

NEW SOUTH WALES  
**INNOVATION & HEALTH**  
Symposium **2015**

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**tomorrow**

# PROGRAM /2015

2 – 3 November / Waterview, Bicentennial Park

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**Health**



# PROGRAM – DAY 1

8.00 – 9.00am	<b>Registration opens</b>		
9.00am	<p><b>Open</b> – Master of Ceremonies, Mr John Mangos</p> <p><b>Welcome to country</b> – Uncle Ray Davison, Gadigal Elder</p> <p><b>Health innovations</b></p>		
9.20am	<b>Welcome</b> – Dr Mary Foley, Secretary, NSW Health		
9.30am	<p><b>Plenary address: Built on knowledge</b></p> <p><i>How design supports new models of care.</i></p> <p><b>Chair:</b> Mr Sam Sangster, Chief Executive, Health Infrastructure; Dr Nigel Lyons, Chief Executive, Agency for Clinical Innovation; Mr Darren Tims, Principal, Director Major Projects, HDR Rice Daubney; Mr Chris Razzell, Managing Director, dRofus Pty Ltd; Dr Helen Crowther, Director Cancer Services, Blacktown and Mount Druitt Hospitals, Clinical Haematologist, Westmead and Blacktown Hospitals, Senior Lecturer, Western Sydney University</p> <p><b>Health innovations</b></p>		
10.45am	<p><b>On the couch with John Mangos</b></p> <p>The Hon Jillian Skinner MP, Minister for Health and Dr Mary Foley, Secretary, NSW Health</p>		
11.15 – 12.00pm	<b>Morning tea</b>		
12.00 – 1.00pm	<p><b>BREAKOUT SESSION 1</b></p> <p><b>Tackling obesity in NSW</b></p> <p><i>Leaders of innovative prevention methods discuss obesity.</i></p> <p><b>Chair:</b> Professor Chris Rissel, Director, NSW Office of Preventive Health and University of Sydney</p> <p>Professor Adrian Bauman, Professor Public Health, University of Sydney</p> <p>Mr Ross Morrison, Manager, School Sport Unit, NSW Department of Education</p> <p>Dr John Wiggers, Director Hunter New England Population Health, Professor, School of Medicine and Public Health, University of Newcastle</p> <p>Professor Louise Baur, Associate Dean and Head, The Children's Hospital at Westmead Clinical School, The University of Sydney</p>	<p><b>BREAKOUT SESSION 2</b></p> <p><b>Remember me?</b></p> <p><b>The patient is key</b></p> <p><i>Including the patient's perspective improves health outcomes.</i></p> <p><b>Chair:</b> Dr Zoran Bolevich, Acting Chief Executive, eHealth</p> <p>Ms Melissa Tinsley, Project Manager, Patient Reported Measures, Agency for Clinical Innovation</p> <p>Ms Cheryl McCullagh, Director of Clinical Integration, The Sydney Children's Hospitals Network</p> <p>Jenny Glider, Consumer representative</p> <p>Mrs Mary Potter, Consumer representative</p>	<p><b>BREAKOUT SESSION 3</b></p> <p><b>Taking time for what matters</b></p> <p><i>Compassionate care has the power to make an enormous difference to a patient's recovery and experience.</i></p> <p><b>Chair:</b> Ms Susan Pearce, Chief Nursing and Midwifery Officer, Acting Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health</p> <p>Ms Louisa Hope, Consumer, Lindt Café seige survivor</p> <p>Mr Nickolas Yu, Program Manager Patient and Family-centred Care and Staff Wellness, Sydney Local Health District</p> <p>Ms Lindy Collins, Nursing Unit Manager, Emergency Department, Canterbury Hospital</p> <p>Ms Karen Bowen, Nurse Manager Clinical Practice, Sydney Local Health District</p>
1.00 – 2.00pm	<b>Lunch</b>		

# PROGRAM – DAY 1

2.00pm	<p><b>Welcome</b> – The Hon Pru Goward MP, Minister for Medical Research</p> <p><b>Health innovations</b></p>
2.15pm	<p><b>Research supporting practice</b>  <b>Chair:</b> Professor Tim Shaw, Faculty of Health Sciences, The University of Sydney          Associate Professor Clara Chow, Acting Director, Cardiovascular Division, Westmead Hospital and The George Institute, University of Sydney          Conjoint Associate Professor Meera Agar, Palliative care researcher, University of NSW          Professor Afaf Girgis, Director, Psycho-oncology Research Group, Ingham Institute for Applied Medical Research, University of NSW          Associate Professor Federico Giroi, Centre for Health Research, School of Medicine, Western Sydney University</p>
3.00 – 3.30pm	<b>Afternoon tea</b>
3.30pm	<p><b>Welcome</b> – Mr David Akeroyd, Managing Director ANZ, Baxter Healthcare</p> <p><b>Health innovations</b></p>
3.40pm	<p><b>Home is where the heart is</b>  <b>Chair:</b> Mr John Mangos          Mr Scott McLachlan, Chief Executive, Western NSW Local Health District          Dr Joanne Ging, Paediatrician, Head of Department General Medicine, Co-lead Ambulatory services, The Children’s Hospital Westmead          Ms Emily Riboldi, Hospital in the Home client, Hunter New England Local Health District</p>
4.25pm	<b>Close</b> – Dr Mary Foley, Secretary, NSW Health
<b>SYMPOSIUM DAY 1 CONCLUDES 4.30PM</b>	

