

# Loddon Mallee Allied Health Conference Handbook

*Allied health: engaging clinicians, consumers and  
communities*

Swan Hill, Wednesday 26<sup>th</sup> August 2015  
8.30am to 3.30pm

The Grain Shed,  
2-8 King Street, Swan Hill



# Loddon Mallee Allied Health Conference

*Allied health: engaging clinicians, consumers and  
communities*

To receive this publication in an accessible format phone (03) 5434 5696, using the National Relay Service 13 36 77 if required, or email [loddon.healthadmin@dhhs.vic.gov.au](mailto:loddon.healthadmin@dhhs.vic.gov.au).

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health & Human Services, August 2015.

# Contents

<b>Conference Program .....</b>	<b>7</b>
<b>Conference Planning Committee .....</b>	<b>9</b>
<b>Keynote Speakers .....</b>	<b>10</b>
<b>Concurrent Sessions .....</b>	<b>12</b>
Theme: Building Capacity and Innovation .....	12
1a - Megan Wilson, Bendigo Health .....	12
1b - Damon Burn and Elaine Beeson, Walsall Healthcare National Health Service (NHS) Trust, United Kingdom .....	12
1c - Cynthia Opie and Dorinda Toll, Echuca Regional Health .....	13
1d - Marcus Gardner, Nicole Aitken and Narelle McPhee, Bendigo Health .....	14
1e - Linda Henderson, Sunraysia Community Health Services .....	15
Notes Page .....	16
Theme: Quality in Clinical Practice .....	17
2a - Katie Martin, West Wimmera Health Service (WWHS) .....	17
2b - Evelyne Sanson and Sarah Gallagher, Bendigo Health .....	17
2c - Karen Peters, Inglewood and District Health Service .....	18
2d - Andrea Bortoli and Marney Ward, Swan Hill District Health .....	19
2e - Laura Wallis, Sunraysia Community Health Services .....	20
Notes Page .....	21
<b>Abstracts Poster Presentations .....</b>	<b>22</b>
1 - Steffie Lau, Bendigo Health .....	22
2 - Adelaide Giddens, Sunraysia Community Health Services .....	22
3 - Margaret Philips and Brendan Dridan, Maryborough District Health Service .....	23
4 - Jacqui McCrabb and Jennifer McCarthy, Bendigo Health .....	23
5 - Jessica Harper and Tegan McDonald, Bendigo Health .....	24
6 - Damon Burn, Walsall Healthcare NHS Trust, Stephen May, Sheffield Hallam University and Lindsay Edwards, Atos Healthcare .....	25
Notes page .....	26
Stalls .....	27
Evaluation .....	27
Contact .....	27



# Conference Program

8.30	Registrations open			
9.00	Debra Chaplin, Aboriginal Hospital Liaison Officer, Swan Hill District Health <i>Welcome to country</i>			
9.10	Ted Rayment, Chief Executive Officer, Swan Hill District Health <i>Strengthening health services</i>			
9.30	Anita Hill, A/Manager, Allied Health Workforce Team, Department of Health & Human Services <i>Future directions for the Victorian allied health workforce</i>			
10.00	Susan Nancarrow, Professor of Health Sciences and Director of Research, Southern Cross University <i>How can workforce flexibility be enhanced to improve access to allied health services?</i>			
10.45	<b>Morning Tea</b>			
	<b>Concurrent Sessions</b>			
	<b>Theme: Building Capacity and Innovation</b>		<b>Theme: Quality in Clinical Practice</b>	
11.15	1a	Megan Wilson Bendigo Health <i>PACER: Allied health workers in crisis response team to promote client centred care</i>	2a	Katie Martin West Wimmera Health Service (WWHS) <i>Bedstick safety awareness among carers and nurses in WWHS aged and acute care settings</i>
11.30	1b	Damon Burn Walsall Healthcare National Health Service (NHS) Trust <i>Orthopaedic triage: cost effectiveness, diagnostic/surgical and management rates</i>	2b	Evelyne Sanson and Sarah Gallagher Bendigo Health <i>Utilising an Occupational Therapist (OT) student project placement to develop a scooter assessment procedure at a large regional health organisation</i>
11.45	1c	Cynthia Opie and Dorinda Toll Echuca Regional Health <i>Allied health assistants provide SMS health coaching to those with chronic conditions to aid motivation and support in achieving their health goals</i>	2c	Karen Peters Inglewood and District Health Service <i>Inspiring Inglewood</i>

12.00	1d	Marcus Gardner Bendigo Health <i>Evaluating the implementation of an allied health graduate support program in a regional setting</i>	2d	Andrea Bortoli and Marney Ward Swan Hill District Health <i>Implementation of the GP model in a speech pathology setting - a rural health services experience</i>
12.15	1e	Linda Henderson Sunraysia Community Health Service <i>Interdisciplinary practice and allied health assistants making a difference in child health services</i>	2e	Laura Wallis Sunraysia Community Health Service <i>Celebrating collaboration when working with refugees</i>
12.30	<b>Lunch</b>			
1.15	<b>Brief Presentations from Poster Authors</b>			
	<b>Plenary Session</b>			
1.45	Michael Kingsley, Associate Professor in Exercise Physiology, La Trobe University <i>How does lifestyle and exercise influence health?</i>			
2.15	Donna Borkowski, Chief Physiotherapist, Bendigo Health <i>Research culture – how to build capacity in allied health research</i>			
2.30	<b>Panel Discussion – Expanding Research in Allied Health Practice</b>  Panel Facilitator - Sally Harris, Chair, Loddon Mallee Allied Health Network (LMAHN) Reference Group Panel Members - Susan Nancarrow, Michael Kingsley and Donna Borkowski			
3.15	<b>Sally Harris</b> , Chair, LMAHN Reference Group <i>Summary and closing remarks</i>			
3.30	<b>Close</b>			






# Conference Planning Committee

The Conference Planning Committee consists of allied health volunteers from across the Loddon Mallee region who generously provided their time and experience to assist in the planning and organisation of the conference as well as assisting on the day.

