



# Barwon South Western and Grampians

## Allied Health Conference 2016

*Facing the future: Innovation and collaboration in regional allied health*

# Conference Program

Thursday 21 April 2016

Federation University, Horsham Campus, Horsham, Victoria



Barwon-South Western and  
Grampians Regions

Allied Health Conference 2016

Conference Program



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## Barwon South Western and Grampians Allied Health Conference 2016

### *Facing the future: Innovation and collaboration in regional allied health*

|                 |   |   |   |
|-----------------|---|---|---|
| 9.00 – 9.30am   | <b>Registration</b>   |   |   |
| 9.30 – 9.35am   | <b>Master of Ceremonies</b> – Welcome and housekeeping  |   |   |
| 9.35 – 9.50am   | <b>Welcome to Country</b>   |   |   |
| 9.50 – 10.00am  | <b>Opening remarks</b> – Mr Chris Scott, Chief Executive Officer, Wimmera Health Care Group   |   |   |
| 10.00 – 10.45am | <b>Keynote Speaker</b> – <b>Professor Susan Nancarrow</b> , Southern Cross University<br>Negotiating the politics of research: understanding the system to make your research count |   |   |
| 10.45 – 10.55am | <b>Question time</b>  |   |   |
| 10.55 – 11.10am | <b>Morning Tea</b>  |   |   |
|                 | Room: C005 Auditorium   | Room: C83 Classroom   | Room: M20 Classroom   |
|                 | <b>INNOVATION IN MODELS OF CARE</b>   | <b>COLLABORATION IN TRAINING AND DEVELOPMENT</b>  | <b>INNOVATION IN MODELS OF CARE</b>   |
| 11.10 – 11.25am | <b>Ms Margot Lowther</b><br>Effective joint replacement:<br>Redesign of care pathways   | <b>Ms Leanne Jackson</b><br>Skills set matrix: A learning<br>framework for occupational<br>therapists at South West<br>Healthcare | <b>Mrs Catherine Kennedy</b><br>Alcohol and other drugs:<br>Students' knowledge, attitudes<br>and behaviour   |
| 11.25 – 11.40am | <b>Mr Andrew Smith</b><br>Community transition: Bridging<br>the gap from hospital to<br>community service   | <b>Mrs Elizabeth Robinson</b><br>Developing an Allied Health<br>Assistant network: Perspectives<br>of an Allied Health Assistant  | <b>Ms Renee Clapham</b><br>The multidisciplinary Allied<br>Health Assistant                                   |
| 11.40 – 11.45pm | <b>5 minute transition</b>  |   |   |
| 11.45 – 12.00pm | <b>Ms Heidi Manson</b><br>A new grade 3 Allied Health<br>Assistant role in diabetes and<br>chronic disease management   | <b>Mr Mark Kelly</b><br>Inter-professional<br>communication workshops for<br>students on clinical placements                      | <b>Ms Joanna Poon</b><br>Non-diet approach to<br>sustainable change in<br>community health (HEAL™<br>program) |
| 12.00 – 12.15pm | <b>Ms Janine Clark</b><br>'Footy practice for farmers':<br>Improving the health of farmers  | <b>Ms Angela Paton</b><br>Lessons learned from<br>implementing an<br>inter-professional graduate<br>program                       | <b>Ms Teresa Williams</b><br>Implementation of a<br>Developmental Dysplasia of the<br>Hip (DDH) Clinic        |
| 12.15 – 12.55pm | <b>Lunch</b> (12.35 – 12.55 Poster presenters to be available at their posters)   |   |   |

|                       |   |   |  |
|-----------------------|---|---|--|
| <b>12.55 pm</b>       | <b>Sessions recommence</b>  |   |  |
| 12.55 – 1.30pm        | <b>Keynote Speaker – Ms Kathleen Philip</b> , Victorian Chief Allied Health Advisor<br>The changing Health and Human Services landscape in Victoria and some priorities for allied health           |   |  |
| 1.30 – 1.40pm         | <b>Question time</b>  |   |  |
| <b>1.40 – 1.45 pm</b> | <b>5 minute transition</b>  |   |  |
|                       | <b>INNOVATION IN MODELS OF CARE</b>   | <b>COLLABORATION IN ALLIED HEALTH</b>   | <b>COLLABORATION IN PAEDIATRIC ALLIED HEALTH</b>   |
| 1.45 – 2.00pm         | <b>Ms Sue Eaton</b><br>Allied health assistants:<br>Improving job satisfaction  | <b>Ms Natalie Sutton</b><br>Collaborative development:<br>Horsham cooking group for carers and care recipients    | <b>Ms Jayne Hatherall</b><br>Interdisciplinary Paediatric Feeding Clinic: How did we get there?        |
| 2.00 – 2.15pm         | <b>Mr Andrew Rank</b><br>Improving the outcome of a young stroke patient using tele-rehabilitation  | <b>Mr Pawel Czupryn</b><br>Multidisciplinary rural cardiac rehabilitation: Wimmera hub and spoke telehealth model | <b>Ms Tameaka Gower</b><br>Smiles all around for Ballarat Preschools                                   |
| <b>2.15 – 2.20pm</b>  | <b>5 minute transition</b>  |   |  |
| 2.20 – 2.35pm         | <b>Ms Courtney Seipolt</b><br>Implementing the key worker role in the rural sub-acute setting   | <b>Mrs Nikki Lyons</b><br>A model for peer reflective practice with occupational therapy students                 | <b>Mrs Melinda Brilliant</b><br>Targeting toddlers: A rural speech pathology response                  |
| 2.35 – 2.50pm         | <b>Dr Christina Sadowski</b><br>Can horses really change lives? An evaluation of the Equine Learning Experiences Australia Program  | <b>Ms Angela Paton</b><br>Identifying the training needs of clinicians across a regional organisation             | <b>Ms Holly Rentsch</b><br>Little tackers: An innovative approach to educating and supporting families |
| <b>2.50 – 2.55pm</b>  | <b>5 minute transition</b>  |   |  |
| 2.55 – 3.30pm         | <b>Keynote Speaker – Dr Suzanne Kuys</b> , Australian Catholic University<br>A student led interdisciplinary chronic disease service  |   |  |
| 3.30 – 3.40pm         | <b>Question time</b>  |   |  |
| 3.40 – 3.50pm         | <b>Presenter: Dr Debra Schulz</b> , East Grampians Health Service, Director of Community Services and Grampians Allied Health Conference Planning Committee.<br>Summary, prizes and closing remarks |   |  |
| <b>3.50 – 4.00pm</b>  | <b>Conference networking afternoon tea</b>  |   |  |
| 4.00 pm               | <b>Conference close</b>   |   |  |

