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the northern health times

NEWS FROM NORTHERN ADELAIDE LOCAL HEALTH NETWORK
Northern Adelaide Local Health Network

The Northern Adelaide Local Health Network (NALHN) provides care for approximately 350,000 people living in the northern metropolitan area of Adelaide, as well as services for people from regional areas. More than 4000 staff provide high quality patient care, education, research and health promoting services. Our health services include:

- Lyell McEwin Hospital and Modbury Hospital
- Primary health, sub-acute and transitional care services including GP Plus Health Care Centre Elizabeth and GP Plus Super Clinic Modbury with a satellite site at Gilles Plains
- Watto Purrunna Aboriginal Primary Health Care Service sites Muna Paeindi, Kanggawodli, Maringa Turtpandi and Wonggangga Turtpandi
- Northern Mental Health services across community and hospital settings, including youth, adult and older persons mental health services. Services are provided through community health centres and hospitals, and to consumers in their own homes. Forensic mental health services are also provided at James Nash House.

For more information about our services visit www.sahealth.sa.gov.au/NALHN

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2016 was a year of growth and change for the Northern Adelaide Local Health Network (NALHN) as it moved towards self-sustainability, but our health service community reaped great rewards in return for its hard work.

We completed the $314 million, 14-year redevelopment of Lyell McEwin Hospital, transforming it into the major hospital for Adelaide’s growing northern and north-eastern region. In the process, the inpatient building became the first ever health facility to receive a 6-Star Green Star Healthcare ‘as-built’ rating in Australia for its environmental initiatives.

The Lyell McEwin also installed a second CT scanner, enabling more patients to have scans and eliminating the outpatient waiting list for scans. Prior to the installation of the second scanner, approximately 60 percent of emergency department referrals for CTs were performed in less than two hours. This figure has risen to 80 percent with the second scanner. A second cardiac catheter laboratory was also installed, providing more patients access to interventional cardiology services.

Introduction of 24-hour orthopaedic surgery at Lyell McEwin Hospital was a huge step forward in the delivery of services to residents of the north and north east. The community has also benefitted from Central Adelaide Local Health Network staff transfers to NALHN, which have resulted in additional and expanded services.

Over at Modbury Hospital, the rehabilitation hub was completed, so the hospital will double the number of rehabilitation patients seen each day from 20 to 40. The hospital also introduced a one-stop-breast-care service and NALHN was successful in securing South Australia’s first metropolitan hospital based McGrath Foundation Breast Care Nurse.

Over the busy winter period, waiting times in both emergency departments were down on the previous year, despite an increase in presentations. In the last three months of 2016, paediatric discharge and admission times from the Lyell McEwin Emergency Department improved by 15 per cent.

NALHN ended the year by receiving four SA Health Awards; more than any other Local Health Network.

With 2017 now well underway, we have plenty of exciting initiatives taking place. Lyell McEwin Hospital has been chosen by SA Health to pilot an after-hours senior clinical cover initiative, meaning senior doctors and nurses will be available in the wards overnight, which will enable patient treatment to be progressed during these hours, resulting in better patient outcomes.

Following on from the completion of the rehabilitation hub, the rest of Modbury Hospital’s $32 million redevelopment, which includes ward refurbishments, is due for completion by March.

NALHN is leading the way in supporting the health of emerging communities by hosting the Migrant and Refugee Health Forum on 9 March.

This edition of The Northern Health Times will give you a further taste of the fantastic initiatives happening within the health service in 2017. Thank you for continuing to support us during this exciting time of change.

Jackie Hanson
Chief Executive Officer
Northern Adelaide Local Health Network

Tim Packer, Director, Capital Projects, SA Health, said to reduce the environmental impact, the Lyell McEwin Hospital project aimed to minimise greenhouse gas emissions and water consumption site-wide while still providing a high quality indoor environment for patients, staff and visitors.

“The building, which includes 96 inpatient beds and a helicopter landing pad, was designed to reduce water, electricity and gas consumption,” Tim said. “This will help us to reduce our greenhouse gas emissions and improve the environmental outcomes for the hospital.”

A key aspect of the building’s engineering is its reliance on freely available resources such as natural light and fresh air. For example, large areas of high performance glazing and sun shading allows natural light to penetrate without the impacts from heat or direct sunlight.