# PROGRAM – DAY 2

8.30am	<b>Open</b> – Mr John Mangos		
8.35am	<b>Welcome</b> – The Hon Jillian Skinner MP, Minister for Health		
8.45am	<p><b>White paper: The reform of Federation</b> Mr Martin Bowles PSM, Secretary, Commonwealth Department of Health</p> <p>Panel discussion: Mr Martin Bowles; Dr Mary Foley, Secretary, NSW Health; Dr Steven Hambleton, Chair, Commonwealth Primary Health Care Advisory Group; and Ms Mary-Ann O’Loughlin AM, Deputy Secretary, Social Policy Group, NSW Department of Premier and Cabinet</p>		
	<b>Health innovations</b>		
10.15 – 11.00am	<b>Morning tea</b>		
11.00 – 12.00pm	<p><b>BREAKOUT SESSION 1</b> <b>Complexity: Opportunity for innovation?</b> <i>Panel session to discuss innovative models of service for people presenting with complex mental health and drug and alcohol issues.</i></p> <p><b>Chair:</b> Ms Helen Telford, Director, Telford Limited</p> <p>Dr Adrian Dunlop, Chief Addiction Medicine Specialist, NSW Ministry of Health, Area Director and Senior Staff Specialist, Drug and Alcohol Clinical Services, Hunter New England Local Health District</p> <p>Dr Murray Wright, NSW Chief Psychiatrist, NSW Ministry of Health</p> <p>Mr Larry Pearce, Chief Executive Officer, Network of Alcohol and Other Drug Agencies</p> <p>Dr Mary Ellen Harrod, Chief Executive Officer, NSW Users and Aids Association</p> <p>Professor Maree Teesson, Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use</p> <p>Professor Brin Grenyer Professor of Clinical Psychology, University of Wollongong and Director of the Project Air Strategy for Personality Disorders</p>	<p><b>BREAKOUT SESSION 2</b> <b>Medicinal cannabis: What is it?</b> <i>Medicinal cannabis is an exciting new area of research. Leaders in this field discuss the latest evidence.</i></p> <p><b>Chair:</b> Dr Kerry Chant, Chief Health Officer, Deputy Secretary, Population and Public Health, NSW Ministry of Health</p> <p>Clinical Professor Nicholas Lintzeris Director Drug and Alcohol Services, South Eastern Sydney Local Health District, Clinical Director, The Lambert Initiative in Cannabinoid Therapeutics, and Discipline Addiction Medicine, University of Sydney</p> <p>Professor Jennifer Martin, Chair of Clinical Pharmacology, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle</p> <p>Dr Jan Fizzell, Medical Advisor, Office of the Chief Health Officer, NSW Ministry of Health</p> <p>Ms Judith Mackson, Chief Pharmacist/Associate Director, Pharmaceutical Services, NSW Ministry of Health</p>	<p><b>BREAKOUT SESSION 3</b> <b>Social impact investment</b> <i>Social impact investment and the challenges of how it applies in a health setting.</i></p> <p><b>Chair:</b> Ms Elizabeth Koff, Deputy Secretary, Strategy and Resources, NSW Ministry of Health</p> <p>Ms Amity Durham, Executive Director, NSW Department of Premier and Cabinet</p> <p>Ms Sally Cowling, Director, Centre for Research, Innovation and Advocacy UnitingCare Children, Young People and Families</p> <p>Mr Ian Learmonth, Executive Director, Impact Investing Social Ventures Australia</p> <p>Ms Maree Walk, Deputy Secretary, Programs and Services Design Department of Family and Community Services</p>
12.00 – 1.00pm	<b>Lunch</b>		

# PROGRAM – DAY 2

1.00pm	<b>Open</b> – Mr John Mangos <b>Health innovations</b>
1.15pm	<b>Arts and Health</b> The Hon Jillian Skinner MP, Minister for Health
1.25pm	<b>The Pitch</b> <i>Presentation and awarding of start up grant for Arts and Health projects:</i> <ol style="list-style-type: none"><li>1. Into the Wild: Development of an Arts and Health outdoor performance area within the grounds of a high secure hospital <b>Justice Health and Forensic Mental Health Network</b></li><li>2. Music and Memory: in NSW Health facilities <b>Agency for Clinical Innovation</b></li><li>3. Ice Street Project: ‘Connection, communication and healing’ <b>St Vincent’s Health Network</b></li></ol>
2.30pm	<b>The People’s Choice Award</b>
2.45pm	<b>Close</b> – Dr Mary Foley, Secretary, NSW Health

SYMPOSIUM DAY 2 CONCLUDES 3.00PM





Patients as partners  
Integrated health care  
Local solutions  
Translational research

# AWARD FINALISTS

## /2015

Arts and Health  
Collaborative team  
Harry Collins Award  
Preventive health  
Volunteer of the year  
Staff member of the year  
Collaborative leader of the year



Strong fathers, strong families – Possum Cloaks  
*Nepean Blue Mountains Local Health District*



# PATIENTS AS PARTNERS



# PATIENTS AS PARTNERS



South Western Sydney Local Health District

## 1. Just PEACHY Palliative care home support group

PEACH aims to support palliative care clients in their last days of life and support their carers through intensive, rapid response and nurse-led specialist palliative care at home.

