The Health Advocate

Your voice in healthcare

Emotional wellbeing primary care and prevention

Support for healthcare workers: why it is more important now than ever

Saying 'Goodbye COVID' in a multitude of tongues

Empowering nurses during times of uncertainty

Nutrition in primary care is worth funding

+MORE INSIDE

The official magazine of the Australian Healthcare and Hospitals Association

ISSUE 65 / November 2021

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Cover: StockSnap

JOHN GREGG
Chief Executive
AHHA

Looking ahead to 2022

Welcome to the final issue of The Health Advocate for 2021. I think we can all attest to just how challenging 2021 has been for our industry, our colleagues, communities, and families as we continued to experience the impacts of the COVID-19 pandemic.

Over the past 18+ months, our health workforce has been keeping our community safe and healthy under difficult and stressful circumstances, while also experiencing the uncertainty and distress of lockdowns and restrictions and the impacts it has on life and work.

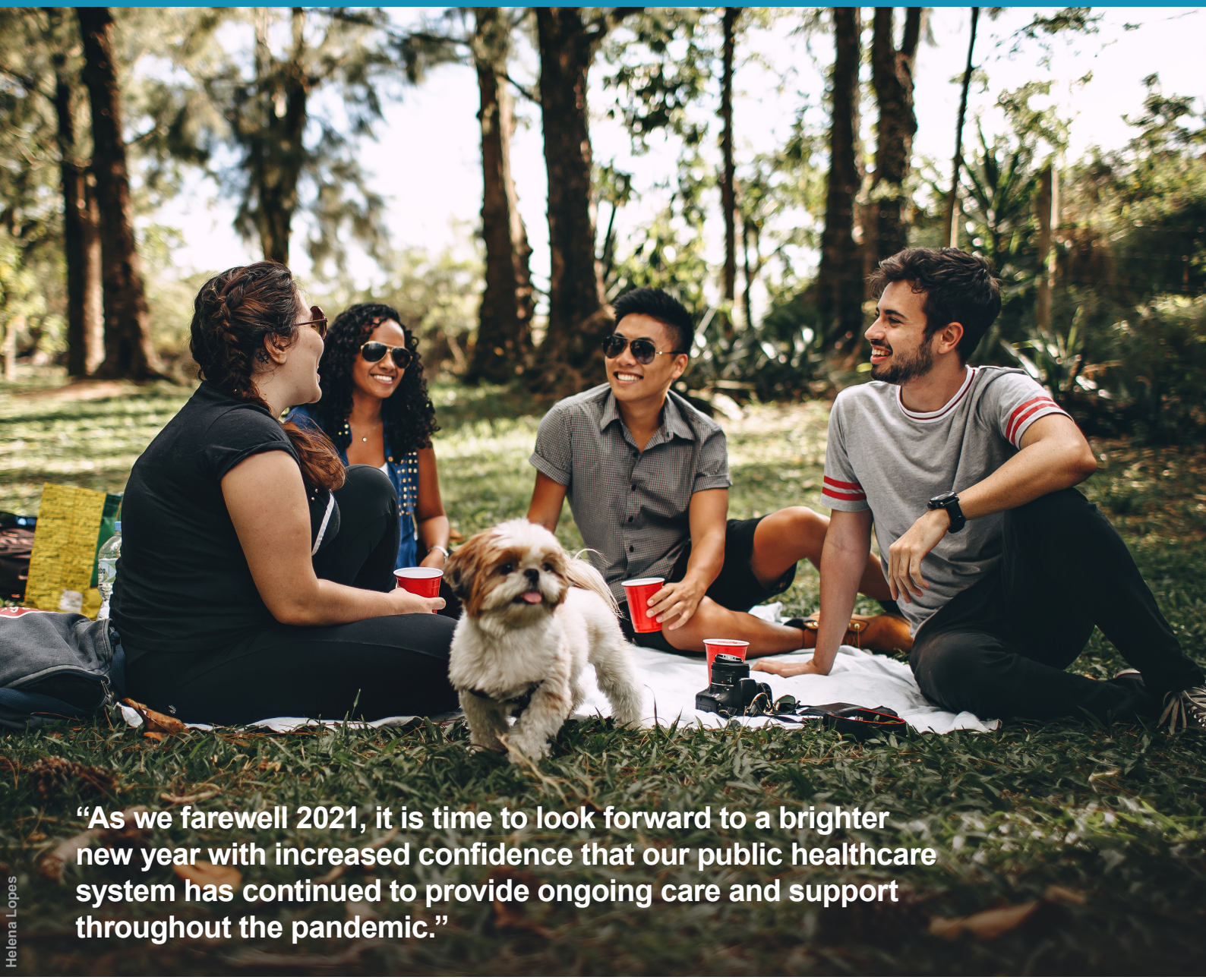
A recent survey of healthcare workers from Mental Health Australia found that 70% of healthcare workers said COVID-19 restrictions had a negative impact on their mental health and wellbeing while 86% said working in healthcare during the COVID-19 pandemic increased the amount of stress and pressure they experienced in the workplace. Over the last few months, there has also been increased reports of burnout in our industry, which highlights the need to address this rising problem.

Sustaining the emotional wellbeing of our healthcare workforce must be a continued priority for the sector as we emerge from the pandemic. This issue of The Health Advocate showcases great examples of initiatives our industry has implemented during the pandemic to support our workforce. I hope it inspires you to implement new and innovative ways to support the emotional wellbeing of your team.

As we farewell 2021, it is time to look forward to a brighter new year with increased confidence that our public healthcare system has continued to provide ongoing care and support throughout the pandemic.

Stepping in to 2022, we need to reflect on what we missed while we were fully focused on combatting the pandemic. The immediate urgency of responding to the COVID-19 pandemic and the pressing need to respond operationally has moved attention away from health system reform. As we step into 2022 and into a post-pandemic reality, we must consider an effective and proportionate value-based response to Long COVID and non-COVID related health conditions that may have been missed or delayed, which considers patient health outcomes, resourcing and costs. You can read more about how we can manage the long term health consequences of COVID-19 in Australia in this Deeble Issues Brief.

Addressing the long term health consequences of the pandemic is not the only challenge our



Helena Lopes

health system is facing though. Climate change has been declared the greatest threat to global health in the 21st century. It poses serious risk to health, threatening all those factors determining health — clean air, safe drinking water, sufficient food and secure shelter. Natural disasters and extreme weather events will only become more intense and more frequent, placing further stress on our health services and workforce. With keeping people healthy at the core of our reason for being, how are we, the health system, leading the way? As the 26th UN Climate Change Conference of the Parties (COP26) approaches, we have been working with health sector partners across Australia and globally, and we will share more about this work over coming months. In the meantime, you can read how environmental sustainability can be embedded in value-based approaches to health care here.

I look forward to working with colleagues across the health sector, and AHHA members, as we explore these issues and continue to advocate for a sustainable, fit-for-purpose health system. ha

AHHA in the news

5 AUGUST 2021

Successful COVID vaccine communication: critical to rebuilding trust

'Rebuilding public trust in the COVID-19 vaccination program is critical to addressing the pandemic and its impacts,' says John Gregg, Chief Executive, Australian Healthcare and Hospitals Association (AHHA).

The AHHA released a set of guiding principles to support governments, the health and community sectors and media to reorient their approach to COVID-19 vaccine communication to re-establish public trust and move towards a person-centred approach.

The principles statement developed in partnership with AHHA members from across the health sector, calls for government to rebuild trust and re-engage communities through clear, concise and consistent messaging.

AHHA's Principle Statement on COVID-19 Vaccination Program Communication and Engagement is available online. ha

12 AUGUST 2021

AHHA launches health sector's first zero-tolerance cultural change program

'Bullying and bad behaviour is widely experienced in the health sector and more needs to be done to tackle the root causes of this problem,' says John Gregg, Chief Executive, Australian Healthcare and Hospitals Association (AHHA).

'That's why AHHA is proud to partner with Bully Zero to launch the health sector's first zero-tolerance cultural change program.'

In 2020, the Australian Health Practitioner Regulation Agency (AHRPA) found that 34% of healthcare workers experienced or witnessed bullying in the previous 12 months. These findings point to a dangerous cultural problem in the health sector.

New Safe Work Australia guidelines require organisational leaders to take action to prevent, eliminate and minimise bullying, harassment and workplace violence. The legislation is about more than posters, policies and swift handling of complaints. It requires organisations to take a deliberate focus on preventing workplace harassment and aggression.

The Bully Zero Culture of Excellence program provides organisations with expert support to recognise their best-practice zero-tolerance ambitions—and 36 months of support to make measurable ground. ha

HAVE YOUR SAY...

We would like to hear your opinion on these or any other healthcare issues.
Send your comments and article pitches to our media inbox: communications@ahha.asn.au

2 SEPTEMBER 2021

Achieving high value care through reduced diagnostic errors

'Delivering high-value care starts with an accurate diagnosis but each year an estimated 140,000 errors, some of which are due to diagnostic imaging, challenges the ability of our health workforce to deliver this care,' says Australian Healthcare and Hospitals Association (AHHA) Chief Executive John Gregg.

An issues brief, Reducing diagnostic errors related to medical imaging, published by the AHHA's Deeble Institute for Health Policy Research examines various health policies that have been implemented internationally to improve the use of diagnostic imaging and reduce the consequences of diagnostic errors in relation to the Australian context.

'In Australia, reducing diagnostic errors needs to be a priority due to the consequent impact on patient outcomes through delayed or inappropriate healthcare, and the sustainability of the healthcare sector through wasted resources,' says the report co-author, Dr Sean Docking, 2021 Deeble Summer Research Scholar and Research Fellow, Monash Department of Clinical Epidemiology, Cabrini Institute.

The brief provides a series of recommendations to minimise the occurrence of diagnostic errors and improve the delivery of high-value care, including the implementation of a national strategy to identify and prevent diagnostic errors and contemporary analysis of medical indemnity claims to measure the incidence and consequences of diagnostic errors.

Reducing diagnostic errors related to medical imaging is available online. ha

7 OCTOBER 2021

Health workforce wellbeing and improving end-of-life care – latest in health policy research

'The latest issue of the Australian Health Review, the academic journal of the Australian Healthcare and Hospitals Association (AHHA), focuses on the key issues impacting Australia's health sector today,' says Editor-in-Chief, Professor Sonj Hall.

As frontline healthcare workers continue to support our communities in addressing the COVID-19 pandemic, several articles in this issue focus on the wellbeing of the health workforce and the obligations of health services in protecting their staff.

'A case study by Connie Galati, Bronwyn Award and Louise Ramsay from Canberra Health Services shares the strategies introduced by Canberra Health Services' Intensive Care Unit and Emergency Department to address the negative impact of the COVID-19 pandemic on staff.

'In a perspectives piece, Jessica Dean et al examine the obligations of health services to protect their staff from the physical and psychological risks of COVID-19,' notes Professor Hall.

Other articles in this issue examine safety and quality in healthcare, artificial intelligence in healthcare, aged care and models of care.

The October issue of the Australian Health Review is available at: www.publish.csiro.au/ah ha

AHHA in the news

8 OCTOBER 2021

Universal healthcare more important than ever: remembering Professor John Deeble

'As we mark the 3rd anniversary of Professor John Deeble's death, maintaining Professor Deeble's vision of the Australian universal healthcare system is more important now than ever before,' says AHHA Chief Executive Mr John Gregg.

'Over the last 18 months as we have responded to the COVID-19 pandemic, Australia's universal healthcare system has continued to enable all Australians to access care.'

A perspectives brief published by the AHHA's Deeble Institute for Health Policy, the research arm of AHHA honouring Professor Deeble and his work, reveals that while COVID-19 has demonstrated that Australia has one of the best health systems in the world, it has also highlighted the impact that some funding decisions have had in the erosion of Australia's universal healthcare system's principles of equity, access and affordability; particularly with vulnerable and marginalised populations who have been disproportionately affected by the pandemic.

