

# Getting better faster



Delivering a Healthy WA

Ambulatory Care Newsletter

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## Princess Margaret Hospital helping kids stay home this winter

As the need for hospital beds increases this winter season, two programs at Princess Margaret Hospital for Children (PMH) will help reduce demand. The Hospital in the Home (HITH) program and the hospital's daystay facility provide an opportunity for children to avoid becoming inpatients, reducing stress and upheaval on their families.

An alternative to a hospital inpatient stay, HITH allows children to receive necessary medical treatment in the comfort of their own home. Patients can be referred to HITH from the PMH emergency department, outpatient clinics or ward areas. Experienced nurses conduct home visits up to three times per day and a 24 hour telephone line is available for families if questions or concerns arise.

Leanne Owens, mother to 12-year-old Emily, said she really appreciated the HITH service because it allowed her daughter to receive treatment for a bone infection at home.

"Nurses have been coming to our home, morning and night, for the past six weeks to administer intravenous antibiotics," Leanne said.

"The nurses have been wonderful and really helpful."

Nursing Director of Ambulatory Care Sue Peter, said HITH offered convenience for patients and their families and also helped reduce demand for hospital beds by treating children at home when possible.

The PMH daystay facility also helps reduce the number of children who become hospital inpatients by providing an area for same-day care. The facility benefits patients that do not require overnight observations, monitoring or treatments and allows for patients in the HITH program to be reviewed.

"Daystay increases the availability and improves utilisation of inpatient beds, by treating children who can receive same-day care in a versatile facility versus a ward," Sue said.

In 2007 HITH received 241 referrals and provided the equivalent of 2,848 hospital bed days, which is an average of eight beds a day. Recent data shows that HITH received 149 referrals between January and April 2008, providing 10 beds a day. Since it opened in June 2007, 1,609 patients have received care at the daystay facility. Demand for these two programs continues to grow.

For more information about HITH or daystay please call (08) 9340 8379.



Emily Owens with Dr David Burgner.

## Message from the Editor

Winter presents a significant challenge for many Western Australians - to stay healthy and to manage winter-related illnesses. The 'coughs and colds season' has a significant impact on those who are sick, their carers and our busy health services.

This edition of *Getting Better Faster* features a number of people and services that are making a considerable

difference to the health of our community, by helping Western Australians manage their health, maintain their independence and stay out of hospital this winter. You can find out about all the ambulatory care services available across the State by using our new services directory 'GetHealth' (see page 12).

## Community Physiotherapy Services helping people get 'Back to Activity'

By Alison Hamersley

Senior Physiotherapist, Community Physiotherapy Services, North Metropolitan Area Health Service



Alan Johns with physiotherapist Louise Trent.

initial review, during which time their symptoms often worsened. CPS was approached to run a community-based

Community Physiotherapy Service's latest self management initiative - the Back to Activity program - is the result of collaboration between staff at Community Physiotherapy Services (CPS) and Sir Charles Gairdner Hospital (SCGH). The program is designed to help people with chronic back pain better manage their symptoms.

Jan Mountford, a physiotherapist involved with SCGH's Pain Clinic, observed that individuals referred to the clinic were faced with a substantial waiting time before their

self management program to assist clients on the pain clinic's waiting list to maintain their function. Back to Activity groups were subsequently launched in Heathridge and Armadale in July 2007, with eight to ten participants per group.

The nine-week program involves two sessions a week. During one of the sessions clients participate in a graded exercise program supervised by a physiotherapist. In the other session, facilitated by an occupational therapist, clients discuss ways to manage their symptoms so that they can continue their everyday routines.

More than 55 clients are either currently enrolled or have completed the Back to Activity program.

Clients have reported that attending the program has given them greater insight into their back problem. They have become more aware of their own capabilities, which has helped them better manage their symptoms.

Participant Alan Johns said: "I've been more mobile since starting the group - when I first came along it was difficult for me to get onto the floor to do the exercises, but that's getting easier now."