Thank you to:

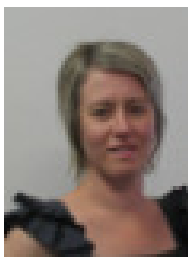
- Jenna Cobden, Swan Hill District Health
- Marcus Gardner, Bendigo Health
- Fiona Templeman, Bendigo Health
- Hendrika Kirchhofer, Echuca Regional Health
- Lynne Cooper, Bendigo Regional Occupational Therapy
- Bethany Takakis, Inglewood and Districts Health Service
- Linda Henderson, Sunraysia Community Health Services

# Keynote Speakers

<p><b>Ted Rayment</b></p> 	<p>Ted has been the Chief Executive Officer (CEO) at Swan Hill District Health since 30 April 2007.</p> <p>Ted gained previous health experience in NSW, Tasmania, Canberra and Northern Territory (NT). He was CEO at the Canberra Hospital for 4.5 years. During that time he managed the Canberra Hospital's response to the bush fires and other challenges to the service. He reported jointly to the Health Minister and the Chair of the Health and Community Care Board.</p> <p>Ted's experience also includes CEO of the Royal Hobart Hospital for three years. He managed the five hospitals in the NT and was seconded by the NT Government for one year to report on the provision of health services in Aboriginal communities.</p> <p>Ted was recently appointed as a Board Member of the Murray Primary Health Network.</p>
<p><b>Anita Hill</b></p> 	<p>Anita qualified as a physiotherapist in the early 1980s and worked in the acute sector for 15 years before moving into project and program management, finally making the break from clinical practice in 2003. Her experience in project and program management has always been within the health sector, and has ranged from coordinating residential aged care programs in a Division of General Practice, managing infrastructure projects for clinical teaching in primary health, setting up the Hospital in the Home program at Monash Medical Centre to managing the Clinical Training Programs team in the Department of Health and Human Services. She has recently taken on the role of Manager, Allied Health Workforce in an acting capacity until the end of this year.</p>
<p><b>Susan Nancarrow</b></p> 	<p>Susan Nancarrow is Professor of Health Sciences and Director of Research in the School of Health and Human Sciences at Southern Cross University. She originally trained as a podiatrist, but has been working across disciplines as a health services researcher for nearly 15 years. She has a particular interest in health workforce research and reform, service delivery and organisation. Prior to working at Southern Cross University, Susan worked in Sheffield, in the UK for 10 years, examining workforce change in the NHS. Susan is particularly committed to regional and rural health issues and capacity building. She is currently leading a large project to map the allied health workforce in Victoria, and is evaluating three models of integrated primary health care within Northern NSW. Susan lives with her family on the far north coast of New South Wales and is a keen surfer in her spare time.</p>

**Michael Kingsley**

Dr Michael Kingsley is Associate Professor in Exercise Physiology and the lead academic for the discipline of Exercise Science and Exercise Physiology at La Trobe University. He is an Accredited Sport & Exercise Scientist, a Chartered Scientist and Fellow of the Higher Education Academy. In addition, to his passion for high-performance sport, he has extensive experience in exercise testing and prescription for participants with pre-existing conditions, including diabetes, renal disease and transplant recipients. As an expert in the measurement and evaluation of cardiovascular responses to stress and exercise-induced oxidative stress, his research in the areas of lifestyle interventions and health, heart rate variability analysis, applied nutritional supplementation and power analysis in professional athletes has been published in leading international medical, sports medicine and nutrition journals. His research has received funding from commercial groups (including; Laerdal, The Sugar Bureau, High5), Welsh Assembly Government, National Health Service, Local Education Authority and professional / semi-professional sports teams (including: Welsh Rugby Union, Ospreys Rugby Football Club, Swansea Rugby Football Club, Aberavon Rugby Football Club and Swansea City Football Club). He is an experienced mentor and supervisor of research students and staff. His research group strives to understand the mechanisms responsible for disease and disorders and to develop evidence-based exercise programmes for patients with a range of chronic disease (e.g., cardiovascular disease, arthritis, diabetes, kidney disease) and elite performers with the aim to enable more people in Australia to be more active and to live longer and stronger.

**Donna Borkowski**

Donna Borkowski is a physiotherapist who has extensive clinical experience in a range of different settings, and has been the Chief Physiotherapist at Bendigo Health for more than five years. Donna has a particular interest in encouraging allied health clinicians to undertake research by creating a culture of research in organisations and supporting individuals to increase their capacity to be able to participate in research. Donna has recently undertaken a systematic literature review around allied health research culture and contributed to a recent publication on this subject for the Victorian public health allied health workforce.