Excellent feedback was received from carers and staff regarding the PEACH program and the innovative after-hours support service, which enables clients to use a tablet device for support via videoconference or teleconference.

During the first 20 months in the five participating local health districts, a total of 1434 PEACH packages were delivered, and 679 clients died at home while on the program in accordance with their goals of care and wishes.



Murrumbidgee Local Health District

## 2. MY Recovery The consumer-led journey

The Mental Health Recovery Unit (MHRU) puts consumer choice at the forefront of care, empowering consumers to be responsible for their journey, and achieve their own goals.

Consumers chair their own recovery reviews, which are an opportunity to report on their goal progress, review goals, enlist support from relevant community supports and provide feedback to the MHRU staff.

Consumer evaluations of the program have revealed that 91 per cent of consumers felt like a leader in their own recovery journey and 86 per cent felt their relationship with mental health services had improved.



# PATIENTS AS PARTNERS



Northern NSW Local Health District

## 3. Drain the pain An innovative liver project

The project aimed to implement a patient-initiated admission process, reduce the length of stay, and improve end-of-life care planning for patients requiring large volume paracentesis secondary to end-stage liver disease.

The project identified key stakeholders, reviewed literature, developed a patient feedback tool, explored options for a patient-initiated admission process, and implemented strategies to standardise care and streamline patient flow.

The results were a patient-initiated admission process that avoided the emergency department; a reduction in length of stay by 66 per cent; adoption of a standardised best practice approach to patient care; and improved end-of-life planning.



Nepean Blue Mountains Local Health District

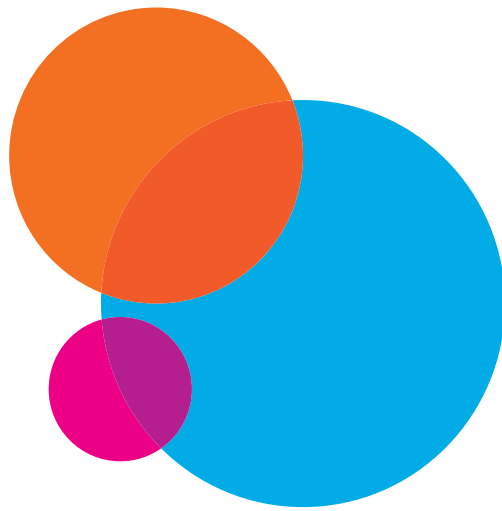
## 4. Strong fathers, strong families Possum Cloaks

Fifteen Aboriginal and Torres Strait Islander fathers completed a unique eight week cultural and educational program.

The program engaged Aboriginal fathers and other significant males to learn about parenting while carving culturally and personally significant artworks onto possum skin cloaks for their babies and children. Possum cloaks are one of the most sacred expressions of Aboriginal people and served many purposes, including cradling of new babies.

The program delivered positive outcomes for all participants and for Primary Care and Community Health. Aboriginal men expressed an increased knowledge of parenting, while health workers gained increased cultural competency and improved working relationships with members of the Aboriginal community.





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Southcare outreach service  
South Eastern Sydney Local Health District



# INTEGRATED HEALTH CARE

# INTEGRATED HEALTH CARE



South Eastern Sydney  
Local Health District

## 5. Southcare outreach service

The Southcare Outreach Service is a community rapid response multidisciplinary team for clients over 65 years in the Sutherland Shire.

The Southcare Outreach Service aims to provide safe and effective interventions which allow clients at risk of presenting to the emergency department to remain at home. Clinical interventions are provided for up to six weeks by nursing, physiotherapy and occupational therapy teams. Clients are seen within one to 48 hours of referral.

All community services previously had waiting lists, with urgent referrals having a wait of one to two weeks. The service has proven to prevent admissions and readmissions and has high client satisfaction.



Murrumbidgee Local  
Health District

## 6. A public-private rural physiotherapy service

The service targeted acute admissions, post-acute and aged care clients on referral by the health service manager. Allied health assistants were used to enhance the efficiency of the service, with the physiotherapy delegating clinical work between visits.

Shared governance arrangements were established to monitor the service delivery and to train and supervise allied health assistants.

During the pilot, 754 physiotherapy and allied health assistant services were delivered. Physiotherapy services are now available in four rural communities. The local general practitioner reports better outcomes for patients who can now access physiotherapy services locally without having to travel out of town.



# INTEGRATED HEALTH CARE



Northern NSW Local Health District

## 7. Early detection of chronic kidney disease in Aboriginal people

This project aimed to improve identification and management of Aboriginal and Torres Strait Islander clients with early stage chronic kidney disease.

Expertise of the Northern NSW Local Health District chronic kidney disease nurse practitioner, and staff at the Bugalwena General Practice, was integrated with the development of algorithms in the electronic medical record audit software provided by North Coast Medicare Local. Staff were able to rapidly identify patients with chronic kidney disease, with detection rates in Aboriginal clients at the practice increasing five-fold.

Prior to the project, only two per cent of adult clients were identified as having chronic kidney disease. Following the project, this increased to 10.7 per cent.