Participants for the Back to Activity groups are drawn from waiting lists at SCGH's pain clinic and other referrers such as GPs and physiotherapists. The Heathridge and Armadale groups are now into their fourth programs, and another program commenced at Curtin University in May 2008.

CPS is a metropolitan wide service, which provides 180 physical activity and education groups a week. Through these classes, CPS helps 2000-3000 clients a week.

If you wish to refer a client to the 'Back to Activity' program please contact Community Physiotherapy Services on telephone (08) 9224 1783.

## WOW Week empowering women to achieve better health

By Vilma Palacios

Women on Wellness (WOW) Week 2008 encouraged and empowered women of all ages and backgrounds to get healthy. Events promoted physical activity, healthy eating, health check-ups, maintaining a balanced social life and avoiding smoking, binge eating and drinking.



Jane Jones, Derbarl Yerrigan Health Services.

Aboriginal women were involved in leadership roles for the launch and celebration of WOW Week 2008, which acknowledged the importance of making Aboriginal health everybody's business and encouraged the participation of Aboriginal communities in self-help and healing programs.

A large number of women participated in the activities and displays, held across Western Australia. For example, Hedland Women's Health Service reported 798 participants. The event ran from May 4-10.

According to a 2006 report<sup>1</sup>, 43 per cent of WA women aged over 16 years are overweight or obese, often due to physical inactivity. Physical inactivity is second only to tobacco as a single cause of disease in women, contributing to the risk of developing heart disease, high blood pressure, high cholesterol, diabetes and obesity.

WOW Week aims to empower women to take steps towards a longer, healthier and happier life by learning and practicing how to reduce health risks.

WOW Week included the launch of Alana's Project - a domestic violence prevention program in memory of Alana, who lost her life to domestic violence. The project was conceived and coordinated by Jane



Jane Maton, Coordinator of Alana's Project.

Maton, Alana's best friend. Alana's Project includes tree planting as an environmental memorial, to represent lives lost by victims of domestic violence.

Alana's parents were presented with the first seedling of the project's tree planting by Dr Amanda Frazer, Area Executive Director Women's and Newborn Health, and Ros Elmes, A/Executive Director Public Health and Ambulatory Care (NMAHS). Dr Frazer officially launched WOW Week.

Leanne Pilkington, chairperson of the WOW working party, said family and domestic violence was the leading contributor to preventable deaths of women in Western Australia.

"A 2005 report by the Australian Institute of Criminology found 49 per cent of female homicide victims were killed as a result of a domestic altercation," she said.

"That's a terrible statistic and one we want to turn around by promoting positive strategies for women and increased community support for victims, perpetrators and their families."

The WOW steering committee represents over 40 organisations and promotes and supports women's health initiatives throughout the year.



Alana's parents with Ros Elmes (second left) and Amanda Frazer (right).

If you would like further information on WOW, please contact:  
Vilma Palacios  
Coordinator Health Promotion  
Public Health Unit  
North Metropolitan Area Health Service  
(08) 9224 1606 or [vilma.palacios@health.wa.gov.au](mailto:vilma.palacios@health.wa.gov.au)  
Women's Domestic Violence Helpline (24 hours)  
(08) 9223 1188 / 1800 007 339

### References:

1. Be Active WA. Premier's Physical Activity Taskforce - Physical Activity Levels of Western Australian Adults, 2006.

## Self management for long-term health conditions

By Karen Bischoff

Self management offers people with long-term health conditions the knowledge, skills and resources to help them better manage their health and health care.

The self management approach:

- Emphasises the person's central role in managing their own health
- Offers various self management strategies including assessment, goal setting, problem solving and follow-up
- Links people to personal and community resources.

People with chronic or long-term health conditions may face ongoing challenges with their lifestyles, relationships and futures. Self management can assist them to take care of their illnesses, carry on normal activities and manage emotional changes such as anger and uncertainty brought about by having the condition.