The brief, titled Universal Healthcare in Australia: Prof John Deeble's legacy more relevant than ever, reflects on current research which shows that vulnerable populations with higher rates of non-communicable disease and poorer access to health services have experienced greater rates of COVID-19 and deaths due to COVID-19 throughout the pandemic.

'The principles of universal healthcare and the legacy of John Deeble's work will be critical to guiding us out of the pandemic and ensuring all Australians, including our most vulnerable populations have access to the care they deserve,' says Mr Gregg.

Universal Healthcare in Australia: Prof John Deeble's legacy more relevant than ever is available online. ha

Universal healthcare more important than ever

Tuesday, 5th October 2021 marked the third anniversary of Professor John Deeble's death. Often dubbed the 'father of Medicare' John Deeble co-authored the original proposals for universal health insurance in Australia in 1968; which led to the establishment of Medibank in 1975 and subsequently Medicare in 1984. He was a steadfast defender of universal healthcare for nearly 50 years.

To commemorate Professor Deeble, in October, the Australian Healthcare and Hospitals Association's Deeble Institute for Health Policy Research, published a Perspectives Brief titled, *Universal Healthcare in Australia: Prof John Deeble's legacy more relevant than ever.* The brief considers the principles of universal healthcare across three scenarios: COVID-19, Long COVID and non-COVID services. >

COVID-19

Australia's response to COVID-19 has demonstrated that health care has the potential to strengthen systems resilience and tackle threats to population health. However, COVID-19 has also been a catalyst to exposing the slow erosion of Australia's universal health care system, with vulnerable and marginalised populations disproportionately affected by the pandemic.

The brief identifies many factors contributing to this inequity, some of which include increased prevalence of non-communicable diseases and other conditions which are identified as clinical risk factors for COVID-19, poor health literacy, reduced access to acute care systems and poorly integrated models of care. Importantly, vulnerable populations have established health care activities that are largely focused on treatment, with less attention to health promotion and prevention.

According to the brief, as we look ahead to recovering from the pandemic, we have an opportunity to address this rising health inequity by ensuring the principles of universal healthcare are at the forefront in decision making considerations.

Long COVID

For the same reasons that have seen vulnerable populations disproportionately burdened by COVID-19, Long COVID, and other non-COVID related conditions, have the potential to drive health inequities in Australia. With this in mind, Long COVID must be a key health consideration as we emerge to a post-pandemic reality. Long COVID is characterised by persistent ill health and symptoms for weeks and months after acute infection. It has affected populations around the world regardless of whether they have had mild or even no COVID-19 symptoms, or needed ICU care to survive.

Another Deeble Issues Brief, *Managing the long term health consequences of COVID -19 in Australia*, examines in depth the health issues associated with Long COVID and what a collaborative, value-based national response to Long COVID should look like.

While Australia has yet to establish a path forward for dealing with Long COVID, the Perspectives Brief highlights that potential opportunities still exist to codesign care pathways that consider developing clinical guidelines, are effective, practical and affordable, and considers the needs of vulnerable populations.

Long COVID offers important opportunities to trial novel funding models as part of new approaches to care coordination, particularly in regions where case numbers are larger.

Non-COVID related health conditions

Globally, the pandemic has seen a reduction in care seeking for non-COVID conditions, particularly in vulnerable and marginalised populations with higher rates of non-communicable disease and poorer access to services.

The Perspectives Brief notes that in Australia travel restrictions, the cancellation of elective surgeries and other non-urgent procedures, interruption of supply chains and the redeployment or retention of healthcare staff are factors that have ultimately impacted the health outcomes of those populations who are most vulnerable to COVID-19.

We have also seen the emergence of 'shadow pandemics' of mental health, domestic violence and substance abuse, which require consideration.

Maintaining Professor Deeble's legacy of universal healthcare — affordable, quality healthcare for all must be forefront in our health care considerations as we emerge into a post-pandemic reality where all Australians, including our most vulnerable, have access to the care they need, when they need it.

Health policies based on the principles of universal healthcare that protect the population in its entirety, including those who are more vulnerable, must be strengthened. This will require a nationally unified and regionally controlled health system that puts people at its core. ha

You can read the brief *Universal Healthcare in Australia: Prof John Deeble's legacy more relevant than ever* online at: ahha.asn.au/health-policy-perspective-briefs

DR PRIYA MARTIN
Senior Research Fellow, The University of Queensland Rural Clinical School, Toowoomba
Advance Queensland Industry Research Fellow

Support for healthcare workers: why it is more important now than ever

"Reports across the globe are identifying stress, anxiety, insomnia, and depression, with healthcare workers feeling overwhelmed, overworked, and burnt out."

One cannot pour from an empty cup. If healthcare workers are not supported to be the best versions of themselves at work, the care they provide to clients is bound to be affected. Evidence is mounting on the adverse impacts the COVID-19 pandemic has had on the mental health and wellbeing of healthcare workers. Reports across the globe are identifying stress, anxiety, insomnia, and depression, with healthcare workers feeling overwhelmed, overworked, and burnt out. This is felt even more by frontline healthcare workers including doctors and nurses, and those that directly care for clients with COVID-19. The pandemic set in at a time when healthcare resources were already stretched, and healthcare issues were growing in complexity. Even prior to the pandemic, healthcare workers were being asked to 'do more with less'. Now the question remains on 'what can be done?' given the additional stress the pandemic has added to the already stretched healthcare system. While interventions are needed that target multiple levels of the healthcare system: systems/organisational level, team level and healthcare worker level, two pragmatic strategies that can be facilitated and supported across all three levels are discussed in this article, namely interprofessional collaborative practice and clinical supervision.

Interprofessional and collaborative practice

In the last issue of The Health Advocate Professor Sabe Sabesan and Dr Christopher Steer shed light on moral injury and its impact on workforce wellness and proposed a distributed leadership model as one sustainable system solution. A distributed model of leadership is at the core of interprofessional collaborative practice (IPCP). In the distributed or collaborative leadership model, all team members are on a level playing ground, as opposed to a hierarchical system. This empowers all healthcare workers, regardless of discipline backgrounds and the type or seniority of positions they occupy.

Furthermore, IPCP promotes teamwork, resulting in more cohesive and client-centred care. Experts in this field propose IPCP as one solution for re-building the healthcare system and strengthening the workforce into the post-pandemic period. This is justified because IPCP has been shown to support healthcare workers in their roles, leaving them more satisfied with the services they provide. IPCP ensures that a healthcare worker never functions alone, and there are other healthcare workers from different professions they can collaborate with, to provide holistic care. This team support is even more important for sole clinicians and those working in remote sites and can be orchestrated via the >

use of online platforms such as Teams. The other reason IPCP is more desirable now is that it can avoid duplication and reduce resource wastage.

Clinical Supervision

At the individual healthcare worker level, the pandemic has adversely impacted healthcare workers' clinical supervision. Healthcare organisations promote clinical supervision to healthcare workers as a means of connecting with someone more experienced (individual supervision) or with peers (peer group supervision) to get support in their roles. Clinical supervision is meant to happen regularly (e.g. weekly, fortnightly, monthly) and for a considerable duration (e.g. 60 minutes). This often depends on the experience level of the healthcare worker receiving clinical supervision (i.e. the supervisee). A written supervision agreement guides this partnership. The more experienced healthcare worker providing clinical supervision (i.e the supervisor), not only supports the supervisee in the development of skills and knowledge, but also facilitates reflective practice and offers emotional support. This supportive aspect of supervision is called restorative clinical supervision.

Professional associations and organisations tend to have minimum requirements and guidelines for healthcare workers' supervision. Even pre-pandemic, there was a tendency for time-poor healthcare workers, to drop clinical supervision down the order of priority. The pandemic seems to have accelerated this. Furthermore, undertaking clinical supervision using technology (termed telesupervision), continues to be a black box.

"Even pre-pandemic, there was a tendency for time-poor healthcare workers, to drop clinical supervision down the order of priority. The pandemic seems to have accelerated this. Furthermore, undertaking clinical supervision using technology (termed telesupervision), continues to be a black box."

What can be done?

It is clear that the pandemic has disrupted IPCP and clinical supervision with many teams quickly reverting back to traditional hierarchical models of care to prioritise clinical service delivery and healthcare workers forfeiting their own professional support. This has left experts wondering how teams can be assisted to navigate back to IPCP models of service delivery, and how healthcare workers' engagement with clinical supervision can be maximised. Efforts are needed at all levels of the healthcare system. Organisations need to rebuild a positive culture around IPCP and clinical supervision and provide high-quality training to upskill their staff in these areas.

While healthcare worker engagement in clinical supervision is only the first step, measures are needed to ensure this engagement is effective, so that it can be beneficial to all stakeholders. Teams need to consider re-integrating IPCP and effective clinical supervision practices in their day-to-day work practices. Re-visiting these at regular team meetings, developing champions, and creating shared visions and goals are some practical ways to progress these areas. Healthcare workers need to consider clinical supervision time sacred. Supervisors and supervisees can access professional development opportunities in clinical supervision, including restorative clinical supervision, telesupervision and IPCP. Thus, stakeholders at all levels need to come together to propel a change into the post-pandemic period. Together, we can make a difference. ha

ANDREA LEWIS
Writer, Macquarie University Hospital

Empowering nurses during a time of uncertainty

A history of strong leadership and caring for its workforce put Macquarie University Hospital on solid footing to support its nursing workforce during the COVID-19 pandemic, empowering them to play to their strengths.

Macquarie University Hospital's 500-strong nursing workforce has had a year like no other. Perhaps more than the rest of the health and medical sector, they have been faced with constantly fluctuating rules and regulations regarding COVID-19.

Is my LGA of concern? What does that mean for my shift? Do I require a COVID test? Am I an essential worker? Can I work from home? The broad range of nursing levels and skills, combined with complex rostering in the hospital setting, has meant that both nursing leadership, management and staff themselves have had to deliver some fancy footwork to successfully navigate the details of living with a pandemic.

Initially, there were fears of job security — something that Director of Nursing, Deb O'Neill, moved quickly to allay. Then, leadership began putting plans in place to turn trying times to everyone's advantage.

'A key priority was supporting the NSW public health system, and making our nurses available,' explains Ms O'Neill, credited with outstanding leadership under unprecedented circumstances. 'With the suspension of elective surgery, we looked at redeploying some of our nurses to >

“The broad range of nursing levels and skills, combined with complex rostering in the hospital setting, has meant that both nursing leadership, management and staff themselves have had to deliver some fancy footwork to successfully navigate the details of living with a pandemic.”

Deborah O'Neill, Anne Scott, Kath Sharples
Photographer: Nicola Robson

help the common good, but also with a view to providing them with professional development.

'We were delighted to see an overwhelming response to our request for nurses to support the mass vaccination efforts in Western Sydney. We seconded 14 nurses to a six-week rotation. In preparation, nurses completed required PPE training, vaccination training and fit-mask testing.

'So, for example, cardiothoracic, vascular and oncology staff spent time in day oncology supporting work with cancer patients. Cardiothoracic nurses assisted in the Cardiac Care Unit. There were also secondments to work in MQ Health clinics.

'Other nurses opted doing administrative work and other critical work that underpins the clinical

"Giving nurses experiences that stretched their clinical knowledge meant we could upskill our workforce, but it was also a way for us to show our nurses that their professional knowledge and satisfaction is something we value."

They found the experience not only educational but highly rewarding.'

At Macquarie University Hospital itself, Primary Care rapidly established an on-site mass vaccination centre for staff, students and the public. Clinical Nurse Specialist Belinda Ellis does an outstanding job of running the dedicated centre, which also accommodates a walk-in service for all Hospital staff.