**For further information on presenters and their abstracts, please refer to the Conference Program**

## Barwon South Western and Grampians Allied Health Conference Planning Committee

The Department of Health and Human Services, Barwon South Western and Grampians Regional Offices, would like to acknowledge the contributions made to the Barwon South Western and Grampians Allied Health Conference 2016 by the conference planning committee. The Barwon South Western and Grampians Allied Health Conference Planning Committee included the following delegates:

|                       |   |
|-----------------------|---|
| Dr Lynne Adamson      | Deakin University, Associate Professor, School of Health and Social Development   |
| Ms Sarah Baker        | Western District Health Service, Senior Occupational Therapist  |
| Ms Tanja Brunner      | Otway Health, Primary Care Team Leader and Occupational Therapist   |
| Mr David Kerr         | Wimmera Health Care Group, Senior Social Worker   |
| Ms Catherine Ludbrook | Ballarat Health Services, Clinical Manager of Social Work   |
| Ms Pam Marshman       | Wimmera Health Care Group, Chief Dietitian  |
| Ms Shari Maver        | Barwon Health, Senior Physiotherapist   |
| Dr Debra Schulz       | East Grampians Health Service, Director of Community Services (chairperson)   |
| Mr Peter Sheehan      | South West Healthcare, Workforce Education and Training Officer   |
| Mr Dean Taylor        | Department of Health and Human Services, Grampians Region Allied Health Workforce Development Program Manager                             |
| Dr Robert Townsend    | Federation University, Associate Dean, Engagement Program Coordinator, Masters of Social Work (qualifying), Faculty of Education and Arts |

A special acknowledgement and thank you also to Ruth Guy, East Grampians Health Centre and Jackie Waterman, Department of Health and Human Services for their support in helping with the conference.

## Keynote Speakers



### Keynote Presenter 1: Dr Susan Nancarrow Professor, Southern Cross University

#### ABSTRACT

*Title: Negotiating the politics of research: understanding the system to make your research count*

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Why is it that despite strong research evidence for the effectiveness (or otherwise) of specific procedures, some practices are more easily changed than others? How do organisations make the trade off between investing in allied health services which can have long term individual and societal benefits, versus investing in high cost interventions with limited individual effectiveness? This paper will discuss the politics of implementing change from a systems perspective. I will discuss ways that you can design your research to maximise the impact from the outset; the process of engagement to promote research implementation; how to create (and sell) the value proposition for your research; and how to position your research politically and strategically to have the greatest opportunity to effect change.

#### BIOGRAPHY

Susan Nancarrow is Chair of Academic Board and Professor of Health 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. Susan lives with her family on the far north coast of New South Wales and is a keen surfer in her spare time.



**Keynote Presenter 2: Ms Kathleen Philip**  
Victorian Department of Health and Human  
Services

**ABSTRACT**

*Title: The changing Health and Human Services landscape in  
Victoria and some priorities for allied health*

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Reform is in the air! The large scale national health reform taking place now including: establishing Primary Health Networks, the national Mental Health Plan, rolling out the NDIS, the primary health care review and Medicare review will change the health landscape to an extent not seen since the 1980's. How and what health services are accessed and funded, and the way we provide services is likely to change.

In Victoria, the Andrew's government has a strong reform agenda, focused on integrating health and human services to improve health and wellbeing outcomes and the social determinants of health. This will also significantly change our landscape. Allied health has a key role in meeting the challenges these reforms are positioning Australia and Victoria to meet i.e. chronic disease management, reducing hospital admissions and mental health. What are the strategic priorities we should adopt to ensure that allied health can make its most valuable contribution?

**BIOGRAPHY**

Kathleen was appointed to the newly created role of Chief Allied Health Advisor of Victoria in 2013 in conjunction with her role as the Manager, Health Workforce Innovation and Reform in the Health Workforce Unit of the Department of Health and Human Services, Victoria, a position she has held since 2008. From February 2016 she will be focusing on the Chief Allied Health Advisor role. Kathleen is a physiotherapist by background and has Masters Qualifications in Public Health, Health Economics and Health Policy. She is responsible for driving leadership and strategic direction to Victoria's allied health workforce across the various sectors of practice.



### Keynote Presenter 3: Dr Suzanne Kuys Australian Catholic University

#### ABSTRACT

*Title: A student led interdisciplinary chronic disease service*

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The traditional model of allied health student clinical education is predominated by single discipline training. With expanding allied health roles and blurring of some of the professional boundaries the need for collaborative interprofessional education has never been greater. Student-led clinics are one such strategy. One innovative example is the Capricornia Allied Health Partnership (CAHP) clinic; a collaborative partnership between a Health Service, General Practitioners and a University. The CAHP clinic provides a service predominantly to adults with multiple morbidity (two or more chronic diseases); a previously unmet need in this region. Students from multiple disciplines including dietetics, exercise physiology, occupational therapy, pharmacy, physiotherapy, podiatry and social work from universities throughout Australia participate in this clinic. Students working with an interdisciplinary profession student partner conduct initial intake screening, perform individual consultations or profession specific group work, participate in case conferences and complete professional communication responsibilities.

The CAHP clinic has successfully implemented an innovative model of health service delivery to meet a specific regional need. Such innovation is essential if we are to 'face the future' in terms of the growing incidence and severity of chronic disease impacting Australians, increasing numbers of health care students requiring relevant real-world professional practice experiences, and health workforce shortages and challenges. The processes, evaluations and lessons learnt from the establishment of the CAHP clinic may offer some insights as we face the future of health care education and delivery.

#### BIOGRAPHY

Suzanne is the National Head, School of Physiotherapy at Australian Catholic University, a position she has held for a little over 12 months. Suzanne is a physiotherapist and worked at Princess Alexander Hospital in Brisbane for the majority of her clinical career, commencing as a new graduate, becoming a senior physiotherapist in 1998. Suzanne commenced in an academic role at Griffith University in 2004, coordinating the Neurology and Gerontology Physiotherapy program. She completed her PhD in 2009 and then worked in conjoint research positions between Queensland Health and Griffith University. Her research interests are stroke, promoting physical activity and function and ageing rehabilitation.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Margot Lowther, South West Healthcare** *mlowther@swh.net.au*

**Abstract title:** *Effective joint replacement – Redesign of care pathway*

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**Introduction:** In September 2014 the physiotherapy department, in conjunction with the orthopaedic surgeons, nursing, occupational therapy and pre-admission, redesigned the pathway of care for elective joint replacements in response to an organisation assessment which demonstrated significant wait list for elective joint replacement and a length of stay of 10 days.

### *Previous patient journey*

1. THR/TKR clients were put on the wait list for THR/TKR
2. Patients were seen in preadmissions clinic 4-6 weeks prior to surgery
3. Patient stayed in hospital 7 days and
4. 1 patient had procedure performed daily excluding weekends.

### **Objectives:**

- Reduce patient's length of stay in hospital post operatively.
- Improve patient's quality of life and management pre and post to surgery.

**Methods:** Implement internationally recognised 'enhanced recovery' program. Each client has pre-operative rehabilitation appointments every 3 months for active exercise and education whilst on the wait list. Inpatients receive twice daily physiotherapy, seven days a week, aiming for 4 day length of stay (LOS). Clients having morning surgeries are mobilised same day to assist with early recovery. An expansion of the Subacute Ambulatory Care Service (SACs) services for post-operative physiotherapy also includes review within 10 days of discharge and weekly attendance of group therapy.