Self management programs can be generic or condition specific. In both cases participants gain skills to become actively involved in managing their health. Condition specific programs also educate participants about the condition, as well as specific techniques to manage the condition.

As part of the Australian Better Health Initiative (ABHI), self management workshops are being offered to assist people with long-term health conditions learn ways to self manage their conditions and take charge of their lives. ABHI is a joint Australian, State and Territory Government initiative that aims to refocus the health system to promote good health and reduce the burden of chronic disease.



*Canning Division of GP self management workshop participants.*

Many other health agencies also offer self management workshops, particularly condition specific workshops and support. As part of the ABHI Self Management project, a directory of self management services will be compiled over the coming months.

This edition of *Getting Better Faster* describes several self management programs.

For more information about the ABHI Western Australian Strategy for Self Management, please contact the program coordinator for your area:

**Campbell Anderson** - South Metropolitan Area Health Service  
(08) 9258 7899      campbell.anderson@health.wa.gov.au

**Karen Bischoff** - North Metropolitan Area Health Service  
(08) 9346 4110      karen.bischoff@health.wa.gov.au

**Genevieve Stone** - WA Country Health Service  
(08) 9781 2352      genevieve.stone@health.wa.gov.au

## WA forum on self management

An invitation is extended to health professionals, managers, consumers and other stakeholders interested in chronic disease self management (CDSM) to attend and/or present at a forum in Perth, Western Australia on 19 September 2008.

The forum aims to increase participants' awareness of self management programs in WA. It will include:

- Presentations by CDSM providers
- Workshops to share ideas and solve common issues
- An opportunity to provide input into a WA CDSM Strategy
- Formal and informal networking
- Discussion about the possibility of establishing a Self Management Alliance or Reference Group in WA.

The broader objective of organising the WA CDSM Forum is to build stronger partnerships and networks between government, private and non-government providers and the community.

Participants are also invited to join a delegation from WA attending the International Congress on CDSM in November 2008. This congress is being held in Melbourne by the University of Melbourne's Centre for Rheumatic Diseases (refer to <http://www.cdsm2008.com/>).

To register for the WA Self Management Forum and/or the WA delegation to the CDSM Congress in Melbourne, please contact Kerry Stewart by email [healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au) or phone (08) 9489 2800.

## Living life well with a chronic condition

By Jesse Pearse, Chronic Disease Project Officer, Fremantle GP Network

The GP Networks are helping people with long-term health conditions to become actively involved in managing their health, thereby increasing their self confidence and quality of life. They are achieving this by providing self management workshops across the Perth metropolitan and Mandurah areas. Anyone with a long-term health condition, their carers, partners and families are invited to attend.

Participants have a range of conditions and the workshops focus on general skills to assist people to take charge of their lives, rather than specific information about the participant's condition.

Participants gain knowledge that assists them to lead a healthier lifestyle and increase their ability to socialise. The skills acquired help them to better manage symptoms and increase control over long-term health issues.

Overall, this may reduce the number of trips they need to make to hospital.

Earlier this year, Fremantle GP Network staff attended the leaders training course delivered by the Canning Division of General Practice. The Fremantle GP Network then began promoting the self management workshops to general practices, local health care providers and the public. The Fremantle GP Network has completed two workshops and has another three planned before September 2008.

Jill has chronic arthritis and heard about the course from her general practitioner. After a phone call to the Fremantle GP Network, she booked into a suitable course close to her home. Jill's condition had prevented her from doing many daily activities other people take for granted. As a result, she had become unmotivated, disengaged from friends and family and suffered from depression.

"The Living Life with Chronic Conditions workshop was fantastic!" she said.

"I was really surprised to get so much out of the course. The knowledge I gained from the workshop has enabled me to take more control of my life by providing me with the skills to better self manage my condition."

"I found the leaders to be very friendly and the informal environment of the group to be very beneficial. I would recommend the course to anyone who would like to learn to better help themselves."