A suite of further opportunities for cross-training were established. Anne Scott, Nurse Manager of Workforce and Leadership, says that it was important to ensure nurses felt valued at this time.

'Giving nurses experiences that stretched their clinical knowledge meant we could upskill our workforce, but it was also a way for us to show our nurses that their professional knowledge and satisfaction is something we value," she says.

care provided to patients such as policy review, auditing and the further development of clinical pathways. Nurses really stepped up to learning and to the challenges we faced as a team.'

Kath Sharples, Senior Nurse Manager, Academy Nurse Education and Research, who runs Macquarie University Hospital's graduate nurse programs, agrees that empowerment in the workforce was a key part of mitigating the pandemic's impact. However, she says, for Macquarie University Hospital, it wasn't a case of introducing new strategies, but rather drawing on the Hospital's long-established culture of workforce empowerment.

'With 'caring' one of our core values, so much of how we train and look after staff is about their wellbeing,' says Ms Sharples. 'So COVID really just enhanced a strategy and a culture that we have

always had. Caring for the workforce just becomes more poignant at times of crisis, and we have seen this pay off both for the Hospital and for nurses personally and professionally.'

As an example, two years ago, Macquarie University Hospital revised its graduate program for newly qualified RNs and ENs, building into early employment a deep understanding of the support mechanisms available to them. Junior nurses are given the chance to access the Hospital's EAP, engage in reflection, participate in online discussion groups and join peer-to-peer networks with graduates just a year ahead of them.

Graduate nurses are also guided through MindSpot, the highly successful Macquarie University-based online platform for mental health assistance that is now a national program. A dedicated graduate nurse coordinator offers an extra layer of support.

'The goal is to empower our early-career workforce by giving them knowledge of the support and resources available to them,' explains Ms Sharples. 'Empowerment is essential to their training. Transition shock has a huge body of evidence behind it and Macquarie's approach aims to normalise the idea that any new job is going to have challenges — especially early on in a career.

'All of this resilience training is being harnessed now that we are being challenged, and the capacity and flexibility of our workforce has been remarkable. As people have adapted, they have developed individual strengths and attributes they may not have known they have. I think many have been surprised.

"Reflecting on the pandemic's impact over the past year, nothing shines through stronger than the value of teamwork, underpinned by strong leadership. We have shown each other what we are capable of, that we can do it."

'Reflecting on the pandemic's impact over the past year, nothing shines through stronger than the value of teamwork, underpinned by strong leadership. We have shown each other what we are capable of, that we can do it.'

When business return to normal and the full clinical load kicks back in later in the year, there will no doubt be nominations aplenty for the Hospital's Lighthouse Program award. The peer-driven rewards and recognition program showcases the extraordinary efforts of Macquarie University Hospital nurses and other staff.

But it is patients who will be the big winners, being cared for by a more skilled, more resilient and, no doubt, more compassionate workforce. ha

DR TRACEY TAY
Clinical Executive Director, NSW Agency for Clinical Innovation

Supporting health workers through the COVID-19 pandemic

As COVID-19 continues to affect the community and the health system, the Pandemic Kindness Movement is supporting the wellbeing of health professionals.

"It was hard to watch the crisis evolving internationally — the overwhelming tiredness on the faces of health workers and their messages on social media about the threat to their psychological, physical and even financial safety."

Early 2020 was a turning point in history for all of us. COVID-19 became a reality for the Australian community and our health system.

Clinicians were faced with an unprecedented challenge. We were processing news of COVID-19 and lockdowns like everyone else in the world. We were also preparing for the impact on the health system, learning how to keep ourselves, our colleagues and our loved ones safe, while continuing to provide safe and compassionate care to our patients and clients.

It was hard to watch the crisis evolving internationally — the overwhelming tiredness on the faces of health workers and their messages on social media about the threat to their psychological, physical and even financial safety.

My colleague, Dr Jane Munro describes the feeling like standing on a beach, watching the waves go all the way out, knowing a tsunami was about to hit.

Dr Munro posted about supporting health staff on social media. Within 72 hours, a core group of health leaders[1] from across Australia (including myself) came together to answer one pressing question: what could we do to support the wellbeing of all health workers when that big wave crashed onto the beach?

Thanks to this small group the Pandemic Kindness Movement was born. Our aim was to provide health workers with easy access to quality wellbeing resources, via a web-based hub. >

"It was hard to watch the crisis evolving internationally — the overwhelming tiredness on the faces of health workers and their messages on social media about the threat to their psychological, physical and even financial safety."

Responding to individual needs

At the best of times, health workers need easy access to information and resources to support themselves and their teams. There are so many great resources out there; but finding what you need, when you need it, can be hard.

During the biggest health crisis we've ever seen, the Pandemic Kindness Movement group wanted to ensure wellbeing information and access was:

- quick
- endorsed
- useful across the health system (not just for clinicians)
- available at an individual's level of need.

We made an important decision to base our Pandemic Kindness Movement model on Maslow's hierarchy of needs. This model acknowledges that health staff are experiencing varied personal and professional impacts from the pandemic.

Our health worker wellbeing pyramid reflects the different things that contribute to staff wellbeing — basic needs, safety, love and belonging, esteem and contribution. Effective leadership is critical at all levels of the pyramid.

Within six weeks, we had collated and approved resources for each level of the pyramid, along with leadership actions and resources for Aboriginal health workers. We made the resources available on the new Pandemic Kindness Movement website.

This was possible thanks to the ongoing support of health organisations, such as the NSW Agency for Clinical Innovation, Safer Care Victoria, South Australia's Commission on Excellence and Innovation in Health and Queensland Health.

An unofficial wellbeing barometer

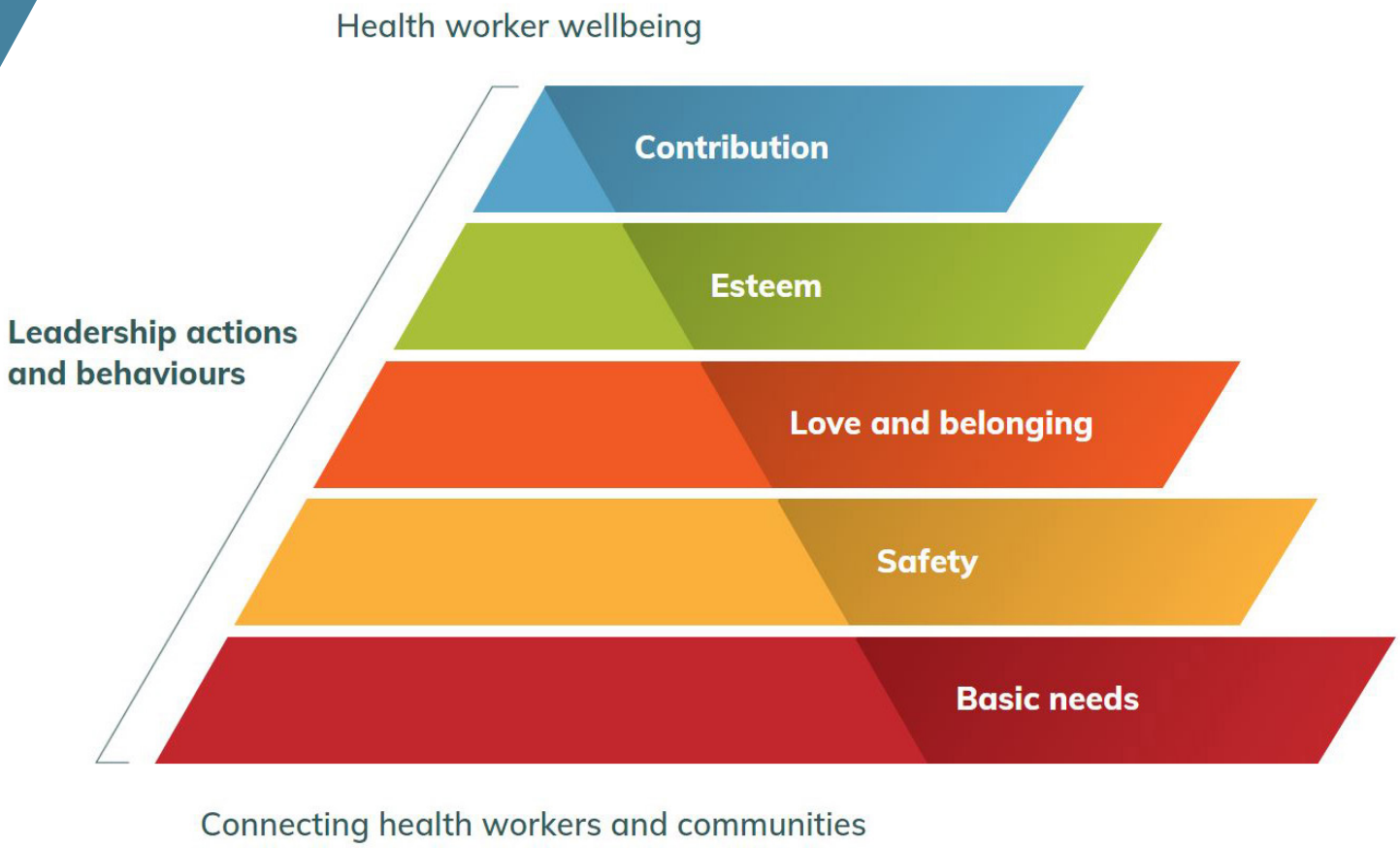
Since its launch in May 2020, the website pages have been viewed more than 116,300 times. This success is purely through word of mouth and sharing via social media, health-related newsletters or publications.

While the resources are curated to be useful any time for health staff, unsurprisingly we've seen visits rise when the health system is under more stress. During recent waves in NSW and Victoria, we've seen web page views increase by 386%.[2]

Visits to the website have become an unofficial barometer for the Pandemic Kindness Movement group, helping to indicate when our workforce is feeling most under pressure.

The movement is a small part of supporting health worker wellbeing and safety. Ideally it sits within, or alongside, programs and initiatives that health systems put in place. But the positive response has shown it is a valued piece of the puzzle.

Visit the Pandemic Kindness Movement website: aci.health.nsw.gov.au/covid-19/



Using the Pandemic Kindness Movement resources

Anyone can use and share the resources on the Pandemic Kindness Movement website. The resources have been collated with all health workers in mind, such as clinicians, security, cleaners and food preparation staff.

All resources are approved by Pandemic Kindness Movement group members to ensure they're appropriate for health workers and are not hidden behind paywalls.