Mid North Coast Local Health District

## 8. Nurse Practitioner: Outreach rapid acute care

The nurse practitioner-led outreach rapid response service for older people aims to prevent avoidable hospital presentations, mainly from residential aged care facilities. The service provides older people with community-based holistic and person-centred care.

The service is a collaboration between the nurse practitioner and multiple community partners, providing effective and sustainable integrated systems of care. This has produced sustained results, including reduced hospital presentations, improved and timely access to care, reduced morbidities and increased patient satisfaction.

The success of the service has been possible because the partners have worked as collaborators with common goals, with the nurse practitioner working as a catalyst.



# INTEGRATED HEALTH CARE



Justice Health and Forensic  
Mental Health Network

## 9. Community Integrated Team At risk youth

This program identifies those who are at risk on entering the Juvenile Justice system and assertively focuses on them before they are released.

In partnership with Juvenile Justice, the Community Integration Team links clients to health services operated by local health districts and non-government organisations in the community with the aim of providing continuity of care, improving health outcomes and reducing juvenile recidivism.

The Team's work has seen impressive improvements since 2009 through reduced rates of return to custody, increased program participation, and extending the time out of custody for the small numbers who do return.



Sydney Local  
Health District

## 10. Introduction of the Missenden Short Stay Unit

The Missenden Short Stay Unit model of care arose from an innovative partnership between Mental Health, Drug Health and Emergency Medicine. It was developed to promote an integrated approach to care for mental health and drug health patients requiring brief inpatient hospital stays.

This is the first unit in Australia where patients are admitted under both psychiatry and drug health. The rotation of emergency department nurses through the Unit provides opportunities for professional development.

Preliminary results from the formal evaluation suggest the new model of care is effective, with improved patient and service outcomes observed and high levels of patient and staff satisfaction reported.



Paper-Lite - Implementation of anywhere, anytime,  
electronic medical records at Blacktown Hospital  
*Health Infrastructure*



## LOCAL SOLUTIONS



# LOCAL SOLUTIONS



Southern NSW Local Health District

## 11. Enduring client discharge project

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This project aimed to successfully transition long-term mental health consumers in the psychogeriatric unit into community accommodation.

The innovation was initiated by consumers who requested support for exploring options for them to live in a community setting.

The project resulted in the successful relocation of 19 out of 20 long-term consumers from hospital to community, providing a better life experience, improved treatment outcomes, quality of life and respect for individuals' human rights. Cost efficiencies have also been gained. The collaborative and supportive work with community facilities not only created efficiencies but importantly respected consumer needs and rights, and empowered individuals to identify and implement a solution that improved their quality of life.



Murrumbidgee Local Health District

## 12. The snap project – Certificate III in aged care

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The SNAP (School Nursing Assistant Pathway) project aimed to provide local high school students with an opportunity to commence a pathway into nursing while still at school, via a Certificate III in Aged Care Nursing.

The students completed two workplace experiences during the course at the Aged Care Unit at Corowa Hospital Nursing Home, and Oolong Hostel in Howlong/Southern Cross Nursing Home.

The vision of education, training and retention of local people in local communities is the driving force behind SNAP. Six local high school graduates have secured positions in local health services, which has resulted in reduced recruitment costs and higher retention rates.



# LOCAL SOLUTIONS



South Western Sydney Local Health District

## 13. Success story – Ophthalmology outpatient services

The Ophthalmology outpatient project aims to improve quality, safety and health care experience for ophthalmology patients. In 2013, 828 patients in South Western Sydney were determined as requiring ophthalmology outpatient appointments with a wait time of two and a half years for non-urgent first time appointments.

Innovative local solutions were developed, which included strong clinician leadership and engagement, a revised model of care, introduction of a standardised referral/triage service, and concurrent surgical sessions for registrars.

As of June 2014, all patient clinic waitlists were cleared and the new clinic wait time was reduced to less than one year.



Northern NSW Local Health District

## 14. Prostate Intensity Modulated Radiotherapy in seven mouse clicks

The Northern NSW Cancer Institute aimed to improve quality and efficiency of radiation treatment by developing, evaluating and implementing a class solution for prostate IMRT.

A quality improvement process was used to develop a class solution, reducing the calculation time of radiation dose to less than 15 minutes.

The initial solution met the criteria for 82 per cent of prostate cancer patients. After refinement, this increased to 90.2 per cent.

Due to the reduction of calculation time, patient waiting times have been reduced by 50 per cent to two weeks. The solution also improved quality of radiation dose coverage to the tumour and reduced the risk of injury to normal tissue.



# LOCAL SOLUTIONS



Health  
Infrastructure

## 15. Paper-Lite Implementation of anywhere, anytime, electronic medical records at Blacktown Hospital

In September 2014, as part of the Blacktown and Mount Druitt Hospitals expansion project, Blacktown became the first public hospital in NSW to implement an electronic medical record (eMR) for the majority of inpatient documentation.

A local solution, which aligned with the unique set of conditions at Blacktown Hospital at the time, was developed and was the key factor in the success of the initiative.

The project was enabled by strong inter-agency partnerships between Western Sydney Local Health District, Health Infrastructure and eHealth NSW. The program was implemented in 16 hospital units within 19 months.