“In areas where artificial lighting is required, we have installed high quality, energy efficient light fittings and sensor lights that turn off when not in use,” Tim said.

The air conditioning system draws in fresh air at optimum times, which helps to consume less power and provides a more consistent level of comfort throughout the building.

The area surrounding the building has been planted with environmentally sensitive species that are efficiently irrigated through rainwater captured from the roof, while solar panels help to generate renewable energy.

A computerised building management system including controls, meters and pumps monitors the use of energy and water, and can be adjusted to the environmental conditions.
Exchange of knowledge
improving care for sick children

Sick children are benefiting from a nursing exchange program between the Lyell McEwin Hospital Emergency Department and Children's Ward. The program enables the two hospital areas to work more closely, sharing staff, skills and knowledge.

The program has contributed to an improvement in discharge and admission times for paediatric emergency presentations. The number of children being treated and either discharged or admitted to the ward within four hours has gone up from 32 per cent in September 2015 to 69.8 per cent in December 2016.

A paediatric nurse from the Children's Ward is rostered on in the Emergency Department each late shift and two emergency nurses at any time can undertake a three-month nursing placement in the Children's Ward.

Emergency Department Clinical Services Coordinator Deb Lewington said having nurses work in the two different areas led to improved nursing skills and greater rapport between the Emergency Department and the Children's Ward.

“The paediatric nurses are amazingly skilled at working with children,” she said. And through the experience, they gain an appreciation of the pressures of an emergency department.”

Emergency Department nurses are lining up to do a three-month stint in the Children's Ward, which is now a compulsory part of the Emergency Department’s ongoing education program.

“Our nurses are really keen to enhance their skills in caring for children so this provides a great opportunity,” Deb said.

Paediatric Practice Consultant Carey Aylmer said the Children's Ward benefited from the presence of Emergency Department nurses. “They have such great assessment skills and they really want to learn more about caring for children,” she said. “Then they take those skills back to the Emergency Department and share them.”

“Children's Ward nurses are great at identifying children who should be admitted to the ward meaning they can be transferred more quickly,” Carey said.

“It's much better for a patient to be in a ward than in the Emergency Department. And it certainly results in less stressed children and parents because they haven’t been sitting in the Emergency Department for hours.”

Emee Pasion was the first Children's Ward nurse to volunteer to do late shifts in the Emergency Department.

“I love this arrangement – it's a nice mix,” she said. “When I get back to the Children's Ward and see children I treated in the Emergency Department doing well, I feel satisfied.”

According to Emee, paediatric nurses in the Emergency Department can perform procedures that would usually be done on the ward.

“This makes a big difference to patient care,” she said. “It means a child can have procedures done earlier. The Children's Ward really appreciates it when a child is admitted and these procedures have already been done.”

The nursing exchange and the education course are two components of the Paediatric PACE (Pathways to Accelerated Care through Emergency) program developed in 2015. The PACE program develops best practice pathways for commonly presenting children's illnesses aiming to improve care and patient flow across NALHN. Comprehensive PACE pathways have been introduced for children presenting with asthma and gastroenteritis.
Checks helping Aboriginal children to hear

Over the past three years, Watto Purrunna Aboriginal Primary Health Care Service has checked the ears of close to 2,500 Aboriginal children. As a result, nearly 700 children have been referred to medical specialists for ear problems – more than a quarter of those screened.

Leanne Quirino, coordinator of the Under Eight Child Health Screening Program at Watto Purrunna, began visiting schools in the northern and western suburbs to check the ear health of Aboriginal children as part of the Under Five Ear Health Program. Since June 2016, checks have been provided to Aboriginal children under the age of eight.

Due to the scale of ear health problems in Aboriginal children, Watto Purrunna needed to find a way to provide prevention and early intervention to as many children as possible. A school-based screening model was developed to achieve this outcome.

From small beginnings, screening five to 10 children per visit, Leanne now screens between 30 and 40 children at each school visit and visited 74 schools in 2016. Another eight schools have been added to her list for 2017. Each school receives at least two visits each year.

