Merry Christmas from the Rural Health Network

Message from the Co-Chairs

The Rural Health Network have been undertaking numerous activities designed to share and showcase innovative rural models of care, populate and promote the ACI Innovation Register, provide rural critique for models of care and co-opt special interest groups to progress priority areas. This year the Executive Committee welcomed Ms Robin Payne, Aboriginal Consumer from Dubbo and Mr Brett Thompson, Director of Operations, Murrumbidgee LHD to the Executive for a membership period of up to 5 years. To view the Rural Health Network Executive membership, go to http://www.aci.health.nsw.gov.au/networks/rural-health/about

We wish to thank the Executive Committee, the Working Parties and Rural Health Network members for your valuable contributions to Network activities throughout 2015, and look forward to working together again next year inspiring innovation and strengthening rural health partnerships in 2016.
**Rural Innovations Changing Healthcare Forum (RICH):**

**15th March 2016 9am – 3.30pm**

Plans are well underway for RICH 2016; a ‘virtual’ forum linking 18 sites across rural NSW for a day showcasing rural innovation to be held 18 March. The Keynote Speakers will be two consumers / Patients telling their powerful and inspiring stories; Kelly Foran; *Friendly Faces / Helping Hands* and Mary-Louise Clifford; *Through the Mirror Darkly – A Journey from Coma*. The Program will be available early February.

Abstracts and e-Poster submissions close 1st February exploring the theme ‘**RURAL HEALTH: Patients / Families ‘Communities- partners for better outcomes**’. Save the date in your diaries! This is a Conference without travel or Registration fees! Participating sites are: Coffs Harbour, Port Macquarie, Tweed, Lismore, Singleton, Gunnedah, Broken Hill, Wentworth, Narrandera, Cootamundra, Narooma, Goulburn, Orange, Dubbo, Bathurst, Shoalhaven and ACI Chatswood. Live webstreaming is also available for NSW Health participants. For guidelines and abstract submission go to: [http://www.aci.health.nsw.gov.au/tools/go?q=290361](http://www.aci.health.nsw.gov.au/tools/go?q=290361)

Chairperson: Jenny Preece, Rural Health Network Manager, ACI

**Multipurpose Service Model of Care for Living Well in MPS.**

MPS’s bring together emergency, subacute, community and residential aged care services in a single location to provide a flexible approach to health and aged care service delivery in small rural communities. Currently there are 60 MPS in NSW with more facilities planning to transition to MPS in the future. For people living in MPS, this is their ‘home.’ An MPS Reference Group has been convened to progress a Model of Care for Living Well and Promoting Wellbeing in MPS.

Ten MPS Facilities were selected to be part of a consultation to gain an understanding of the residential aged care needs of an MPS using a mixed methods approach which consisted of:

- Site visits
- Interviews with residents, carers, families and multidisciplinary staff
- Online surveys
- Environmental audits
- A literature review

The results were themed, analysed and presented in a two-day Solutions Workshop in December to translate into Principles of Care for Residents living in MPS’s.

Areas of Interest are:
- Provision of a ‘homelike’ environment
- Role of the person in their own care
- Cognitive impairment
- Hydration and nutrition
- Leisure activities and lifestyle.

**Next Steps:** Developing Principles of Care and Broader MPS Consultation.

Co-Chairs: Leanne Morton, Health Infrastructure and Viki Brummel, HNE LHD
Rural Health and Research Congress 2015, Armidale

The Congress theme “Rural Health – Building Connections’ attracted 350 delegates who explored how rural health services, research organisations and agencies are using innovative solutions to address health challenges faced by rural communities. ACI awarded four Innovation Awards, working with HETI to highlight the value of innovation in clinical practice. Concurrent presentations were assessed for projects which demonstrated:

- resourcefulness and creativity in design
- sustainability in embedding the change and
- potential to be taken up by other health sectors

Each of the winning projects received $1,000 to be used by the Project Team to value-add to the project and contribute to sustainability.

Best Small Facility / MPS

**Addressing the Burden of Disease: Structured Cardiac Rehabilitation, Menindee**

Accessing Cardiac Rehabilitation is compromised for people living outside Broken Hill. This project researched a small community’s need and implemented a Cardiac Rehabilitation Program at Menindee, utilising technology to link with professionals elsewhere to support service provision in the local setting, by local staff.

**Author:** Barbara Turner, HSM Menindee Health Services, FWLHD

Most creative / Innovative

**Improving the Management of Refugee Patients in Australian Hospitals, Wagga Wagga**

Refugees often have complex health needs which challenge the Australian Health System. This research has identified knowledge and attitudes of health staff regarding management of refugee patients and has determined the direction for improving services and health outcomes for the refugee demographic in Wagga Wagga.

**Author:** Lindsey Ross, Final Year Medical Student, Notre Dame University, Wagga Wagga

Most Transferable or System-wide Potential

**Mid Western Live Smart Healthy Communities Alliance, Mudgee**

This Project aimed to improve nutrition and physical activity of Mudgee by embedding healthy lifestyle programs and behaviours within the community. Initially using seed funds to commence interventions, a Collaborative Alliance with Volunteers and Local Council was developed and now the program is sustainable; co-ordinated by Council, independent from the LHD.