# Concurrent Sessions

## Theme: Building Capacity and Innovation

### 1a - Megan Wilson, Bendigo Health

#### ***PACER: Allied health workers in crisis response team to promote client centred care***

Background: PACER (Police Ambulance Clinical Early Response) is a joint initiative between Bendigo Police and Bendigo Adult Community Mental Health Team (BACMHT) whereby high quality crisis mental health responses occur in the Loddon Mallee Region by Police and mental health clinicians. The project was developed to address key strategies from the Victorian Government aimed at improving the quality of mental health services and emergency response in the community.

In order to evaluate the effectiveness of PACER, a quality improvement project was developed.

The aims of this project are:

- Timely assessment and early intervention within the community setting
- Provide client centered care in the least restrictive environment
- To provide Emergency Department (ED) diversion by reducing referrals to ED via Police

Method: Data was collated to determine the effectiveness of the project in reducing the amount of presentations to Emergency Department. All data was recorded in an Excel spreadsheet. The database was developed using the Client Management Interface (CMI - DHS) statistical framework, with additional data points of location, age category, outcome of intervention, transport method, and whether a section 351 diverted. The data was reviewed by the Department of Human Services, Bendigo Health and Victoria Police.

Results:

- 415 contacts (including face to face or Triage)
- 47% of the work is face to face, providing mental health assessments including risk assessment
- Of these face to face contacts, 30% have been admitted
- 14% of total contacts are admitted
- Of what previously may have been up to 100% presentations by Police to ED for mental health presentations (under Sec 351 of the Mental Health Act 2014)
- We now only bring 14% of these contacts to ED

Conclusions: So far, the quality improvement data suggests that the project has provided a timely response when client's have called 000 in crisis and early intervention as the client gets a mental health response in the first instance, rather than just a Police response. The PACER program has reduced the amount of ED presentations by 76% resulting in client's being treated within the least restrictive environment.

### 1b - Damon Burn and Elaine Beeson, Walsall Healthcare National Health Service (NHS) Trust, United Kingdom

#### ***Orthopaedic triage: cost effectiveness, diagnostic/surgical and management rates***

Background: Managing the demand for care of patients with orthopaedic conditions is a worldwide difficulty particularly in public healthcare systems. This is especially the case for patients in rural and regional areas in Australia due to long term issues accessing care. A possible solution utilised in the United Kingdom, Canada and increasingly in Australia is using physiotherapists with extended skills, commonly known as Extended Scope Practitioners (ESP). Despite numerous studies investigating the effectiveness of these roles in the United Kingdom and Canada, there has been little investigation into

the cost effectiveness.

A community based triage service run by physiotherapists has been present in Walsall, United Kingdom, since 2006 to help manage orthopaedic demand. Despite this, high levels of demand for orthopaedic services continued in the local hospital. With the merger of community and hospital based services in 2011, a review was carried out which demonstrated many services providing overlapping care, creating poor patient experience and contributing to the high number of referrals to orthopaedics. Following the review, a trial study was agreed to review effectiveness of ESP triage of orthopaedic referrals with a view of long term merging of services.

Method: Paper referrals from general practitioners to orthopaedic services were triaged to either orthopaedics, assessment by an ESP or orthotics review. Results from ESP assessment were collected and compared to normal route in terms of costs, diagnostic request rates (X-Ray, MRI) and surgical intervention rates. Outcomes of assessment were also collected for patients referred to orthopaedics following triage assessment. Costing was calculated for the total of the patient pathway, utilising unit cost per appointment and then compared.

Results: The new pathway demonstrated a 27.3% cost saving versus normal route. In terms of diagnostics requested, 24.1% patients attending triage assessment required diagnostics. Following triage assessment, 13.9% patients required an orthopaedic assessment. Of those patients requiring an orthopaedic assessment, 75% required surgery (compared to 57% for normal route) and 80.5% of referrals were deemed appropriate.

Conclusions: This is the first known study investigating cost effectiveness across a patient pathway of orthopaedic triage. The results showed improved cost-effectiveness and improved surgical percentage rates in comparison to the normal pathway. Larger studies are required to determine cost and clinical effectiveness of utilising extended scope practitioners for orthopaedic triage.

### 1c - Cynthia Opie and Dorinda Toll, Echuca Regional Health

#### ***Allied health assistants provide SMS health coaching to those with chronic conditions to aid motivation and support in achieving their health goals***

Background: Two significant factors are reported as being indicative shortcomings of rural health service provision, in comparison to urban services: access and affordability (Carey et al 2013). With this in mind, coupled with the rising global prevalence of chronic conditions, the World Health Organisation (WHO) insists that to have any real chance in overcoming this rising burden of morbidity and mortality, micro level primary healthcare systems that embrace consumer engagement through shared decision making (SDM) must be considered and implemented (WHO 2003: 148). In late 2014 it was identified at Echuca Regional Health that a number of pulmonary rehabilitation referrals were for people who had already completed the program. Thus questioning whether participants were unable to sustain the positive changes they had made once discharged. Staff therefore opted to investigate whether Short Message Service (SMS) Health Coaching could prove to be a technologically innovative method of consumer engagement that is personally tailored to individual health goals, is non-invasive yet occurring in their own homes (accessible) and is a cost effective (affordable) means of enhancing health outcomes and reducing re-referral. Moreover, the health coaching itself is to be delivered by an Allied Health Assistant.

Method: Trialing this SMS Health Coaching commenced with the pulmonary rehabilitation population in 2015 as a pilot, with three key areas chosen for measure:

1. Exercise tolerance (6 minute walk test)
2. Self-management (Flinders Partner's in Health Scale)
3. Social inclusion (SF36).