“The teachers quickly saw the benefits of the program because hearing loss has a dramatic effect on language, balance and fine motor skills, which affects their developmental milestones leaving them in some cases significantly behind educationally,” Leanne said. More than 90 per cent of young Aboriginal children have hearing-aid-level hearing loss for a large portion of the year due to perforated ear drums and ear infections.

“This kids often don’t experience much pain with their ear infections because they have built a lot of resilience after experiencing ongoing ear pain,” Leanne said. “Often, if they have recurrent ear infections, they just don’t notice this anymore. Some kids don’t get any ear pain so it’s very hard for parents to identify they have a problem.”

Before Leanne checks a child’s ears, she chats with them and tells them what she is going to do. While performing the check, she uses a tool with a camera so children can see the inside of their ear on a screen.

Leanne tests whether the ear drum is moving properly, checks if there are any blocked tubes, checks for foreign objects and tests the cochlear hairs for ear damage. The cochlear is the part of the inner ear responsible for hearing.

Leanne usually refers children with ear problems to either a GP or a Child and Youth Health audiologist (ear and hearing specialist). If they have any developmental issues she can also refer to occupational therapists and speech pathologists.

“Due to the program’s referral pathway, I have witnessed kids now being fitted with hearing aids and plenty of kids with grommets (ear tubes to prevent infection),” Leanne said. The program has also made schools, parents and carers aware of the prevalence of hearing issues amongst Aboriginal students. Several schools have made classroom modifications to improve acoustics for children who have trouble hearing and concentrating in a noisy environment. Teachers and parents are also more aware that behavioural issues can be due to the decrease in a child’s hearing.

DID YOU KNOW?

More than 90 per cent of young Aboriginal children have hearing-aid-level hearing loss for a large portion of the year due to perforated ear drums and ear infections.
Modbury Hospital’s rehabilitation hub will enable the hospital to double the number of rehabilitation patients seen each day from 20 to 40.

The facilities are part of the State Government’s $32 million Transforming Health investment in the hospital, which will also see the opening of a new ward for patients treated in these facilities expected to be completed by March 2017.

Divisional Director of Aged Care, Rehabilitation and Palliative Care, Dr John Maddison said, with the opening of the new facilities, Modbury Hospital was now the rehabilitation hub for the north and north eastern area.

“The rehabilitation hub will significantly ease the burden of travel faced by many residents whose only option now is to go to Hampstead or even further afield,” he said. “For example, each year up to 60 of our north and north east amputee patients will be able to have their care at Modbury instead of elsewhere.”

The state-of-the-art rehabilitation centre has 18 treatment rooms, a gym, hydrotherapy pool, a laboratory for analysing patient mobility, prosthesis services and a kitchen where clients can re-learn and practice everyday tasks. It brings together allied health specialists including occupational therapists, physiotherapists and speech therapists with medical and nursing staff, resulting in improved communication and collaborative work practices.

Dr Maddison said, until now, residents living north or north east of Adelaide had to travel significant distances to access some services, especially ongoing rehabilitation.

“Having rehabilitation services closer to home will significantly ease the travel burden felt by some locals,” he said. “The centre allows clinicians to deliver greater, higher-quality care to north and north eastern residents. Patients can return home from hospital sooner because they can receive a comprehensive program of support at a local service.

“Greater access to services will maximise the recovery and independence of patients living in the local community. Both an elderly person recovering from a stroke or orthopaedic injury and a young adult with a neuro-muscular condition such as Multiple Sclerosis can receive the treatment they need in this new centre.

“Because our health professionals are co-located, patients can attend follow-up treatments over an extended period of time in one location.”

The sensory garden has been designed to be used as part of rehabilitation.
Nurses bring mother and son together

Long-term Modbury Hospital Rehabilitation Unit inpatient Paul Wilson, 42, has experienced first-hand how Northern Adelaide Local Health Network (NALHN) goes the extra mile for its patients.

Paul’s mother, Roza Wilson, was admitted to Lyell McEwin Hospital in mid-December after a bad fall at home. Once Roza was stabilised, NALHN organised for her to be transferred to Modbury Hospital for her rehabilitation in time for Christmas so she could spend the holiday season with her son.

“At first, I was told Mum would be coming over after Christmas,” Paul said. “But the nurses wanted us to be able to spend Christmas together so she ended up coming over on 23 December.”

