelling. The program was designed by listening to the communities and developing trust and acceptance, rather than pushing an agenda. To date, life changing education has been delivered to over 300 Aboriginal and Torres Strait Islander communities.

All for one and one for all: Establishing a supportive paediatric care coordination network

Stephanie Hodgson, Integrated Care Project Officer, Sydney Children's Hospitals

Currently there are only six paediatric care coordinators across NSW who are working in professional isolation. Opportunities for continuous professional development (CPD) are limited. To foster collaboration, a Paediatric Care Coordination Collaborative (PCCC) was established in 2019 to link metropolitan and rural coordinators (based in Murrumbidgee LHD, Southern NSW LHD, Children's Hospital Westmead and Sydney Children's Hospital Randwick) to share best practice ideas, patient stories, challenges and wins. The PCCC is now business as usual and an important vehicle for remedying professional isolation and driving service delivery consistency, especially for those working remotely.

ePoster Presentations - A rolling slideshow over the lunchbreak

A Ripple of innovation in a regional hospital – Renal Outpatient Pharmacy Clinic

Euna Hwang, Chief Pharmacist, South East Regional Hospital, Bega, Southern NSW Local Health District

New Parent Café – Roma Child Development Services

Amanda Scott, Senior Psychologist, Roma, Queensland Health

Dolly Parton Imagination Library Tamworth Regional Council

Cheyenne Moody, Rural Communities and Strategy Project Officer, Hunter New England Central Coast Primary Health Network

Training volunteers to assist with feeding non-complex hospital inpatients

Bruce Prince, Volunteer and Pastoral Care Leader Bathurst Hospital.

Abu Bakr Sirajuddin Cook & Najeebullah Soomro - Almiraj Sufi and Islamic Study Centre, Broken Hill

Improving interpreter usage – Changing behaviours ...*covertly*

Anne Smart, Women's Health CNC, Western NSW LHD

The Norm Bourke Box: a patient led initiative to improve care for rural patients requiring peritoneal dialysis

Nicole Schoels-Robertson, Patient Partner, University of Sydney

Demystifying Islam to medical, nursing and allied health students – Could religious education lead to better health service delivery?

Paul Bennett, PHC Education Officer, Broken Hill Rural Clinical School

Better cardiac care for Aboriginal people Burlu Kirra/NA

Georgina Drewery, Nurse Manager Integrated Care for People with Chronic Conditions and Leading Better Value Care, Far West LHD

Out here on my own – Establishing a peer review group for remote counsellors

Susan Blackmore, Child Protection Counsellor, Kids and Families NSW

Ballina Shire Dementia Friendly Community Alliance – Lessons Learned

Sabrina Pit, Director, Work Wiser International, **Louise Horstmanhof**, Southern Cross University, **Val Schache**, Dementia Advocate with lived experience

Tell it Well

Anita McRae, Senior Manager Mental Health Drug and Alcohol, Murrumbidgee Primary Health Network