Mid North Coast Local  
Health District

## 16. Conversion of a rural ED to an Urgent Care Centre

The emergency department at Wauchope District Memorial Hospital was unable to safely and consistently provide a 24-hour emergency service despite support from its nearby referral site of Port Macquarie Base Hospital.

A review was conducted encompassing workforce and clinical service delivery components and a stakeholder engagement matrix was established.

Conversion to an urgent care centre model of care during the opening hours of 8am to 6pm has allowed for a sustainable workforce with the medical officer presence maintained.

The outcomes for the community are an improved clinical service delivery, a sustainable permanent workforce and financial benefits for the hospital.





Sydney Local  
Health District

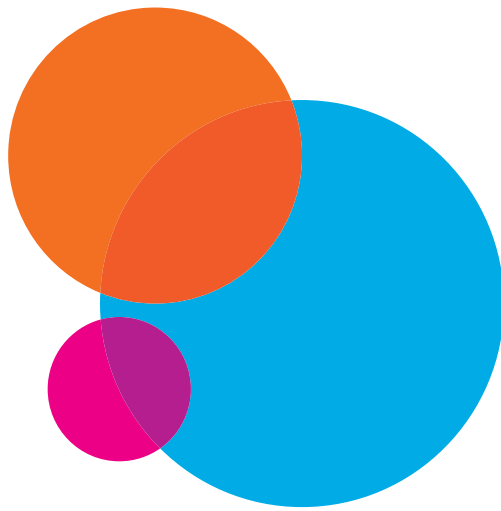
## 17. Electronic medication management at Concord Hospital

The Electronic Medication Management (eMeds) project aimed to provide local customisation of a commercial medication management system to ensure safer, integrated, medication management for patients at Concord Hospital.

The district created its own unique eMeds system by integrating practising clinicians from Concord Hospital in key roles within the eMeds team. This multidisciplinary benefits realisation group managed the design, build and analysis of benefits for the project and developed novel system functionality, including an electronic pharmacy/eMeds system interface and a system for prescribing and administration of intravenous fluids.

The pilot project demonstrated a 66 per cent reduction in total prescribing errors.





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Transforming acute stroke  
care locally and globally  
*Hunter New England Local Health District*



# TRANSLATIONAL RESEARCH



Sydney Local Health District

## 18. Restoration of voice for tracheostomy patients in ICU

This project aimed to compare the effects of different interventions for restoration of voice after tracheostomy.

A randomised trial of early speech intervention versus standard management for tracheostomy patients was conducted in the ICU at Royal Prince Alfred Hospital.

Thirty participants were recruited. The primary outcome measure was time from tracheostomy insertion to phonation. Early speech intervention significantly hastened return to voice (median difference = 11 days, hazard ratio = 3.66, 95% CI = 1.54 to 8.68) and improved quality of life.

Early speech intervention allowed earlier return of voice, with patients reporting a sense of happiness and relief when their voice was restored.



Justice Health and Forensic Mental Health Network

## 19. Health on the inside

For 20 years, the Justice Health and Forensic Mental Health Network has conducted the largest and most comprehensive cross-sectional inmate health survey within Australia.

The survey results have enabled the use of basic science outcomes to monitor and enhance inmate health and wellbeing through repeated prevalence measures over a 20-year period. The survey results have led to sustained improvements such as improving chronic disease screening.

The 2015 study showed significant improvements in the methodology, outcome-focused content, integration into service systems and the use of a collaborative approach. This reflects academic research contributing to improved patient health outcomes, rather than the other way around.





Hunter New England Local Health District

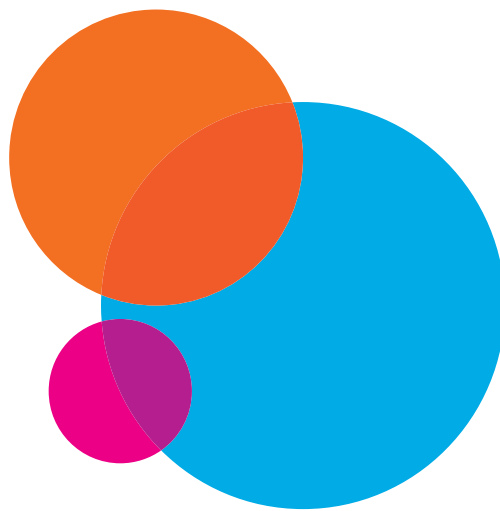
## 20. Transforming acute stroke care locally and globally

The research program addresses the identification of oxygen deficient but viable brain using CT imaging techniques pioneered and validated by the team; and the testing of improved clot-dissolving drug therapy (tenecteplase) to clear the blocked artery. Aligning available technology with application, testing, validation and application in clinical trials is innovative.

This method allows patient profiling, prognostic accuracy and personalised acute stroke care. The approach has delivered results across the local health district and is now being adopted internationally in a large-scale, randomised trial of a new 'clot-busting' acute stroke therapy. If this trial is positive, further change will be seen in acute stroke care globally.







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The many colours of  
Blacktown and Mount Drutt  
*Western Sydney Local Health District*



# ARTS AND HEALTH

# ARTS AND HEALTH



Western Sydney Local Health District

## 21. The many colours of Blacktown and Mount Drutt

As part of Blacktown and Mount Drutt Hospitals Expansion Project, an Arts and Culture Program has been established that has shaped the design of the new hospital facilities.