**Results:** All patients on the elective waiting lists have been reviewed in the pre-operative rehabilitation clinic. 80% of patients were successfully mobilised on day of surgery. Data demonstrates in both populations a consistency in reduction of median LOS to 4-5 for hips and 5-6 days for knees.

**Conclusions:** The physiotherapy department and members of the healthcare team at South West Healthcare saved 124 bed days on the routine joint replacements between September 2014 and April 2015. This equates to 186 beds per year, which provides capacity for 32 additional joint replacements patients per year.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Mr Andrew Smith, South West Healthcare**     *awsmith@swh.net.au*

**Abstract title:**     *Community transition: Bridging the gap from hospital to community service*

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**Introduction:** At South West Healthcare (SWH) we have found it difficult to transition clients from our hospital based specialised exercise classes into community exercise groups. SWH conducts classes in various areas including cardiac and pulmonary rehabilitation, hydrotherapy, general exercise and balance classes.

**Objectives:**

- To keep clients exercising after they are discharged from hospital based exercise programs.
- Promoting lifestyle change and self-management.
- Reducing hospital admissions in high admission areas, such as falls and chronic conditions.

**Methods/Approach:** Initially we attended and researched available community options. It was determined that a lack of appropriate level classes existed in the community. To address this we have introduced general exercise and balance specific classes at the council owned and operated local gym.

**Results/practice implications:** The project created better pathways from our more specialised classes such as cardiac and pulmonary rehabilitation to community classes. Appropriate clients progressed from these specialised programs to our general exercise class. These clients were encouraged to be independent with their programs, better preparing them for community exercise classes. Follow up calls were made to these clients to determine if the community transition was successful. Results were encouraging with 69% of clients participating in community exercise classes after discharge from SWH classes and 73% reporting they were exercising for at least 30 minutes three times per week. The next phase of this project is to use information provided on the program to further improve outcomes for clients.

**Conclusion:** Community transition for exercise is possible, but requires strong relationships with community organisations and a streamlined approach. Clients need to be nurtured through the process of transitioning from hospital based classes where they feel comfortable to unfamiliar community classes.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Heidi Manson, South West Healthcare** *hmanson@swh.net.au*

**Abstract title:** *A new Grade 3 Allied Health Assistant role in diabetes and chronic disease management*

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As part of the 2013-2014 Department of Health Workforce Innovation Grants, South West Healthcare piloted a new Grade 3 Allied Health Assistant (AHA) role in Diabetes/Chronic Disease Management. Chronic disease, including diabetes, is one of the greatest challenges facing the Australian health system. There is evidence of higher prevalence of chronic and complex conditions in rural and regional communities, with reduced access to services in community settings. Warrnambool and Corangamite Shires have experienced an increased prevalence of diabetes respectively.

Utilising the Allied Health Assistant Supervision and Delegation Framework, the project piloted the use of an AHA workforce within diabetes whilst also scoping potential use within chronic disease management.

The primary scope of practice of the AHA was to complete Diabetes Annual Cycle of Care (DACC) Reviews as delegated by the Diabetes Educator (DE) for people with Type 2 Diabetes and Impaired Glucose Testing. The Allied Health Credentialing, Competency and Capability Framework was utilised to ensure the safe introduction of the AHA roles and ensured competency across a variety of tasks delegated from DE, Podiatry, Nutrition/Dietetics and Physiotherapy.

It was hypothesised that this would subsequently create capacity for the existing DE workforce to operate at their maximum scope of practice with more complex patients.

The AHA role was demonstrated to positively impact patient care in the domains of self-management and adherence to the DACC. It also significantly impacted patient's perceptions around a team approach and coordination of their care. The project has ably demonstrated the application of an AHA to the diabetes workforce as well as other chronic disease workgroups.

## Presentation Abstracts

### Theme 1: Innovation in models of care

**Ms Janine Clark, West Wimmera Health Service** *jclark@wwhs.net.au*

**Abstract title:** *'Footy practice for farmers': Improving the health of farmers*

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Health checks were performed on farmers as part of a Landcare project. Results showed participants were at increased risk of developing chronic disease and other health complications.

West Wimmera Health Service (WWHS) Primary and Preventative Health established and implemented an innovative program titled 'Football Practice for Farmers' to improve the overall health of this target group of males. With consumer input, a 6 week program was formulated and consisted of a weekly fitness session and concluded with Allied Health Dietitians educating on healthy eating, weight loss and cooking demonstrations.

Now in its 3rd year the program has proved to be successful on a number of levels. The weekly program attracts 8-18 males aged 25-55 years from the district. Measurable data has been collected to show weight loss, decreased waist measurements and increased fitness and flexibility. Behavioural changes in positive eating habits and an increase in physical activity and increased social connectedness were further documented benefits. The program is now sustainable with participants paying their own way. The dietetics department provides education regularly along with Community Health Nurses, and more recently, the Physiotherapy and Social work department.

The success of this program is evident with measurable data collected, positive verbal feedback, a successful grant to supply participants with a 'fitbit' for motivation and local government funding the program to six other rural communities in Hindmarsh Shire to improve health and well-being of farmers in drought conditions.

## Presentation Abstracts

### Theme 1: Innovation in models of care

**Mrs Catherine Kennedy, Ballarat Community Health** *catherinek@bchc.org.au*

**Abstract title:** *Alcohol and other drugs: Students' knowledge, attitudes and behaviour*

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This research studied the impact of the SSMART ASSK health promotion program which delivers innovative alcohol and other drugs (AOD) education to Year 9 students throughout Ballarat and the local region. The program takes the students in day-time to a nightclub where they participate in activities to increase their awareness and knowledge of AOD use and misuse.

The research objective was to evaluate the impact of the program on the knowledge, attitudes and behaviours of young people in relation to AOD in a party situation.

Four surveys were administered to Year 9 students over a period of nine to twelve months in 2014-2015 to ascertain their level of knowledge, attitudes and behaviours around AOD.

Findings revealed a very high information and knowledge base amongst 14-15 year olds around AOD. Data from the surveys yielded some significant results in terms of use of alcohol and drugs, as well as key attitudes around drug use, binge drinking and the effects of AOD use and misuse. Program impact was seen in the final survey with a positive shift in binge drinking knowledge and more responsible drinking behaviour.

It could be concluded that neither a school based curriculum nor the SSMART ASSK program alone is going to have a significant impact on these young people. Consideration needs to be given to offer the program in Year 8 before students initiate the behaviours, and for further research to explore the social norms around AOD including influences from parents, peers, sporting clubs, social media and marketing.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Renee Clapham, South West Healthcare** *rclapham@swh.net.au*

**Abstract title:** *The multidisciplinary Allied Health Assistant*

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**Introduction:** The majority of Allied Health Assistants (AHAs) work within a single discipline. In 2014, South West Healthcare developed two AHA positions within the Rehabilitation/GEM inpatient unit. These positions are unique as the AHA works across disciplines and the positions are rotational.