There are also print and digital posters available for download from the website, so you can promote the resources in your workplace. ha

If you would like to suggest resources to include, please email: wellbeingcentre@safercare.vic.gov.au

References

1 The Pandemic Kindness Movement group: Dr Tracey Tay (NSW Agency for Clinical Innovation), Dr Jane Munro (The Royal Children's Hospital Melbourne), Dr Kym Jenkins (Council of Presidents of Medical Colleges), Dr Shahina Braganza (Queensland Health), Mary Freer (Compassion Revolution), Dr Sam Bendall (NSW Health, CareFlight) and Dr Lynne McKinlay (Queensland Health)

2 Pandemic Kindness Movement website page views in May 2021 (1,412) compared to September 2021 (6,866).

Caring for our **Primary Health Workforce**

Supporting our primary care workforce through a wellbeing focus.
Hunter New England and Central Coast Primary Health Network

Pandemic pressures

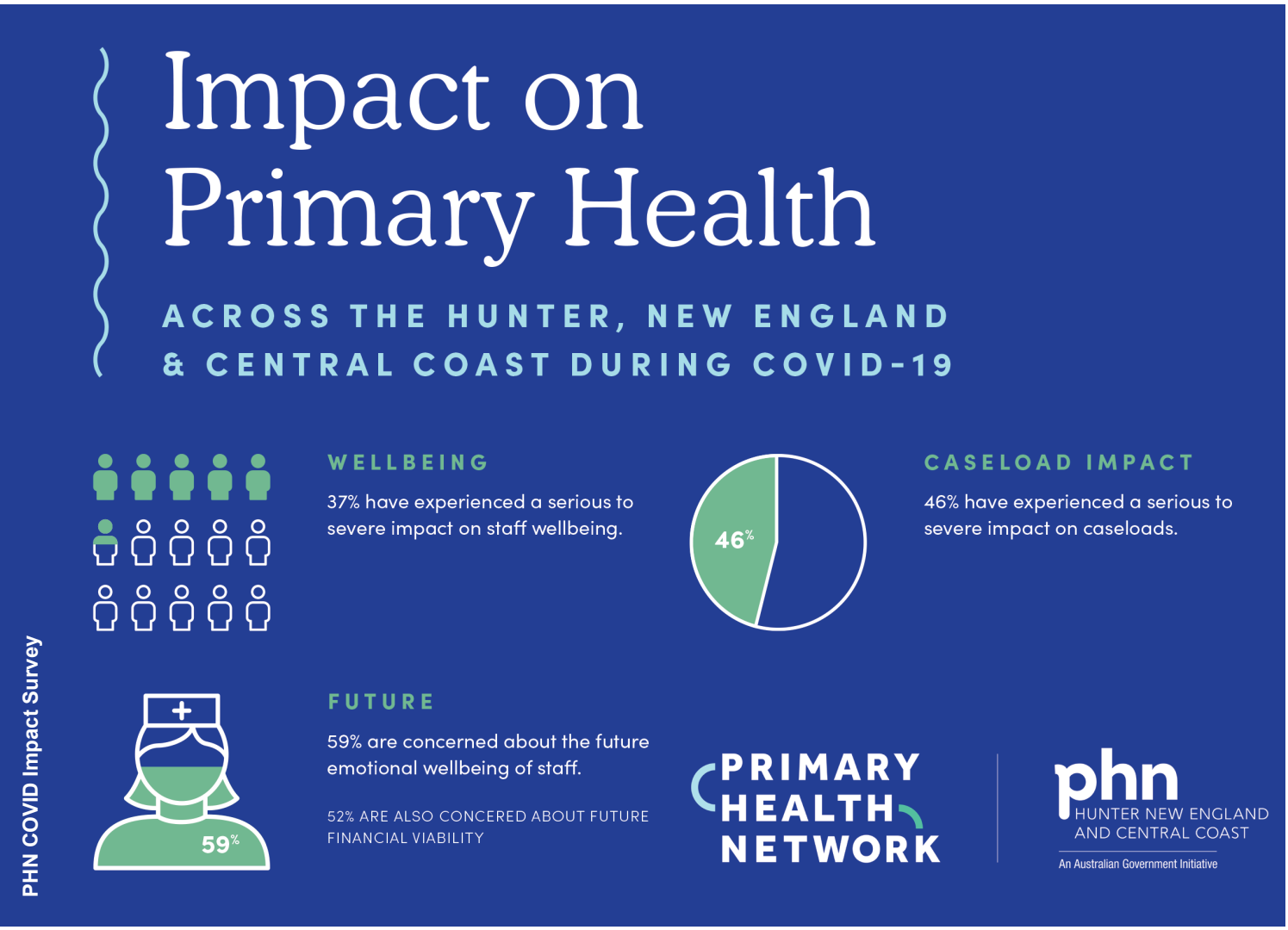
COVID-19 has had a significant impact, worldwide. The implications for our Primary Health Network spanning the NSW Central Coast, Hunter and New England region and our stakeholders have been significant, with a range of access and activity impacts. Those tasked with caring for our populations have reported high levels of distress and anxiety. Frontline receptionists, practice managers, Allied Health Practitioners and GPs all indicated high levels of stress, uncertainty about the future and severe impacts on caseloads.

A multi-faceted approach was developed to provide practical and immediate support for the primary care sector through a suite of mental health and wellbeing initiatives including access to a Members Assistance Program, a calendar of free wellbeing education events, General Practice and Allied Health Wellbeing grants, targeted professional coaching programs, peer groups and stand-alone wellbeing social and networking events.

Supporting wellbeing through the PHN Education Program

From the outset of the pandemic, the delivery of a targeted and timely education program was crucial to support the region's primary care workforce. It became evident that the workforce would benefit from both clinical education about the pandemic and also from support on how to cope with the immense stressors they were experiencing. Over 2,000 primary care professionals attended or viewed the PHN wellbeing webinars throughout 2020/2021.

Wellbeing webinars were developed on a variety of topics including 'Share an Hour on Resilience for General Practice' which provided tools to help increase resilience and wellbeing.



The 'Surviving Lockdown Meltdowns in General Practice' webinar was also extremely popular and assisted participants to understand the psychological and social factors that contributed to psychological distress throughout the pandemic.

Other wellbeing webinars included 'The Chrysalis Wellbeing' webinars to enhance the mental wellbeing of primary care health professionals and the 'Release the Load' seminar which provided a practical guide to meditation. The webinars also covered financial wellbeing and provided practical advice from financial experts about riding out the financial storm and supports that were available for business.

Wellbeing grants

In April 2021, the PHN offered small ($200) wellbeing grants to general practice and allied health providers with nearly 70% of general practices and 100 allied health providers taking up the grant. The grants supported activities that promoted wellness and resilience amongst the workforce and were supported by the distribution of accompanying mental health resources.

Although small in nature, the grants had a large impact as they provided teams the opportunity to interact and reconnect outside of the busy general practice environment. The grants funded activities including team bowling days, picnics, breakfast, and lunches.

Everyone needs a long lunch!

When restrictions momentarily lifted in NSW, we were fortunate to be able to host our inaugural GP Long Lunch with fifty of the region's GPs. The lunch, held on the beautiful NSW Central Coast, featured a full day program for GPs with experts speaking on topics including as the Myths >

GP Wellbeing Grant — Bowling fun and frivolity promoted team bonding

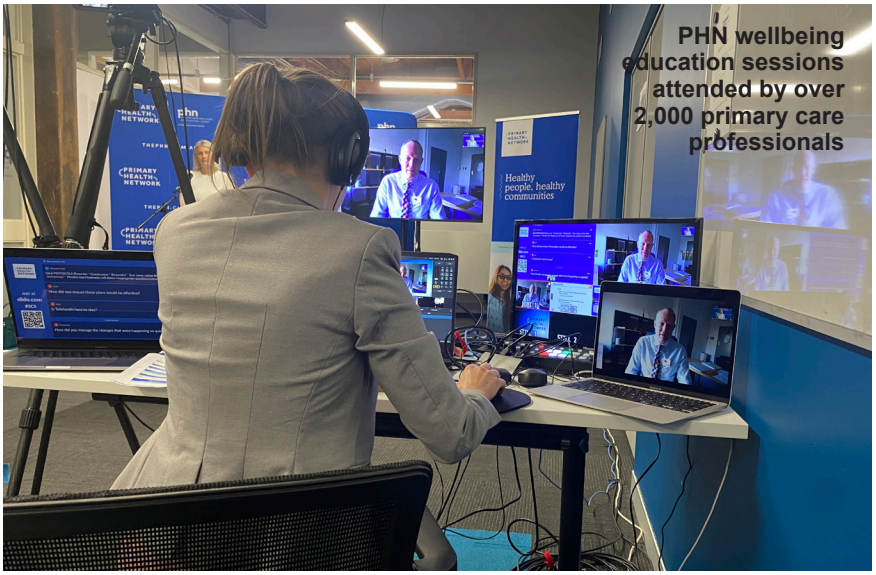
"The events were well attended and provided opportunities for networking and showcasing. Planning is underway to ensure these are annual events for the region."

of Wellbeing, a lively panel discussion exploring GP stresses, seeking help, and barriers to care, and wellbeing activities including arts-based networking, a walk on country, personal coaching and a meditation class. This innovative approach received rave reviews and planning is underway to cement this as an annual event. You can view more about the GP long lunch here: youtu.be/Lm65JW0pdBU

Innovation and Quality Awards

The PHN also supported wellbeing through the delivery of two marquee events of a COVID-19 Innovation Showcase and a glittering Primary Care Quality and Innovation awards evening. These two events provided the opportunity for the primary care sector to come together to showcase and celebrate best practice. The events were well attended and provided opportunities for networking and showcasing. Planning is underway to ensure these are annual events for the region.

GP Long Lunch. Everyone needs a long lunch!



PHN wellbeing education sessions attended by over 2,000 primary care professionals

GP Wellbeing Grant — A gourmet morning tea to boost the spirits

Members Assistance Program (MAP)

Through the Members Assistance Program (MAP), the PHN has extended its internal Employee Assistance Program to the broader primary care workforce. Employees and their families from allied health and general practices can access three free voluntary confidential counselling sessions.
The use of this service has been steadily growing and will remain open to the broader sector in our region for the foreseeable future.

Connecting through peer groups

Peer support could not be more important for healthcare workers than it is now. The PHN has been supporting peer groups including a Hey Mama group for GP mothers and babies/young children, and Art Based Care group for GPs.

Coaching for success

Professional coaching offers great value to healthcare workers. The PHN has implemented a specialized professional coaching program to support the primary care workforce. Coaching programs are in place for GPs, Practice Managers and Allied Health practitioners with three different models implemented to suit cohorts' specific needs. ha

Hunter New England and Central Coast PHN will continue to focus on finding innovative ways to support our primary care workforce and their wellbeing.

DR KATELYN BARNES
Postdoctoral Researcher, Healthy Primary Care, Griffith University

ASSOCIATE PROFESSOR LAUREN BALL
NHMRC Fellow and Research Lead, Healthy Primary Care, Griffith University

Nutrition care in primary care is worth funding

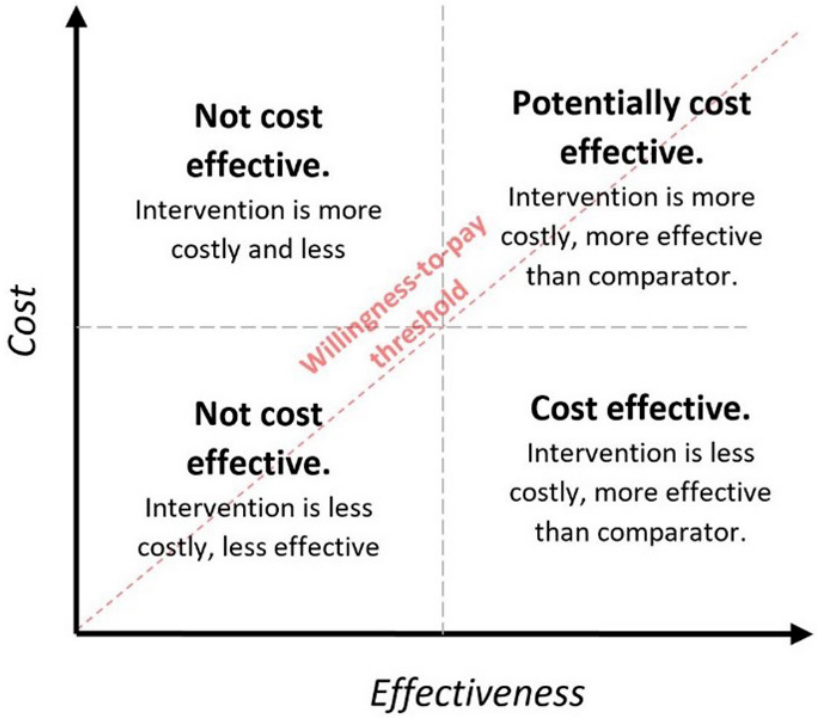


Figure 1: Cost effectiveness plane and quadrant descriptions

We know that community-based primary care services are practical settings in which to promote healthy eating. However, until this review, we did not fully understand the costs of providing nutrition care as part of everyday practice."