The program has helped create a built environment that is patient-focused, engages the community, and conveys a sense of belonging, pride and confidence in the hospital's services.

Over 500 community members, staff and artists including eight specially trained multilingual community champions contributed to the development of the program, which integrates the community-inspired art and design elements into the hospital's facilities.



South Eastern Sydney Local Health District

## 22. Singing to health: a choir for people with neurological communication disorders

This project provides an accessible, appropriate choir for people with chronic communication impairment due to acquired and progressive neurological deficits. It is the only such arts program in the South Eastern Sydney Local Health District.

Speech pathology delivers a weekly social choir led by a volunteer music therapist. Analysis of semi-structured interviews after a 12-week block of choir participation demonstrated positive outcomes, including improved mood and improved social connectedness.

The project reported 100 per cent participant satisfaction, with 88 per cent of participants stating that attending the choir assisted their ability to communicate with others.





Cancer Institute NSW

## 23. BreastScreen NSW: Culturally and linguistically diverse engagement strategy

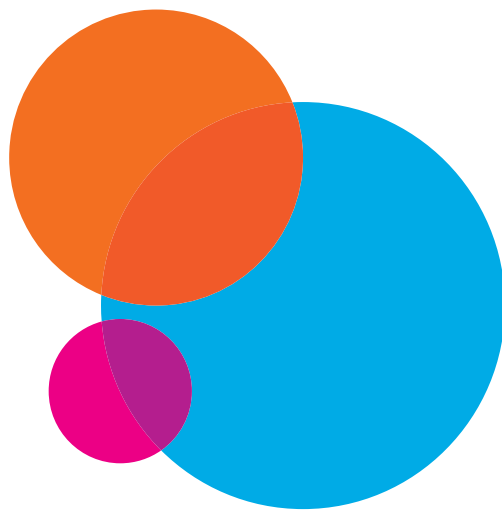
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This project aimed to promote awareness of the BreastScreen NSW Program to women from Arabic-speaking and Chinese communities who had not had a regular mammogram.

A campaign was implemented that encouraged community participation via community art workshops. The workshops were followed by an event to launch the completed artworks, which then toured in NSW libraries in areas with large Arabic-speaking and Chinese communities.

The project produced two beautiful and unique artworks that can now be displayed in BreastScreen NSW services to support a positive patient experience, and incorporated into resources to promote breast cancer screening.





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Teamwork the Mid North  
Coast way: From ED to UCC  
*Mid North Coast Local Health District*



# COLLABORATIVE TEAM

# COLLABORATIVE TEAM



Justice Health and Forensic  
Mental Health Network

## 24. Eating with dignity

The Project was developed to ensure mental health patients at risk of self-harm in the long stay mental health unit received food that is nutritious and can be eaten with dignity.

Nutritious finger food was sourced that could be easily served in new packaging, along with a spoon called EcoTensil made with cardboard and smooth edges that eliminated the risk of self-harm and increased the variety of foods that could be served.

Patients can now eat a wider variety of more nutritious food with dignity and maintain a safe environment. The program has not increased costs and is 100 per cent environmentally friendly.



Mid North Coast Local  
Health District

## 25. Teamwork the Mid North Coast way: From ED to UCC

In March 2014, the Wauchope District Memorial Hospital emergency department was replaced by an urgent care centre.

The successful transition was underpinned by a comprehensive communications strategy and made possible by the formation of a dynamic team, which included all staff, key people from the health system and the wider community.

The communications strategy included briefing sessions to bring community leaders into the debate from an informed perspective.

The success of the project was measured against any negative/positive media coverage, community dissatisfaction as well as clinical outcomes. The Urgent Care Centre continues to receive strong community support.



# COLLABORATIVE TEAM



South Western Sydney Local Health District

## 26. Improving long stay patient management

In May 2014, a cluster of long stay patients was identified in emergency department-accessible beds at Liverpool Hospital.

A collaborative, multifaceted team approach was taken to improve long stay patient management, including case management of extreme long stay patients, ward education, and the introduction of a weekly reporting, monitoring and escalation processes to address discharge barriers.

The number of long stay patients with length of stay greater than 100 days reduced by 70 per cent from 14 to four patients. The number of patients with length of stay greater than 30 days reduced by 29 per cent from 70 to 50 patients.

These improvements have been sustained throughout 2015.



NSW Health Pathology

## 27. TruNarc: A partnership between police and pathology

NSW Police and NSW Health Pathology aimed to reduce the burden of illicit drugs by introducing a device to analyse drugs at the crime scene.

The Illicit Drugs Analysis Unit trialed the TruNarc device in 2013. A partial rollout to police in Newcastle and Lidcombe followed in 2014, with more devices to follow this year. A backlog of 2500 unstarted cases in 2013 was reduced to less than 300 by the end of 2014.

This clears the risk of convictions being delayed due to a six-month statute of limitations on drug possession charges. The result is a national first in interagency drug analysis regimes.





# COLLABORATIVE TEAM



Illawarra Shoalhaven Local Health District

## 28. Triple CCC project – Care, communicate, coordinate

The Triple CCC Project aimed to improve patient, carer and staff experiences with care coordination and interdisciplinary communication.