**Objectives:**

- To demonstrate the advantage of multidisciplinary AHAs in the Rehabilitation/GEM inpatient unit.
- To outline the scope of practice and competencies within each role.

**Approach** AHAs annually rotate between the domains (1) Mobility and Self Care and (2) Communication, Cognition and Nutrition. To facilitate this, a competency framework with input from relevant allied health stakeholders was developed.

**Practical implications:** Multidisciplinary AHAs are active members within a multidisciplinary inpatient setting and assist with client care and identifying client needs. Within a single client contact, AHAs are able to incorporate therapy goals from multiple disciplines.

**Conclusion:** Working within a domain rather than discipline has a positive outcome on client care and the rotational position allows the continued development of the AHA's skill set. Through the development and refinement of the competency framework, a sustainable future for the role has been established.

## Presentation Abstracts

### Theme 1: Innovation in models of care

**Ms Joanna Poon, Ballarat Community Health** *joannap@bchc.org.au*

**Abstract title:** *A non-diet approach to sustainable change in community health (HEAL™ program)*

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**Introduction:** The Healthy Eating Activity and Lifestyle program (HEAL™) was developed by Macarthur Division of General Practice and takes a no-diet philosophy towards weight management. Ballarat Community Health (BCH) ran the 8 week education program with exercise sessions targeted at the general community and mental health groups, including additional support and health coaching.

**Objectives:**

- To promote and improve healthy eating and nutrition knowledge.
- To support participants to establish regular or increase physical activity.
- To develop an understanding of the psychology of eating.
- To promote measures of success other than weight.

**Methods/Approach:** Trained allied health clinicians ran the HEAL™ program 3 times at BCH in 2015. Eating and physical activity data was collected before and after the program and at 5-month and 12-month follow-ups. Feedback forms were collected to gain qualitative data.

**Results/Practice implication:** 22 participants completed the HEAL™ program in 2015. After the 8-week program, 7/22 participants lost weight and 6/22 maintained their weight loss. 3/22 reduced blood pressure. 5/22 and 4/22 increased vegetable and fruit intake respectively. 10/22 increased or established regular physical activity. Participants report greater knowledge about health and feel more confident and supported in achieving their health goals.

**Conclusion:** The HEAL™ Program has proven effective in encouraging participants to kick-start their health goals in a sustainable approach. In the midst of weight loss programs and fad diets promising quick-fix results, the HEAL™ program encourages the community to look beyond weight as a sole measure of success. Participants develop life skills to maintain a healthy lifestyle thereby reducing their risk of chronic lifestyle conditions.

**References:**

1. Exercise Sports Science Australia. 2016. The HEAL Program. [ONLINE] Available at: <https://www.essa.org.au/for-gps/heal-program/>. [Accessed 03 February 16]
2. The Department of Health. 2012. Healthy Eating, Activity and Lifestyle Program (HEAL). [ONLINE] Available: [http://www.health.gov.au/internet/publications/publishing.nsf/Content/healthy-comm-1gag-att\\_c-toc~healthy-comm-1gag-att\\_c-heal](http://www.health.gov.au/internet/publications/publishing.nsf/Content/healthy-comm-1gag-att_c-toc~healthy-comm-1gag-att_c-heal). [Accessed 03 February 16]

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Teresa Williams, Ballarat Health Services**     *teresaw@bhs.org.au*

**Abstract title:**     *Implementation of a Developmental Dysplasia of Hip (DDH) Clinic*

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**Introduction:** Prior to 2015 there was no clear referral pathway or standardised clinical guidelines for infants with suspected or diagnosed Developmental Dysplasia of the Hip (DDH) in Ballarat and the Grampians region. Infants requiring Paediatric Orthopaedics were referred to Melbourne or Geelong for appropriate screening and management.

**Objectives:**

- To improve patient care by providing access to a local DDH clinic.
- To provide timely multidisciplinary screening and management for infants with DDH.
- To reduce costs and burden for families and health services.
- To potentially reduce late diagnosed DDH by providing early, coordinated clinical assessment of infants with risk factors for DDH which has been shown to improve early detection and allow optimal management.

**Method:** The clinic was developed using the Advanced Musculoskeletal Physiotherapy (AMP) Operational Framework (Department of Health 2014). Support was provided by Barwon Health DDH Clinic, existing Melbourne DDH Clinics and local stakeholders.

**Results:** Since July 2015, 130 babies have been referred via the standardised referral pathway. Infants attend a multidisciplinary clinical and ultrasound assessment by AMP & experienced Sonographer. Evaluation has revealed positive feedback from stakeholders regarding the improvement in service; however has also highlighted the impacts of a new service on other Departments; such as BHS Orthotics. Planning for sustainability of the clinic has also been considered.

**Conclusion:** The establishment of a DDH clinic in the Grampians region has improved family centred care, minimising the burden of travel and reducing the time between investigation, diagnosis and treatment of DDH.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Sue Eaton, Ballarat Health Services** *suee@bhs.org.au*

**Abstract title:** *Allied Health Assistants: Improving job satisfaction*

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**Introduction:** The Ballarat Health Services Lymphoedema Program has been operating since 2004, assisting patients from across the Grampians health region to monitor and self-manage this chronic condition. The funding available for the program is limited, demand is high and Lymphoedema Therapists are difficult to recruit. Considerable time was being spent by the Senior Clinician Allied Health Professional (AHP) performing tasks which could be completed by an Allied Health Assistant (AHA).

**Objective:**

- To increase the job satisfaction of both the Clinician and AHA, ensuring both are maximizing their scope of practice, whilst improving the clinical capacity of the Lymphoedema Program.

**Methods:** An observational audit of tasks conducted by the AHP was completed, documenting the time spent on tasks that could be conducted by an AHA. A prioritized task list was developed and a training program implemented. A repeat audit was conducted and the participants interviewed six months after the AHA's commencement.

**Results/Practice implications:** Implementation of an AHA to the program has provided multiple benefits to the AHP, AHA and patients. These include increased job satisfaction, efficient resource allocation, and potential for further improvement of the program.

**Conclusion:** Although in the early stages of implementation, the introduction of an AHA to the Lymphoedema Program has been a very positive initiative with scope for further expansion of the role.

## Presentation Abstracts

### Theme 1: Innovation in models of care

**Mr Andrew Rank, Colac Area Health** *arank@cah.vic.gov.au*

**Abstract title:** *Improving the outcome of a young stroke patient using tele-rehabilitation*

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In 2015, Barwon Health, Western District Health and Colac Area Health received funding from the Victorian Stroke Clinical Network to facilitate and pilot a regional stroke tele-rehabilitation model. One component of the project was the use of video technology for clinical supervision to allow less experienced treating-therapists access to specialist regional medical and allied health staff. There were multiple therapists and patients involved in the 23 sessions that occurred during the project. This case study shows an example of this process and supports the potential of stroke tele-rehabilitation to enhance stroke survivor outcomes whilst enhancing the capabilities of junior and rural clinicians.

