



ALLIED HEALTH SYMPOSIUM Gippsland 2016



Change Agents: Allied Health Practice Responses to Challenging Rural Environments

3rd Gippsland Allied Health Symposium

20 May 2016

AUDITORIUM, FEDERATION UNIVERSITY, GIPPSLAND CAMPUS

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WELCOME

On behalf of the 2016 Gippsland Allied Health Symposium Organising Committee, I would like to extend a warm welcome to all delegates, speakers, sponsors and exhibitors to the *third biennial Gippsland Allied Health Symposium*.

This symposium aims to provide opportunities to share ideas, expertise and experiences around important areas of Allied Health practice, professional development and research.

The theme of this year's Gippsland Allied Health Symposium, is *Change Agents: Allied Health Practice Response to Challenging Rural Environments*. Through this theme, the Symposium aims to focus on:

- Promoting flexibility, innovation and sustainability in regional allied health service delivery
- Promoting rural and regional allied health research by professionals who practice in these areas and the presentation of their research findings
- Showcasing best practice, what works and innovative solutions to issues that can be applied to address similar issues regionally and across disciplines
- Promoting continuing education and professional development activities that are essential to support rural and regional allied health practice
- Promoting networking, collaboration and inter-disciplinary learning across the Gippsland health workforce

The 2016 symposium provides delegates with an opportunity to attend a wide range of presentations, with presenters coming from across Gippsland and beyond, from multiple Allied Health backgrounds and disciplines. Congratulations must go out to all presenters who submitted abstracts and were accepted as verbal or poster presenters. I would like to thank our five keynote speakers, all of whom have travelled significant distances to attend and present today.

I would like to acknowledge the generous support of our sponsors specifically our gold sponsor, the Gippsland Primary Health Network and our silver sponsors Access Rehabilitation Equipment and Monash University. I would also like to thank our five exhibitors. I encourage delegates to visit our sponsors and exhibitors during the breaks for morning tea and lunch breaks. Sponsorship and exhibitor fees have helped keep the registration price very reasonable for the symposium.

The 2016 Gippsland Allied Health Symposium will be an excellent opportunity to exchange knowledge and expertise with other Allied Health Practitioners. I encourage all delegates to ask questions as applicable in allocated question times and to network with speakers and other delegates during the breaks.

Finally, I would like to thank the Symposium Organising Committee: Sue Aberdeen, Amanda Alton, Marika Bazley, Natalie Caprara, Vivian Carroll, Deanna Korab and Susan Waller, all have made a significant contribution to the organisation of this symposium. Without the considerable contribution from the organising committee this symposium would not be taking place today. If any delegates at this year's symposium have an interest in being involved in the planning of the 2018 Gippsland Allied Health Symposium, please come and speak to any of the symposium organising committee present today or let the registration desk know.

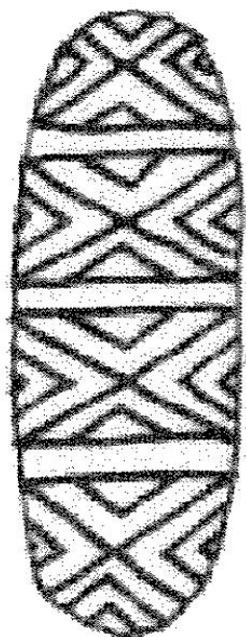
We hope you enjoy the symposium and find the content to be informative and relevant.

Richard Adams

Chair

2016 Gippsland Allied Health Symposium Organising Committee

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS



Brayakooloong Clan Shield

This Symposium is being held on the land of the Brayakooloong Clan of the Gunaikurnai Nation.

We acknowledge and pay our respects to the Traditional Owners and to their Elders, past and present.

SYMPOSIUM PLANNING COMMITTEE

Richard Adams (Chair)

Active Model Industry Consultant, West Gippsland Healthcare Group

Sue Aberdeen

Occupational Therapy Manager, Acting Physiotherapy Manager, West Gippsland Healthcare Group

Susan Waller

Senior Lecturer, Monash University and Latrobe Community Health Service PERU

Natalie Caprara

Dietitian, Latrobe Community Health Services

Marika Bazley

Radiation Therapist, William Buckland Radiotherapy Gippsland (attached to Latrobe Regional Hospital)

Amanda Alton

Allied Health Clinical Educator, Latrobe Regional Hospital

Vivian Carroll

Allied Health Manager, Gippsland Southern Health Service

Deanna Korab (Secretariat)

Acute Health Program & Service Advisor, Department of Health and Human Services

RELINQUISHED MEMBERS

Sue Fletcher

Research Academic, Monash University

Helen McBurney

Research Academic, Monash University

Rishi Gupta

Latrobe Community Health Service

Angela Jacob

West Gippsland Healthcare Group

Desiree Glaubitz

Gippsland Allied Health Workforce Development Project Officer, Department of Health and Human Services

MAY 2016



A message from Gippsland PHN CEO, Ms Marianne Shearer

I'd like to extend a warm welcome to the delegates of the Allied Health Symposium Gippsland 2016.

It is our great pleasure to support this event for our allied health professionals in Gippsland. We recognise you to be an important part of our health system. There are a number of key areas Gippsland PHN hopes to engage with you on in the future:

HealthPathways – we are working on developing web-based 'health pathways' for our clinicians that will assist with managing a health condition and the local referral options. As we progress with the development of particular pathways, we will look to our allied health professionals to provide information on treatment and referral points. If you are interested in being part of this project, I encourage you to join a working group or let us know what pathways you think are important for us to develop. Contact Jeannette Douglas, HealthPathways Project Officer, on jeannette.douglas@gphn.org.au.

It's a time of significant reform in the **mental health and AOD** space – we will be investing significant resources over the next twelve months to work with all stakeholders to co-design and implement a stepped care model for mental health in Gippsland. I would strongly recommend you subscribe to our LINK newsletters or monitor our website so you are across when these engagements are happening. To subscribe to our newsletters, email info@gphn.org.au.

Health Care Home package – this is something that is being talked about a lot at the moment. We are still waiting to see what will happen with this package after

the Federal Election. We will look to our allied health professionals to help us explore and co-design when the time comes.

So how do we work together? There are a range of options for us to engage with each other:

Know who your Clinical Council members are and talk to them about issues and opportunities. We have set up Clinical Councils across Gippsland - these groups will act as your local champions. They report into the Gippsland PHN Board and have an executive manager sitting amongst the committee at each of the meetings to facilitate ease-of-access to our organisation for health professionals in Gippsland. Details about our clinical councils can be found at <http://www.gphn.org.au/about-us/clinical-councils/>.

Our website. We put much information on our website – it's a really good place to go to find out what's being talked about and what's happening in Gippsland's health sector.

Our LINK newsletters. Are you subscribed to our LINK newsletters? We publish two newsletters, one specifically for updates and news and one specifically for training and education. Subscribe by emailing info@gphn.org.au.

Regards,

A handwritten signature in black ink that reads "Marianne Shearer". The signature is fluid and cursive.

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<http://goo.gl/Ta5Jso>

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Return the entry form in your show bag to the **First State Super stand** to go into the draw to win one of two **Haigh's Chocolate hampers**



The competition is conducted by FSS Trustee Corporation ABN 11 118 202 672, AFSL 293340. Trustee of the First State Superannuation Scheme ABN 55 226 460 365. By registering your details and entering this competition for a prize, you acknowledge that you have read, understood and agree to the Terms and Conditions of the Prize Draw which are on display at the event stand of FSS Trustee Corporation. Your personal information will be held and used in accordance with the Trustee's privacy policy which is available on our website firststatesuper.com.au.



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Did you know HCF Corporate means better benefits? *Gippsland Allied Health* has a long-standing affinity partner relationship with Australia's largest not-for-profit health insurer, HCF. As *Gippsland Allied Health* employee you can access a great corporate health insurance plan that's not available to the general public. This means you can enjoy the following benefits:

- **Discounted premiums** Enjoy a 5% discount off your premiums
- **Claim immediately** – The usual 2 & 6 month waiting periods will be waived for extras such as dental, optical, physio & more~
- Pay nothing on selected **extras with 100% back** on dental, optical, physio & more
- **Claim more with 'Limit Boost'** – Top up your annual limit on dental and optical. This kicks in after 12 months on your extras cover and grows every year up to year six[#]

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Call **1800 880 049**, visit a nearby **branch** or contact your dedicated HCF Corporate Representative Dianne Lyne **0414 559 747**
dlyne@hcf.com.au

*Waiver offer only available to new members taking out hospital and extras cover through the *Gippsland Allied Health* Corporate Health Plan. Some longer waiting periods and conditions apply. All hospital services, the same day hospital excess and ambulance services are excluded from the waiver offer. #Limit Boost renews annually up to a maximum amount. Any unused Limit Boost cannot be carried into the following year.



