2008 HEALTHY WA AWARDS

Category Awards Sponsors:

Healthy Workforce Award - McKesson Asia-Pacific
Healthy Hospitals Award - Health Networks Branch, WA Health
Healthy Partnerships Award - Fujitsu
Healthy Communities Award - University of Western Australia
Healthy Resources Award - AIM-UWA Business School Alliance
Healthy Leadership Award - Institute for Healthy Leadership, WA Health
Director General’s Award - HESTA
HEALTHY COMMUNITIES AWARD 2008

Winner: The Multi-Systemic Therapy (MST) Program; South Metropolitan Area Health Service

The Multi-Systemic Therapy (MST) Program is a specialist child and adolescent mental health initiative operating in Perth for nearly three years. Two small clinical teams located at Hillarys and Rockingham provides intensive community-based services to families of children and adolescents with severe behavioural disorders.

Research studies of the MST program show that in the large majority of cases the intervention is able to deliver enduring positive change for the young person and in WA the program is achieving good outcomes with families involved in the program. The young population targeted are otherwise likely to experience unhappy, short-lived unproductive and chaotic lives. The skilling and empowerment of parents and care-givers to manage behaviour is of great benefit to the whole community.

L-R: Award recipient Mark Porter, South Metropolitan Area Health Service; team member Roxanne Buktenica; Hon Dr Graham Jacobs, MLA, Minister for Mental Health; team member Dawn Barrett and sponsor Prof John Newnham, UWA.
Finalist: The Next Birth After Caesarean (NBAC) Clinic; Women and Newborn Health Service

Australia has a high caesarean section rate, and in Western Australia the elective repeat caesarean section (CS) rate is at an all time high, despite evidence that vaginal birth after a previous caesarean (VBAC) is best practice and the most cost effective option. Surgical birth poses greater risks to both the baby and the mother, and there are also implications for family functioning and childhood development and increased financial cost to families, communities and the health system for unnecessary childbirth intervention.

The Next Birth After Caesarean Clinic (NBAC) is a midwifery-led innovative clinical practice initiative to improve the quality of care offered to childbearing women and their families. It is a specifically designed and structured women-centred program designed to nurture women’s emotional wellbeing after CS, provide consistent, evidence-based information to promote safe and successful vaginal birth in a subsequent pregnancy thereby decreasing the CS rate and delivering considerable cost savings to the community and the health system.

Finalist: Child and Adolescent Community Health metropolitan-wide Aboriginal health team; Child and Adolescent Health Service

A dedicated metropolitan wide Aboriginal health team is effectively responding to community health needs of Aboriginal and Torres Strait Islander children and their families, predominantly through home visiting to deliver developmental screening and supporting and strengthening parenting abilities by addressing key health issues.

The Aboriginal health team consists of Aboriginal health workers, community health nurses, a medical officer, health promotion staff and support staff who work together to deliver flexible, family centred services with a strong community focus.

A framework was established to guide the delivery of 20 regular home visits, each of which has specific tasks, tools and guidelines for staff to ensure consistency, over the first five years of Aboriginal children’s life.
HEALTHY HOSPITALS AWARD 2008

Winner: Safe medications - preventing medication errors; North Metropolitan Area Health Service

The Safe Medications project aims to reduce the number of adverse medication events and with that, reduce the number of patients adversely impacted by those events.

Medication reconciliation on admission (taking a medication history, confirming and reconciling it) was implemented at Osborne Park Hospital (OPH). This has resulted in the identification of medication errors or discrepancies on admission which can be resolved prior to affecting the patient, leading to better patient outcomes.

In April 2007, medication reconciliation on admission to OPH was documented as being completed 0% of the time. In 2008 (January - July) medication reconciliation on admission improved, documented as being completed 99.5% of the time, as a result of the Safe Medications project.

Significant medication safety improvements have resulted from documenting the entire reconciliation process. In addition, the community has been engaged with medication safety through community centre education sessions, provision of posters, articles in the local community newspaper and the hospital newsletter, patient televisions and the hospital internet.