Two of these assessments have long been routine service delivery measures, the Flinders Partner's in Health Scale was added to ensure 'self-management' was assessed, each conducted 3 times:

1. On recruitment to the Pulmonary Rehabilitation Program

2. On completion of Pulmonary Rehabilitation

3. 10 weeks post Pulmonary Rehabilitation.

Only 50% of the participants receive the SMS Health Coaching (pragmatic selection based on SMS skill capacity), thus providing an intervention and a control group.

Results: This presentation will indicate the rationale behind choosing SMS technology as a method of consumer engagement and the processes the health service went through to develop this. An illustration of the enablers and barriers associated with implementing the use of SMS technology with staff and consumers will be described. Furthermore, a demonstration of how Allied Health Assistants can be utilised to influence behaviour change and support consumers will be shown.

Conclusions: Currently, there is a commitment to implement this project for 12 months, encompassing therefore four pulmonary rehabilitation groups in the hope of monitoring and evaluating firstly, any clinically significant health improvements and ultimately any early reductions in re-referrals to the pulmonary rehabilitation program. Some preliminary clinical findings will be available at the time of the Conference and thus exemplified.

## **1d - Marcus Gardner, Nicole Aitken & Narelle McPhee, Bendigo Health**

### ***Evaluating the implementation of an allied health graduate support program in a regional setting***

Background: The expectations placed on graduate allied health (AH) professionals entering a complex and changing workplace are significant. Supporting graduates through this phase may assist with the emergence of confidence and role identity, development of competencies and professional skills, career planning, staff retention and the ability to deliver safe and quality care. Graduate support may be particularly important in rural and regional areas considering the challenges around recruitment, retention, access to supervision and other supports and professional isolation. The Department of Health and Human Services (DHHS) has promoted a state-wide approach to AH graduate support through an inter-professional Allied Health Graduate Program (AHGP) and has supported the establishment of rural and regional AHGP clusters. The aim of this project was to evaluate an AHGP implemented in a regional setting and to inform its future development.

Method: An AHGP was established at Bendigo Health in March 2015. Graduates from central Victorian public health services were invited to participate. The program was based on the DHHS AHGP, but the content and delivery were modified slightly to align with local needs. The modified AHGP consisted of six, two hour sessions delivered over a four month period. Each session was evaluated by participants and facilitators. AH managers were engaged to inform the future delivery of the program.

Results: Thirteen participants from physiotherapy, occupational therapy and speech pathology, employed across two regional health services, participated in the program. Graduate feedback indicated that the program is valued and an important source of support. Although attendance has been high, graduates have had to prioritise attendance at the AHGP over other professional development activities related to their discipline, which some participants feel may reduce opportunities to develop discipline-specific skills and professional identity. Scoping for future programs has indicated that opening the program to AH science disciplines may trigger the need to run multiple AHGPs each year and therefore provide more timely access to support for graduates across a more diverse range of disciplines.

Conclusions: This AHGP is seen as a valuable addition to support graduates. The program will need to continue to evolve to meet the needs of graduates working in rural and regional contexts. The clustering of organisations to collaborate on providing AHGPs and the inclusion of AH science disciplines may assist to make the programs sustainable in rural and regional areas and increase collaboration between health care organisations and AH therapy and science disciplines.

## 1e - Linda Henderson, Sunraysia Community Health Services

### ***Interdisciplinary practice and allied health assistants making a difference in child health services***

**Background:** Two years ago Sunraysia Community Health Service (SCHS) set out to review how child health services were being provided due to high service demand and the perception that allied health clinicians could be working more collaboratively. The allied health team is made up of Speech Pathologists, Occupational Therapists, Physiotherapists, Dieticians, Podiatrist and Allied Health Assistants (AHA).

**Method:** A project plan was developed and staff member allocated to work on implementing the plan. A literature review was conducted which included looking at models of care which existed in agencies who receive similar funding. There were many unexpected barriers to the implementation of the work plan and new model of care which included ongoing high service demand, staff turnover, challenges with recruitment and funding guideline review. With a bit of creativity and lateral thinking we decided to explore employing a clinician experienced in allied health paediatric work to lead the full transition of the existing Speech Pathologists, Paediatric Occupational Therapists, Physiotherapists and Allied Health Assistants. A Speech Pathologist was employed 1 day per week for 10 weeks to implement the new model of care. It has taken a further 3 months to finalise the procedures and assessment documents and proformas.

**Results:** The Child Health Team at SCHS now has a dedicated Allied Health workforce which includes Speech Pathology, Paediatric Occupational Therapy, Paediatric Physiotherapy and Allied Health Assistants.

The model of care involves:

- Interdisciplinary initial screening assessment conducted by Speech Pathologists, Occupational Therapists or Physiotherapists, using standardised assessments such as Brigance, PEDS, Ages and Stages with an agreed interpretation and onward referral protocol
- Parent Education Session which all parents must attend prior to commencing therapy to highlight the important role that parents have in their child's therapy
- Active Lorikeets group program which is AHA led for 4 year old kindergarten children and can be accessed whilst the child is awaiting individual therapy
- Streamlined entry into Speech Pathology, Occupational Therapy or Physiotherapy services
- No waiting list for initial screening assessment and waiting lists for clinical services are a true reflection of children who are waiting for an appropriate service
- Onward referral to the most appropriate service occurs in a timely manner following screening assessment.

**Conclusion:** Changing service delivery models is a time consuming, complex and exhilarating process, however collaboration, reduced duplication and timely service access for the child and their family has been a rewarding outcome.