Staff surveys identified that 68 per cent of hospital staff felt communication required improvement.

The new care coordination model includes agreed ways of working, daily multidisciplinary (MDT) team meetings, Collaborative Post Intake ward rounds and Structured Interdisciplinary Bedside Rounds (SIBR). Teams used checklists and communication scripts to improve performance and safety.

Teamwork improved, reducing the time taken to clarify care plans by 30 per cent, and referral delays have been reduced by 24 per cent.



Hunter New England Local Health District

## 29. Rapid access colonoscopy: positive faecal occult blood test

The project's aimed to develop a rapid access colonoscopy service for positive faecal occult blood test referrals to reduce the major delays to colonoscopy and colorectal cancer diagnosis.

A process for rapid access colonoscopy with phone screening was developed. Suitable patients proceeded to direct access colonoscopy, bypassing outpatient clinics; those not suitable were processed via an expedited clinic process. Allocation to colonoscopy lists was based on patient factors, waiting list size and time.

The median time from general practitioner referral to colonoscopy was reduced by 38 days (46 per cent) for direct access and by 19 days (23 per cent) for expedited clinic process.



Catheter associated urinary  
tract infection project  
*Sydney Local Health District*



# HARRY COLLINS AWARD

# HARRY COLLINS AWARD



South Eastern Sydney Local Health District

## 30. Mighty germ but tight plan can send the baby home

Group B streptococcus is the leading infection in the immediate newborn period.

The Centre for Disease Control currently recommends 48-hour in-hospital observation of at-risk infants even after antibiotic prophylaxis.

The Royal Hospital for Women allowed early discharge of these infants with a safe discharge plan within the first 48 hours. An audit found none of the infants developed sepsis and 33 per cent were discharged home before 48 hours of age.

The early discharge program for neonates empowers parents with early discharge reducing hospitalisation costs. NSW Health are currently reviewing the policy in light of emerging international evidence. The findings of this clinical practice improvement project will be important to this work.



Southern NSW Local Health District

## 31. Healthy mouths in hospital

This project aimed to improve oral health care for inpatients in Bega Hospital.

Data was collected via audits and patient surveys in Bega Hospital between October 2013 and March 2014. Results revealed that oral health care did not always occur and that 95 per cent of patients did not store dentures in denture cups overnight.

Denture cleaning materials are now purchased and available, staff education has resulted in changed practises, and a patient information brochure helps empower patients to ask for good oral care. The project is currently being implemented in all local health district hospitals.



# HARRY COLLINS AWARD



Sydney Local Health District

## 32. Catheter associated urinary tract infection project

This project aimed to reduce health care-associated infections due to unnecessary catheterisation and unnecessary catheter dwell time. It is believed to be the first project of its kind in the world to use algorithms to support clinician decision to insert a urinary catheter.

In collaboration with the Clinical Excellence Commission, Canterbury Hospital undertook a pilot program designed to reduce CAUTIs through a reference tool for clinicians. The tool showed when a patient requires catheterisation, appropriate urine specimen collection, and criteria-led catheter removal protocol.

The results reflect a reduced catheter use rate, improved documentation compliance and a reduction in CAUTIs to zero.



Hunter New England Local Health District

## 33. Preventing catheter associated urinary tract infection

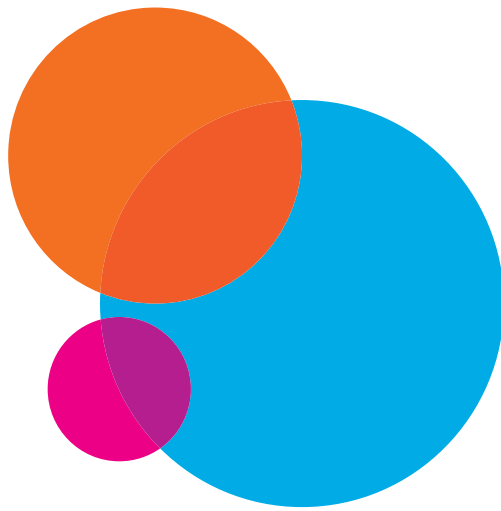
This project developed and implemented a model of care for indwelling urinary catheters to reduce catheter-associated urinary tract infections (CAUTIs) during inpatient admission.

The team conducted a literature review which indicated that a collaborative, multipronged inter-professional approach would maximise the success and sustainability of intervention.

Data collection in two pilot wards provided current catheter usage information and CAUTI rates. Staff surveys assessed knowledge.

After six months, there were statistically significant decreases in catheter usage rates, (30 per cent to 14.6 per cent of all admissions), mean days in situ (4.9 to 2.9 days), and CAUTI treatment (8.4 per cent to 0.7 per cent).





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# PREVENTIVE HEALTH

# PREVENTIVE HEALTH



Mid North Coast Local Health District

## 34. Your Health Link: Health information the right way

Your Health Link [www.yourhealthlink.health.nsw.gov.au](http://www.yourhealthlink.health.nsw.gov.au) is an online gateway to a suite of health information, linking the community, patients and carers to over 500 Australian health-related organisations and services chosen by health professionals. The linked information focuses on the prevention spectrum.

Through accessible website design and a comprehensive linking program, Your Health Link has enabled 90.5 per cent of users surveyed to connect with the information they were looking for.