The Osborne GP Network has received similar feedback. Participant Liam Cosgrave, 82, said he had benefited enormously from the group.

"I've been practicing the breathing exercises and hope that these will be helpful as winter approaches," he said.

"The physical exercises and muscle relaxations have been very good for me also."

To date there has been strong demand for the workshops and some may have a waiting period.

The GP Networks have received funding to deliver the workshops through the Australian Better Health Initiative.

For more information about the program please contact:

Osborne GP Network	(08) 9201 0044
Canning Division of GP	(08) 9458 0505
Perth Primary Care Network	(08) 9376 9201
Mandurah - GP Down South	(08) 9581 3352
Rockingham - Kwinana Division of GP	(08) 9236 7773
Fremantle GP Network	(08) 9319 0555



Anna Hughes, Daniele Scali-McGrath (trainer), Anthony Hughes and Patricia Macey.

## 'Living with Diabetes' program supporting happier, healthier lives

By Randy Baker, Living With Diabetes Coordinator, Diabetes WA

Living with Diabetes is a self management program that provides up-to-date information about type 2 diabetes, its treatment and management, as well as practical tips on how to reduce the risk of serious health consequences.

As part of an initiative to educate more people than ever before, Diabetes WA is offering Living with Diabetes at a number of locations across the Perth Metropolitan area - including Armadale, Forrestfield, Midland, Mirrabooka, South Perth, Spearwood, Subiaco and Yanchep.

"Research has shown that group education can have an outstanding effect on the health of people with type 2 diabetes and in our experience, we certainly agree," Diabetes WA Chief Executive Officer Liz Kerrigan Benson said.

"People who regularly take part in group education and support sessions have a much better health outlook than those who go it alone, which is why we're taking our program on the road and making it easier for people to access this amazing tool."

Kylie Connor is a diabetes nurse educator who facilitates Living With Diabetes in Spearwood. She has presented diabetes group education for more than 10 years. Kylie has a personal motivation for helping people with diabetes as she, along with members of her close family, live with the condition.

"Having to manage diabetes myself, I can understand exactly what people go through from diagnosis to lifetime management and I know that Living With Diabetes can really help people with type 2 diabetes," Kylie said. "I am constantly rewarded in presenting these programs, especially when I see people who have been newly diagnosed feel more confident as they learn more about type 2 diabetes and how to live happy, healthy lives."

Participant Jan Lord previously associated winter with staying indoors and getting unhealthier. Since completing Living with Diabetes she has found a new lease on life during the cold and flu season.

"I can still exercise, eat low fat, low GI warm winter meals that satisfy me for longer periods of time, and at the first sign of a cold, take care to monitor my glucose levels and take precautionary measures," she said.

"Before, I never did those things - I now look forward to exercise of some sort, exploring different foods and taking better care of my health."

Living with Diabetes is a six-week program open to anyone with type 2 diabetes and family members of people living with the condition. Classes are held once a week. The program is free to National Diabetes Services Scheme registrants, while people not registered on the scheme will pay \$50 per person, or \$35 for concession holders.

For more information please visit [www.diabeteswa.com.au](http://www.diabeteswa.com.au) or call Diabetes WA on 1300 136 588.



*Living with Diabetes participant Jan Lord with facilitator Kylie Connor*

## Reducing hospital trips for aged care facility residents

By Brian Piercy



*Outreach clinical nurse consultants Carol Douglas (left), Gail King (second right) and Mary Ivey (right), with Rachelle Gould (second left) from McKesson Asia Pacific*

The Residential Care Line (RCL) is a 24-hour, seven-day-a-week triage and advice line for Residential Aged Care Facilities (RACFs). It also provides a specialist nursing outreach service and linkages to allied health services. This means that when a resident is unwell, care can often be delivered at their bedside - avoiding a trip to hospital. The aim of the RCL is to prevent avoidable hospital emergency department presentations and hospital admissions from RACFs, improving the quality of life for residents.