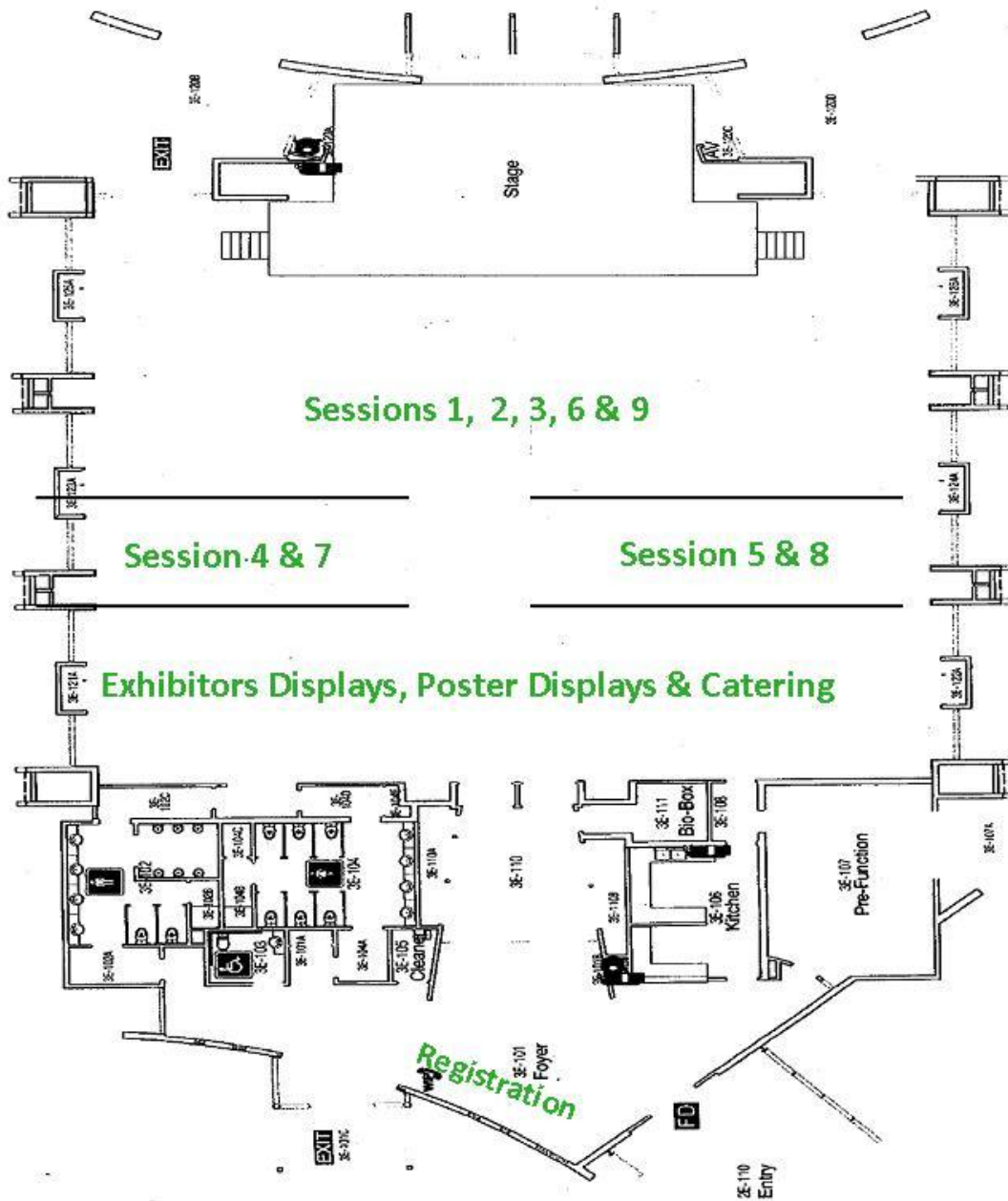
SUPPORTERS



PROGRAM AT A GLANCE

FRIDAY 20 MAY 2016	
CHANGE AGENTS: ALLIED HEALTH PRACTICE RESPONSES TO CHALLENGING RURAL ENVIRONMENTS	
9:00 – 09:30	SYMPOSIUM REGISTRATIONS OPEN
9:30 – 10:58	SESSION 1
	Welcome and Opening Addresses
	Session 1: Keynote Speaker – Tony Smith
	Session 1: Keynote Speaker – Doris Paton
10:58 – 11:24	MORNING TEA
11:24 – 12:58	SESSION 2, 3 & 4
	Session 2: Keynote Speaker – Rebecca Phillips
	Session 3: Local Evidence to Transform Local Practice
	Session 4: Innovative Clinical Interventions and Models
	Session 5: Innovative Response to Rural Workforce Issues
12:58 – 1:48	LUNCH
1:48 – 4:15	SESSION 6, 7, 8 & 9
	Session 6: Keynote Speaker – Suzanne Vilae
	Session 7: Innovative Response to Rural Workforce Issues
	Session 8: Local Evidence to Transform Local Practice
	Session 9: Keynote Speaker – Kathleen Philip
	Questions
	Awards Ceremony
	Symposium Close

VENUE MAP



GENERAL INFORMATION

Symposium Venue

Federation University Gippsland Campus

The Auditorium

Building 3E

Northways Road, Churchill

VIC 3842

p. 1800 333 864

e. info@federation.edu.au

w. <http://federation.edu.au/about-us/our-campuses/gippsland-campus>



General Information

The Federation University Gippsland Campus is located in the township of Churchill in the foothills of the Strzelecki Ranges. It is within easy driving distance of Victoria's Mt Baw Baw ski resort, white water rivers and coastal parks, including Wilson's Promontory and Gippsland Lakes. Nearby is the Tarra Bulga National Park, a spectacular temperate rainforest that is home to giant mountain ash trees and lyrebirds.

Campus Maps

A campus map can be found at [campus map](#)

Directions to the Auditorium, Building 3E

- Turn right into Mary Grant Bruce Drive off McDonald Way;
- Park in car park N5 and;
- Walk towards **Building 3E** (refer to Campus Map).

Travelling to the Gippsland Campus from Melbourne

BY CAR (from Melbourne):

Melways Map Reference 576

- The trip will take around two hours from the City Centre using City Link (tolls apply), the Monash Freeway and then the Princes Freeway. If using East Link (tolls apply) from the north to south, use the Monash Freeway interchange and travel east. At Morwell, take the fourth freeway exit via Monash Way to Churchill.
- If travelling from Melbourne Airport, the trip will take around two and a half hours via City Link (tolls apply).

BY TRAIN (from Melbourne):

- V/Line provides a rail service connecting Traralgon and Morwell with Melbourne. The services takes approximately 2 hours 15 minutes on a 1 hour rotation.
- At Morwell, cross under the railway lines to the bus interchange for regular bus services to Churchill and the University Campus. Bus timetables are available from the train station. See the [V/Line Website](#) for timetables and more information.

Local taxis can also take you from the station to the campus. Contact Churchill Taxis on 5122 1000.

GENERAL INFORMATION

Travelling to the Gippsland Campus from Traralgon

BY CAR (from Traralgon):

- Drive under the railway bridge on the corner of Breed Street and Princes Highway, Traralgon.
- Turn right at the roundabout into Bank Street.
- Turn left into Hazelwood Road and follow this road to Churchill.
- Once in Churchill, turn left at the first roundabout (Northways Road).
- Turn left at the next roundabout into McDonald Way and right into Mary Bruce Drive.
- Park in **Car Park N5**.

Parking at the Gippsland Campus

Parking is available on the campus for visitors. **Car Park N5** is recommended for delegates. Parking permits are not required; however, there are some areas where parking is not allowed. Please take note of signage. Refer to the campus map to locate specific parking areas.

Traralgon Accommodation

Traralgon is approximately a 15 minute drive from Monash University, Churchill Campus.

Bridges on Argyle

84 - 90 Argyle Street

Traralgon 3844

p. (03) 5116 7800

w. traralgonmotel.com.au

Century Inn

5 Airfield Road

Traralgon 3844

p. (03) 5173 9400

w. www.centuryinn.com.au

Comfort Inn

40 Princes Highway

Traralgon 3844

p. (03) 5174 7277

w. www.comfortinntraralgon.com.au

Quality Inn – Latrobe Convention Centre

5601 Princes Highway

Traralgon 3844

p. (03) 5173 7500

w. www.latrobeconvention.com.au

Traralgon Serviced Apartments

18 Peterkin Street

Traralgon 3844

p. (03) 5176 0377

w. www.traralgonservicedapartments.com.au

Best Western Governor Gipps Motor Inn

59 – 63 Argyle Street

Traralgon 3844

p. (03) 5174 5382

w. governorgipps.bestwestern.com.au

GENERAL INFORMATION

Morwell Accommodation

Morwell is approximately a 15 minute drive from Monash University, Churchill Campus.