Health professionals should promote healthy eating

Unhealthy diets accelerate the development of three of the five most common causes of death in Australia. Guidelines for healthy eating exist, yet most people do not eat in line with those guidelines. As such, health professionals need to advocate for healthy diets as often as possible.

Community-based health services are health services outside of hospitals, such as general practice clinics, nurse-led clinics, pharmacies and allied health clinics (e.g., physiotherapists). Promoting healthy eating in these settings is seen as a 'smart buy' by the World Health Organization because of the frequency that individuals interact with this setting. For example, most Australians have an existing relationship with a GP. However, it is not yet part of everyday practice for health professionals to discuss healthy eating with their patients.

Good health services must be effective and affordable. We know that community-based primary care services are practical settings in which to promote healthy eating. However, until this review, we did not fully understand the costs of providing nutrition care as part of everyday practice. Costs could typically include both the upfront cost of providing care (e.g., time and resources), and longer-term costs associated with the use of health services and medication (e.g., cost of future doctors' visits). >

How much would it cost?

Researchers from the Healthy Primary Care team at Griffith University recently published a systematic review in Nutrition Reviews exploring the cost-effectiveness of nutrition care in community based primary care settings. Data on cost-effectiveness were collated based on the differences in cost and effect between nutrition advice and counselling compared to usual care. The results were interpreted using the cost-effectiveness plane (Figure 1).

The review included nine studies and showed that over 3-24 months, a person eating healthier may have fewer visits to health professionals, reduced medications, and feel more productive and able to better contribute to society. Eight of the nine studies reported that nutrition care was more effective and more costly than usual care (potentially cost effective). Being more costly than usual care is not surprising due to the increased labour and intervention materials costs. What was surprising was that costs fell below recommended thresholds for investment (Willingness-To-Pay thresholds) in six of nine studies, indicating that nutrition care in community based primary care settings may be worthy of investment. Cost effective strategies included: incorporating nutrition care in usual consultations, investing in technology that supports positive dietary behaviours between consultations, and funding for dietitians working in community based primary care.

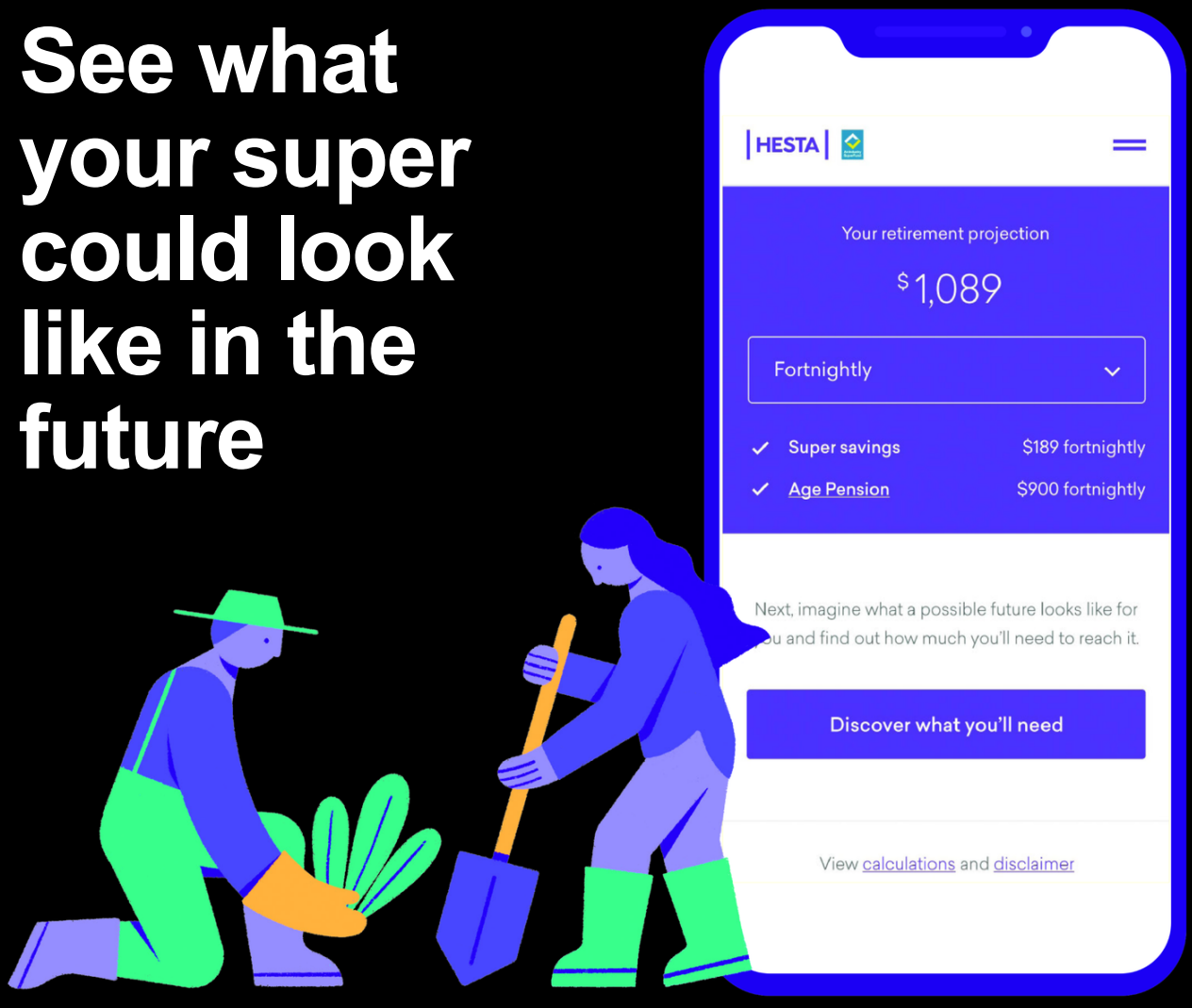
The review found that incorporating nutrition care into standard practice only costs marginally more than current health care. However, long term benefit of nutrition care was not clear, mostly because investment in preventive health strategies will have benefits that are felt across multiple aspects of health systems. The benefits of improving diet quality can take time to be noticed, and are widespread in nature. Benefits are shared by multiple parties including governments, general businesses, health insurance and services, and individual people through lower health care spending, and improved quality of life and economic productivity. However, widespread benefits mean that the upfront cost of supporting patients to eat healthy is not directly returned to one investor. It will be challenging to convince any party to invest in regular support for healthy eating without specific, timely, tangible benefits for specific investors

What would it cost to do nothing?

The cost of not investing in nutrition care will be felt mostly by individuals through poorer health outcomes and increased use of health services. Other costs will be felt both individually and societally through decreased quality of life and productivity, and increased healthcare spending.

Investment in health promotion, such as nutrition care, is worthwhile and community-based primary care is the ideal setting to ensure return on investment. Overall, this newly published review supports the notion that nutrition care as part of primary care is effective in the short term at improving health outcomes but requires upfront investment beyond usual care to ensure sustainable integration into everyday practice. As such, nutrition should be considered in primary care planning by governments and health care commissions. ha

See what your super could look like in the future



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ANDREW MASTERSON
Communications and Media Adviser, North Western Melbourne Primary Health Network

Saying ‘Goodbye COVID’ in a multitude of tongues

Language is so much more than just a set of words. It encapsulates entire modes of thought, cultural protocols, and ways of classifying the world and everything in it.

This means — as any linguist will confirm — translating messages from one language into another is much more complex than simply substituting letters.

And when it comes to encouraging people to take life-saving action by getting vaccinated against COVID-19, the exercise becomes far more than academic.

This was the challenge that faced the communications team of North Western Melbourne Primary Health Network (NWMPHN) earlier this year, when vaccines became available and the push to distribute them began.

NWMPHN encompasses 13 Local Government Areas containing more than 1.6 million people. Around 40% of them were born overseas, and about the same percentage speak a language other than English in the home. Both figures are significantly above the Victorian average.

The region also contains a very high number of settled refugees and asylum seekers.

The region has been the hardest hit in every wave of infections since the pandemic began. Large parts of the population are impacted by several identified risk factors. These include insecure casual employment in high-risk settings such as distribution centres, large families living under single roofs or in social housing, and people with chronic health conditions.

Across state and commonwealth platforms, vaccination messaging is rolled out overwhelmingly in English. It also takes a broad-brush approach that embodies mainstream cultural norms that are sometimes at odds with the mindsets and belief systems of Melbourne’s culturally and linguistically diverse (CALD) communities.

The need to reach some of these communities was self-evident and urgent. The question of how to do so was a more complex matter.

‘It was critically important that we produced material that not only resonated with CALD communities, but which set the right tone,’ explained NWMPHN’s CEO, Chris Carter.

‘The message was uniform — get vaccinated to protect your own health and that of your family, friends and community — but the wording was >

“A uniform script was then written and distributed to volunteer members of each target community with an invitation to not just translate it but to adapt it to reflect the language and precepts of the group.”

highly dependent on the target group. It was very important that the messaging grew out of each community, organically, instead of being imposed on it from outside.’

To achieve this, the project — dubbed ‘Goodbye COVID — identified the 20 most widely spoken languages other than English spoken in the catchment area. These included Arabic, Amharic, Dinka, Dari, Italian, Karen, Oromo, Punjabi, Turkish, Urdu and Vietnamese.

A uniform script was then written and distributed to volunteer members of each target community with an invitation to not just translate it but to adapt it to reflect the language and precepts of the group.

Members of the community were then invited to deliver the messages.

NWMPHN teamed up with Melbourne-based video production house Jasper Picture Company to produce a set of minute-long clips — each filmed in COVID-safe conditions.

The ‘Goodbye COVID’ series is designed to be extremely sharable, with versions optimised for Facebook, Instagram, LinkedIn, Twitter, YouTube and broadcast television.

‘The videos have been very well received by the community,’ said Chris. ‘They’ve been shared very widely on social media channels, replayed on languages-other-than-English radio, television and internet broadcast stations. They have also attracted coverage in many community newspapers.

‘So far, the videos have been viewed over half a million times — and, most importantly, we are receiving reports than vaccine uptake in the target communities is increasing. We’d like to think that this material has been a contributing factor there.’

The Goodbye COVID project followed a set of multilingual videos in 18 languages encouraging COVID-safe behaviour, that the Primary Health Network made in June 2020, just before Melbourne’s long lockdown, and then a batch of videos co-written with Cantonese, Mandarin, Dinka, Hindi and Vietnamese community members about looking after your mental health, released earlier this year.

NWMPHN has since been approached by other communities wishing to collaborate on more public health resources in other languages.

‘Creating multilingual videos is fiddly — translation is seldom smooth — but it’s so worthwhile when you see people respond, and get feedback that they’re stoked to see their peers and leaders communicating about COVID in their original language,’ Chris said. ha

You can view the Goodbye COVID videos here: nwmphn.org.au/GoodbyeCovid

Shining a light on the future of pharmacy

The Australia 2021 Pharmacy Forecast Report

What will the future look like for hospital pharmacy leaders and pharmacists across Australia? How can we invest in systems that will stand the test of time?

These questions and more are answered in the inaugural Australian Pharmacy Forecast Report 2021. The report explores the potential future challenges pharmacists will face, and also looks at the solutions and resources needed, to empower pharmacy leaders and decision-makers to be future-proofing their operations.

Developed by the Society of Hospital Pharmacists Australia (SHPA), with the support of Omnicell, the report has been informed by a diverse range of feedback from industry experts.

Omnicell's General Manager for the Asia Pacific region, Matt Hill, joined the panel of experts to provide an overview of the strategic insight included in the report.

'Omnicell is proud to support SHPA in this annual report to provide Australia's pharmacy executives strategic direction for pharmacy practice so they can navigate the changing healthcare landscape,' explained Matt.