The RCL supports the role of the GP as the medical manager of the resident, and the successful management of patients is based on collaboration between the RCL, GP and RACF staff.

When an RACF and GP have assessed a resident and decide to call the RCL, a specialist nurse at the RCL call centre managed by McKesson Asia Pacific provides advice and recommends a course of action. This may include referral to an outreach nurse and access to other specialist and allied health services. The outreach nurse provides information, consultation and facility visits as required.

Mrs B, a 79-year-old woman living in an RACF, developed a chest infection with associated shortness of breath, fever, lethargy and cough. The GP requested that the aged care facility contact the RCL. Following the call, an RCL outreach nurse visited the RACF. The nurse, GP and

facility staff then collaborated to develop a care plan for Mrs B. A higher level of care was maintained for a short period, including RCL support visits and treatment by a physiotherapist. The outreach nurse provided hostel staff with targeted education and support. Mrs B was able to stay at the hostel and recovered over the week.

Prior to the establishment of the RCL, this elderly resident would have been taken to hospital - meaning a disruptive and most likely distressing transfer from her nursing home to an emergency department.

Since starting in 2004 the RCL has grown to become a metropolitan

wide service, with all nursing homes and hostels in Perth having access to the triage line and outreach service. During 2006/07 the RCL took 1,538 calls, an increase of 58% over the previous year. The RCL prevented 721 avoidable emergency department presentations by supporting care management of residents at the RACFs, and the outreach service provided 624 occasions of service. In July 2008 the nursing outreach started seven-days-a-week coverage.

Plans are underway to strengthen and streamline partnerships between hospital emergency departments and the RCL. Safe and effective discharge of RACF residents from emergency departments will be supported through a collaborative effort of the emergency departments' Care Coordination Teams and the RCL, as a support link to respective RACFs.

In addition, work has commenced on strengthening medical coverage and enhancing education packages for RACFs.

This work in 2008 is led by the Department of Health's Aged Care Policy Directorate, in consultation with the RCL, RACFs, GPs and a geriatrician.

To contact the Residential Care Line call (08) 9427 9953.

For more information please contact:

**Brian Piercy** - Senior Policy Officer  
Aged Care Policy Directorate, Department of Health  
(08) 9222 4180  
brian.piercy@health.wa.gov.au

## Arthritis - how ALL health professionals can help

Nearly one in five Australians has arthritis - 3.8 million people. Accordingly, a large number of people using health services have arthritis, even though they may be accessing services for other conditions.

According to Jean McQuade, Manager of Health, Education and Research Programmes at Arthritis WA, the pain and suffering experienced by people with arthritis could significantly affect their quality of life. Health professionals are in an ideal position to assist these clients. However, those who have not undertaken specialist training in the area of arthritis may not know how they can help.

Health professionals can let their clients know about Arthritis WA, which is a significant resource within the community. This not-for-profit, non-government organisation offers a wide array of resources to people with arthritis, and can make a significant difference to their lives.



Suzie May

Suzie May, a vibrant young lawyer, was diagnosed with rheumatoid arthritis at age 28. She developed pain in both feet and within six months, standing felt like every bone in her feet had shattered. Walking was impossible until at least late afternoon and Suzie felt

constantly fatigued. Doctors initially thought she had stress fractures in both feet, but three months of scans and blood tests revealed that she had rheumatoid arthritis. Like many others who have faced this diagnosis before, Suzie was in shock and total disbelief. Over the next five months the rheumatoid arthritis progressively spread to every joint in Suzie's body and has remained there some five years on.

Shortly after her diagnosis, Suzie contacted the Arthritis Foundation of WA.

"I am eternally thankful that I made this decision," she said. "Not only was I warmly greeted with open arms and kind, patient ears, but I was assisted through the maze of information about arthritis and treatment options."