**Author:** Kate Egan. Manager Primary and Community Health, Mudgee/Gulgong

Dr Penelope Small, Dietetic Discipline Advisor, WNSW LHD

Connecting Primary Care / Integrated Care

**Healthy Mind and Body: Headspace and Dietitians Improving the WellBeing of Young People with Disordered Eating in rural NSW, Tamworth.**

Early identification and intervention for young people living with disordered eating leads to improved outcomes, yet young people are often reluctant to access mainstream health services. This project is a collaboration between Headspace, and LHD Primary Health, Allied Health and Mental Health service providers and has had excellent social and employment outcomes for young people with eating disorders.

**Author:** Deanne Harris, Dietitian, Tamworth Rural Referral Hospital, HNE LHD

Lisa Staples, Clinical Care Co-Ordinator Headspace, Tamworth
Celebrating Innovation

ACI Innovation Awards have been introduced at the rural Local Health District Quality Awards, to recognise and reward innovation and capture models of care which have potential for broader implementation across other health sectors. Local Health District ACI Innovation Awards 2015 went to:

**Far Western NSW LHD**

**The School Based Apprenticeship and Traineeship Program (SBAT).** This program creates a pathway for Yr 11 & 12 students to gain a recognised qualification and paid work experience as part of their HSC, plus the opportunity to pursue a career in health and build the future workforce of FWNSW LHD. This program is well co-ordinated, with strong partnerships formed between 14 Organisations (Health, NSW TAFE Riverina and schools), it does not rely on specific funding, it uses multimedia to overcome distance, and students (predominantly aboriginal) are able to obtain excellent qualifications whilst remaining in their remote communities.

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

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

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**Hunter New England LHD**

**Patient Driven Radiotherapy Information Movies**

Tamworth North West Cancer Centre identified that new patients struggle to understand radiotherapy processes which increases anxiety at the beginning of treatment. Using PEARL 3D visualisation software the staff developed patient information Videos which provide an interactive model of the treatment environment to recreate a visual image between the scan, the target of treatment and the radiation beams. Videos now form part of the standard ‘check list’ for all new patients using footage to explain the CT scan, the importance of keeping still and why the machine moves the way it does. The patient information videos are cost neutral and can be replicated easily across other Radiotherapy Services.

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

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

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**Mid North Coast LHD**

**The Kempsey Patient Transport Project**

To reduce reliance on NSW Ambulance and associated costs in transporting non-emergency patients from Kempsey District Hospital to Port Macquarie Base Hospital the Patient Transport Service was upgraded to transport stable cardiac monitored patients and those requiring pain relief in transit using Patient Controlled Analgesia (PCA). Since implementation in 2014, 300 non-emergency patients have been transported from Kempsey District Hospital, saving $250,000 in ambulance costs and reducing overtime rates for LHD staff and Ambulance crews. Cost savings have enabled recruitment for a new after-hours Patient Transport Officer position for Kempsey, embedding the change and guaranteeing sustainability.

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

**Photo:** Catriona Coles (Health Transport Unit), Julie Dodds (Manager Health Transport), Robin Norton (Deputy Director of Nursing), Nigel Lyons (CE, ACI), Terry
Northern NSW LHD
**Drain the Pain**
Lismore developed a flexible admission process for end stage liver disease patients requiring regular large volume paracentesis. Admission is initiated by the patient and avoids the Emergency Department, reducing length of stay and improving end of life care. A Clinical Practice Guideline was developed to streamline bed management, chronic disease and paracentesis management, including end of life planning. Length of stay for this regular Palliative Procedure has been reduced by 33% from 4 days to 24 hours; with a reduction in overall bed days equalling cost savings of $210,000 in 12 months.

**Contact:** Sarah Lawty, Acting Quality Manager, Lismore
**Photo:** Sarah Lawty and Vahid Saberi (ACI Rural Health Network)

Southern NSW LHD
**The F.O.H.C.U.S. Project (Forum for Oral Health collaboration, understanding, sharing)**
The program has been running for 1.5 years offering ‘virtual’ meetings using webcam technology to link 29 Oral Health staff from 22 locations across Murrumbidgee and SNSW LHDs. Education and clinical case review are provided monthly to enhance skills acquisition and accrue Continuing Professional Development points for National Registration. Outcomes include greater interdisciplinary teamwork, sharing of resources, improved problem solving and clinical decision making, and ongoing clinical support leading to better patient outcomes.