'We want to support pharmacists with the best practices and latest thinking around innovation and the need to adapt. Following the fallout of the COVID-19 pandemic, this has never been more important. The forecast provides the opportunity for pharmacists to discuss the unique challenges they face and identify potential solutions.'

Russell Levy, Director of Pharmacy, Royal Prince Alfred Hospital, and Chair of the SHPA Pharmacy Forecast Advisory Committee, also said the report is essential for knowledge-sharing and future-proofing:

'It's vital that we start discussing what strategies we need for our hospitals to become smarter after a very difficult period for healthcare. There is a wealth of knowledge out there in Australia and it is important we harness that information and expertise and share it. The support we have had from Omnicell has helped us to create what will be a very valuable tool when it comes to shaping the future of pharmacy in Australia.'

The report aims to assist health system leaders in their strategic planning efforts, in their mission to provide optimal care for patients and advancing the profession of pharmacy.

The report is divided into six themes: Workforce of the future, Workforce resourcing, Reliability of supply, Medication complexity and access, Medication safety and Electronic revolution.

Empowering pharmacy leaders to be proactive in their planning:

While many of the identified themes will not be surprising, it's anticipated the recommendations will provide sound advice and guidance on how to approach issues common to many, thanks to the practical advice which has been given by the experts who advised on the report's content.

The purpose of the report is to encourage and support active and deliberate strategic planning in hospitals and health systems. It is intended to stimulate thinking and discussion, providing a starting point for individuals and teams who wish to proactively position themselves for potential future events and trends rather than be reactive when they occur.

A full copy of the report is available at:
www.shpa.org.au/PFA2021

Key recommendations from the report

Developed under the auspices of the Pharmacy Forecast Advisory Committee, the 25 recommendations of Pharmacy Forecast Australia 2021 include encouragement for pharmacy leaders to:

- identify barriers to implementing collaborative prescribing;
- advocate for increased pharmacy informatics roles that harness smart technology to inform safe systems;
- unite behind robust national system performance measures for pharmacy procurement;
- actively participate in discussions around policies and funding reforms that increase access and equity to medications;
- lead the transition to biosimilars by developing clear education and management processes;
- centralise medication safety in all workforce planning;
- invest in the ongoing professional development of hospital pharmacy technicians;
- advocate for closed-loop medication management systems; and
- increase the prevalence, safety and effectiveness of pharmacy telehealth services.

Addressing vaccine hesitancy in First Nations communities

Western Queensland PHN's Jibber Jabber campaign

Western Queensland Primary Health Network

"We wanted to focus more on ensuring people have access to the right information first before making a decision about the vaccine, so that patients are armed with all the facts and are clear about what getting the vaccine means for them, their family and the community."

With vaccination as the main line of defence against COVID-19, reports of vaccine hesitancy among vulnerable populations in rural and remote Queensland were concerning. To address this, Western Queensland Primary Health Network (WQPHN) who is responsible for facilitating the COVID vaccine roll-out in selected outback populations in Western Queensland, spearheaded the 'Jibber Jabber' to raise awareness about the importance of getting accurate information about vaccines from reliable sources.

While vaccine uptake among the general population has been good, WQPHN's Aboriginal and Torres Strait Islander health partners shared anecdotal reports of persisting vaccine hesitancy, with people concerned about the side effects and confused with the messages they were receiving from media, social media and other sources.

The 'Jibber Jabber' campaign encourages people to ignore the 'Jibber', defined as foolish or worthless talk, and instead talk to a 'Jabber', being someone who administers a COVID vaccine jab. The face of the campaign is Mount Isa doctor, Dr Marjad Page.

The campaign features a TV commercial with Dr Page encouraging people to come and see a 'Jabber' like him to discuss the vaccine.

'Through this media campaign we were encouraging our First Nations communities to have a yarn with their local health clinic, be it an Aboriginal Health Worker, regular GP or other practice staff in community. The concern for

Dr Majard Page preparing patient for COVID vaccine

community leaders was that the mixed messages and fearmongering that can spread by word-of-mouth or online, was very confusing for many individuals and families hence leading to hesitancy about getting vaccinated,' said WQPHN Chief Executive, Sandy Gillies.

Sandy, a Gunggari woman and Winton local, says it's important to approach this issue with a warm, welcoming tone. 'We've been careful not to be pushy about getting a jab as we know heavy-handed approaches don't work in First Nations communities or more broadly across our patch.'

'We wanted to focus more on ensuring people have access to the right information first before making a decision about the vaccine, so that patients are armed with all the facts and are clear about what getting the vaccine means for them, their family and the community.'

The Nukal Murra Alliance, a collaboration between key Aboriginal and Torres Strait Islander health services in Western Queensland and the WQPHN, was integral in providing the on-the-ground information and cultural intelligence that informed the campaign.

View the Jibber Jabber campaign resources at: www.wqphn.com.au/commissioning/nukal-murra-health-support-services/jibber-jabber

DON'T LISTEN TO THE JIBBER, GO SEE A JABBER

SIÂN SLADE
PhD Researcher,
The Nossal Institute of Global Health, Melbourne School of Population and Global Health

"Health challenges are almost always unanticipated, whether acute or chronic, leaving us vulnerable to a system when we are least prepared. "

Mind The Gap: Navigating Health

From Silos to Solutions

Furthering the themes of Value-Based Healthcare, Patient First, Leading Better Value Care and Beyond Covid-19 in our August edition, a two-part webinar series, Mind The Gap: Navigating Health was held in September 2021 sponsored by the Australian Disease Management Association (ADMA), the Consumers Health Forum and Melbourne School of Population and Global Health.

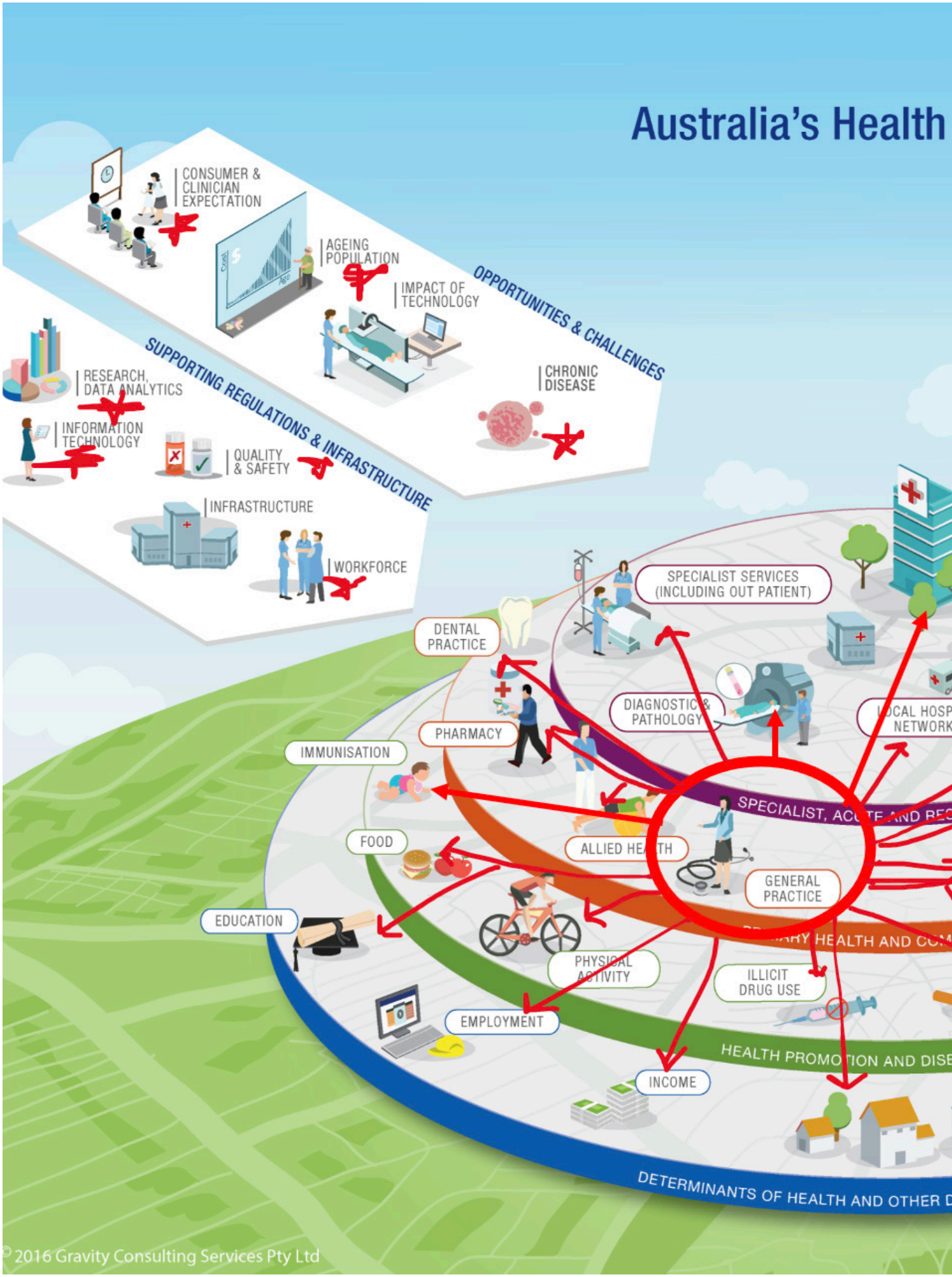
The London Underground map was the perfect backdrop for the webinars' theme, Mind the Gap: Navigating Health. Did you know that before the map was built the way to find your way round (including the cheapest fare) was to ask a policeman? This 'know-how' or word of mouth as to how to get things done, who to ask, where to go is familiar to us all in our fast-moving lives where services or people change. Health challenges are almost always unanticipated, whether acute or chronic, leaving us vulnerable to a system when we are least prepared.

Starting each webinar with a consumer/carer and practioner dyad, speakers from Queensland, Victoria, New South Wales and Tasmania provided vignettes from across the public and not-for-profit sectors in health, disability, and aged care. Whilst the challenges were acknowledged the conversation focus was on solutions and sharing local, state and national approaches. The intent? To kick-start a conversation about developing an Australian person-centred systems approach, moving from the talk to a system-wide walk.

Leanne Wells, CEO Consumers Health Forum opened the series highlighting the opportunity for navigators (connectors, link-workers) to address

system complexity. Leanne cited the recent Consumer Sentiment Survey results that 1 in 3 patients were unable to find the care they seek, whether this be in aged care, disability care, mental or physical health with the challenge further compounded by the jurisdictional silos of federal, state, local government, and community. Jane Crowe, a general practioner in Victoria in turn outlined the role of the GP in acting as a first-base navigator across the myriad of different services and highlighted the importance of relational care and trusted relationships to patients. David Bunker, CEO Brisbane Diamantina Health Partners, outlined with his professional journey as a health system leader and the duality of how this intersected with his personal journey as a parent entering the world of becoming a 'frequent flyer' of the many systems encountered. The emphasis was quite how hard the challenges associated with the gaps across the care continuum were; the community, primary, secondary, and quaternary healthcare, the transition from child to adult care and the gaps and coordination required between health, education and social services. Professor Peter Brooks, Research Lead, Northern Health reinforced the gaps encountered whether as a clinician, an academic, a patient. The imperatives of a future right-sized, right-skilled generalist primary and community health workforce were emphasised. Why? To enable delivery of the right care at the right time at the right price with the right team. And funded? Through eliminating the 30% low value care to resource funding a workforce of systems navigators and connectors in health and social care.