## Notes Page



## Theme: Quality in Clinical Practice

### 2a - Katie Martin, West Wimmera Health Service (WWHS)

#### ***Bedstick safety awareness among carers and nurses in WWHS aged and acute care settings***

**Background:** An on-line survey was developed to assess bedstick safety awareness among RNs, ENs and PCWs in West Wimmera Health Service aged and acute care settings, as a WWHS Quality Assurance activity. The survey is part of a review in to the use of bed sticks and provision of bed stick safety awareness education to nurses and carers.

**Aim:** To determine the level of understanding among care worker staff regarding safe use of bed sticks in acute and aged care settings.

**Method:** The WWHS Occupational Therapy Department developed a survey for Personal Care Workers, Enrolled and Registered nurses to complete, using a commercial on-line survey tool (SurveyMonkey). Staff working in aged care and acute settings were invited to participate. Questions included rating confidence in use of bedsticks, bedstick installation, prescription, and monitoring using multiple choice and images. The survey was initially trialled with nurse unit managers. The survey was promoted via email, WWHS newsletter, and WWHS intranet. Completion was voluntary. The survey was available for staff to complete for one month, beginning 19 May 2015, ending 30 June 2015.

**Results:** Of the possible 112 RN's, 88 ENs and 66 PCWs, to date 25 have completed the survey, with an aim to reach  $\geq 100$  participants. Data gathered to date indicates good understanding of OT as being the preferred profession to install a bedstick; confusion regarding who can remove a bedstick and when; variation and confusion in safe use of bedsticks. There was a poor correlation between self-reported confidence levels with use of bedsticks and ability to identify if one was correctly installed. The results will be filtered according to setting and level of training. It is expected that knowledge may vary between nurses in aged care and acute, where bedstick frequency of use may differ, and between nurses and carers with different levels of experience and training.

**Conclusions:** Nurses and carers are required to monitor correct use of bedsticks for their patients and residents, however results to date indicate that the level of knowledge regarding bedstick safety is limited among some staff. If such staff cannot appropriately monitor bedstick use, then according to OTA position statement, bedsticks should not be used. This QA activity highlights a lack of knowledge among staff in safe use of bedsticks. The survey highlights the need to regularly review knowledge and provide training in the safe use of bedsticks in acute and aged care settings.

### 2b - Evelyne Sanson and Sarah Gallagher, Bendigo Health

#### ***Utilising an OT student project placement to develop a scooter assessment procedure at a large regional health organisation***

**Background:** Bendigo Health Occupational Therapy department has used a scooter assessment procedure which was developed in 1995. It was identified that this procedure was out of date, required a review based on best practice in the area of scooter assessment, and was not fully utilised as many staff were unaware of its existence. In addition, a number of staff indicated a lack of confidence in conducting scooter assessments. It was identified that a review of the scooter assessment process was needed and this was offered as a student project placement to La Trobe University 4<sup>th</sup> year Occupational Therapy students in 2014.

**Method:** A proposal was submitted to La Trobe University for a 4<sup>th</sup> year student Project Placement, and this proposal was accepted. Three students were allocated to the 10 week project. Bendigo Health's existing scooter assessment processes were reviewed, as well as relevant literature and guidelines / processes from other organisations. Guidelines were established and trialled for scooter education,

training and assessment based on the available evidence.

Results: The project resulted in a package available for use by Bendigo Health Occupational Therapy staff which includes:

- Guidelines for assessment of scooter use
- A new scooter assessment form
- Guidelines for a scooter education program for clients of Bendigo Health
- Guidelines for scooter skills training

Anecdotal evidence suggests improved confidence in scooter assessments, and consistency of use in the assessment tool by Bendigo Health Occupational Therapists.

A post-survey is currently being conducted and the results of this should be available by August 2015.

A survey of client participants in the education session indicated that participants were very satisfied with the program and the knowledge they gained.

Conclusions: The student project placement was a valuable resource to meet the need of the organisation. The students had sufficient time, resources and skills necessary to research the evidence and develop a program based on this evidence.

The assessment process developed addressed concerns previously identified by Bendigo Health Occupational Therapists. The group education session offered to clients was well received and considered by them to be worthwhile. It is intended that these sessions will be offered to groups of clients on a semi-regular basis as needed.

Trial of the procedure has highlighted small changes that are needed in the process, and these will be incorporated once further feedback has been received and collated.

## **2c - Karen Peters, Inglewood and District Health Service**

### ***Inspiring Inglewood***

Background: The Bendigo Loddon Primary Care Partnership Community Health and Wellbeing Profile (2012) has identified Inglewood as one of the most vulnerable communities in Victoria with the lowest socio-economic disadvantage score in Victoria (1%). That vulnerability extends to all ages and includes health, social, economic and educational disadvantage. The study identified significant problems in health including higher than average rates of cancers, obesity, COPD, cardiac disease, diabetes, low birth rates, musculoskeletal disorders, mental health disorders, mortality, and child development illnesses. In addition prevalence of smoking, sedentary behaviours, obesity, and alcohol intake is high with a less than average number of health checks. To assist people who live locally to improve their quality of life and build a stronger community they require access to affordable, effective, achievable and ongoing programs.