Morwell Parkside Motel

245 Princes Drive

Morwell 3840

p. (03) 5134 3366

w. www.morwellparksidemotel.com.au

Comfort Inn – Cedar Lodge

1 Maryvale Crescent

Morwell 3840

p. (03) 5134 5877

w. www.comfortinncedarlodge.websyte.com.au

Farnham Court Motel

Cnr Princes Drive & Monash Way

Morwell 3840

p. (03) 5134 6544

w. www.farnhamcourt.com.au

Certificate of Attendance

A Certificate of Attendance has been provided for you. This can be found in your symposium bag.

Symposium Bag

Every registered delegate will receive a Symposium Compendium including a copy of the Program Booklet upon registration.

Duplication/Recording/Photography

Unauthorised photography, audio taping, video recording, digital taping or any other form of duplication is strictly prohibited in symposium sessions. Please note promotional photographs will be taken throughout the day for use in future newsletters and other publications. If you do not wish to be photographed, please make this known at the registration desk.

Evaluation

Please complete an evaluation of the Symposium, as the organising committee value your feedback and opinions. Feedback and suggestions will help guide planning and content of future AH Symposiums in Gippsland.

An evaluation survey is being conducted electronically via Survey Monkey. An email with a link to the survey has been sent to your email address. We ask that you complete the evaluation within the next 10 days.

Mobile Phones

Delegates are asked to switch off or mute mobile phones when in sessions.

Registration Desk

The registration desk is located in the foyer of the auditorium. All delegates must register prior to attending any of the Symposium sessions.

Smoking

Smoking is not permitted in, or outside of, session rooms or in the foyer of the auditorium.

PROGRAM

TIME	PROGRAM OUTLINE
9:00 – 09:30	Symposium Registration Opens Arrival with tea and coffee
9:30 – 10:58	SESSION 1 MAIN ROOM Session Chair Jacqui Hickey Manager Acute Health and Aged Care, Department of Health and Human Services, Gippsland
	Welcome to Country Aunty Beryl Booth Chair, Gunaikurnai Land and Waters Aboriginal Corporation
	Welcome Address Ms Marianne Shearer Chief Executive Officer, Gippsland Primary Health Network
	Opening Address Mr Greg Blakeley Director Health, South Division, Department of Health and Human Services
	KEYNOTE SPEAKER <i>Pushing Professional Boundaries and Challenging the Status Quo: Are the Benefits Worth the Risks?</i> Associate Professor Tony Smith Deputy Director, University of Newcastle Department of Rural Health, Faculty of Health and Medicine
	KEYNOTE SPEAKER <i>East Gippsland School for Aboriginal Health Professionals: A Wise Practice Approach to Increasing Aboriginal Health Professionals</i> Dr Doris Paton Chairperson, East Gippsland School for Aboriginal Health Professionals
10:58	Morning tea with viewing of posters and trade exhibition
11:24 – 11:56	SESSION 2 MAIN ROOM Session Chair Jacqui Hickey Manager Acute Health and Aged Care, Department of Health and Human Services, Gippsland
	KEYNOTE SPEAKER <i>Involving Patients in the Interprofessional Care Team: How Allied Health Professionals can be Change Agents</i> Rebecca Phillips, Senior Project Officer, Chronic Disease Management Unit, ACT Health Clinical Lecturer, Centre for Health Stewardship, The Australian National University

PROGRAM

	MAIN ROOM	BREAK OUT ROOM 1	BREAK OUT ROOM 2
	SESSION 3: LOCAL EVIDENCE TO TRANSFORM LOCAL PRACTICE	SESSION 4: INNOVATIVE CLINICAL INTERVENTIONS AND	SESSION 5 : INNOVATIVE RESPONSE TO RURAL
11:56 – 12:58	Session Chair Vivian Carroll Allied Health Manager Gippsland Southern Health Service	Session Chair Amanda Alton Allied Health Clinical Educator Latrobe Regional Hospital	Session Chair Susan Waller Senior Lecturer Monash University Department of Rural Health
	<i>Development of a Discussion Tool for Sharing Current Falls Prevention Knowledge With People Living With Dementia</i> Ms Claudia Meyer Research Officer Royal District Nursing Service	<i>Implementing Animal-assisted Therapy in a Regional Community Health Setting</i> Ms Cheye Paoli Speech Pathologist Gippsland Lakes Community Health	<i>The Implementation of a High Risk Foot Service on a Shoestring</i> Ms Brooke Plozza Podiatrist West Gippsland Healthcare Group
	<i>Foodie Fridays – A South Gippsland Community Initiative</i> Ms Angela Breeze Accredited Practicing Dietitian Gippsland Southern Health Service	<i>Are We Kidding Ourselves or Do We Really Make a Difference?</i> Ms Innika Lea Paediatric Speech Pathologist, Latrobe Community Health Dr Susan Fletcher Research Academic, Monash University	<i>De-Feeting Wounds Regionally: Stepping Into a Podiatry Led High Risk Foot Clinic</i> Miss Stacey Beacham Assistant Manager, Primary Intervention Nicole Gawley Senior High Risk Foot Clinic Podiatrist Latrobe Community Health Service
	<i>Eating for Independence: Promoting timely Identification of Older People at Nutritional Risk and Referral for Capacity Building Interventions</i> Ms Denise Leyden Dietitian Goulburn Valley Health	<i>Shine the Endoscopic Light on Oropharyngeal Dysphagia</i> Ms Michelle Cimoli Senior Speech Pathologist Austin Health/Latrobe University	<i>Using Home Care Enablers to Improve Care of Older People in the Community</i> Ms Maria Cardoso Project Officer, Workforce Innovation Project Orbost Regional Health
12:58 – 1:48	Lunch with Viewing of Posters and Trade Exhibition		
	SESSION 6		
	MAIN ROOM		
1:48 – 2:20	Session Chair Sue Aberdeen Occupational Therapy Manager, A/Physiotherapy Manager, West Gippsland Healthcare Group		
	KEYNOTE SPEAKER		
	National Disability Insurance Scheme (NDIS) Suzanne Vilé Strategic Change Projects Leader, Scope		

2:22 – 3:22	SESSION 7: INNOVATIVE RESPONSE TO RURAL WORKFORCE ISSUES	SESSION 8: LOCAL EVIDENCE TO TRANSFORM LOCAL PRACTICE
	BREAK OUT ROOM 1	BREAK OUT ROOM 2
	Session Chair Marika Bazley Radiation Therapist, Latrobe Regional Hospital William Buckland Radiotherapy Centre	Session Chair Sue Aberdeen Manager Occupational Therapy & A/Manager Physiotherapy West Gippsland Healthcare Group
	Contact is Not Enough: Interprofessional Clinical Education Dr Susan Waller Senior Lecturer Monash University Department of Rural Health	Community Rehabilitation Services – Cardiac Rehabilitation Phase 2 Fast Track Night Class Pilot Mr Bruce Campbell Sub-Acute Ambulatory Services Coordinator Latrobe Regional Hospital
	Establishment of Gippsland Regional Best Practice Shared Care Model for Post Treatment Follow-up of Cancer Patient Ms Catherine Beaufort Manager Radiation Oncology, Latrobe Regional Hospital William Buckland Radiotherapy Centre	Balance and Mobility from Strength to Strength Ms Caroline Lubach Occupational Therapist Ms Kristy Lucas Allied Health Assistant Ms Kate Wignall Occupational Therapist Yarram and District Health Service
	Stereotactic Body Radiation Therapy for Inoperable Early Stage Lung Cancer Miss Belinda Hua Intern Radiation Therapist William Buckland Radiotherapy Centre	Be Deadly, Get Healthy – An Opportunity for Exercise in the Aboriginal Community Mrs Kristy Dougheney Physiotherapist West Gippsland Healthcare Group
	SESSION 9	
	MAIN ROOM	
3:22 – 4:15	Session Chair Susan Waller Senior Lecturer, Monash University Department of Rural Health	
	KEYNOTE SPEAKER	
	The Changing Health and Human Services Landscape in Victoria; and Some Priorities for Allied Health. Kathleen Philip Chief Allied Health Advisor of Victoria, Department of Health and Human Services	
	QUESTION TIME	
	Questions for Kathleen from the audience	
	AWARDS CEREMONY	
	Presentation of Awards Amanda Proposch Executive Manager Primary Health & System Integration, Gippsland Primary Health Network	
	CLOSE OF SYMPOSIUM	
	Close and thank you Richard Adams Chair, Gippsland Allied Health Symposium Planning Committee	