Suzie May and her son Oscar

"I attended a self management course through Arthritis WA which gave me not only the information I needed to make decisions, but which linked me with other people who were dealing with a similar illness as me."

"The combination of all these supports made me realise that I was not alone, that none of it was in my head and that this illness was a serious issue in my life which required energy, attention and a voice in order to prevent it from consuming and ultimately, defeating me."

Arthritis WA aims to reduce both the incidence and disabling effects of arthritis through programs in care, education and research. Programs provided for consumers include:

- Self management courses that provide people with the skills, knowledge and confidence to manage and control their arthritis
- Multi-disciplinary rheumatology clinics in 16 rural locations across WA
- Community education sessions delivered by rheumatologists, orthopaedic surgeons and other specialists
- Support groups for people with various types of arthritis
- Help and information phone service
- Educational brochures, booklets and a specialist bookshop
- Camps and workshops for young people
- Awareness raising events and displays
- On site hydrotherapy and gym facilities
- Arthritis Today magazine.

# Getting better faster

For health professionals who want to improve their own knowledge and skills to assist their clients with arthritis, a good first step is to attend the annual Arthritis WA



Arthritis Foundation 'Camp Freedom' participants 2007

Health Professional Update. This year's event, to be held in September, will provide an update on the various types of arthritis, as well as information on new drug therapies (including the exciting new developments in biological drugs) and management of arthritic shoulders.

Arthritis WA is also available to provide in-services and GP education.

The next time you find out that one of your clients has arthritis, recognise that you can help. You can let clients know about the programs offered by Arthritis WA and even access this significant resource yourself to increase your knowledge and skills.

Contact details:

Arthritis WA

17 Lemnos St, Shenton Park, WA 6008

ph: (08) 9399 2199

web: [www.arthritiswa.org.au](http://www.arthritiswa.org.au)

## Did you know...?

- There are more than 100 known types of arthritis.
- 3.8 million Australians are estimated to have arthritis (nearly one in five people).
- More Australians have arthritis than any other national health priority condition.
- 60% of all people with arthritis are of working age.
- Obese people are 2.4 times more likely to have osteoarthritis than people of normal weight.
- Half of all Australians over 80 years of age have arthritis.
- Arthritis costs the Australian economy an estimated \$23.9 billion per year.
- People with arthritis bear the majority of the \$23.9 billion cost (61%).
- Arthritis costs the Australian health system an estimated \$4.2 billion per year, with hospitals accounting for 44% of the cost.
- 7 million Australians are projected to have arthritis by 2050.
- Eliminating obesity by 2050 could decrease the number of people with osteoarthritis by 425,000 (compared with continuing the current obesity rate of 16%).

Source: Access Economics (2007) *Painful realities: the economic impact of arthritis in Australia in 2007.*

## Substitution revolution: pioneering care in the home

The Hospital in the Home Society is a recently formed professional body representing doctors, nurses and allied health professionals working in Hospital in the Home (HITH).

The Society is proud to present their 1st Annual Scientific Conference to be held on Friday 7 November 2008 in Sydney. The theme for the conference is Substitution Revolution: Pioneering Care in the Home.

The conference has been designed to incorporate the needs of clinicians and managers of existing, new or proposed HITH services. Program content will reflect the broad spectrum of HITH care provision, including paediatric care and the multidisciplinary nature of HITH teams.

Persons considering submitting a paper or poster should send an abstract (maximum 250 words) to [www.callforpapers.com.au/hith2008](http://www.callforpapers.com.au/hith2008).

Whether you are a seasoned practitioner in ambulatory care or from an emerging service, you will find something in this program to meet your needs.