Roza has now been discharged, but not before she and Paul got to spend some time in the rehab gym together.

With the ongoing support of Modbury Hospital’s Rehabilitation Unit, Paul is recovering from Guillain-Barré, an autoimmune condition where the body’s own immune defence system attacks the nerves.

Several months ago, the 42-year-old mine worker was terrified he may never walk again. Now he’s taking steps on his own and says he can see “the light at the end of the tunnel”.

Paul’s illness came on quickly. In the middle of the night, after a hard day at work at a Coober Pedy mine site, Paul awoke with excruciating pain in his calves. After a few hours, he could no longer walk.

Paul was flown by the Royal Flying Doctor Service to the Royal Adelaide Hospital where his acute health problems arising from Guillain-Barré were treated for three and a half weeks.

When he was ready for rehabilitation, he was transferred to the Modbury Hospital facility where he has been receiving intensive treatment including physiotherapy and occupational therapy.

“The positive attitudes of the nurses – making me believe I could walk again – and their fantastic care has meant everything to me,” Paul said.

When Paul first arrived at Modbury Hospital, he couldn’t get out of bed on his own and he needed staff assistance to get from his bed to the gym. “Now I go to the gym on my own when I’m not having sessions with the therapists,” he said.

Roza Wilson with son Paul Wilson.

While estimates vary, approximately one in 10 people with Guillain-Barré syndrome will die from the illness. However, approximately 75 to 90 per cent recover completely. Around 10 to 15 per cent will be troubled by some form of permanent disability. Recovery can take anywhere from six months to two years or more.
Reconfiguration for bigger waiting area

When major medical equipment purchases are made for a hospital, often finding a suitable home for them can require some ‘headache inducing’ problem solving. Installing one major piece of equipment can mean displacing others.

This is the situation the Lyell McEwin Hospital encountered when it purchased its second cardiac catheter laboratory (cath lab) for minimally invasive cardiac procedures. While there was a logical location for the cath lab next to the existing lab, being able to perform more procedures would result in more patients visiting the Medical Imaging Department and suitable accommodation for these patients needed to be found.

The obvious option was to increase the size of the existing waiting area where inpatients and emergency department patients are brought before their procedure and are picked up after their procedure – often in a bed. But it was also an option that would require the relocation of x-ray, fluoroscopy and ultrasound rooms, and some extensive building works.

Campus Operations Manager, SA Medical Imaging Stav Kondopoulos said her staff worked tirelessly for six months to make the changes happen. “Moving equipment utilising radiation is no easy feat,” she said. “The Environmental Protection Agency has a Radiation Protection Branch that was required to give us the green light to recommence use of the rooms once everything was moved safely.”

The reconfiguration has resulted in a much larger space for the waiting area. Once complete, there will be room for an additional eight beds to accommodate patients requiring scans or cardiac procedures performed in the cath lab.

Colin Meekoms, of Elizabeth Downs, was a daily visitor to the Medical Imaging waiting area during his recent stay at the Lyell McEwin Hospital. The lung cancer patient required x-rays every day to check his chest and felt reassured that the scans were providing clinicians with the information they needed to give him the best care possible.
The recent introduction of a second CT scanner at Lyell McEwin Hospital has reduced the amount of time patients with urgent medical conditions have to wait for a scan, ensuring they receive timely and appropriate care.

Prior to the installation of the second scanner, approximately 60 percent of emergency department referrals for CTs were performed in less than two hours. This figure has risen to 80 percent with the second scanner. The second scanner has also eradicated the outpatient waiting list for scans.

Campus Operations Manager, SA Medical Imaging Stav Kondopoulos said if an emergency case such as a stroke or trauma patient presented to the Emergency Department and one scanner was already in use, the patient could have scans done using the second scanner.

“Having a second scanner is increasing our capacity by approximately 20 clients a day,” Stav said. “It’s fantastic for both our patients and the hospital because it means patients have a shorter waiting time and the Emergency Department and inpatient wards can work more efficiently.”

Having two CT scanners brings the Lyell McEwin Hospital into line with the State’s other tertiary hospitals.