Method: Since 1996 Inglewood and District Health Service has been aware of a need for a multifaceted approach to improving health within their catchment area. Funding has been allocated to health enhancing projects and expertise, equipment and resources obtained. A number of targeted and specific programs have been developed and implemented by IDHS Health Promotion, Cardiac Rehabilitation, Physiotherapist and Allied Health Assistant staff. These include Strength Training Programs, Youth Activity Groups and Rural Health Education Days. Through case conferencing, high levels of staff awareness, easy referral pathways and liaison with key stake holders participants are recruited from the community, hospital, schools, residential care and through the GP practice. With flexible arrangements for transportation, cost, location, feedback before and after events and ability to remain in a program as long as necessary, participants attend until they meet their goals and achieve appropriate outcomes.

Results: Programs have attracted participation by 63% females, 37% males ranging in age from 15 to

80+ years. The Strength Training Program has been operating since 2002, but has enjoyed an approximate 30% increase in participants in the past year (not including the youth program). The Youth Program is a recent development and has attracted groups of 15-20 year olds to participate in positive physical activities. Rural Health Days have been requested by 4 separate communities with specific topics requested by each. As a result, support for Walktober occurred attracting many community members and raised money for the purchase of gym equipment. Local businesses have been involved at multiple levels.

Conclusions: Improvement in health, continuity of care, identification of early health concerns, peer education, opportunity for direct feedback and an ability to respond to that feedback have been demonstrated.

## **2d - Andrea Bortoli and Marney Ward, Swan Hill District Health**

### ***Implementation of the GP model in a speech pathology setting - a rural health services experience***

Background: Swan Hill District Health (SHDH) is a fully integrated rural public health service situated in the Loddon Mallee Region. SHDH services an estimated catchment area of around 35,000 people. The Speech Pathology Department at SHDH consists of three full time Speech Pathologists. The Speech Pathology Department provides inpatient services to the Accident and Emergency Department, Acute Care Ward and Aged Care Services. Outpatient services are provided to paediatric (0-5 years) and adult (18 years and over) community clients. Outreach services include the Rural Outreach Program to Tooleybuc and Moulamein as well as annual preschool screening.

Traditionally, there has been a high demand for paediatric speech pathology services given our demographics and the limited private speech pathology options available in Swan Hill and surrounding areas. In recent years there has also been a growing demand for adult outpatient services.

Prior to 2015, the Speech Pathology Department's service model for paediatric clients was largely clinician-directed, with clinicians directing the frequency and timing of intervention. A relatively high rate of client non-attendance at scheduled appointments (DNAs) was occurring within this service delivery model.

As a result of increasing demand for speech pathology services and high DNA rates for paediatric outpatients, the Department identified the need for an alternative, client-directed model of service delivery that would allow for more efficient use of Speech Pathology Department's resources.

Method: Following consultation with Albury Community Health and a review of the research around 'Lean In' theory and the GP service model, SHDH's Speech Pathology Department implemented a new service delivery model for paediatric clients. The new service delivery model has been evaluated through informal feedback from families, analysis of client contacts/statistics, including the number of DNA's (did not attend) and monitoring of waiting list numbers.

Results: Results will include a comparison of DNA numbers and an analysis of waiting list times for therapy pre and post implementation of the new service delivery model. Qualitative surveys will be used to collect feedback from families regarding the new service delivery model.

Conclusions: Preliminary results demonstrate a higher level of consumer engagement and satisfaction. Qualitative measures have indicated that family directed therapy is allowing us to engage with families who are motivated to access the service. This increased engagement with motivated families has resulted in lower DNA rates. In turn, this has allowed for more efficient use of the Speech Pathology Department's time and resources.

## 2e - Laura Wallis, Sunraysia Community Health Services

### ***Celebrating collaboration when working with refugees***

**Background:** Sunraysia Community Health Services (SCHS) have been delivering services to the local refugee community through the Refugee Health Nurse program, and the Program of Assistance for Survivors of Torture and Trauma. In 2014 SCHS was fortunate to receive funding designated specifically to allied health working with refugees. This provided an opportunity to investigate how SCHS was providing Refugee Health services. From this, fantastic partnerships enabling the provision of timely, non duplicated and respectful services to the local refugee community were developed.

**Method:** Feedback about the characteristics of the refugee population, and issues they experienced in settlement within Australia and the Mildura region, were provided by Refugee Health Nurses. Given the challenges engaging with refugees, the needs analysis was embedded within a gentle exercise program provided at the ethnic communities council. Due to Physiotherapy staff shortages, creativity was also required in provision of the gentle exercise program, which was run by an Allied Health Assistant, Occupational Therapist and ethnic communities council community guide employed by SCHS.

**Results:** Following the needs analysis there were 3 main recommendations in December 2014:

- Provision of gentle and high intensity exercise classes, expanding the existing community garden beyond the Program of Assistance for Survivors of Torture and Trauma to include Occupational Therapy and Dietetics through the inclusion of cooking class.
- Employment of a community guide from the local ethnic communities council was necessary for communication and cultural safety.
- Programs need to be time limited and regularly reviewed with stake holders due to the transient nature of the refugee population.

During the first 6 months of 2015 SCHS has been providing 3 main refugee group programs including the gentle and high intensity exercise classes, and a community kitchen garden program. In March, the ethnic communities council approached SCHS to run an additional exercise program for women's which has been well received and attended.

Attendance at the gentle exercises and the community kitchen garden program have increased over the past 6 months, due to promotion, overcoming transport issues and strong collaboration with both ethnic communities council and SCHS refugee health staff.

**Conclusion:** The current group programs will continue to be monitored and evaluated with valuable input from refugee community, ethnic communities council and SCHS refugee health team.