For further details please contact:

HITH Society (NSW)

PO Box 3341,

St Pauls NSW 2031

Email: [hithsociety@gmail.com](mailto:hithsociety@gmail.com)

## Promoting best practice in emergency asthma treatment

by A/Professor Alistair Vickery and Dr David Whyatt

Asthma is a common condition among patients presenting to emergency departments (EDs). Approximately 8 per cent of patients re-present to the ED within 28 days and 14 per cent re-present within three months.<sup>1</sup>

WA Health is funding a project that aims to improve the ability of people with asthma to administer their medication and therefore reduce the likelihood that they will need to repeatedly attend an ED for their condition. Part 1 of the project investigated asthma management in selected Western Australian EDs. The current phase focuses on encouraging ED staff to use metered dose inhalers (MDIs) - 'puffers' - and spacers to administer salbutamol (eg Ventolin), and to instruct patients in their use.

The fourth edition of *Getting Better Faster* (Spring 2007) presented the evidence regarding the best way to administer salbutamol in an asthma crisis, and the importance of patient education. In summary:

- Evidence-based best practice to respond to an asthma crisis is salbutamol administration via MDIs and spacers, rather than nebulisers.<sup>2</sup> Poor compliance with the use of MDIs is frequently associated with worse asthma control.<sup>3</sup>
- The WA Asthma Clinical Governance Project (2003) showed that patients presenting to an ED for asthma were 70 per cent less likely to re-present to the ED if they received education in the use of MDIs and spacers. Furthermore, staff were more likely to educate a patient in the use of MDIs and spacers if these, rather than nebulisers, were used to administer salbutamol.

Part 1 of the WA Health project investigated the management of asthma in EDs between 2005 and 2007. Medical records were audited across six sites in outer metropolitan Perth and rural WA. The records showed that 80 per cent of identified asthma patients were administered salbutamol. At three sites, salbutamol was administered via an MDI and spacer in the majority of children (63-87 per cent), but the minority of adults (22-26 per cent). A small percentage of patients (<10 per cent) received both nebulisers and MDIs (with spacer). At the three other sites salbutamol was rarely (<10 per cent) administered via MDI and spacer. There appeared to be no significant trend in MDI and spacer use over time, at any site.



*Clinical nurse manager Karen Robertson, with Caroline Hilton and son Byron*

Currently, assistance is being offered at the audited sites. It is envisaged that this program will eventually be rolled out more widely across WA. The program is designed to encourage staff to use MDIs and spacers to administer salbutamol, and to instruct patients in their use.

It may include:

- Competency assessments: an audit of staff MDI and spacer technique.
- Peer education: including a Respiratory Physician (eight hours) and an Asthma Liaison Nurse (24 hours) working with staff at each site.
- Associated resources: clinical pathways/guidelines (based on current Respiratory Health Network guidelines), advertising, cards, e-links, a DVD demonstration and a recognition of learning certificate.
- Embedding the intervention into regular care and induction of new staff.

If you have any comments or queries regarding this project, please contact:

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david.whyatt@health.wa.gov.au

## References:

1. Australian Institute of Health and Welfare, Asthma in Australia, 2005. Canberra: AIHW, 2005.(AIHW Cat. No. ACM 6.)
2. National Asthma Council Australia. Asthma Management Handbook 2006. Melbourne, 2006.
3. Giraud V, Roche N. Misuse of corticosteroid metered-dose inhaler is associated with decreased asthma stability. Eur Respir J. 2002;19:246-251.

## Wound management - call the experts on 1300 WOUNDS



*WoundsWest consultants Leanne Northrop and Margaret Edmondson*

Patients and health staff across Western Australia will soon benefit from a new service offering expert wound assessment and treatment advice for complex and chronic wounds. The recently formed WoundsWest Consultant Team is assisting WA staff to identify, prevent and manage wounds using evidence-based wound care.

The service is being piloted across seven hospitals (Albany, Broome, Collie, Fremantle, Mt Barker, Royal Perth and Sir Charles Gairdner) and a remote community about two hours south of Kununurra (Warmun Clinic).

Staff at the pilot sites will contact the team via telephone (1300 WOUNDS). The team will take the wound enquiry and provide evidence-based advice on treatment, follow-up frequency and referral advice for other services that the patient may require.