Your Health Link is a state-transferrable product, which continues to expand through a collaborative information partnership program that currently includes three local health districts and ten peak health organisations.



St Vincent's Health Network

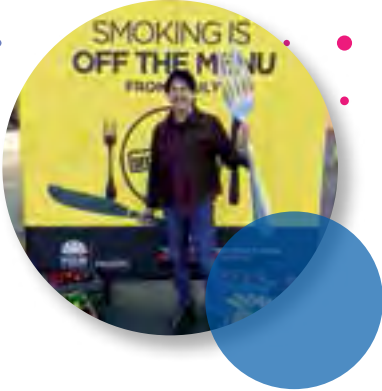
## 35. Aboriginal Quitline: Leading by example

St Vincent's Hospital developed and implemented the NSW/ACT Aboriginal Quitline to provide a more tailored service to Indigenous populations.

The Aboriginal telephone advisors have a clinical background and provide support and sensitivity to the cultural and personal needs of the Aboriginal community.

Community engagement has resulted in the Aboriginal Quitline having a 35 per cent increase in call volume from Aboriginal and Torres Strait Islander communities. Calling the Aboriginal Quitline can double a person's chances of quitting smoking, with the service in a unique position to be able to educate, advise and promote better health outcomes through a single contact with this service.





NSW Ministry  
of Health

## 36. Smoke-free commercial outdoor dining for NSW

This public notice campaign aimed to increase awareness of new smoking bans in commercial outdoor dining areas from 6 July 2015.

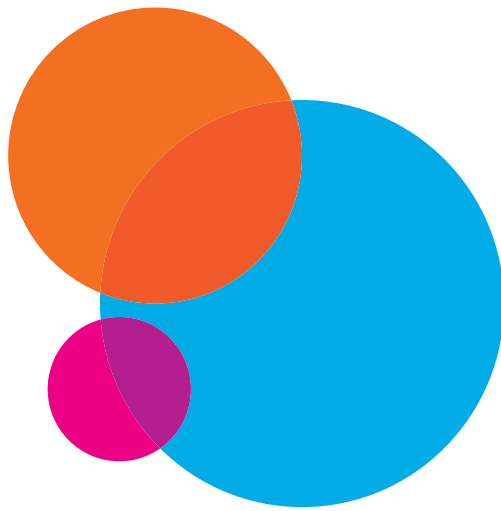
The campaign employed stakeholder engagement and social marketing strategies to reach a broad target audience. Innovate content made the complex legislative message engaging and ensured audiences were not alienated by an authoritarian approach. Trained workers were deployed to visit hard-to-reach audiences in the hospitality industry.

Awareness of the smoking ban was increased by 22.9 per cent (from 59.2 per cent to 82.1 per cent).

The campaign has successfully built awareness and social support, leading to 98 per cent compliance to date.







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# VOLUNTEER OF THE YEAR



Far West Local Health District

**Ms Karen Kemp**

Staff Volunteer, Patient  
Family Support Team

---



Hunter New England Local Health District

**Aunty Joy Reid**

Volunteer,  
BreastScreen NSW

---



The Sydney Children's Hospitals Network

**Mrs Judy Lavery**

Bear Cottage  
Volunteer

---



South Western Sydney Local Health District

**Mr Brian Rope**

Volunteer and Consumer  
Representative

---

# VOLUNTEER OF THE YEAR



Mid North Coast Local Health District

**Mrs Louise Stanton**

Volunteer, Dorrigo  
Multipurpose Service

---

# STAFF MEMBER OF THE YEAR



Illawarra Shoalhaven Local Health District

**Dr Greg Barclay**

Director Palliative Care  
Services

---



South Eastern Sydney Local Health District

**Ms Vickie Knight**

Clinical Nurse  
Consultant

---



The Sydney Children's Hospitals Network

**Mr Joe Borgia**

Hospital Assistant,  
Porter and Cleaner

---



Far West Local Health District

**Dr Sarah Wenham**

Palliative Care  
Physician

---

# COLLABORATIVE LEADER OF THE YEAR



Illawarra Shoalhaven Local Health District  
**Professor Jan Potter**  
Director, Division of Aged Care,  
Rehabilitation and Palliative Services

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NSW Health  
**Professor Les White AM**  
Chief  
Paediatrician

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Justice Health and Forensic Mental Health Network  
**Ms Michelle Eason**  
Acting Head Practice  
Development

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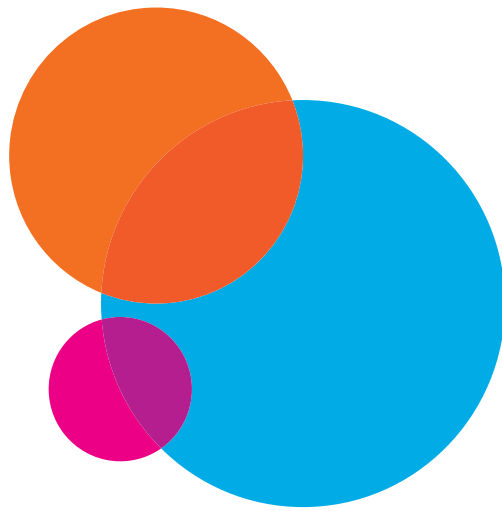


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