POSTER DISPLAYS

POSTER #	POSTER
1	<i>Emotional Wellbeing and Social Connection Evaluation Framework</i> Angela Ellis Gippsland Lakes Community Health
2	<i>Optimising Quality of Life – The Role of Occupation in Palliative Care</i> Lindsay Friebe Gippsland Southern Health Service
3	<i>Enabling the Use of Easy Living Equipment in Everyday Living : A Guide for Victorian Home and Community Care Services</i> Alison Clarke, Kath Paine and Richard Adams Active Service Model Initiative, Department of Health and Human Services

POSTERS PREVIOUSLY DISPLAYED

POSTER #	POSTER
1	Rehabilitation Journey for a Lady with Bilateral Transtibial Ossesio-Integration Kathleen Hudson, Latrobe Regional Hospital
2	Retrospective Dosimetric Comparison of 3 Dimensional Conformal Radiotherapy (3DCRT), Sliding Window Intensity Modulated Radiotherapy (IMRT) and Volumetric Modulated Arc Therapy (VMAT) for Prostate Cancer. Nigel Cristofaro, Ben Hindson & Carolyn Sanderson, Latrobe Regional Hospital
3	Baw Baw Coordinated Care – Reflecting on Our Steps in The Journey Kate Palmer and Sharon Taylor, West Gippsland Healthcare Group
4	<i>‘MOMs’ the Word – Maternity Obesity Management</i> <i>Nicole Robertson, West Gippsland Healthcare Group</i>
5	The Development and Evaluation of the Austin Swallowing Ability Profile - Fiberoptic Endoscopic Evaluation of Swallowing (ASAP-FEES). Michelle Cimoli, Jennifer Oates, Emma McLaughlin and Susan Langmore
6	The use of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) to Assess Radiation-Associated Oro-Pharyngeal Dysphagia: An Exploratory Study. Michelle Cimoli, Jennifer Oates, Emma McLaughlin and Susan Langmore
7	The Use of Instrumental Swallowing Assessments by Speech Pathologists Working in Australia. Michelle Cimoli, Jennifer Oates, Emma McLaughlin, Kenneth Greenwood and Susan Langmore

KEYNOTE SPEAKER BIOGRAPHIES



Associate Professor Tony Smith

Deputy Director

Department of Rural Health Faculty of Health and Medicine

University of Newcastle

Tony is a diagnostic radiographer by profession, having worked in a variety of clinical positions in and around Newcastle, the Hunter Valley and North Coast of New South Wales. He has been an academic with the University of Newcastle for the past 25 years and in 2003 took up a position with the University of Newcastle, Department of Rural Health, where he is now Deputy Director. Based in Tamworth for about 10 years as a rural health academic, he is now at Taree on the Lower Mid-North Coast. His research interests are in rural health workforce development and interprofessional education and collaborative practice.



Dr Doris Paton

Chairperson

East Gippsland School for Aboriginal Health Professionals

Doris Paton is a community educationalist in the Gippsland region. She is a Gonnai and Monero Ngarigo woman, a ngujarn and gwandi. She has a strong interest in youth and their opportunities through education and employment. In addition, she educates the wider community about Aboriginal identity through education curriculum to build cultural understanding of Aboriginal people. She focuses on strengthening the abilities of teachers, agencies, schools and community to work closer with the Koorie community by empowering themselves through knowledge. She specializes in Aboriginal languages, curriculum content development, and indigenous history. Dr Doris educates members of the wider community through customized cross-cultural training. She has a strong passion for the revival and recognition of Aboriginal languages.



Dr Rebecca Philips

Project Officer, Chronic Disease Management Unit, ACT Health

Clinical Lecturer, Centre for Health Stewardship, The Australian National University

Dr Phillips is an occupational therapist who has worked in the health sector for the last 10 years as a clinician and a researcher. She currently works in the Chronic Disease Management Unit at ACT Health. Dr Phillips has a strong interest in researching the wellbeing of people with health conditions and effective service delivery. She has undertaken studies evaluating the use of self-management interventions with adults with chronic conditions; exploring the involvement of patients in the interprofessional care team; and investigating the participation and social inclusion of children and adults with disabilities.

KEYNOTE SPEAKER BIOGRAPHIES



Suzanne Vilé

*Strategic Change Projects Leader
SCOPE*

Suzanne Vilé trained as an occupational therapist and has worked in the disability, mental health and child and youth sectors. She has also worked in insurance-based schemes and as a consultant to state and Commonwealth governments. Suzanne is currently managing a large National Disability Insurance Scheme (NDIS) readiness project for Scope. Scope supports over 6,000 Victorians with disabilities and their families and provides a range of disability services, and child and adult therapy services. Scope has been participating in the Barwon NDIS trial.



Kathleen Phillips

*Chief Allied Health Advisor of Victoria
Department of Health*

Kathleen was appointed to the newly created role of Chief Allied Health Advisor of Victoria in 2013. She continues in her role as the Manager, Workforce Innovation and Allied Health team, in the Health Workforce Unit of the Department of Health Victoria, a position she has held since 2008. Kathleen completed qualifications in Public Health and Health Economics in 2005 and joined the department in 2007. She is responsible for Victoria's new workforce reform implementation agenda (2012-16) as well as providing leadership and strategic direction to Victoria's allied health workforce policy. Prior to joining the department she practised as a specialist musculoskeletal physiotherapist and was involved in establishing new service models and advanced practice physiotherapy roles in orthopaedics, neurosurgery and emergency.

CONCURRENT SESSIONS SPEAKER BIOGRAPHIES



Claudia Meyer

*Research Officer
Royal District Nursing Service*

Knowledge translation is Claudia's main area of research interest. She combines her skills as an experienced physiotherapist with her growing research expertise, moving research into action for community-dwelling older people and their carers, specifically in the areas of falls prevention, dementia care, and participation in healthcare. She has recently submitted, and passed with minor changes, her PhD thesis titled 'The translation of falls prevention knowledge for people living with dementia: An Australian community perspective'.



Angela Breeze

*Accredited Practising Dietitian
Gippsland Southern Health Service*

Angela is an Accredited Practising Dietitian who has worked at a range of hospitals including Cabrini Hospital, St Vincent's Hospital, St George's Hospital and has been an employee with Gippsland Southern Health Service since 2013. Angela has a particular interest in geriatric nutrition and health promotion.



Denise Leyden

*Dietitian
Goulburn Valley Health*

Denise graduated from Charles Sturt University in 2010 with a Bachelor of Health Science (Nutrition and Dietetics). Since 2011, Denise has been working as a HACC funded Dietitian on the Rural Allied Health Team at Goulburn Valley Health. Denise enjoys assisting her clients to be independent at home.



Cheye Paoli

*Speech Pathologist
Gippsland Lakes Community Health*

Cheye graduated from La Trobe University with a Masters in Speech Pathology in 2013. Since then she has been working in East Gippsland as a paediatric speech pathologist at Gippsland Lakes Community Health and as a hospital-based speech pathologist at Bairnsdale Regional Health Service.

CONCURRENT SESSIONS SPEAKER BIOGRAPHIES



Innika Lea

*Paediatric Speech Pathologist
Latrobe Community Health Service*

Innika Lea is a speech pathologist who has been working with LCHS Children's Service since its conception in January 2013. She has extensive experience in working in an interprofessional team. When working in the Children's Service team Innika specialises in children aged 0-7 years.



Dr Susan Fletcher

*Research Academic
Monash University*

Dr Susan Fletcher has been Social Worker in the health sector for many years. Her interest in research led to a PhD and subsequently to an academic position in Gippsland, with Monash University. Susan has published and presented in international journals and at conferences. Her particular interest is in collaborative research practice in allied health settings.



Michelle Cimoli

*Senior Speech Pathologist
Austin Health / Latrobe University*

Michelle Cimoli is a speech pathologist, who began her speech pathology career at Latrobe Regional Hospital. She is currently working at Austin Health, and is a part-time PhD candidate at La Trobe University. Michelle has specialised in the area of adult dysphagia for the past 15 years, but happily admits she has more questions than answers.