In addition, WoundsWest is currently developing electronic wound imaging and documentation software. This software will enable staff to send digital photographs of the patient's wound. The patient will not only have improved clinical outcomes, but also less inconvenience by not having to travel away from home and family.

Initially the service will be available Monday to Friday, between 8.30am and 4.00pm. Margaret Edmondson and Leanne Northrop are experienced clinicians with a strong

background in wound management and education. This will enable them to provide expert wound care advice, support and direction to health practitioners, to ensure improved outcomes for their clients.

WoundsWest Project Director Veronica Strachan anticipates that the pilot will demonstrate significant benefits for Western Australians. According to Veronica "the service will directly assist all patients with chronic and complex wounds by improving healing times and encouraging local management." The benefits to the health system will be reduced emergency and hospital admissions, decreased hospital length of stay and reduced rates of readmission to hospital.

Following evaluation of the pilot trial, the system will be streamlined and rolled out to all WA Health sites.

WoundsWest is an innovative three-year project that aims to develop a state-wide system of information, education and electronic wound imaging that will allow patients to have their wounds managed by experts no matter where they live.

The other key components of WoundsWest are survey and online education. The annual survey gathers valuable information on wounds and wound management, so that WoundsWest and hospitals are able to track improvements in care and focus resources in the right areas. As a result of the 2007 survey, WA public hospitals around the state received \$2.5 million in Commonwealth funding for pressure reducing equipment. The online education program currently provides information on basic management applicable to all wound categories. Further modules, which focus on specific types of wounds, are being developed.

WoundsWest is a partnership between the Department of Health, Curtin University of Technology and Silver Chain.

For further information on the project please contact:

**Julie Crouch** - Project Officer, WoundsWest  
ph (08) 9346 4558 or Julie.Crouch@health.wa.gov.au  
[www.health.wa.gov.au/woundswest](http://www.health.wa.gov.au/woundswest)

## GetHealth - The Western Australian ambulatory care service directory

By Susannah Mulligan & Nichola Browning

GetHealth is a website that helps health professionals, patients and carers find out about the ambulatory care services available in their local area. The Directory includes services across Western Australia and currently holds information on over 900 services.

Ambulatory care services aim to support patients to better manage their health in a community setting. Care may be delivered as a day attendance at a health care facility, community centre or in the patient's home.

The website is available to all health providers and the general public. To access the website go to [www.health.wa.gov.au/GetHealth](http://www.health.wa.gov.au/GetHealth), and then search by service type or suburb. The website provides a description of each service as well as information on location, eligibility, hours of operation and contact details.

Currently, health providers and the public rely on a number of separate service directories. These directories are limited to location or service type, and do not cover all ambulatory care services available in Western Australia. GetHealth provides more information than has previously been available and is a 'one stop shop' that can be directly accessed by all health providers and patients. The Directory allows you to quickly find the most suitable service in the best location for you or your client.

GetHealth is a significant resource for health care professionals, health services and the general public. I recently worked a nursing shift in the Emergency Department at Fremantle Hospital and during that shift I referred to the Directory three times: First for a patient to access a wound clinic, second for a patient on holiday from Bunbury needing follow-up physiotherapy once home, and third for a patient requiring assistance to return home to the Kimberley.

The service information will be updated on an ongoing basis. Service providers can add or modify services online, using an easy system that requires little IT knowledge. Each service will be reviewed every six months, to ensure the Directory stays current. The eventual aim is to include all government, private and not-for-profit ambulatory care services.

Health providers may want to determine all the services available in a particular location, or obtain a statewide list of a particular service type. In this case they can use the website to request a report.

GetHealth will also assist health professionals to plan and implement services. In the future, the Directory could be further developed to include online referral forms, service location maps and key word search functions.

For more information please contact:

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GP Moira Sim using GetHealth

**Mailing list request for Getting better faster**

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