From the opening addresses, the webinars took the audience through case-study vignettes as a person-centred journey starting with what happens when childhood development delays are identified, the diagnostic odyssey and learning about the National Disability Insurance Scheme through Alison Davies, Executive Officer, Better Health North East Melbourne and Heather Renton, CEO and founder of Syndromes Without A Name. Robert O'Leary, Being Herd Program Manager at Batyr, described the challenges of mental health as 'the elephant in the room' and discussed the importance of building capacity and community support through stigma reduction and lived-experience storytelling. Geri McDonald, Director of Wellbeing and Prevention at the Peter MacCallum Cancer Centre, described the evidence-based role of cancer navigators in helping people manage a cancer diagnosis, including as part of complex chronic disease. In specifically addressing pathways, Julia Brancato, Project Co-ordinator at Cancer Council Victoria, described the Optimal Care Pathways (healthcare professional and patient versions) across cancer types so patients could know what to expect. These have also been adopted into many of the Health Pathways used by PHNs and GPs across Australia. Moving through the life course, Andrew Clark, Project Manager My Aged Care at Council of the Ageing (COTA), described the aged care navigation trial and subsequent program to enable and support access through My Aged Care. Di Webb, Health Literacy Program Lead at the Department of Health in Tasmania, outlined The Right Place initiative started in the Huon Valley supported by initial funding from the Tasmanian Primary Health Network. This has now extended across Tasmania. Silva Nazaretian, Access, Equity and Diversity Manager at Enliven Victoria outlined the pivotal role of the bicultural community champions through the Covid-19 pandemic and the imperatives of trust, training, support, communication and collaborative partnerships. >


Australia's Health
CONSUMER & CLINICIAN EXPECTATION
AGEING POPULATION
IMPACT OF TECHNOLOGY
CHRONIC DISEASE
RESEARCH, DATA ANALYTICS
INFORMATION TECHNOLOGY
QUALITY & SAFETY
INFRASTRUCTURE
WORKFORCE
OPPORTUNITIES & CHALLENGES
SUPPORTING REGULATIONS & INFRASTRUCTURE
SPECIALIST SERVICES (INCLUDING OUT PATIENT)
DENTAL PRACTICE
DIAGNOSTIC & PATHOLOGY
PHARMACY
IMMUNISATION
FOOD
ALLIED HEALTH
GENERAL PRACTICE
EDUCATION
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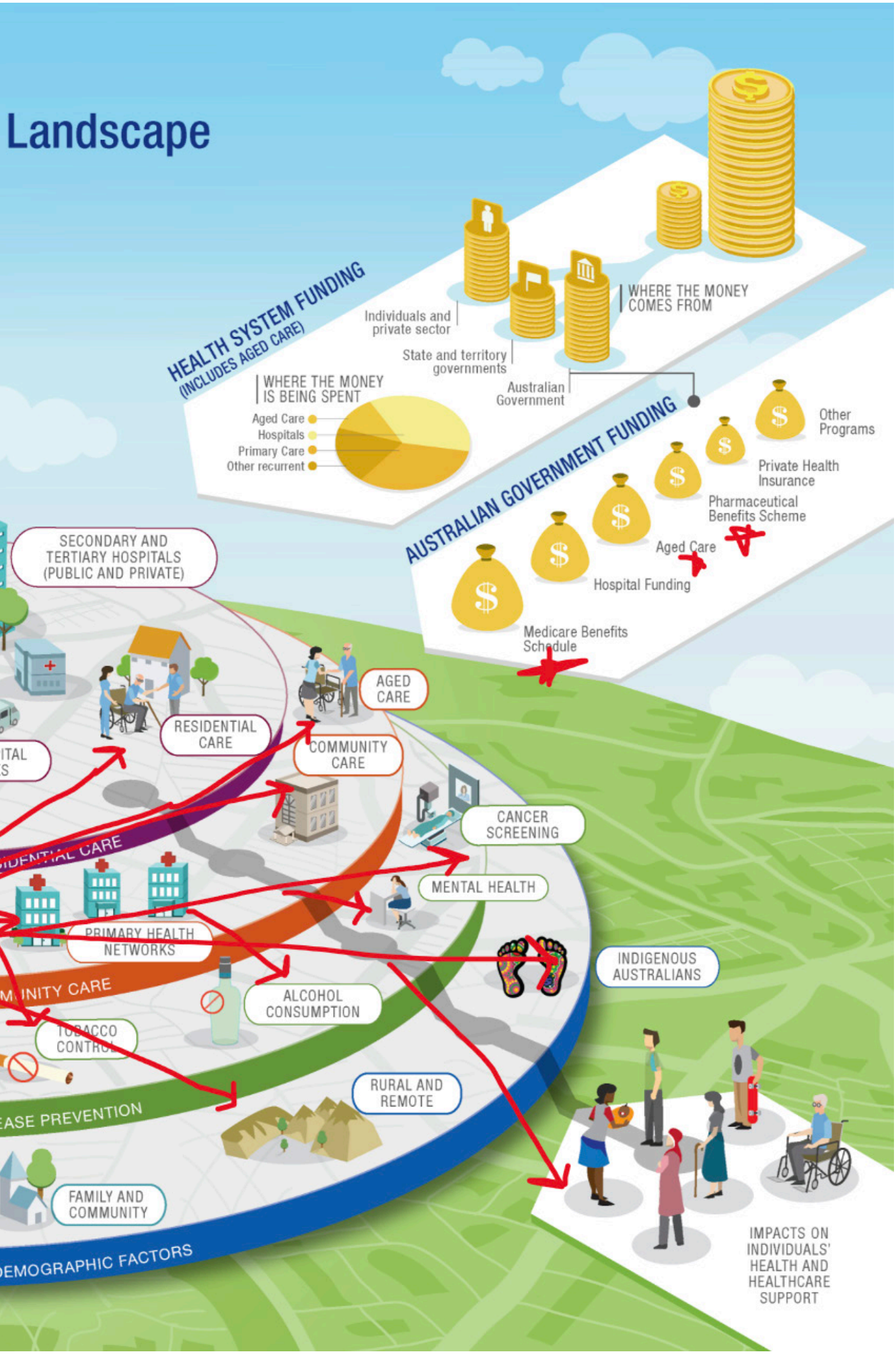

Navigating the Australian Health System (Source: DoH website)

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Emma Craig, Director Client Services at Dementia Australia concluded the webinar presentations noting that almost 500,000 Australians are living with dementia, including 25,000 of those with younger onset dementia. Additional dementia-specific challenges include delay in diagnosis (up to 3 years) and stigma. Emma highlighted Dementia Australia's focus on providing support to individuals, couples and families.

Health is a complex system and as highlighted, interacts with many other systems such as disability, aged care and education. We need to address both the challenges of navigating in silos to solutions across systems and adopt a person-centred systems-thinking mindset. We are not defined by disease, ability, or age, we are people. Let's not pretend to deliver person-centred care if we don't have person-centred systems. Navigation as a solution is not new. Change takes time. Harold Freeman first showed the benefit of patient navigators in cancer outcomes in the late 70s in the US, it took over 20 years to lead to legislative change. In parallel, Canada and the UK have adopted similar approaches. The UK have developed a highly connected competency-based model of care navigators and link-workers with a national strategy of repivoting the existing biomedical model to a biopsychosocial approach. The aim? To build capacity across health and social care in line with a WHO 1948 definition of health.

A national solutions-focused system-level conversation needs to start somewhere. With all the challenges of the pandemic, we all need to act differently. We need to work together and have a vision and values about person-centred connection. The first step is to acknowledge the challenges and make the many solutions that are happening or planned visible. We then need to connect them up. Our objective is to build a collaboration of the interested, the passionate and the willing. If this is you, please contact Kaylene Ryan at ADMA to join the Navigating Health Community to develop a stimulus paper and be part of national roundtable in February 2022. ha

The next wave of telehealth innovation

Extending the boundaries of specialist telehealth with emergency telemedicine **My Emergency Doctor**

Telehealth has truly come to the fore amidst COVID-19, and what has accelerated is a new horizon of telemedical support in specialities. For one telemedicine provider, My Emergency Doctor (MED), telehealth as a speciality is their core business, well prior to COVID. Since 2016, they have been addressing challenges pervasive in the emergency department by extending the potential of telehealth in innovative ways.

Vital lifeline to a community for critical care cases

In the Critical Care Advisory Service (CCAS) of Murrumbidgee Local Health District (MLHD), emergency telemedicine is utilised in providing rapid access to specialist support for the most urgent of cases across its 29 regional, rural and remote multipurpose sites.

When a Category 1 or 2 case presents at any of MLHD's sites, a priority call quickly connects to MED's emergency specialist via video to a remote-controllable critical care overbed camera network with relay of any available patient information. Working alongside the doctors and nurses on the ground to assess the patient and develop a management plan, the remote emergency specialist helps identify appropriate investigations and if required discuss transfer requirements.

As a result, patients can often be better stabilised on-site before being transferred if necessary. This means better outcomes for patients while decreasing the time and resources needed in medical retrieval.

Viable means of providing regional and rural Australia access to specialists

Dr Justin Bowra, founder of My Emergency Doctor (MED) provided a perspective at the recent Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services >

in Rural, Regional and Remote NSW on the use of the telehealth in specialities such as emergency telehealth and other specialties as a complementary solution for hospitals and healthcare providers to extend and enhance access to healthcare to regional and rural communities in Australia.

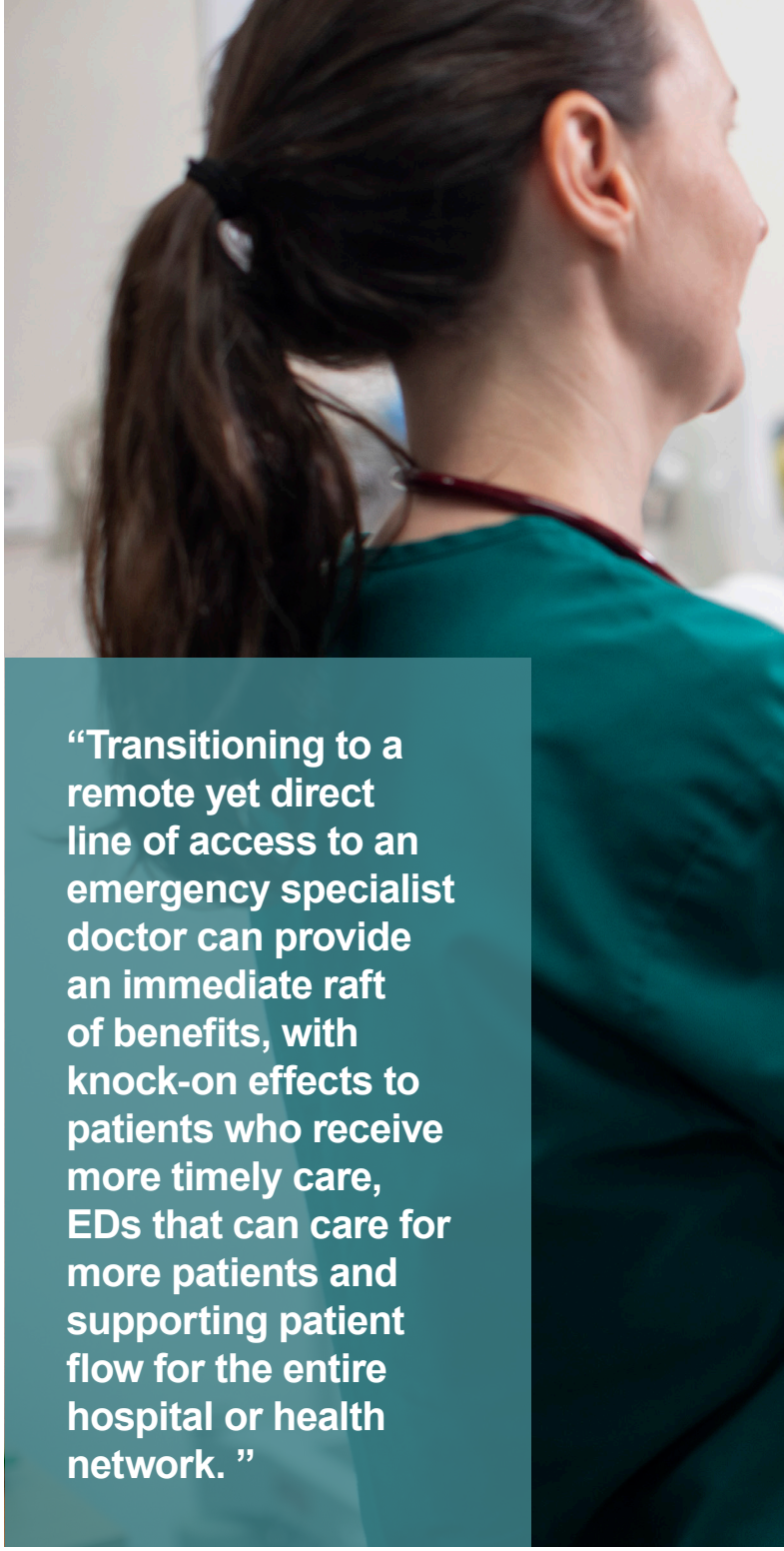
Emergency telemedicine can work in synergy supporting frontline healthcare workers on the ground in creating a more balanced and sustainable workplace environment with the aim of lifting the quality of care to treat the most critical patients and manage peaks in demand whilst also trying not to stretch overworked staff.