## Notes Page

# Abstracts Poster Presentations

## 1 - Steffie Lau, Bendigo Health

### ***Eating Disorder Program for Children and Adolescents in a Regional Hospital***

**Background:** Hospital admission for eating disorders management in Child and Adolescent Unit (CAU) at Bendigo Health continues to demand hospital and community resources. The need for a more structured eating disorder program was identified to ensure consistency, best practice and a guide in the assessment and management of a paediatric and adolescent patient admitted with an eating disorder.

**Method:** There are three paediatric eating disorder units in Victoria; Royal Children's Hospital, Southern Health and Austin Health. Benchmarking was conducted by analysing the programs from these three units. A number of meetings were held with stakeholders to discuss the suitability and practicality of structuring a program to meet local needs and resources. Consumers were consulted in the development of the information for inpatients with an eating disorder patient handout. Relevant colleagues in the Department of Nutrition and Dietetics were consulted in the development of a series of meal plans.

**Results:** The development of an Inpatient Paediatric and Adolescent Eating Disorder Clinical Practice Guideline, a resource for inpatients with an eating disorder and a series of meal plans to be utilised during an inpatient admission in CAU.

**Conclusions:** The development of an effective, structured and best practice eating disorder program for children and adolescents in a regional hospital involves improved patient centred care for vulnerable clients. This eating disorder program for children and adolescents provides a practice model for other regional centres.

## 2 - Adelaide Giddens, Sunraysia Community Health Services

### ***The Infant Program – local prevention and partnerships***

**Background:** The Infant Program is an evidence-based six session nutrition and physical activity program delivered to parents of young infants over the first 18 months of life within their existing social groups. Infant is an integral part of the local population based approach to prevention. It represents a key component of the overall initiative through focusing on good habits from birth. These messages are then continued when a child reaches the early childhood sector and beyond. The local implementation of the program involves 3 key partners, each with a key role in the pilot program's success.

**Method:** Healthy Together Mildura, in partnership with Sunraysia Community Health Services Allied Health Team and Mildura Rural City Council Maternal and Child Health Services piloted the Infant Program. The pilot engaged a specialist workforce; Dietitians and Maternal and Child Health Nurses, from two separate organisations. The innovative aspect of this pilot is two fold: the collaborative approach to prevention taken by three agencies and embedding the first session of the Infant Program within the final session of the Maternal and Child Health New Parents' Groups.

**Results:** In the first 8 months of piloting the program 15% of all babies born in the region were reached. The success of the pilot was due to strong collaborative partnerships developed between Healthy Together Mildura, Sunraysia Community Health Services Allied Health Team and Mildura Rural City Council Child and Maternal Health Services. The effectiveness of the program has been evaluated already via a large randomised controlled trial conducted by Deakin University. However, at a local level evaluation has focussed on reach, linkages to the broader prevention system and partnership formation

and maintenance.

Conclusions: The Infant program has filled an important gap in the local prevention system through engaging with parents of young children. Embedding the Infant Program in the local prevention system provides the opportunity to support health and wellbeing from birth. The pilot project provides a successful example of connecting theory to practice at a regional level. Sustainability has been achieved through embedding the program within existing local structures.

An Infant facilitator Training was held in May 2015 in Mildura to assist with the continuation of the program. Health professionals from Swan Hill and Robinvale also attended the training with the aim of implementing the Infant program within their communities.

### 3 - Margaret Philips and Brendan Dridan, Maryborough District Health Service

#### ***Tai Chi for Arthritis Meditative Exercise Program Implementation***

Background: MDHS secured funding for Staff to be trained as Tai Chi for Arthritis instructors with a view to roll out the initiative in community settings, targeting older people and citizens with chronic conditions in rural remote communities.

Aims for participants:

- To assist in maintaining independence to enhance their ability to remain at home.
- Assist participants to build confidence to practice the techniques outside of the program.
- Increase social connectedness amongst group members.
- To introduce mindfulness and relaxation techniques.

Method: Program runs for 1 hr twice a week each lesson incorporates quite low impact slow learning style of a new form. Opportunity for a social cuppa afterwards builds relationships, connectedness and opportunity to discuss other health concerns individually with staff or with fellow participants.

Results: Outcomes have included:

- Improved balance among participants
- 88% of members felt relaxed after the program
- Increased confidence to interact with health professionals and local community members
- Rapport developed resulting in established support networks
- 77% of attendees reported they were confident in completing the exercises
- Participants reported using Tai Chi techniques successfully as a strategy to assist with quit smoking
- 94% of participants were satisfied with the program

Conclusions:

- Tai Chi for arthritis, meditative exercise
  - improved balance, circulation, coordination,
  - meditative component positive attitude, improved outlook, improved self-efficacy
  - socially more connected, opportunity for discussion with peers
    - improved self-management, improved physical and mental health

### 4 - Jacqui McCrabb and Jennifer McCarthy, Bendigo Health

#### ***Dysphagia and communication impairments in residential care facilities. A collaborative project with novice speech pathology students.***

The project was born out of our need, as part-time speech pathologists, to find a time efficient way to identify the demand for speech pathology services in five BH Residential Care facilities while at the same time managing novice student placements. The literature suggests that one in three nursing

home residents show signs of dysphagia and the prevalence of communication disorders between 18% and 32% for certain diagnoses (1).

Method: The clinical education goals of third year novice speech pathology students matched the skills required to administer screening tools. The Victorian Dysphagia Screening Model and the Western Aphasia Battery bedside screening tools were used. The students were able to develop their novice clinical skills while at the same time collecting data for us!