Brooke Plozza

*Podiatrist
West Gippsland Healthcare Group*

Brooke is a senior podiatrist at West Gippsland Healthcare Group and has just completed her post graduate diploma in wound care. Brooke's role involves co-ordinating podiatry services across five clinical sites, two aged care facilities and the newly implemented high risk foot service

CONCURRENT SESSIONS SPEAKER BIOGRAPHIES



Stacey Beecham

*Assistant Manager, Primary Intervention
Latrobe Community Health Service*

Stacey has five years clinical podiatry experience in regional community health settings. In 2015 she was appointed to the role of Advanced Practice Project Manager and developed the podiatry led, interprofessional high risk foot clinic at Latrobe Community Health Service. Currently Stacey is working as Assistant Manager of Primary Intervention at Latrobe Community Health Service.



Nicole Gawley

*Senior High Risk Foot Clinic Podiatrist.
Latrobe Community Health Service*

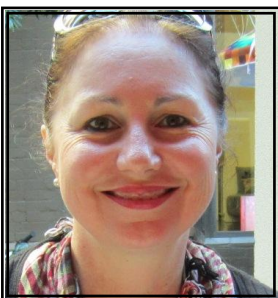
Nicole has 6 years clinical podiatry experience working in both the private and public health sectors. The last 3 years she has been working in regional community health, specifically with high risk feet and wound management. Nicole also completed her Postgraduate Certificate in Diabetes Education in January 2016.



Maria Cardoso

*Project Officer, Workforce Innovation Project
Orbost Regional Health*

Maria studied Science at Monash University, followed by a postgraduate degree in Conservation Biology at the University of New South Wales. In 2013, Maria completed a Certificate in Aged and Community Care which led her to work at Orbost Regional Health as project officer on the Department of Health and Human Services Workforce Innovation project.



Dr Susan Waller

*Senior Lecturer
Monash University Department of Rural Health*

Susan is a Senior Lecturer at the Monash University Department of Rural Health. Susan's clinical experience as a physiotherapist has mostly been in paediatric disability. Susan's research interest is in allied health and collaboration in education and practice. Susan offers educational leadership to the Placements, Education and Research Unit at Latrobe Community Health Service.

CONCURRENT SESSIONS SPEAKER BIOGRAPHIES



Catherine Beaufort

*Manager, Radiation Therapy, Latrobe Regional Hospital
William Buckland Radiation Therapy*

Catherine works as a Radiation Therapist Site Manager, overseeing the radiation treatment facility provided by Alfred Health Radiation Oncology at Gippsland Radiation Oncology located in the Latrobe Regional Hospital. Catherine has worked at the Alfred for over 20 years. Catherine has been instrumental in the development of a successful Prostate Brachytherapy program and has setup a Radiation Therapy course in Papua New Guinea, and lectured in Malaysia. Catherine has a Masters in Public Health and is now currently undertaking a Masters in Business Administration. Outside of cancer care, Catherine's other passion is sailing.



Belinda Hua

*Intern Radiation Therapist
William Buckland Cancer Centre*

Belinda is a current Monash student on a one year Professional Clinical Placement at Latrobe Regional Hospital Radiotherapy Department which is run by Alfred Health. Belinda enjoys working in this field because of the patient centered care, work-life balance, and the diversity with the job. Belinda is also the assistant coach and plays for the Traralgon Olympians Senior Women's soccer team.



Bruce Campbell

*Sub-Acute Ambulatory Services Coordinator
Latrobe Regional Health Service*

Bruce has extensive experience working as an Occupational Therapist in sub-acute services, inpatient/outpatient rehabilitation, at Latrobe Regional Hospital. Bruce's current role is Coordinator of Latrobe Regional Hospital Sub Acute Ambulatory Care Service programs. These programs include Cognitive Dementia and Memory Service, Community Rehabilitation Services, Continence Clinic, Falls and Balance Clinic, Pain Management Clinic and Victorian Paediatric Rehabilitation Service. Bruce also works as an Occupational Therapist in the Cognitive Dementia and Memory Service clinic.



Caroline Lubach

*Occupational Therapist
Yarram and District Health Service*

Caroline completed her training at James Cook University followed by 4 years experience as a clinical Occupational Therapist at the Yarram and District Health Service. Caroline currently works across paediatric and adult services, in community, ward and residential care environments. Caroline is also Transition Care Coordinator.

CONCURRENT SESSIONS SPEAKER BIOGRAPHIES



Kristy Lucas

Allied Health Assistant

Yarram and District Health Service

Kristy has four years of experience as an Allied Health Assistant at the Yarram and District Health Service. Kristy currently works across the multidisciplinary team, in community, ward and residential care environments. Kristy is also Transition Care Coordinator.



Kate Wignall

Occupational Therapist

Yarram and District Health Service

Kate completed her Occupational Therapy training in the United Kingdom followed by three years experience working in various areas of mental health including forensic, complex community and inpatient aged care. Kate has since relocated to Australia and has been working at Yarram and District Health Service for two years across paediatric and adult services in community, ward and residential care environments.



Kristy Dougheney

Physiotherapist

West Gippsland Healthcare Group

Kristy has been a Physiotherapist for eight years, working for the last three years in the Gippsland region. Kristy has been the 'Be Deadly Get Healthy Co-ordinator' for the last eighteen months, working closely with the local Aboriginal community.

POSTER PRESENTER'S BIOGRAPHIES



Angela Ellis

*Executive Manager Community Health Services
Gippsland Lakes Community Health*

Angela is an Executive Manager at Gippsland Lakes Community Health. She commenced with this organisation 34 years ago as a sole physiotherapist and now manages a team of 48 multi-disciplinary health professionals who deliver a large range of services to the whole community in both one to one and group setting.



Lindsay Friebe

*Occupational Therapist
Gippsland Southern Health Service*

Lindsay Friebe, is an Occupational Therapist at Gippsland Southern Health Service. Lindsay works in the acute setting and runs health promotion and wellbeing groups. She is a qualified 'Tai Chi for Diabetes' Leader. Lindsay's previous work experience includes working at South Gippsland Shire Council in the Home and Community Care Team and seven years at Peninsula Health, mostly in mental health.



Alison Clarke

*Active Service Model Industry Consultant
Bayside City Council*

Alison completed her Occupational Therapy degree in Western Australia. She has extensive experience working in a variety of clinical roles in acute, sub-acute and private practice. Alison has also worked as an Home and Community Care Assessment Officer. Since 2012 Alison has worked as one of the Active Service Model Industry Consultants in the Southern Metro region

Session 2 – Local Evidence to Transform Local Practice

Development of a Discussion Tool for Sharing Current Falls Prevention Knowledge With People Living With Dementia

Meyer, C., Hill, S., Hill, K., Dow, B.

Background: A substantial body of evidence exists separately for falls prevention and dementia care for older community-dwelling people. This exploratory study draws together the evidence for reducing risk of falls for people living with dementia (PLWD) to develop a discussion tool for community care health professionals.

Method: A mixed-method design, utilising the Knowledge to Action Framework was employed. Data was collected through a literature review, and interviews and questionnaires with PLWD and their caregivers to assess falls risk, functional capacity, carer burden and self-efficacy. Targeted implementation of falls prevention strategies (using goal setting and action plans) occurred monthly over 6 months, according to readiness of PLWD and their caregiver to change behaviour. **Results:** Twenty-six participant dyads were recruited, from metropolitan Melbourne and the Gippsland region. Five key knowledge translation questions were used to interpret the data: what, to whom, by whom, how and with what effect falls prevention knowledge can be translated. The resultant discussion tool and algorithm for use in practice for the adoption of falls risk reduction strategies is shared. **Conclusion:** This study adds to the growing body of knowledge for preventing falls among PLWD by providing a tool for community care health professionals. It will assist in translating current best falls prevention evidence according to individual needs and preferences.

Foodie Fridays – A South Gippsland Community Initiative

Breeze, A.

In 2015 Gippsland Southern Health Service acquired a substantial increase in HACC targets for dietetics. With a community cooking program long on the organisation's plan, it was quickly decided that in order to meet these new targets this program could finally get off the ground. Foodie Fridays is an 8-week community based cooking and nutrition education program which is primarily aimed at increasing cooking skills, nutrition knowledge and confidence in the kitchen with a more local and organic approach. Utilising Department of Health statistics, South Gippsland's ageing community is the growing at the highest rate. Also ascertained was the need for improved nutrition education amongst those aged 65 years+ as 40% of this population were identified as not meeting fruit nor vegetable intake, guidelines. The program was therefore developed to target improved nutrition knowledge of HACC eligible clients. A preliminary survey was distributed across all Gippsland Southern Health Services Planned Activity Groups which enabled us to gauge interest in a nutrition and cooking program and focus on the priorities that they identified. Attitudes, knowledge, beliefs, cooking enjoyment and satisfaction, together with food purchasing behaviour are known precursors to healthy cooking and eating. Therefore the program plan was to tap into these themes utilising local community gardens and promoting wholesome nutritious home-grown foods. A combined approach with Dietetics and Occupational Therapy also allowed a more holistic approach in meeting needs of the ageing community. End of program evaluations completed have indicated the program was considered useful to participants and met their expectations. Increased nutrition knowledge of participants and the application of this knowledge through cooking skills were delivered by the program, assisting to address this gap for the population locally. The program has proven popular and has been further reviewed and enhanced to meet local conditions and is now run regularly to take advantage of seasonal produce.