Over the course of six months, Andrew, a new graduate Physiotherapist working in Colac Area Health's outpatient rehabilitation program, was supported in Mr X's care by Natasha, Physiotherapy Clinical Lead in Neurology at Barwon Health. Through a live video feed with Mr X present Natasha was able to view the sessions. This enabled learning in real time of the particular handling required for patient assessment and treatment techniques with on the spot feedback. All three participants feel that Mr X's physiotherapy sessions were more efficient and his physical outcome improved as result of the project. Andrew has gained neurological physiotherapy skills and Natasha has developed skills in supervising remotely. Links between the two rehabilitation services have been developed, benefiting other clients.

Despite some technological challenges we feel that the use of tele-rehabilitation has the potential to benefit regional and rural stroke survivors and their treating therapists.

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Ms Courtney Seipolt, Wimmera Health Care Group** *cseipolt@whcg.org.au*

**Abstract title:** *Implementing the key worker role in the rural sub-acute setting*

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**Introduction:** The role of the 'Key Worker' (KW) in the subacute setting at Wimmera Health Care Group (WHCG) commenced in conjunction with the opening of WHCG's 20 bed sub-acute facility in December 2014. Reports from patients and family members, along with evaluation of our communication process across the sub-acute continuum, identified a need for improvement in communication between the sub-acute team and the patient/families.

**Objective:**

- The aim of the KW role was to foster communication amongst the Multidisciplinary Team (MDT) working in the sub-acute setting. This included co-ordination of the patient's rehabilitation program, providing a 'key person' to communicate between the patient, family and MDT, undertaking additional administrative requirements, enabling patient-centred care and facilitating smooth client discharge planning.

**Method:** A subacute working party, consisting of junior and senior allied health (AH) staff and the subacute nurse unit manager (NUM) benchmarked with other sub-acute settings, reviewed the literature and finally trialled the role across a 12 month period.

**Practical Implications:** Clinicians working in the KW role found their workload increased with the commencement of the KW role. Extra time was required to follow-up administrative tasks such as care plans, and to liaise with patients/families and the MDT on a regular basis. Overall, feedback from patients/families and clinicians regarding the increase in communication was positive.

**Conclusion:** The KW role has been positive in improving communication between patients, families and the sub-acute team. The recent creation of a new role of 'Subacute Patient Flow Coordinator,' means the KW role is likely to change in the near future.

**References:**

1. Barwon Health, March 2014, Key Contact Person (KCP) In-patient Rehabilitation McKellar Centre, BAH0003835 v4.0 retrieved 17 November 2014 Barwon Health, May 2014.
2. Acute Stroke Key Contact Person Role and Responsibilities, BAH0003940 v3.0 retrieved 17 November 2014 South West Healthcare, June 2014,
3. Key Contact Person – Inpatient Rehabilitation, SWH0002268 v1.0 retrieved 17 November 2014 Western District Health Service, July 2012.
4. Sub-Acute, GEM and Rehabilitation Admissions – Key Contact Person, WDHS0001483 v1.0 retrieved 17 November 2014

# Presentation Abstracts

## Theme 1: Innovation in models of care

**Dr Christina Sadowski, Federation University**     *c.sadowski@federation.edu.au*

**Abstract title:**     *Can horses really change lives? An evaluation of the Equine Learning Experiences Australia Program*

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Across Australia, schools, social welfare organisations and mental health providers are faced with increasing challenges in their efforts to assist people experiencing complex mental health and behavioural issues. A diverse range of specialist welfare and therapeutic approaches exist to address these challenges. Although Equine-Assisted Therapy (EAT) has received much attention for its capacity to engage and facilitate change, much of the “evidence” about positive outcomes for EAT is anecdotal. This presentation reports the preliminary findings of an evaluation of Equine Learning Experiences Australia, a program based in Napoleons in the Central Highlands region which utilises horses to provide equine-assisted learning to vulnerable children, adolescents and adults.

This project applied the Most Significant Change methodology which involves the collection and analysis of significant change stories and case study analysis of participants to document participants’ experience of the program, the benefits they derived, the direct and indirect outcomes of the program, and the persistence of these benefits.

The presentation will enable audience members to broaden their understanding about:

1. The transformative potential of the innovative approach of EAT.
2. Research methodologies which have the potential to contribute to research evidence about innovative therapeutic/treatment programs.

# Presentation Abstracts

## Theme 2: Collaboration in training and development

**Ms Leanne Jackson, Southwest Healthcare**    lcjackson@swh.net.au

**Abstract title:**        *Skills Set Matrix: A learning framework for occupational therapists at South West Healthcare*

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Through the process of revising the South West Healthcare Grade One Occupational Therapy Rotation Program, including the introduction of two additional rotations (Paediatrics and Hand Therapy), it was identified that a formal framework for accelerated, evidence based, skill and knowledge development would be essential to guide a self-directed learning program to support Grade One Occupational Therapists entering these new and specialized fields.

**Objective:**

- To support the skill and knowledge development in Grade One staff members in the rotation program using evidence based methods in line with the Allied Health Credentialing, Competency and Capability framework (2014).

Through liaison with our Allied Health educator, benchmarking, a literature review, and exploring our own service needs and goals, we elected to develop and populate a “Skills Set Matrix” for the Hand Therapy and Paediatric streams. These matrixes identify areas of learning from basic through intermediate and advanced, creating a targeted approach to the clinician’s professional development in their current clinical field. With the matrix as a guide, the clinicians are able to demonstrate their skills and knowledge using the framework that is populated by evidence based resources.

We are yet to formally evaluate the effectiveness of the Skill Set Matrixes as we intend to do so at the conclusion of the rotations. The anecdotal feedback that we have received at this stage is positive. Should this information prove accurate then we hope to develop and evaluate several more Skill Set Matrixes in the other rotations: GEM, Rehab, Outpatients and Acute.

# Presentation Abstracts

## Theme 2: Collaboration in training and development

**Mrs Elizabeth Robinson, Bellarine Community Health** *liz.robinson@bch.org.au*

**Abstract title:** *Developing an Allied Health Assistant network: Perspectives of an allied health assistant*

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**Introduction:** There is an increasing emphasis on building capacity of the allied health workforce through: planning and implementing advanced practice allied health professional roles, utilizing other allied health professional roles to their full potential and increasing the allied health assistant workforce and roles for allied health assistants.

A joint project between Bellarine Community Health and Barwon Health had the goal of exploring and developing opportunities for Allied Health Assistant (AHA) networking, peer support and professional development in the Barwon South West (BSW) Region.

### **Objectives:**

- To identify AHAs working in the BSW region and understand their training and peer support needs.
- To develop an AHA training and networking framework for the BSW region led by AHAs.

**Method:** Eighty-eight AHAs in the BSW joined a regional AHA email distribution list and were sent a needs analysis survey identifying training and networking needs. At a regional Forum, 28 BSW AHAs brainstormed logistics for sustainable implementation of strategies identified in the survey for addressing networking and training needs.