Results: The prevalence of dysphagia in BH Residential Care units varied between 46% to 74% measured over two years. Communication impairment was identified in 63% of the population. Student learning outcomes were achieved by 100% of students. The majority of students reported a positive clinical experience ( $\geq 4$  on a 5 point scale).

Conclusions: Valuable data was obtained on the prevalence of dysphagia and communication impairment in residential care facilities. Student learning outcomes and satisfaction levels have shown this to be a mutually beneficial collaboration.

(1) Skeat, Jemma (2008). Australian Data Mapping Project: Prevalence and implications of communication and swallowing disorders. Speech Pathology Association of Australia Ltd.

## 5 - Jessica Harper and Tegan McDonald, Bendigo Health

### ***Development of an occupational therapy stroke screen used across the continuum of care at a large regional health organisation***

Background: All stroke and transient ischaemic attack (TIA) presentations to Bendigo Health have a blanket referral to occupational therapy (OT). It had been noted that the pre-existing OT stroke screen, developed over ten years ago did not demonstrate clear evidence based practices, was not inclusive of standardised components, was inconsistently used across the continuum by Occupational Therapists and did not incorporate the National Stroke Foundation (NSF) clinical guidelines released in 2010 for stroke management in adults.

The aim of the project was to develop an evidence based OT stroke screen which incorporated the NSF Guidelines for application across the continuum of care within Bendigo Health for all patients who present with stroke or TIA symptoms.

Method: A project party was formed that consisted of OTs within Bendigo Health and support from La Trobe University, Bendigo. Benchmarking was completed with OT departments across Australia to determine which stroke screening tools were being utilised. Following benchmarking, a stroke screen was drafted using a combination of standardised and non-standardised assessments that addressed the NSF Guidelines. A twelve month trial of the stroke screen was completed which included education to staff. Based on feedback provided from the trial, the components of the screen modified included the upper limb component and the general layout of the screen. After modification the screen was then re-trialled. Feedback from the second trial indicated no further need for modification.

Results: Development of an OT stroke screen addressing the NSF Guidelines for use with patients who present to Bendigo Health with stroke or TIA symptoms. Staff reported that the stroke screen has resulted in less duplication of assessment, earlier identification of neurological deficits along with providing a clearer handover for OT's across the continuum.

Conclusions: The finalised OT stroke screen is currently used across the continuum of care within Bendigo Health and is in the process of becoming an electronic medical record.



## 6 - Damon Burn, Walsall Healthcare NHS Trust, Stephen May, Sheffield Hallam University and Lindsay Edwards, Atos Healthcare

### ***General Practitioners' Views About an Orthopaedic Clinical Assessment Service***

**Background:** Musculoskeletal physiotherapists, with extended skills, have been used to manage demand for orthopaedic services since the 1980's in numerous countries including the United Kingdom, Canada and to a lesser extent Australia. A suggestion as to why Australia has lagged behind in extension of practice for physiotherapists and the number of roles is the lack of acceptance from the medical fraternity. The main referrers into orthopaedic services are general practitioners. Surprisingly, the views of general practitioners of extended physiotherapists and triage services have seldom been sought.

A qualitative study was completed which explored the experience of patients who attended an assessment with an extended physiotherapist in Walsall, United Kingdom. It concluded that further research was indicated to explore general practitioners knowledge and attitudes towards extended physiotherapists with a view to then educating referrers and commissioners of services about the role. The aim of this study was to build on these conclusions and investigate general practitioners views and attitudes towards the role and services these roles were involved in.

**Method:** Fifteen consenting general practitioners volunteered from across Walsall for the study. General practitioners were interviewed in their practices. The interviews were recorded, transcribed and analysed for emergent themes. Interviews were analysed sequentially by date performed until saturation. Themes were discussed, and disagreements evaluated until agreement was found between the two main authors. The third author then analysed randomly selected interview transcripts. Emergent themes were identified through analysis of the interview transcripts.

**Results:** The study found general practitioners refer to specialist services, including assessment services with extended physiotherapists, due to; wait times, locality, patient experience, general practitioner experience and knowledge of available services.

**Conclusions:** General practitioners saw the orthopaedic clinical assessment service run by extended physiotherapists as another referral choice for patients suffering orthopaedic pathologies. They identified some difficulty in understanding the different services including the various professional roles involved. This was especially the case of new services with clinicians with extended skills. To assist with their understanding, they described requesting advertising for the different services and the clinicians involved or streamlining of services by provider services. Further detailed research addressing the limitations in this research design is indicated to investigate general practitioners' thoughts and behaviours in relation to referral patterns as general practitioners took on commissioning for services from April 2013.

Burn D, May S, Edwards L (2014): General Practitioners' Views About an Orthopaedic Clinical Assessment Service. *Physiotherapy Research International*. 19(3) 176-185

## Notes page

## Stalls

- Primary Care Partnerships, Loddon Mallee Region
  - Rural Social Inclusion Framework
- La Trobe Rural Health School, La Trobe University
- Clinical Training Programs, Department of Health & Human Services

## Evaluation

Evaluation for the conference will be via email post conference.

## Contact

Nerissa Fry, Senior Project Officer, North Division, Loddon Mallee Health  
Department of Health & Human Services  
Phone (03) 5434 5696 or email [Nerissa.Fry@dhhs.vic.gov.au](mailto:Nerissa.Fry@dhhs.vic.gov.au)