Eating for Independence: Promoting Timely Identification of Older People at Nutritional Risk and Referral for Capacity Building Interventions

Leyden, D., Bastin, C., Daly, S., Ho, C., Nicholson, T.

Background: Under-nutrition in older people living in Australia is under-recognised and often poorly treated. When identified, it is commonly addressed through prescription of nutritional supplements and meal provision. These interventions do not always address the root cause of under-nutrition and can create dependency by substituting for a person's own effort rather than building capacity to self-manage. This study aimed to develop and evaluate the use of a nutrition care pathway for community settings for improving identification of older people at nutritional risk and subsequent referral for capacity building interventions. **Method:** The methodology included collection of regional referral rates to Dietitians, interviews with service providers on nutrition risk screening and referral practices, introduction and evaluation of a nutrition care pathway into regional training and a pre and post implementation study involving repeat file audits of clients receiving community care services over a four year period. **Results:** Barriers to timely identification of nutritional risk and subsequent capacity building interventions were inconsistent, non-validated screening practices, frequent decline of referrals to Dietitians, poor understanding of the nutrition needs of older people and a Dietitians role and a lack of restorative modalities such as routine care planning and goal setting. Introduction of a nutrition care pathway into regional training with a focus on multidisciplinary, restorative approaches to interventions resulted in improved identification of people at nutritional risk but more work was required to increase use of capacity building interventions. **Conclusion:** The results of this study informed the redevelopment of the nutrition care pathway with more focus on the decision support function, to improve referrals for capacity building interventions. The outcome has been the release of the Eating for Independence training package for use by Dietitians in community settings state-wide. Further evaluation is required to determine its effectiveness in promoting capacity building interventions.

Session 3 – Innovative Clinical Interventions and Models

Implementing Animal-Assisted Therapy in a Regional Community Health Setting

Paoli, C.

Aim: To deliver quality early intervention to children experiencing difficulties in language development, social skills and behaviour regulation through the use of an animal assisted therapy program. **Background:** The therapeutic use of animals in the health setting is an emerging approach, which is largely grounded in what is referred to today as the “human-animal bond”. Long has this bond been acknowledged and referred to, and many pet owners today will unequivocally say that their dog or cat is a “part of the family”, something to which they feel a strong emotional and sometimes spiritual attachment. But more recently, research has been conducted to determine how this concept might be used to facilitate greater therapeutic change in some of our most vulnerable clients. **Method:** At Gippsland Lakes Community Health, we have been working to develop an animal assisted therapy program to assist our speech pathology and occupational therapy programs for children with additional needs. Currently, we have one therapy dog in employ who works with clients with Autism Spectrum Disorder and developmental delay. Together with the speech pathologist and parent, “Basil” works with these children to achieve specific therapy goals. For a non-verbal child with poor interaction, Basil might help the speech pathologist in working on eye contact or shifting gaze. For a child with developing oral language, Basil can provide strong visual feedback to the child when using spoken/gestural cues such as “sit” or “shake hands”. Basil can provide a calm, reassuring presence to children who are anxious, and can provide soothing sensory activities such as brushing, patting or even laying across a child’s lap while they focus on other activities. **Summary:** This presentation will cover the preliminary procedures and guidelines put in place, as well as the current research and anecdotal evidence from our own animal assisted therapy program.

Are We Kidding Ourselves or Do We Really Make a Difference?

Lea, I., Fletcher, S., Mitchell, E.

Background: Latrobe Community Health Service is currently delivering an interprofessional model of service for children up to seven years who are experiencing mild to moderate developmental delays. The objectives guiding this program are that:- children have optimum development and/or functional outcomes so as to actively participate in their home and community and families have the knowledge and skills to advance their child’s growth, development and functioning. Therapy services are provided to a number of children and their parents in a number of small group settings. This method of delivery promoted the acquisition of skills in a peer environment, enhanced the child’s motivation and encouraged efficient service delivery. The service delivery is unique and while parents report high levels of effectiveness of the intervention at the finish of the short term intervention, the longer term effectiveness was un tested. **Method:** This research project aimed to evaluate the impact of attending the LCHS Children’s Services program. This program evaluation aimed to provide information about outcomes useful to both the LCHS Children’s Services team, as well as, other services in their design of similar programs. All participants who provided their details and completed the program and had been discharged for at least 6 months during the period of 1st October 2013 to June 2014 were contacted by phone. **Results:** Findings from this study show that the program was very effective in meeting the stated objectives of optimising the child’s development and /or functional outcomes so that they could actively participate in their home and community environment and that this be achieved by providing the caregiver with the knowledge and skills to advance this development and functioning. **Conclusion:** The findings recommend a number of strategies that could improve and extend the LCHS Children’s Services program.

Shine the Endoscopic Light on Oropharyngeal Dysphagia

Cimoli, M.

Oropharyngeal dysphagia (OD) is an important health concern to be identified and managed. Diagnosis of OD requires systematic analysis to identify areas of impairment, and determine the anatomical and physiological factors that contribute to the observed dysfunction. Typically, the assessment of swallowing begins with the Clinical Swallowing Examination (CSE). While the CSE is a useful assessment tool, it is limited in its diagnostic capacity. Because swallowing is a process that occurs within the internal cavities of the body, speech pathologists (SPs) often need to evaluate swallowing using imaging techniques to be able to accurately diagnose OD. The two most commonly used imaging techniques applied in the assessment of OD are radiography and endoscopy (nasendoscopy), referred to as Videofluoroscopic Swallowing Study (VFSS) [or modified barium swallow (MBS)], and Fiberoptic Endoscopic Evaluation of Swallowing (FEES), respectively. However, VFSS is not always available (e.g., limited access to radiology equipment), and may not be appropriate for all patients. Furthermore, VFSS must be conducted in a radiology department thus imposing a number of financial implications (e.g., staffing and equipment). FEES addresses a number of the logistical and practical issues associated with VFSS, especially when SP-led service models are available. All aspects of FEES, including insertion of the endoscope, can be conducted by SPs who are appropriately trained in FEES, as part of an SP-led service model⁴. SP-led FEES service models have the potential to improve patient access to imaging assessments for patients living in rural and remote areas. This paper provides a brief overview of FEES, and describes the evidence-based practice and ethical principles that are used to guide the implementation of SP-led FEES services. Considerations for training and credentialing for this advanced practice role for SPs are also discussed.

The Implementation of a High Risk Foot Service on a Shoestring**Plozza, B.**

Background: The number of people with high risk feet and chronic foot ulceration is dramatically increasing across Australia. At West Gippsland Healthcare Group the podiatry department doesn't have the resources to see every client with a foot wound and there is no potential for growth funding within the available funding models. Many podiatry clients were also serviced by district nursing (DN) however without any communication and collaboration, resulting in care that was not always evidence based practice (EBP) or followed best care principles. Knowing that the number of wound care clients will continue to rise, a sustainable way to manage clients with foot wounds was needed with a focus on establishing a multi-disciplinary team and providing EBP. **Method:** A High Risk Foot Service (HRFS) was established using only existing funding models and without attaining any additional funding or grants. The clinic was staffed by both a podiatrist and wound consultant to manage wound care, enabling a collaborative approach. Each client receives a holistic assessment with the podiatrist and nurse, a care plan is developed & referrals are made for appropriate wound care management (Podiatry and/or DN; private podiatry; GP clinic) and to any other specialist or allied health (AH) services. The client's progress and their care plan were reviewed by the HRFS every four weeks and if necessary could be conducted either in the clinic or patient's home. **Results:** Improved client outcomes, increased healing rates, decreased healing time and amputation rates, Better use of podiatry time and expertise, Able to meet demand for wound management, Communication and collaboration between DN and podiatry/AH, Established and ensured EBP was met without increased funding. **Conclusion:** The HRFS model is a way forward to meet demands with clinical staff working in a consultative role. There is now potential to expand this model to other AH services.