**Results:** Forty surveys were returned. Survey results guided the forum brainstorming session resulting in the development of a BSW AHA Networking and Training Committee led by three AHA volunteers and supported by 20 AHAs.

The Committee oversees the implementation of these strategies identified by BSW AHAs:

1. distribution of a quarterly AHA training and networking newsletter,
2. an annual AHA Forum and
3. development of an electronic platform for sharing information.

The first newsletter has been distributed to 88 AHAs and the electronic platform is being developed.

**Conclusion:** Training and networking needs of AHAs must be addressed to continue development of the AHA workforce. A structured consultative process identified strategies to be led by BSW AHAs to meet their training and networking needs.

# Presentation Abstracts

## Theme 2: Collaboration in training and development

**Mr Mark Kelly, Barwon Health**      *marke@barwonhealth.org.au*

**Abstract title:**      *Inter-professional communication workshops for students on clinical placements*

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Internationally, inter-professional education is promoted as best-practice for the education of our current and future health workforce (WHO, 2010). Barwon Health actively encourages inter-professional education opportunities such as the Effective Communication workshop in 2015. Allied health senior staff organised the workshop after recognising that similar information was delivered by each of them to their respective groups of students on separate occasions.

**Objective:**

- To improve the knowledge, skills & confidence of allied health students in communicating with patients, family and colleagues in an efficient, inter-professional format to facilitate learning with, from and about each other.

**Method:** The workshop was delivered three times in 2015. Each three-hour session included interactive presentations, and simulated case scenarios. Students from dietetics, occupational therapy, physiotherapy, radiography, podiatry, radiation therapy, speech pathology and social work participated in these innovative events facilitated by five clinical supervisors.

Topics included: Principles of effective communication; AIDET; ISBAR; Working with interpreters;  
Active listening

The participants then worked together on a number of challenging simulated scenarios.

**Results:** Feedback from the sessions was gathered and is under analysis. Initial results suggest the sessions were valuable for learning about each other's practice, and the different methods of communication employed across allied health disciplines, for example, "The patient scenarios enabled students from all disciplines to gather together and communicate with each other and help each other grow."

**Conclusion:** The workshops effectively and efficiently enhanced communication skills and collaborative practice amongst the participants. Given these results, we are planning five workshops in 2016.

**References:**

World Health Organisation 2010, Framework for action on interprofessional education and collaborative practice, viewed on 3 February 2016, [http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)

# Presentation Abstracts

## Theme 2: Collaboration in training and development

**Ms Angela Paton, Barwon Health**    *apaton@barwonhealth.org.au*

**Abstract title:**        *Lessons learned from implementing an inter-professional graduate program*

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**Introduction:** It is well-recognised that new graduates have unique and specific learning needs, many of which are common across disciplines and locations (Smith and Pilling, 2007). In 2014 Barwon Health established a formal allied health interprofessional graduate program and invited participation of graduates within the Barwon South West Region via a cluster agreement.

**Objectives:**

- To evaluate data from the first two years of Barwon Health’s Allied Health Graduate Program (AHGP)
- To reflect on the strengths, challenges and opportunities for enhancement of the program.

**Methods:** Program evaluation included analysis of survey data and feedback from 2014-2015 AHGP participants, supervisors and managers, and comparison with other health services offering an AHGP.

**Results:** The strengths of Barwon Health’s AHGP included discipline representation (therapies & sciences), high rates of participant satisfaction and an impact on staff recruitment. Identified challenges included scheduling logistics; changes in the group dynamic with variable attendance and tailoring the program to the wide variety of participants. Identified opportunities for development include improving the engagement of allied health supervisors and managers and implementing a step-down support structure for graduates after the AHGP.

**Conclusion:** Despite the complexity and challenges of bringing graduates together from a broad range of professions and locations, the participants created dynamic interprofessional relationships. Bringing this group together in a structured program provides more than an opportunity to deliver content; it assists graduates to normalise their transition experiences and gain valuable peer support. Greater articulation is needed of these less tangible benefits to supervisors and managers to maximise support for, and sustainability of, a program that is highly valued by participants.

**References:**

Smith RA, Pilling S 2007, ‘Allied health graduate program – supporting the transition from student to professional in an interdisciplinary program’, *Journal of Interprofessional Care*, vol. 21, pp. 265–276.

# Presentation Abstracts

## Theme 3: Collaboration in Allied Health

### **Ms Natalie Sutton, Wimmera Health Care Group**

**Abstract title:** *Collaborative development: Horsham cooking group for carers and care recipients*

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**Introduction:** The 'Eat Well' Cooking group was developed in Horsham for local carers and care recipients. It was designed collaboratively by a local dietitian, occupational therapist (OT) and Carers Respite worker from Wimmera Health Care Group.

**Objectives:**

- To demonstrate and evaluate the collaborative development process of the 'Eat Well' cooking group.
- To improve the cooking skills and nutritional knowledge of participants.

**Approach:** The Carers Respite Department provided funding for the project and was also involved in participant recruitment. The dietitian and OT developed and sourced evaluation surveys, resources and recipes and also provided the education component to the session.

**Results:** To determine impact and process evaluation, pre and post session surveys were given to the group. The OT and dietitian also evaluated the development process of the group.

**Conclusion:** The development and delivery of the cooking group were more effective due to the collaborative approach from the OT, dietitian and carers respite worker. Participants reported improved cooking skills and nutritional knowledge as well as a desire to attend future 'Eat Well' cooking sessions.

# Presentation Abstracts

## Theme 3: Collaboration in Allied Health

**Mr Pawel Czupryn, West Wimmera Health Service** *pawel.czupryn@wwhs.net.au*

**Abstract title:** *Multi-disciplinary rural cardiac rehabilitation: Wimmera hub and spoke*

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A sub-regional alliance of healthcare organisations has developed a Hub & Spoke Cardiac Rehabilitation Model of Care aiming to improve rural community member access to cardiac rehabilitation programs in the Wimmera region.

Prior to this pilot, cardiac rehabilitation was only available at Wimmera Healthcare Group in Horsham, Western Victoria, as an eight week multi-disciplinary program. Patients throughout the region may not have previously accessed or completed this service due to the burden of travel. Economy of scale has dictated that multi-disciplinary approaches to cardiac rehabilitation have not been available elsewhere in the Wimmera region.

Therefore, the study utilized the 'Hub' of multidisciplinary team members in Horsham to provide cardiac rehabilitation education via telehealth, whilst outlying 'Spokes' at Rural Northwest Health and West Wimmera Health Services provide face-to-face physical activity classes. This allowed a wider range of remote community members to successfully access a high quality, best practice program with improved peer support.

Since the implementation of the program, along with improved access, the service has:

1. saved thousands of dollars in travel costs and travel time,
2. provided opportunities for peer support and social connectivity,
3. enhanced staff support and their scope of practice,
4. increased telehealth skills, and
5. has created a replicable model for delivery of specialised interventions to remote populations.