Maternity patients complete a ‘My Medicines’ list prior to admission to assist pharmacy and medical staff compile an accurate medication chart. ‘My Medication’ bags have been introduced across all rehabilitation and aged care wards, encouraging patients to bring their medications on admission. The OPH Community Advisory Council is also informed of the progress of the medication safety project at monthly meetings.

L-R: Hon Dr Kim Hames, MLA, Deputy Premier; Minister for Health; team member Aaron Cook; Sponsor Dr Simon Towler from Health Networks; Award recipient Karen Chapman, North Metropolitan Area Health Service; team members Shelly Palmer and Erin King.
Finalist: The HiTHOx Program – using home oxygen therapy for children with acute lower respiratory tract infections; Child and Adolescent Health Service

Acute lower respiratory tract infections, specifically acute bronchiolitis and pneumonia are one of the most frequent causes of hospital admission for children in Australia. For both conditions, the length of hospital admission is invariably related to the period of time the child requires oxygen supplementation. In addition to the health burden, there are substantial health care costs, for both families and institutions caring for children in hospital. At Princess Margaret Hospital for Children (PMH), more than 800 children are admitted to hospital with either acute bronchiolitis or pneumonia every year.

A select group of children with acute bronchiolitis still requiring supplemental oxygen can be safely managed at home and that this practice is popular with parents and healthcare professionals.

A PMH-wide home oxygen program for children with acute lower respiratory tract infections was implemented involving collaboration between general paediatricians, ward nursing staff, respiratory scientists and the PMH Hospital in The Home (HiTH) nursing team. The HiTHOx program provides significant improvements in the lives of the families of our patients with acute respiratory tract infections requiring hospitalisation. Families involved in the program are able to care for their children at home, with assistance of experienced paediatric HiTH nurses. As a result there is increased convenience for the families by minimising disruptions to school of siblings, reducing additional expenses incurred by families and lost productivity the in general community.

It is estimated that the HiTHOx program can reduce the length of stay in PMH by up to three tertiary bed days per child leading to a saving of up to $1,500 per eligible child whilst still ensuring the safe management of children in the program.

Finalist: the Princess Margaret Hospital care coordination program for children with chronic disease; Child and Adolescent Health Service

As part of WA Health ambulatory care reform an innovative chronic disease management program that targets children with complex chronic illness who frequently utilise hospital services was launched at Princess Margaret Hospital in June 2007. The Ambulatory Care Coordination (ACC) Program offers an integrated care coordination/case management program for children that is underpinned by the Flinders’ chronic disease self management model. It is designed to improve care coordination through prospective integrated health care planning, rapid response and strengthening of partnerships between tertiary and community services.
The main health outcomes achieved resulted from increased access to services including respite and GP services, improved outpatient coordination, increase patient education, coordination of physical resources, and case conferences.

Significant economic benefits can be gained from the PMH ambulatory care service resulting from reduced hospital utilisation. Early data is demonstrating significantly positive results, for example a 36% reduction in bed days for the initial patient cohort.

The ACC Program provides a level of care coordination for children with chronic conditions that have resulted in less ‘unscheduled’ utilisation of hospital services. Families no longer need to sit for hours in a busy emergency department to access advice and reassurance for minor ailments and health issues.

Additional benefits include improved health care outcomes, increased client satisfaction and provision of a working environment that is attractive to nursing staff.
HEALTHY LEADERSHIP AWARD 2008

Winner: Reforming child development services; Child and Adolescent Health Service

The metropolitan Child Development Service (CDS) provides a range of assessment, early intervention and therapy services to children with, or at risk of developmental delay. Services are provided by a range of medical, nursing and allied health staff across 15 different sites.

A review of services found that the existing environment prevented timely delivery of services, such that many children received insufficient intervention, too late for it to be effective with a resulting increase in the need for ongoing therapy.

Following the review of services, a project team was established to oversee reforms regarding clinical governance, wait list management, collaboration and partnerships, family and community engagement and tiers of care. The reforms have resulted in a number of significant achievements towards improving outcomes for vulnerable children including a continuum of care framework, inter-agency collaboration for improved services for children with complex needs, a first service-wide evaluation project involving consumers, development of a strategic plan for integrated services, mechanisms to develop a service and referral pathway for WA Country Health Service clients, standardised resources, Aboriginal work plan and the mapping of demand for child development services in WA.