De-Feeting Wounds Regionally: Stepping into a Podiatry Led High Risk Foot Clinic**Beacham, S., Gawley, N.**

25% of people with diabetes will experience foot ulcers. The majority of these are neuropathic in aetiology and 85% of amputations are preceded by a foot ulcer. The incidence of type 2 diabetes in the LGA of Latrobe has risen to 5.1% which is now higher than the state average of 4.8%, with the diabetes admission rates ratio 1.6 compared with 1.0 for the rest of Victoria. This puts significant burden on the health system, individuals and their families. Prior to July 2015, patients with high risk foot conditions in Latrobe had to travel to Monash Health Dandenong to receive best practice care. Many of which could not afford this financially, mentally and physically. The aim of this project was to provide best practice, sustainable high risk foot management in a regional setting. This would include the development of an Advanced Practice Podiatry Position with the goal of greater patient outcomes and improved quality of life. In July 2015, Latrobe Community Health Service implemented their newly developed Podiatry-led interprofessional High Risk Foot Clinic. The primary team consisted of an Advanced Practice Podiatrist, Diabetes Educator and Dietitian. The secondary team consisted of co-located GPs and regional wound consultant, with a virtual team at Monash Health. Traditionally High Risk Foot Clinics are only based in large metropolitan hospitals. The completed research will highlight how this type of clinic can be developed, implemented and sustained in a regional stand-alone community setting. The mixed method research design will evaluate advanced practice roles in allied health, patient outcomes and quality of life.

Using Home Care Enabler Workers' to Improve Care of Older People in the Community**Cardoso, M., Quinn, P.**

Background: The aged care workforce strategy is investigating ways of improving care for older people by best use of workforce skills. Orbost Regional Health was funded by the Department of Health and Human Services to investigate the use of home care enablers to support both allied health and HACC care coordinators to deliver care to older people in the community. Rather than delivering home care services in the traditional manner of small weekly amounts of personal and home care over a long period, the delivery of a more intensive, brief period of reablement over up to 12 weeks would help consumers to restore function and capacity, with better confidence, self-esteem, and less reliance on ongoing home care services. The key issues for allied health were identification of which consumers would benefit from intensive reablement, when Home Care Enabler Workers (HCEW) are beneficial, safe delegation of tasks, and effective and timely communication with care coordinators and others involved in the care of the older person. **Method:** The scope of practice of HCEW was identified, and the right training to help them deliver required tasks effectively was provided. Allied health staff learned to identify when they could use HCEW, and how to train HCEW to undertake tasks so they could safely delegate tasks to HCEW. They also identified which consumers would benefit from an intensive episode of care to help to restore consumer function and improve independence. Communication methods between Allied Health, HACC care coordinators and HCEW were developed so that consumer progress could be effectively monitored, and reviews undertaken in a timely manner. **Results:** The impact on consumer and staff satisfaction improved when HCEW were used effectively. Consumer capacity improved as a result of an intensive episode of care using HCEW. Time saved by allied health by delegating tasks to HCEW was more than the time needed to delegate and communicate. Shared training between allied health and HCEW improved understanding and communication in the working relationship. Using HCEW improved care and communication methods between allied health and HACC care coordinators. The use of more HACC funds for intensive episodes can be balanced within the existing HACC budget. **Conclusion:** The pilot project was successful in developing a care system that better utilised the capacity of home care staff that was a time saver for allied health professionals. Allied health can use the relationship that home care staff have with consumers to help develop meaningful consumer led goals that also helped to effectively implement desired treatment and support strategies. Given clearly delegated and well defined tasks, HCEW can monitor and report to allied health staff on progress of consumers, with more timely reviews and less waste of allied health time.

Session 6 – Innovative Response to Rural Workforce Issues

Contact is Not Enough: Interprofessional Clinical Education

Waller, S.

Background: A key component of the redesign of the Australian Health Service hinges on the strengthening of collaborations in practice and service networks. Are practitioners who have continued to be trained in silos prepared to be change agents in this process? A study conducted with senior students from physiotherapy, occupational therapy and speech pathology programs undertaking clinical education placements in community rehabilitation teams strongly demonstrated that explicit interprofessional activities are necessary for the development of collaborative competencies.

Method: Students' and clinical educators' experiences of the two types of clinical education placements were compared. Students participated in a directed interprofessional clinical education placement in a multidisciplinary team in community rehabilitation and a comparison group participated in a standard discipline specific clinical education placement in a similar context. This mixed methods study used questionnaires and interviews pre- and post placement to explore students' perception and experiences on clinical education. Clinical educators were also interviewed on both types of placement. There was also a small cohort of students interviewed as new clinicians to investigate their experience of collaboration in the workplace and their assessment of how their clinical education matched their new graduate experience. **Results:** Although in both placements students were exposed to the work of multidisciplinary teams, it was found that those students who experienced directed activities for collaboration and space for reflection on those interprofessional activities developed a greater insight into team processes and improved self efficacy in interdisciplinary communication. Follow-up interviews suggested that despite new clinicians' collaborative competencies, the culture and context of the workplace was paramount in supporting interprofessional practice. **Conclusion:** It was found that explicit interprofessional learning experiences strengthened development of students' collaborative competencies. Contact is not enough.

Establishment of Gippsland Regional Best Practice Shared Care Model for Post Treatment Follow-up of Cancer Patient

Beaufort, C., Smith, L.

Background: Gippsland is a large region with dispersed population and poor cancer outcomes (CCV). Australian literature highlights generally poor outcomes in regional and rural Australia and distance from providers is a factor. Cancer is now considered a chronic disease and for increasing numbers of patients follow up and care may extend over many years requiring many visits over long distances for follow up in the acute hospital setting. In addition, follow up for such patients by oncology specialists may involve many lost hours and cost in travel to locations far from their hospital clinics. Telehealth (or telemedicine) holds the potential to provide ongoing care for cancer patients much closer to their homes and to enable cancer specialists to use their time more effectively. Reduced costs to both the patient and the care provider could also be envisaged. Telehealth would also assist community based providers to better support cancer patients closer to their homes.

Method: The scope of this project is to: (a) In discussion with community based providers, identify possible primary providers and locations where telehealth consultations could be conducted such as GP rooms, community health centres and other community health care facilities; (b) Establish using a survey methodology patient acceptance of follow up consultations conducted by telehealth videoconferencing at identified locations. **Results:** Showed no difference in patient outcome for patients followed up in a primary care setting versus a hospital setting, and some improvements for patients where follow-up was on the basis of a shared care model between primary and hospital based providers. **Conclusion:** Telehealth holds significant potential to reduce the burden of follow up services for patients, hospital based providers and the costs associated with follow up undertaken in the acute hospital setting.

Stereotactic Body Radiation Therapy for Inoperable Early Stage Lung Cancer

Hua, B.

Radiation therapy uses high energy radiation to shrink and kill cancer cells. However, normal cells are not immune to the damage caused which lead to side effects. The role of radiation therapists in the multidisciplinary team (MDT) is to deliver the radiation treatment to patients, and interact with them to ensure they have the support they require. MDT that are often required include dietitians, speech pathologists and social workers. According to the Cancer Council Australia, Lung cancer is the 5th most common cancer but the leading cause of cancer deaths in Australia. Surgery is currently ranked as the gold standard treatment for patients with early stage non-small cell lung cancer. However, for patients who are not suitable for surgery due to poor lung function and/or other comorbidities or refuse treatment, a course of radiation therapy is the suggested treatment. 3D conformal radiation therapy is currently being used to radically treat non-small cell lung cancer in 30 treatments lasting up to 6 weeks. Stereotactic ablative body radiation therapy (SABR) is an emerging radiation therapy technique that can deliver higher doses of radiation in fewer treatments with high accuracy for small tumours. A common treatment regime of SABR is 5 treatments over 2 weeks. The implementation of SABR at Alfred Health Radiation Oncology Gippsland at the Latrobe Regional Hospital provides numerous benefits to patients. These include the convenience of staying locally rather than going to the city centre, less disruptions to everyday life due to fewer treatments, and it is a less invasive alternative to surgery with reduced side effects.

Session 7 – Local Evidence to Transform Local Practice

Community Rehabilitation Services – Cardiac Rehabilitation Phase 2 Fast Track Night Class Pilot

Campbell, B.