# Presentation Abstracts

## Theme 3: Collaboration in Allied Health

**Mrs Nikki Lyons, Barwon Health**    *nikkim@barwonhealth.org.au*

**Abstract title:**        *A model for peer reflective practice with occupational therapy students*

**Background:** Traditionally, undergraduate OT students have participated in regular 1:1 supervision with their supervisors and accepted feedback on their emerging clinical skills. Whilst beneficial, it's widely recognised that students and clinicians learn best when required to actively reflect on their own performance. Provision of regular 1:1 supervision is time consuming and does not always challenge students to critically appraise how their values, beliefs, assumptions and past experiences impact on their clinical work. Further, it does not provide opportunity for valuable common learnings to be explored and shared amongst undergraduate and experienced therapists to promote ongoing education. In response, a model for group facilitated peer reflection was explored and trialled as an adjunct to 1:1 supervision.

**Methods:** A review of literature, benchmarking and utilisation of an experienced facilitator to guide program development was completed prior to a trial of student peer reflective practice. The new model was assessed via a targeted questionnaire.

**Results:** Thirty two students and six clinicians participated. Thematic analysis was completed from the surveys. Students and clinicians reported increased opportunity for valuable common learnings to be shared and explored. At times this resulted in transformative learnings for both students and clinicians. The experience has positively impacted on supervision. The overwhelming response from participating students was positive.

**Discussion:** The program is now embedded in third and fourth year block placements. We continue to use a recognised format for the facilitation of peer reflective practice. Formal research is ongoing.

# Presentation Abstracts

## Theme 3: Collaboration in Allied Health

**Ms Angela Paton, Barwon Health**    *apaton@barwonhealth.org.au*

**Abstract title:**        *Identifying the training needs of clinicians across a regional organisation*

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**Introduction:** Barwon Health is Victoria's largest regional health service with a workforce in excess of 6,000 people. There are many common attributes and capabilities required of the clinical workforce, regardless of profession or area of work. As the consumer demand for improved interprofessional working increases, training common learning needs together is a logical step in enhancing interprofessional relationships, collaboration and team work.

**Objective:**

- To describe the development of a tool to analyse the common clinical training needs across an entire health organisation.

**Methods/approach:** In 2015, Barwon Health's Clinical Education and Training unit developed an online interprofessional training needs survey based on the Health Workforce Australia National Common Health Capability Resource (2012). The survey asked clinicians to rate their capability using a descriptive 4-point scale across 41 items, and included provision to record comments relevant to discipline or area of work.

**Results/ practice implications:** 517 clinicians completed the survey, of which 173 were allied health sciences and therapies professionals. Preliminary data analysis reveals allied health clinicians rate their capability highest in the categories of handover, scope, communication and interdisciplinary working. They identified requiring the most training in the categories of conflict and working together, change and improvement, consumers and reflective practice.

**Conclusion:** The challenge of identifying the training needs of clinicians across a large organisation has led to the development of a robust survey tool. This tool is informing the planning of training activities by the Clinical Education and Training unit in 2016. Further work is needed to develop an interprofessional educational framework that describes training resources required to address these common capabilities.

**References:**

Health Workforce Australia. (2012). National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce.

# Presentation Abstracts

## Theme 4: Collaboration in paediatric allied health

**Ms Jayne Hatherall, South West Healthcare** *jhathearll@swh.net.au*

**Abstract title:** *Interdisciplinary Paediatric Feeding Clinic: How did we get there?*

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**Introduction:** In late 2014 an interdisciplinary paediatric feeding clinic was established by clinicians at South West Healthcare. This was in response to an overwhelming patient experience which identified gaps in collaborative practice and communication between services.

**Objective:**

- To combine the knowledge and experience of the dietetics, social work and speech pathology professions to improve patient centred care for regional children with feeding difficulties.

**Methods / Approach:** The concept of an outpatient clinic for regional children with feeding difficulties was presented to management and formally approved for implementation. The interdisciplinary clinic was then developed by the clinicians within existing funding constraints and workloads. Promotion of the clinic was targeted at local maternal child health nurses and paediatricians.

**Results / Practice Implication:** The clinic operates weekly, offering one new and one review appointment. Clients attend one interdisciplinary appointment resulting in better coordination of services, reduced waiting times and improved communication between clinicians and regional services. An initial influx of referrals was received resulting in refinement to the clinic eligibility criteria. In the past twelve months the clinic received over 40 new referrals.

**Conclusion:** In its first year, the clinic has proven to be a highly valued and sustainable service of South West Healthcare and the region. The structure of the clinic allows for ongoing evolution of services in response to client needs.

## Presentation Abstracts

### Theme 4: Collaboration in paediatric allied health

**Ms Tameaka Gower, Ballarat Community Health** *tameakag@bchc.org.au*

**Abstract title:** *Smiles all around for Ballarat Preschools*

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The Smiles 4 Miles program aims to improve children's oral health by promoting a healthy environment using three key messages; Eat Well, Drink Well and Clean Well; and promoting local public dental clinics to families.

Ballarat Community Health (BCH), in partnership with the Ballarat Health Services Dental Clinic (BHS), are working with 16 preschools to promote oral health in response to statistics of admission rates for dental conditions in children aged 0-4 were almost three times higher in Ballarat (12.6%), when compared to the state average (4.9%).

Creating a supportive environment for oral health is achieved through policy development, health education, free consumables to support daily brushing, and onsite dental examinations.

In 2015, 377 children were examined at the onsite clinics; 44% of these children required further treatment. Continued dental care was provided through the clinic and all children were placed on a reminder schedule to advocate regular dental visits. From 2014-2015, the total number children aged 0-5 registered with BHS dental clinic increased by 135%. The use of preschools as a setting for oral health promotion and dental examinations is beneficial for promoting good oral health practices and early diagnosis and prevention of oral disease. Preschool dental visits can also create a positive experience for children and parents, which is imperative for long-term dental care. In addition, the relationship between BCH and BHS has mediated a collaborative approach to other health promotion initiatives including: Healthy Eating Active Lifestyle for adults and dental outreach clinic(s) for at-risk homeless youth clients.

#### **References:**

Dental Health Services Victoria. Early Childhood Services Toolkit: Smiles 4 Miles. Melbourne (AU): Dental Health Services Victoria; 2015. 150p.

## Presentation Abstracts

### Theme 4: Collaboration in paediatric allied health

**Mrs Melinda Brilliant, Wimmera Health Care Group** *Melinda.Brilliant@whcg.org.au*

**Abstract title:** *Targeting toddlers: A rural speech pathology response*

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**Introduction:** The 2009 Victorian Community Health Priority Tool prioritised the need for active Speech Pathology intervention for “late talkers” – children 30 months and under with expressive language delay.

Prior to this, accepted clinical management of late talkers at the Wimmera Health Care Group Speech Pathology Department was a “watch & wait” approach. This approach was characterised by a low referral rate, variable access and limited application of best practice. The 2009 Priority Tool highlighted a need for urgent service reform.

**Objective:**

- This paper aims to outline how a rural speech pathology clinic responded to government policy and changes in the evidence base for the clinical population.