**Contact:** Anne Pritchard, Clinical Leader Oral Health, MLHD / SNSW LHDs
**Photo:** Vanessa Causer (Dental therapist, Pambula dental clinic), Anne Pritchard, (Clinical Leader Oral Health SNSW and MLHD), Angela Masoe (Clinical Leader Oral Health Promotion SNSW / MLHD), Donna Corliss (Video Conference Coordinator, SNSWLHD)

Murrumbidgee LHD
**The Collaborative Midwifery Group Practice Project**
This project used the Essentials of Care principles as the Framework to realign midwifery service provision using annualised salaries to enable more flexible multidisciplinary work practices and offset the impact of declining numbers of GP/Obstetricians at Deniliquin Hospital. This collaborative model involves multidisciplinary clinicians from surrounding higher level facilities; often across border, and has seen birthing services increase by 27% and Outpatient activity (antenatal and post natal) significantly increase by 39% with no increase FTE. Non-admitted Patient Occasions of Service (NAPOOS) have increased by 44% over 2 years.

**Contact:** Andrew Dagg, Nurse Manager, Deniliquin Health Service
**Photo:** Andrew Dagg, Jenny Preece (ACI)

Western NSW LHD
**‘Let’s get STARTed – Managing UTIs in the RACU’**
Residents at Grenfell MPS were often being treated for suspected Urinary Tract Infections with multiple antibiotics unnecessarily. An educational resource which provides a better understanding predisposing factors to UTI was ‘home grown’ by staff to reducing usage of antibiotics. **START** (Symptom, Testing, Assessment, Resistance, Treatment), is an innovative pneumonic creating easy recognition for the educational resource which has seen a 90% reduction in UTI in the last 2 years via alternative approaches such as baseline observations, increasing oral intake and personal hygiene. The **START** Program is now embedded into the workforce orientation to the Residential Aged Care Unit.

**Contact:** Francine Pirie, Acting Nurse Manager Grenfell MPS
**Photo:** Scott McLachlan (CE), Francine Pirie, Karen Hancock (Nurse Manager), Jenny Preece (ACI), Richard Cheney (ACI Rural Health Network Co-Chair)
**NSW Health Innovation Symposium Sponsorship**

To increase exposure to innovation and share lessons learned, 15 clinicians were sponsored to attend the NSW Health Innovation Symposium DATE in an approach to maximise opportunities for staff who would not otherwise have the opportunity to attend. Inclusion Criteria were:
- < 5yrs post graduate, small facility workforce, engaged in clinical redesign, aboriginal health worker
- 100% sponsored attendees had not attended a NSW Health Innovation Symposium before and returned to the workplace feeling inspired and motivated. Key take home messages were:
  - Think outside the square
  - Challenge Challenges
  - Be a champion for improvement
  - ‘Stop paying for things that do not contribute to patient outcomes – but don’t jump from the top to the bottom without using steps’ - Sound advice
  - Networking with fellow colleagues – immeasurable!

“I count this as one of the most pivotal educational opportunities I’ve had in my career. I walked away with my mind buzzing with ideas and possibilities” Clinical Nurse Specialist

**Who is the Rural Health Network Executive?**

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<thead>
<tr>
<th>Name</th>
<th>Representative</th>
<th>Location</th>
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<tr>
<td>Richard Cheney</td>
<td>NSW Health Co-Chair</td>
<td>WNSW LHD</td>
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<td>Patrick Frances</td>
<td>Consumer Co-Chair</td>
<td>Port Macquarie</td>
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<td>David Cross</td>
<td>Allied Health Clinician</td>
<td>Gilgandra</td>
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<td>Dr Jeremy Christley</td>
<td>Rehabilitation Staff Specialist</td>
<td>Nowra</td>
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<td>Prof Michael Douglas</td>
<td>Public Health Physician / Research</td>
<td>Lismore</td>
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<td>Bronwyn Cosh</td>
<td>Clinical Nurse Manager</td>
<td>Moree</td>
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<td>Richard Colbran</td>
<td>Business Director</td>
<td>Royal Far West</td>
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<td>Jenny Tyrrell</td>
<td>Manager Nurse Capability</td>
<td>Griffith</td>
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<td>Robin Payne</td>
<td>Aboriginal Consumer</td>
<td>Dubbo</td>
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<td>Vahid Saberi</td>
<td>NNSW Primary Health Network</td>
<td>Ballina</td>
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<td>Jo Naughton</td>
<td>Aboriginal Medical Service</td>
<td>Nowra</td>
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<td>Jenny Zirkler</td>
<td>Residential Aged Care Facilities</td>
<td>Nambucca Valley</td>
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<td>Judith Hallam</td>
<td>Rural Redesign Leader</td>
<td>SNSW LHD</td>
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<td>Dr Tom Douch</td>
<td>GPVMO Proceduralist</td>
<td>Young</td>
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<td>Michelle Druitt</td>
<td>Aboriginal Health Manager</td>
<td>Griffith</td>
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<td>Dale Sutton</td>
<td>Director of Nursing</td>
<td>Broken Hill</td>
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<tr>
<td>Leanne Crittenden</td>
<td>Northern Child Health Network</td>
<td>HNE, MNC, NNSW LHDs</td>
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<tr>
<td>Brett Thompson</td>
<td>Director of Operations</td>
<td>Murrumbidgee LHD</td>
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The rural group sponsored to attend the 2 day NSW Health Innovation Symposium

**Jenny Preece**

**Rural Health Manager | Agency for Clinical Innovation**

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