Finalist: You are not alone: Emotional health for mothers from culturally and linguistically diverse communities - DVDs; Women and Newborn Health Service

During extensive consultation with culturally and linguistically diverse (CALD) communities in Perth, women identified the need for culturally appropriate resources/information about social and emotional wellbeing and service access during the perinatal period. Three DVDs have been produced for the Ethiopian, Sudanese and Iraqi communities.
The DVDs provide an overview of the experience of perinatal depression from the perspective of women from each of these communities and includes information on symptoms, risk factors, treatment and accessing pathways to care. In addition, religious leaders from the communities feature in the DVDs encouraging women and men to seek help.

They also aim to raise awareness of perinatal mental health issues amongst women and their families and provide opportunity for discussion with mothers/families. The DVDs have also been streamed through the consumer website www.yourzone.com.au/perinatalhealth

**Finalist: Triple P - Positive Parenting Program in WA; Child and Adolescent Health Service**

Substantial evidence indicates that improving parenting skills is one of the most practical and cost-effective ways of reducing the incidence of conduct problems and improving the well-being and health status of children.

The Triple P - Positive Parenting Program is an evidence-based intervention that aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.

Western Australian research has shown that Triple P has the potential to reduce the prevalence of childhood conduct and behavioural problems by up to 37 per cent. Recent independent economic analysis of this multi-level intervention indicates that it need only avert 1.5 per cent of cases of conduct disorder to pay for itself through a reduction in associated costs to the justice, education and social service systems.

In 1996 WA Health, in collaboration with the University of Queensland, developed a group version of Triple P to enable a population health application of the program. Since this time, Child and Adolescent Community Health have coordinated the statewide expansion and delivery of Triple P as a preventive early intervention strategy to address the burden of conduct disorders.

Today, approximately 1800 families attend Triple P programs across the State each year. In addition, there is an unquantifiable benefit resultant from the use evidence-based strategies by staff in their daily contact with families.
HEALTHY PARTNERSHIPS AWARD 2008

Winner: Child and Adolescent Community Health metropolitan-wide Aboriginal health team; Child and Adolescent Health Service

A dedicated metropolitan wide Aboriginal health team is effectively responding to community health needs of Aboriginal and Torres Strait Islander children and their families, predominantly through home visiting to deliver developmental screening and supporting and strengthening parenting abilities by addressing key health issues.

The Aboriginal health team consists of Aboriginal health workers, community health nurses, a medical officer, health promotion staff and support staff who work together to deliver flexible, family centred services with a strong community focus.

A framework was established to guide the delivery of 20 regular home visits, each of which has specific tasks, tools and guidelines for staff to ensure consistency, over the first five years of Aboriginal children’s life.

Far right – Award recipient Chris Harling, members of the Aboriginal Health team, Hon Dr Graham Jacobs, MLA, Minister for Mental Health (centre) and Sponsor Jeffery Smoot from Fujitsu.
Located adjacent to the emergency department at Swan District Hospital, the Swan After Hours General Practice Clinic has been operating since August 2006.

Perth Primary Care network, Swan District Hospital and local general practitioners have undertaken a collaborative approach resulting in a high quality emergency primary medical care service for people living in the Swan areas. In addition, they provide excellent follow up and support services.

The Swan After Hours General Practice Clinic has had an immediate and measurable impact on primary medical care presentations at the hospital emergency department. From 2002 to 2006 there was five per cent annual growth in emergency primary care presentations at the Swan District Hospital emergency department. Since the Clinic was established this has been capped at about one per cent.

**Finalist: Swan Emergency Primary Medical Care Clinic; North Metropolitan Area Health Service**

The Bentley Program was established to facilitate the return of low-risk pregnant women to secondary birthing units closer to home. King Edward Memorial Hospital (KEMH) is the tertiary referral centre for obstetrics and gynaecology in Western Australia. In the past 12 months there has been an increase in the number of antenatal referrals to the hospital, about a quarter of which are for women who are low-risk, suitable for midwifery care and have access to secondary maternity units closer to their homes.

The Bentley Program provides women with the option of attending antenatal care and birthing within a midwifery program in their community. The return of low-risk women to secondary maternity units will enable KEMH to better utilise resources in providing care for those women who require it most - those who are considered high-risk.