**Approach:** Implementing change was multifactorial. This included working with all stakeholders to: engage staff and the community effectively, gain support from executive management of the organisation and establish effective collaborative relationships to equip the clinic for service changes.

**Practice Implications:** Evidence indicates that actively targeting late talkers improves long term oral language and literacy outcomes. It follows that providing active early intervention to this population will reduce future burden on health and educational services.

**Conclusion:** The Wimmera Health Care Group Speech Pathology Department has demonstrated how a rural service can respond to government policy directions while improving the service access, and clinical pathway, for young children in the Wimmera region.

# Presentation Abstracts

## Theme 4: Collaboration in paediatric allied health

### **Ms Holly Rentsch, Timboon and District Healthcare Service**

*hrentsch.tdhs@swarh.vic.gov.au*

**Abstract title:** *Little Tackers: An innovative approach to educating and supporting families*

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Parenting is tricky.

As a small health facility, Timboon and District Healthcare Service is sensitive to meeting the needs of our local community by striving to provide consumer-driven and collaborative approaches to program delivery.

Introducing Little Tackers is a 6 week multidisciplinary program for parents of children up to preschool age that targets common parenting challenges. In response to community requests, we sought parent input to the design of the program. Education was delivered by regional specialists.

Our aims? To build parent capacity and health literacy, whilst providing practical strategies. A comprehensive evaluation strategy measured the success of the program and formed the basis of future program planning.

Our capacity of 20 families was reached and the feedback was extremely positive. By providing childcare we were able to overcome one of the largest barriers inhibiting parent attendance. We were pleased to see an increase in parental knowledge surrounding not only the areas of difficulty that were initially identified, but other relevant areas of early childhood development. Encouragingly, our local families are maintaining their connection to healthcare providers to access further education, information and support.

The end result was a cost neutral and sustainable program that was tailored to the community's needs. The resulting strengthened relationships with other early childhood stakeholders will see an expansion of the program in 2016; watch this space!

Little Tackers demonstrates that smaller health services are capable of providing innovative support to their catchments, without breaking the budget.

## Poster Abstracts

**Ms Jessica Green, South West Healthcare**  
**Ms Ruth Alger, South West Healthcare**

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ralger@swh.net.au

**Abstract title:** *Occupational Therapy scooter assessment and training*

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**Introduction:** The Occupational Therapy Department at South West Healthcare has implemented a new comprehensive approach to scooter assessment and training. This involved the development and implementation of several initiatives including:

1. a standardised assessment template for scooter assessment,
2. a practice route assessment and training tool
3. standardised information packs for the safe use of scooters.

**Objectives:**

- Improving the assessment of clients for using scooters.
- Improving practical training to clients using scooters.
- Improving education to clients on the safe use of scooters.

**Methods:** The practice route assessment and training tool was developed based on the Austin Health Scooter Use Assessment resource. This is recognised as best practice in training in the safe use of scooters, particularly for those with limited experience in using scooters. The map and route had to be adapted for our facility in the local area.

Various brochures relevant for new scooter users were obtained for the client “information packs.”

**Approach / Qualitative Results:** It is anticipated a more comprehensive and consistent approach to scooter assessment and training will provide positive benefits to the clients of this service. Following the trial of this approach it will be evaluated.

**References:**

Townsend, K. (2013) Scooter use assessment for adults. (Version 2). Austin Health: Melbourne.

## Poster Abstracts

**Ms Fiona Heenan, Portland District Health**

*fiona.heenan.pdh@swarh.vic.gov.au*

**Abstract title:** *What are the essential components to an integrated primary and community health?*

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Portland District Health (PDH) services the coastal town of Portland population 10,000, located in the Glenelg Shire South Wester. PDH relocated its community health staff to Active Health Portland (AHP) Super General Practitioner Clinic and Allied Health Building, transitioning to a primary and community health precinct servicing Portland and surrounding district. Over 60 staff including the Specialist Clinic of Specialist doctors, GPs, GP Registrars, students, allied health, Alcohol and other drug counselling, specialist nursing and community health nurses. are employed on varying funding arrangements including permanent contract, subcontract, MBS 100 % donation model or split fee share, fee for service and room lease arrangements.

Integration of services goes beyond co-location, demanding cultural shift from “them to us,” a shared strategic plan and organisation values; appropriately qualified workforce with an understanding of rurality, leaderships skills, accountability, clinical governance and clinical supervision; where volunteers and consumers supporting service integration and service development, partnerships with other organisations and ongoing community engagement. Ensuring transparency, implementing flexible funding models, complimentary to each other, staff are comfortable with their employment arrangements and roles within the integrated primary care model, while ensuring clients and their families remain the center.

Since September 2013, the PDH integrated model of care has worked towards embracing General Practice “Medical Home,” Health Independence Programs, chronic and complex care management, client centered care, enhancing links with primary prevention and research; evaluating and matching required skill mix and breadth – Allied Health Assistants and Exercise Physiologists, closing of service gaps – paediatric autism screening, occupational therapy and hand therapy and advanced care planning across the continuum of care. Public health integrated with “not for profit” organisation can be reciprocal.

Learnings to date which are essential to PDH as we continue the service integration journey include continue to monitor and evaluate in order to release programs no longer “core business,” duplicative or cannot fit within the Capacity Framework. Organisation’s leadership team must monitor cash flow and or budget and State / Commonwealth targets with knowledge that finances are not sole purposes of existence; rather balanced with quality service coordination-systems management to enhance client access, quality and continuity of care experienced by our clients and their families. Finally, listening to staff, clients, consumers and partners, including the challenges continues to inform integration strategies, as an innovative change approach to service provision.

## Poster Abstracts

**Mr Andrew Smith, St John of God Hospital Warrnambool** – *Andrew.Smith@sjog.org.au*

**Abstract title:** *Lift for life – Resistance training for type 2 diabetes*

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The region of South West Victoria has a high prevalence of type 2 diabetes. Trends worldwide suggest that incidences of diagnosed and undiagnosed Type 2 diabetes are on the rise.

St John of God Warrnambool, South West Healthcare and Warrnambool City Council have combined to provide residents in the area an exercise based option to help manage their type 2 diabetes. In 2015, Lift for Life was introduced as a program aimed specifically at those with a diagnosis of type 2 diabetes. Lift for Life is an evidence-based resistance training program that was developed by the Baker IDI Heart and Diabetes Institute. Current evidence suggests that moderate to high intensity resistance training is the best form of exercise to assist with management of type 2 diabetes.

Outcomes and participant satisfaction levels to date have been positive. When combining all participants initial outcome measure and comparing to subsequent testing, results have included:

1. sit to stand (12.3 – 16.4 +33%),
2. arm curls (17.6 – 22.6 +28%),
3. 2 minute step up test 43.6 – 50.9 +17%, timed up and go (8.1 – 6.7 -18%).

Those who have completed the gold phase of the program are now attending the gym independently through a gym membership. Self-management was one of our main objectives when commencing the program.

## Notes