The viability of some of these applications of emergency telemedicine has seen the team at MED service over 70,000 consultations to date, of which over 70% has been managed in situ — meaning the patient did not require an ambulance call out or present themselves to an emergency department.

Rethinking telehealth for turnkey solution to resourcing surges in demand

My Emergency Doctor's engagement within Australia's community of healthcare indicated that one of the biggest challenges faced is pressure on emergency department staff during peak demand periods — or on the flip side, the pressure that arises from staff shortages due to sickness or attrition. It's an ongoing challenge and addressing it has required a re-imagining of telehealth application, one of which has been in the management of patients triaged for less urgent treatment.

Transitioning to a remote yet direct line of access to an emergency specialist doctor can provide an immediate raft of benefits, with knock-on effects to patients who receive more timely care, EDs that can care for more patients and supporting patient flow for the entire hospital or health network.



"Transitioning to a remote yet direct line of access to an emergency specialist doctor can provide an immediate raft of benefits, with knock-on effects to patients who receive more timely care, EDs that can care for more patients and supporting patient flow for the entire hospital or health network. "

Using telehealth to complement the onsite team adds capacity to support those periods of elevated demand, relieves staff on the ground so that they can focus on those more urgent and acute cases, which permits ED to improve their treatment time, creating beds in the department and allowing ambulance transfers to happen in more timely ways.

Many more patients could be seen in minutes rather than hours and are less likely to leave the ED without treatment.

For today, and for tomorrow

Today, MED is Australia's leading emergency telemedicine service, with a team of highly experienced, Australian-trained emergency specialists providing 24/7 video and phone support to hospitals, regional health services, ambulance services, primary health networks, aged care facilities and individual patients across the nation.

They have found telehealth solutions can be turnkey yet flexible, complementing the work of Australia's healthcare providers. At a time in which perennial sector-wide staff shortages are being exacerbated by the impacts of COVID, it's a powerful tool in the healthcare provider's toolkit. ha

Delivering greater value to patients in primary care through a **digital patient-reported outcomes program**

An interdisciplinary approach to delivering patient-focused primary care
The Clinician and Brellah Medical Centre

With healthcare delivery having traditionally been centred around clinical process measures and volume, there is growing momentum for a shift to value that places the focus on delivering outcomes that matter most to patients.

By placing the focus of care delivery on each patient's unique health status and the outcome domains that really matter, such as quality of life, pain, functional ability, and emotional wellbeing, numerous benefits are achieved including better patient-provider communication, enhanced shared decision-making, improved patient satisfaction, and overall better health outcomes.

However, despite its utility, the limited use of patient-reported outcomes highlights the challenges of collecting, integrating and using this critical health data.

One centre embarking on a journey to deliver greater value to its patients is Brellah Medical Centre in NSW. Brellah Medical Centre is an integrated health medical centre where different health professionals work alongside each other under one roof.

Brellah Medical Centre opened in 2020 to provide a collaborative care approach where patients work alongside an in-house interdisciplinary team including experienced specialists, exercise and diet professionals to achieve their personal health goals. This enables patients to access the right people at the right time, no matter what healthcare journey they are on. Healthcare team members can refer patients in-house, thereby reducing fragmentation and streamlining the

patient's ability to access high-quality care.
As part of their efforts to coordinate care delivery in line with value-based care models, Brellah has initiated a digital transformation project to bring the patient's voice into routine care.

A data-driven approach to measuring and delivering value

Brellah Medical Centre recently entered a collaboration with digital health company The Clinician to help measure and deliver greater value to patients through the implementation of a digital patient-reported outcomes program. The Clinician is the provider of the cloud-based ZEDOC platform, which facilitates the collection of both subjective patient-reported health outcomes data, as well as objective wearables and medical device data, enabling clinicians to monitor, connect and automate care at every step in the patient journey. Clinicians are then able to view results in real-time to support clinical decision-making and understand the patient's care journey. As one of the first medical centres in Australia to incorporate a fully digital patient-reported outcome and experience measures (PROMs and PREMs) program, Brellah, in collaboration with The Clinician, are striving to revolutionise the way primary care is measured and delivered. The team believes that data-driven, value-based, collaborative care is the answer to better health outcomes, with patient-reported health data at its centre. >

Defining the what, when, and how of patient-reported outcomes collection

The Brellah team uses ZEDOC to measure what matters most to patients through the digital collection of PROMs and PREMs. PROMs are validated health assessments that capture health outcome domains such as quality of life, symptom severity, physical function and emotional wellbeing. These patient-centric health measures enable the impact of disease, treatment, and side effects from the patient's perspective to be captured, calculated and monitored at different points in time. PREMs ask patients about their experience while receiving care, enabling healthcare providers to understand the strengths and weaknesses of care delivery and address any improvements that could be made to the patient journey.

"In order to capture meaningful, actionable data, it is important to select the measures that are the most appropriate for the specific clinical context."

Together, PROMs and PREMs can be used to assess the quality of care provided, drive continuous improvement, and achieve better outcomes for the patient. In order to capture meaningful, actionable data, it is important to select the measures that are the most appropriate for the specific clinical context. Brellah and The Clinician have launched their first digital care pathway in the general practice space where a validated primary care-specific questionnaire is administered to patients at regular intervals to monitor the progress of their health outcomes and experience. The collection schedule is another key aspect of delivering PROMs/PREMs effectively to ensure any key changes in patients can be identified. By gaining a more holistic view of each patient, health professionals are able to work together with patients to create a personalised treatment plan and address physical, mental, and emotional health needs.

Expanding the Development of Digital Care Pathways

Building on the work of measuring and delivering greater value to patients in the primary care setting, Brellah and The Clinician are combining forces to develop additional care pathways for dementia, metabolic health, cardiology, and cancer care. By creating and implementing these condition-specific digital care pathways, patients can access coordinated, virtually-enabled care that monitors, engages and supports them along their unique healthcare journeys. Within these structured care journeys patients are empowered to work with the care team to co-design treatment plans, share their perspective on their own health outcomes and experiences, and help the clinic to improve their care delivery by better understanding and managing their expectations. The Dementia Exercise Program has a number of exciting developments with several research projects being conducted to better understand how digital platforms like ZEDOC and wearables such as smartwatches can be used to improve rehabilitation and patient monitoring in dementia care.

By bringing together Brellah's integrated healthcare model and The Clinician's ZEDOC platform for managing patient-reported health outcomes, a new way to measure and deliver care is being developed to improve health outcomes while lowering costs and reducing the administrative burden typically associated with the management of this critical health data using paper, spreadsheets, or rudimentary survey tools. ha

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"For many years medication errors were the second most frequently reported incident type after falls in Australian hospitals."

Improving medication safety in the Australian hospital sector

Med+Safe®: A cost effective, evidence-based solution for improved patient safety

Improving Medication Safety in the Australian Clinical Setting

Medication Safety is a global phenomenon. On the 29th March 2017, the World Health Organization launched an initiative to reduce severe avoidable medication-associated harm in all countries by 50% within five years.

The Australian Commission on Safety and Quality in Health Care has identified Medication Safety as one of the eight National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

Specifically, the intention of this Medication Safety standard is to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. The standard also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

For many years medication errors were the second most frequently reported incident type after falls in Australian hospitals. Medication errors accounted for a quarter of all incidents in Australia's public hospitals. 20% of errors resulted in some degree of harm to patients and 3% resulted in significant harm.[1] By 2013 medication administration had

become associated with more errors and adverse events than any other aspect of health care.[2]

Overdose and omissions are the most common types of medication incidents reported in Australian public hospitals, with analgesics and anticoagulants the most implicated.[3] Dose errors are the second most common type of medication error and in paediatric settings are the most common type of error.[4]

A large study conducted in NSW reported error rates occurring as a result of any type of intravenous medication administration[5], while another study reported 10% of deaths resulted from administration via the wrong route.[6]

Procedural errors occurred in 74% of administrations, while clinical errors occurred in 70% of administrations.[2] Over 33% of reported medication errors in WA in 2010 were caused by a failure to follow policy and procedure.[7]

While errors can lead to adverse events for patients, they are also a burden to the healthcare system. Medication errors in Australia cost over $680 million per year, whilst medication related admissions cost $1.2 billion per year.[3, 15]

Overall, it is estimated that 50% of hospital admissions due to medication errors are considered potentially avoidable.[8] >

"The e-learning solution uses 2D simulation to reinforce correct practice, guiding the clinician through the process of administering medicines safely in various environments."

Will improved education help?

Medication errors are complex and broad. The natural questions that arise are: can we reduce medication errors, and if so, how?

Academic detailing refers to an educational approach based on principles of communications theory and behavioural change. Two studies to date have proven effectiveness in reducing errors, whilst recognising that further controlled studies are required.

A study in NSW showed that academic detailing reduced prescription errors for (drugs of addiction/ Schedule [8] medications) in the hospital setting, with error rates cut from 41% to 24%.[9] A Melbourne teaching hospital study demonstrated that an educational intervention to reduce the use of "error prone prescribing abbreviations" in an Emergency Department decreased errors from 31.8% to 18.7%.[10]

A Victorian study surveyed Registered Nurses employed in regional hospitals, with 29% of respondents citing a need for further education. Indeed 'need for further training in medication administration' was cited as the highest contributing factor to error.[11] It is argued that institutions must seek to acquire knowledge about error prone situations and identify variables associated with them in an attempt to change systems and reduce future events.[12]

In Australia, the formation of the Australian Commission on Safety and Quality in Health Care (ACSQHC) has provided leadership to all hospitals. Health Services are now measured against the Medication Safety Standard of the National Safety and Quality Health Service Standards which came into effect on January 1st 2013.[13]

Med+Safe® is a cost-effective e-learning solution in medication safety that can be used organisation wide and has been cited in association with a 37% reduction in medication related sentinel events by Healthscope in its 2018 sustainability report.[14]

The e-learning solution uses 2D simulation to reinforce correct practice, guiding the clinician through the process of administering medicines safely in various environments. It builds on the philosophy that engaging realistic simulation can achieve more effective outcomes than traditional online learning.

Med+Safe® works collaboratively with the Australian hospital sector obtaining de-identified data about actual errors, and how and why they occurred. Content includes dosage calculations, "rights" of medication safety, reconstituted medicines and clinical case studies that require demonstration of analytical and critical thinking skills. Over 90% of Australian universities offering the Bachelor of Nursing program use Med+Safe® part of their training. ha

To learn more about Med+Safe® click here.

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