‘CT’ is the abbreviation of ‘computed tomography’, which means ‘cross-sectional images’.

A CT scanner takes x-ray images from different angles to produce cross-sectional images or ‘virtual slices’ so the inside of an object can be seen without requiring cutting. It can be used to detect a variety of diseases and health conditions. CT can create detailed pictures of virtually any bodily structure including bone, blood vessels and soft tissue.

The non-invasive procedure is painless and doesn’t require any recovery time.

DID YOU KNOW?
CT is the abbreviation of ‘computed tomography’, which means cross-sectional images.

PATIENTS HAVE A SHORTER WAITING TIME AND THE EMERGENCY DEPARTMENT AND INPATIENT WARDS CAN WORK MORE EFFICIENTLY.
Over the past few decades, there has been a growing tendency to put our most experienced night shift doctors closer to the ‘front line’ in the Emergency Department or on remote call from home. This has made it increasingly difficult for our most junior ward doctors to access support from their more experienced colleagues overnight.

However, in recent years, with an increased focus on patient-centred care, hospitals such as the Lyell McEwin are recognising the gap that has appeared and are working on ways to support overnight staff better again.

Therefore, according to Head of Anaesthesia Dr Simon Jenkins, the Lyell McEwin Hospital was an obvious choice by SA Health to trial an after-hours senior clinical cover initiative.

Dr Jenkins, who is chairing the implementation group for the pilot, said trialling a model of care for after-hours senior clinical cover was a natural progression.

“We’ve been going down this path for some time now,” he said. “The Department of Medicine at the Lyell McEwin has been working very hard on supporting its junior staff at night and has made some great progress. Our nurses have also gone down this path ahead of us and provide senior clinical support for the wards up until midnight or later. We hope that some of the resources provided by running this pilot will help them do even better.

“The Lyell McEwin Hospital has always been a place where we embrace change so it’s a fantastic site for testing new ways to do things.”

Some of the expected benefits of the pilot include improved communication between doctors and nurses, more readily available support for junior clinical staff overnight and, ultimately, better patient care.

“Patients won’t be waiting until morning for a decision to be made about their care,” Dr Jenkins said.

“We will be able to actively manage their problems as they arise. If treatment is progressed, rather than simply maintained overnight, patients will get better more quickly. This has the additional benefit of freeing up bed space within the hospital so that patients requiring admission are not held up.”

Introduction of an electronic clinical activity task board that chronicles a patient’s care in real time will enable senior clinicians to see what jobs each staff member is attending to, which assists in the allocation of work.

“The clinical activity task board should reduce the regular interruptions coming from pagers, because medical staff will be able to see at a glance where they are needed on the wards,” Dr Jenkins said. “And the leadership team will be able to see when staff need them and can step in to help them out.”

The clinical activity task board will be introduced in February and recruiting for the senior clinician positions is expected to be completed during March.

“This pilot is expected to result in faster and more positive outcomes for patients,” Dr Jenkins said.

The Lyell McEwin Hospital has always been a place where we embrace change so it’s a fantastic site for testing new ways to do things.
In 2016, there were six falls that were rated as resulting in serious harm, compared with 48 in 2011.

Senior Physiotherapist from the Northern Adelaide Rehabilitation Service Gillian Bartley said there had been a considerable reduction in the occurrence of these harmful falls since 2011.

“In 2016, there were six falls that were rated as resulting in serious harm, compared with 48 in 2011,” Gillian said.

“We have been working hard to educate staff, patients and their carers to continuously reduce occurrences of falls and improve patient safety.

“One of the strategies that contributed to this reduction in falls is education, with more than 2,500 staff completing an online course on falls prevention in 2015 and close to 1,000 more in 2016.

“Additionally, almost 70 staff members completed two days of specialised training on falls prevention to become ‘falls leaders’ and close to 200 staff have attended a Best Practice Spotlight Organisation (BPSO) education session on Prevention of Falls and Falls Injury of Older Adults.

“These falls leaders and BPSO champions support hospital clinicians to develop skills in assessing a patient’s falls risk, which ultimately helps to determine the most suitable falls prevention measures to have in place.”

One of the most exciting falls prevention strategies implemented during 2016 was the development of a consumer education resource, known as ‘The Know-Ask-Wait Consumer Education Resource’.