In the 14 months the program has been running 50 per cent of women in the program have chosen to have antenatal care and birth at Bentley Health Service.
HEALTHY RESOURCES AWARD 2008

Winner: Development of the West Australian Nephrology Database (WAND); South Metropolitan Area Health Service

Patients with chronic kidney disease require intense supervision and monitoring as they progress to receive dialysis and kidney transplantation. The majority of health care is concentrated in hospitals and specified outpatient settings and is a high cost, high volume activity.

Patient journeys frequently require transition across health providers and around the State. The identification, management, evaluation and quality assurance that is required to maintain excellent clinical services is critical to a cost-effective, high quality service that allows continued evaluation and growth of services.

A single computerised web-based real time database for the care of renal patients has been designed, developed, tested and implemented at Royal Perth Hospital (RPH) as a collaboration between all staff; medical, nursing, allied health, pharmacy, business support and driven by the leadership of the renal department database and research staff with support from the RPH information technology services.

This database is entirely internally developed, designed from the ground up, to suit the needs of the staff who deliver care for patients with complex disease solely in order to improve patient outcomes within a highly sophisticated and complex hospital structure.

Critically, it has integrated the previously disparate and unintegrated ‘crude’ databases and linked all staff in such a way that the patient is the focus of the system - whether the patient is in outpatients, an inpatient, at a remote satellite unit in Port Hedland or in the community. At any time, from around WA, doctors, nurses and other health personnel have all the clinical, nursing, dialysis, pathology and medication information available to manage patients.

L-R: Hon Dr Kim Hames, MLA, Deputy Premier; Minister for Health; team member Peter McKelvey; Award recipient Lisa Burnette, South Metropolitan Area Health Service; Sponsor Paul D’Sylva from AIM/UWA Business School Alliance.
Elective surgery is an undisputed priority for WA Health. Efforts have been boosted by $15.4m in funding for an elective surgery ‘blitz’ under the Commonwealth Department of Health and Ageing’s Elective Surgery Waiting List Reduction Plan. Under the ‘blitz’, WA Health must deliver an additional 2,720 operations to people who have been waiting longer than clinically desired.

The Information Management and Reporting Directorate (IMR) were nominated for providing extensive data development, policy support and reporting to the ‘blitz’ and other elective surgery reporting requirements both planned and unplanned. This has allowed the program to be rolled out, measured accurately and to be responsive system-wide and at a hospital level.

An integral part of WA’s ‘blitz’ activity from the start, the IMR worked though complex methodology issues to develop a range of reports to satisfy the many program stakeholders, provided and analysed reams of unit record and performance data in response to urgent requests and have been vocal in ensuring that the Commonwealth addresses data governance and jurisdictional issues.

The work done by the IMR also lays the foundation for future resourcing under later stages of the Elective Surgery Waiting List Reduction Plan and also for the next Australian Health Care Agreement. The IMR have met and exceeded the data and reporting challenges associated with the ‘blitz’. They have done this with great collaboration, technical expertise, dedication and a genuine desire to see the ‘blitz’ succeed.

Finalist: Production of a DVD entitled ‘Emergency management of a dislodged laryngectomy speaking valve’; North Metropolitan Area Health Service

Patients with cancer of the throat may undergo a laryngectomy (removal of the voice box) to treat their cancer. These patients may be fitted with a prosthesis, a special device to enable them to communicate.

Until this project, no comprehensive educational material demonstrating the emergency procedure for managing a dislodged laryngectomy voice prosthesis was available. If a patient with a laryngectomy required assistance with a voice prosthesis, advice had been provided verbally over the telephone to carers/health professionals. The patient was provided with standard written documentation outlining what to do in an emergency, however it may not be with the patient at the time of the emergency.