Background: Currently CRS phase 2 cardiac rehabilitation at LRH is delivered via a 5 week rolling program; 2 sessions per week (Monday and Thursday). The afternoon session is divided into 2 parts; exercise and education. Statistically, at least 50% of referrals (mainly post stents/ medical management) to the program did not attend; predominantly due to work/family commitments. In some instances, 15-20 clients per month were choosing not to attend the day sessions due to these reasons. **Method:** The initial pilot format was streamlined to 4 sessions in a 4 week block versus the current day program of 10 sessions in a 5 week block. The presenters and clinicians involved were the cardiac rehabilitation nurse, pharmacist, PT and dietitian. From the initial 10 clients (9 male, 1 female, aged between 50-70 years) enrolled, 9 continued (8 male, 1 female) participating in all 4 sessions. Of the 10 clients, 2 had stable/ unstable angina, 8 AMI's (5 NSTEMI, 3 STEMI). Two of these were medically managed and 6 had a PCI/ stent prior to participating in the program. **Results:** Following the block trial of 9 clients; 8 clients participated in a survey. This was a short questionnaire comprised of broad demographics, open questions as well as some Likert scale responses. The results and responses overall were positive. Suggestions for future program readjustment were also provided. **Conclusion:** The CRS - Cardiac rehabilitation phase 2 fast track night class pilot met most of the needs of the target audience in respect to convenience, time and content. Client feedback indicated that the four week block was too short and consideration to extend the program to a six week block, including education sessions from OT and SW, aligning more with the day program should be considered via another trial over a three month pilot.

Balance and Mobility From Strength to Strength

Lubach, C., Wignall, K., Lucas, K.

Yarram and District Health Service has provided the Balance and Mobility group program to community clients living in the local area under the umbrella of falls prevention for 15 years. The group aims to support clients to; remain as active and independent as possible; develop strength, mobility and balance; improve function and engagement in meaningful activities of daily living; reduce fear and incidence of falls. Until 2014 the format of the group was stagnant, with the same program followed week on week. Ongoing client progress was not well documented or measured. Over the past two years the group has undergone a facelift the aims and objectives of the group remain unchanged; however, several key changes have been implemented. Activities within the group are functional, relevant to goals and meaningful daily activities of the participants. The content of the group is regularly reviewed to maintain interest and challenge the participants. The way in which the well-being of the participants is monitored has also changed in that vital signs (i.e. B.P/ HR) as identified by the GP, are assessed both before and after the group. This enables group facilitators to advise if a participant should not take part in the group/ complete a modified exercise regime and to flag potential health alerts to appropriate people. Three monthly reviews are conducted with all group participants using the BERG balance assessment and Goal Attainment Scale. This provides an outcome measure of individual progress and enables regular goal review, as well as providing regular objective feedback to the participant. Since the changes were implemented attendance numbers have risen, remained high and consistent. Frequency of groups has been increased to meet the demand of referrals. Client feedback is that the group is enjoyable, fun, goals are being met and outcome measures give an objective indication of overall functional improvement.

Be Deadly, Ger Healthy – An Opportunity for Exercise in the Aboriginal Community

Dougheney, K

Background: Be Deadly, Get Healthy is an outreach exercise program targeting the Baw Baw Shire Aboriginal community. Gippsland Aboriginals are 13.9 times more likely to be admitted to hospital due to diabetes and 4.4 times for cardiovascular disease. It is estimated that in rural Victoria 26.5% of Aboriginal persons do not meet national physical activity (PA) guidelines (Department of Health, 2011). The aim of the program is to enhance health and overcome barriers to exercise in the Aboriginal community. **Methods:** Community consultation determined barriers to exercise, motivational factors, preferred activities and venue. Barriers identified were cost, family and transport, which were overcome with support from local stakeholders. Referrals were received via general practitioners, community consultation and word of mouth. Individual assessment prior to group commencement was completed by the physiotherapist. A weekly program led by a physiotherapist and Aboriginal allied health assistant was commenced. **Results:** There have been 24 adult participants and eight children. All participants increased frequency, duration and intensity of exercise, with four adults meeting national guidelines for PA. 50% of participants decreased their diabetes risk scores (AUSDRISK). All participants improved their social support scores for exercise. **Discussion:** The program was a key factor in increasing PA levels and decreasing diabetes risk. Increased social support scores, show a change in the attitudes within the community towards exercise, a major aim of the project. By breaking down the barriers to exercise it has created an opportunity for the Aboriginal community to increase their PA levels. The program has helped develop strong relationships between the hospital and the local Aboriginal health service. The programs positive changes have led to ongoing funding for the program.

POSTER DISPLAYS

Emotional Wellbeing and Social Connection Evaluation Framework

Ellis, A

Background: Gippsland Lakes Community Health (GLCH), funded through Healthy Ageing Program developed an evaluation framework to measure the effectiveness of programs/interventions which aim to improve emotional wellbeing and social connection. **Method:** In determining which evaluation tools and method we would use, we considered validated tools others were already using. We consulted with staff from Planned Activity Groups, and Home and Community Care services using their knowledge on what would work for them. Our selection criteria was simple; we know that evaluation is not everyone's area of expertise, staff are time poor and therefore the process needed to be easy to access, well resourced and meaningful. **Results:** A combination of three methods of evaluation were chosen: (1) Most Significant Change as a powerful tool for monitoring, evaluation and organisational learning, (2) Case study is particularly valuable as it can provide insight into the success or limitations of a program from the perspective of a participant, (3) The Warwick-Edinburgh Mental Well-being Scale was chosen for its simplicity and because it is a validated tool. **Conclusion:** We believe that the evaluation framework developed is transferable to other programs which intend to increase emotional wellbeing and social connection. The funding allowed GLCH to trial the chosen evaluation design on its art therapy programs throughout 2014. Art therapy is now offered as core business.

Optimising Quality of Life – The Role of Occupation in Palliative Care

Friebe, L

Living with a progressive disease alters the roles, values and functional abilities experienced by registered palliative care clients. The progression of their illness can impact detrimentally on their quality of life and impact negatively on the provision of end of life care. Dying raises the issues of meaning and purpose to an individual's life. A review of the literature has found some emerging research regarding the valuable contribution of the Occupational Therapy role in the palliative care team. This presentation outlines the practical development of an activity kit for use by the palliative care team/volunteers to assist in the engagement with Palliative Care registered clients. The activity kit is an innovative and practical response to the changing role of 'Occupation' in end of life care. The development of a meaningful resource kit for use with Palliative Care registered patients is an inventive approach to the changing and challenging work of palliative care, acknowledging the value and purpose of previous roles and promoting optimal quality of life. This presentation will cover the preliminary work undertaken at Gippsland Southern Health Service to develop a tool / activity kit, as well as the current research in the area of the Occupational Therapy role in Palliative Care and anecdotal evidence from the initial provision of the activity kit to palliative care team and volunteers at GSHS.

Enabling the Use of Easy Living Equipment in Everyday Living: A Guide for Victorian Home and Community Care Services

Clarke, A., Paine, K., Adams, R.

HACC funded Occupational Therapists are key to the implementation of a training strategy at the local level to promote, explain and encourage the use of easy living equipment, also known as non-complex assistive technology, to support people using HACC services to be as independent as possible in their activities of daily living. This statewide initiative has built on the results of two successful pilot projects conducted in 2012 on the Active Service Model and the use of aids and equipment. The pilot project conducted by councils and other HACC service providers in the Southern Metropolitan Region focussed on the timely provision of small aids or 'gadgets' and cleaning equipment which are relatively low cost, commercially available equipment that may be beneficial to clients in areas such as personal care, food preparation and household cleaning. In the North and Western Metropolitan Region the pilot project sought to determine a suitable framework to guide and inform staff roles and responsibilities in providing small aids and equipment. The outcome of this initiative is the development of a model, information resources and a set of guidelines to support implementation by HACC assessment and home care services across the state. The materials will enable HACC assessment staff, home support workers and personal carers to provide information to clients and their carers about appropriate easy living equipment available to assist their capacity to undertake everyday activities. The focus is on easy living equipment items and circumstances that do not require prescription by an allied health clinician, and are readily available through commercial outlets. However we are advocating that councils and other providers of HACC assessment and home care services should partner with and involve the HACC funded occupational therapist in the preparation and delivery of the training, wherever possible. Key outcomes from this project include having a better understanding of each other's role (OT's and Community Support workers) and how partnering is supporting better outcomes for clients and carers.

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THANK YOU FOR ATTENDING AND SUPPORTING THE



ALLIED HEALTH SYMPOSIUM Gippsland 2016



Change Agents: Allied Health Practice Responses to Challenging Rural Environments

3rd Gippsland Allied Health Symposium

The organising committee value your feedback, opinions and suggestions. This information will help guide the planning and content of future Allied Health Symposiums in Gippsland.

The evaluation survey is being conducted electronically via Survey Monkey. We ask that you complete the evaluation as soon as is convenient after attending the Symposium.

The evaluation survey will be open for 10 days and will close on **Monday 6 June 2016 at 5.00pm.**

Please see below link to access the survey.

<https://www.surveymonkey.com/r/Evaluation2016GippsAHSymposium>