Based on promising Australian research into in-hospital falls prevention, the service worked with consumers to develop a video and tools to empower patients to know their falls risk, ask for assistance and wait for help to arrive.

“This resource has been a great success and was recognised in the 2016 SA Health Awards as a finalist in the Research/ Education in Patient/Consumer Safety category,” Gillian said.

For information about falls services in the metropolitan area visit SA Health’s falls prevention page or phone 1300 0 FALLS (1300 0 32557).
Innovation creates positive change

The Northern Adelaide Local Health Network will fund two improvement projects valuing close to $20,000 this quarter as part of a new program that aims to create positive change within the organisation.

The NALHN Innovation Program supports staff initiatives that will make things better for patients, simpler for staff, easier for families and carers or more efficient for the whole health service.

Up to $10,000 is available to health workers each quarter to fund innovative ideas.

Chief Executive Officer Jackie Hanson said the NALHN Innovation Program provided opportunities for exceptional people from all areas of the health service to share ideas for creating a better health service.

“Simple changes requiring only a small amount of money can make life easier for the health service community,” Jackie said. “The NALHN Innovation Program is pitched at these types of initiatives.”

Nursing Director for Mental Health Adult Acute and Community Trudy Smith-Sparrow was thrilled that her application for funding was successful.

Trudy’s initiative will see three sensory modulation rooms set up in mental health wards at the Lyell McEwin Hospital.

“Sensory modulation uses environments, equipment and activities to regulate an individual’s sensory experiences.

“This type of space is designed to block out noise, control space, temperature and lighting to stimulate the senses and promote pleasure and feelings of well-being.

“This kind of setting supports patients to self-regulate when distressed or agitated.

“It’s more than just having a room available, it is also about embedding the practice into our workplace and beyond,” Trudy said. “We plan on discussing successful sensory activity at family and caregiver meetings so it can continue even after a person is discharged.”

Staff and patients will be involved in designing and naming the modulation rooms.

WorkFit Services Consultant Dr Kate Harris from NALHN’s WorkFit Services was the other successful applicant in the latest round of Innovation Program applicants.

Dr Harris’s falls retrieval initiative will focus on reducing the time taken to retrieve a patient from the ground, reducing the risk of patient deterioration after a fall and worker injury associated with a falls event.

“Efficient and effective falls management reduces the risk of patient deterioration but also worker injury, saving time and resources that can be directed back into providing quality health care services,” Dr Harris said.

Slings and hover mats will be purchased and made available in high-risk areas to compliment current processes for falls retrieval.

Staff and patients will be involved in designing and naming the modulation rooms.

Simple changes requiring only a small amount of money can make life easier for the health service community.
Being a health professional means taking actions and making decisions that can affect lives – both positively and negatively. Every day, all around the world, millions of people put themselves in the hands of health professionals and expect them to ‘get it right’.

But the reality is that incidents and near misses do happen. How we respond to these situations is crucial, according to Associate Professor Vanessa Owen, Executive Director, Clinical Governance.

“Learning from incidents and near misses is paramount in ‘getting it right,’” Vanessa said.

“While many incidents do not cause significant harm to patients, they provide rich information to prevent harm to patients in the future. We can learn from incidents and near misses and make our health services safer for everyone.”

Northern Adelaide Local Health Network’s (NALHN) Clinical Review Panel investigates, reviews and analyses incidents and near misses to reduce the likelihood of future events.

Until recently NALHN had three separate panels for reviewing incidents – one for each of its hospitals and another for Mental Health Services. However, there is merit in health services sharing their learnings more broadly.

“We’ve created a NALHN-wide panel so we can share information about incidents and near misses across our services, which will result in improved processes and procedures in all our sites,” Vanessa said.

To support this change, three working groups have been developed to provide oversight of incident management across NALHN, to investigate specific incidents and near misses and to provide specific expertise on mental health related incidents and near misses.

“Members of our dedicated workforce have volunteered to be part of a working group because they are passionate about the safety of the patients we care for,” Vanessa said.

“It’s wonderful to work in a health service where staff understand what is required to change systems to deliver better care and want to contribute to quality improvement.”