The project produced a DVD that outlines how to manage a dislodged tracheo-oesophageal voice prosthesis. This DVD is provided to patients who have undergone laryngectomy and to speech pathologists working with this population. As laryngectomy is a specialist area, clinicians who are not based at tertiary facilities such as country and remote clinicians, may be faced with a patient whose valve has become dislodged.
While this is an emergency situation, it can be readily managed provided the clinician is aware of the procedure to manage the patient until specialist help can be obtained. The project provides clinicians and patients with peace of mind in dealing with this specialist population.
HEALTHY WORKFORCE AWARD 2008

Joint winner: Assistants in Nursing Program; Office of the Chief Nursing Officer

The Assistants in Nursing program introduced a new category of health care worker into WA Health in 2008. The role of the Assistant in Nursing is to support registered nurses and enrolled nurses in the delivery of general patient care.

Assistants in Nursing (AIN) program was developed by the Office of the Chief Nursing Adviser collaboratively with Fremantle and Sir Charles Gairdner Hospitals. Consultation with the Nurses and Midwives Board of WA and the Liquor and Hospitality Miscellaneous Union led to an agreed set of competencies to be attained and a uniform set of duties to be undertaken by AIN in WA.

All tasks undertaken by an AIN are allocated by a registered nurse who has made an assessment of the patient and delegated the tasks. While the AIN is carrying out specific tasks the registered can get on with more complex care needs. The AIN are making significant impacts to improved patient care while simultaneously contributing to a much improved working life for nursing staff.

Joint winner: Introducing Assistants in Nursing into the nursing workforce at acute hospital facilities; Fremantle Hospital and Health Service

The AIN is a new category of health care worker that was introduced in 2008 into three wards at Fremantle Hospital and Health Services to support registered and enrolled nurses in the delivery of general patient care. It was an initiative developed in response to identified shortages of nursing staff, an ageing nursing workforce, increased need for manual handling of patients and an increase in the complexity of patient care.

The AIN undertake a paid, 18 week training course comprised of seven weeks of theory and 11 weeks of clinical placement on the wards. The AIN provide direct care to patients, assisting them with showering, dressing, grooming, oral hygiene, positioning, toileting, mobilising and feeding. They also help maintain a safe and clean environment which is optimal for patient recovery. Early reports indicate a reduction in falls incidence, improved quality of life for patients and a reduction in spending on agency staff.

The AIN are highly valued and integral members of the ward nursing teams, the new role complementing the enrolled and registered nursing roles and providing greater professional and job satisfaction in nursing. The AIN have a career pathway for further nursing studies.

Joint Award winners for 2008
L-R: Sponsor Bernadette Kenny from McKesson Asia-Pacific; Anne Judge, Fremantle Hospital; Leigh Faulkner, Office of the Chief Nursing Officer; Hon Dr Graham Jacobs, MLA, Minister for Mental Health.
Finalist: The multi-professional obstetrics outreach training program; Women and Newborn Health Service

The program was developed as a multi-professional one-day training course in obstetrics aimed at improving the knowledge and skills of GP obstetricians and midwives in a number of remote and rural areas. Taking place in the local hospitals and adapted to local needs, the aim was to lead to long-term improvements in patient outcomes.

The training course was developed by a small group of obstetricians and midwife educators from King Edward Memorial Hospital to be relevant, up-to-date, evidence-based, involving midwives and doctors working together in small teams encouraging hands-on participation via workshops and practice drills.

This is the first time such an outreach multi-professional training program in obstetrics has been developed to encompass such a vast geographical area and has been shown to be associated with a decrease in caesarean section rate and also demonstrated improvements in neonatal outcomes and staff development.
DIRECTOR GENERAL’S AWARD 2008

Winner: You are not alone: Emotional health for mothers from culturally and linguistically diverse communities - DVDs; Women and Newborn Health Service

During extensive consultation with culturally and linguistically diverse (CALD) communities in Perth, women identified the need for culturally appropriate resources/information about social and emotional wellbeing and service access during the perinatal period. Three DVDs have been produced for the Ethiopian, Sudanese and Iraqi communities.

The DVDs provide an overview of the experience of perinatal depression from the perspective of women from each of these communities and includes information on symptoms, risk factors, treatment and accessing pathways to care. In addition, religious leaders from the communities feature in the DVDs encouraging women and men to seek help.

They also aim to raise awareness of perinatal mental health issues amongst women and their families and provide opportunity for discussion with mothers/families. The DVDs have also been streamed through the consumer website www.yourzone.com.au/perinatalhealth