Panel improving patient safety

We can learn from incidents and near misses and make our health services safer for everyone.
Dr Hendrika Meyer, Divisional Director, Critical Care, and Chair of the conference convening committee said people from refugee backgrounds often did not have strong family and social networks, and came from backgrounds of trauma and displacement.

“They face many settlement challenges in a new country including language barriers, literacy skills, health issues, as well as negotiating housing and social services,” she said. “Health issues and psychosocial issues for refugee background clients are often complex and require a coordinated approach to care.

The forum aims to better map the journey of new arrival refugees within the Adelaide metropolitan health system in order to develop recommendations for improved delivery of health care and to provide the tools necessary to deliver culturally safe and appropriate health care services.

“We value community feedback and will gather information from the forum to assist with improving coordination and communication of health service delivery within migrant and refugee communities,” Dr Meyer said.

Women’s health will be one focus of the forum. Preventative health care is generally a foreign concept to women from refugee backgrounds, according to Dr Natasha Elsley, Senior Medical Practitioner at the Migrant Health Service.

“A lot of women are surprised and ask, ‘You want to do something for me?’,“ Dr Elsley said. “Concepts such as pregnancy planning, antenatal care and postnatal care are often new to them.”

At the Migrant Health Service’s Women’s Clinic, a lot of time is spent explaining the background of “what we do and why we do it,” Dr Elsley said. “You can’t rush an appointment with a woman using an interpreter when you are discussing contraception or family planning.”

But cultural difference is only part of the story. “When we are offering a pap smear to a woman, often she is wondering how she’s going to get the kids to school on time first or how she is going to negotiate public transport to get to her appointment,” Dr Elsley said.

“Balancing the demands of a new life and the whole resettlement experience is particularly difficult for women and mums. It’s not unusual to hear them say ‘this is really hard’. It can be another trauma and another disruption.”

But refugee women shouldn’t be underestimated. “They’ve done extraordinary things already,” Dr Elsley said. Navigating the health system is yet another remarkable feat.

The Migrant and Refugee Health Forum, to be held at Playford Civic Centre, will be hosted in partnership by Northern Adelaide Local Health Network, Adelaide Primary Health Network and Northern Health Network, along with Playford City Council.

The morning sessions will be for the community, with sessions on health related topics. Lunch speakers will represent the key South Australian refugee services – the Migrant Health Service and the Migrant Resource Centre of South Australia – and there will be a community panel. The afternoon and evening sessions will include presentations from refugee health experts. A panel discussion in the afternoon will focus on strategies to improve pathways for health care for new arrival families in South Australia.

To learn more visit www.sapmea.asn.au
In a South Australian first, the RSPCA and Mental Health Services have developed an agreement whereby the RSPCA boards the pets of hospitalised mental health patients free of charge for seven days. After that time, if a patient is still in hospital, the RSPCA charges a discounted boarding rate.

The initiative is the brainchild of mental health nurse Gail Freeman who has been a passionate supporter of companion animals for people with mental health conditions for many years.

“Affectionate relationships with companion animals can provide a sense of connectedness, reduce loneliness and enrich quality of life, while promoting self-worth in those who struggle to find a sense of purpose in their lives,” Gail said.

“Pet ownership contributes positively to the mental, physical, spiritual and social aspects of mental health clients’ lives.”

Given the importance of this relationship, it’s understandable that being parted from a pet can cause distress and anxiety for clients, particularly if they don’t have anywhere for them to stay and be looked after safely.

Animal lover Gail, who owns five rescue animals – a dog, three cats and a rabbit – had frequently worked with clients who were reluctant to go into hospital for much needed treatment because they were worried about what would happen to their pet.

“I have often come across situations where someone didn’t have care for their pets,” Gail said. “It’s quite distressing and quite a dilemma.”

Since a memorandum of understanding was put in place in December 2015, around 20 animals have been housed at the RSPCA on the behalf of clients.

“The shelter staff have been wonderful,” Gail said. “The mental health nurses chat to them regularly so they can pass on updates to hospitalised clients.”

To date, no pet has been turned away with even a lizard landing a temporary home with the RSPCA.

The RSPCA’s Lonsdale location in Adelaide’s southern suburbs hasn’t been a hurdle for the program. “The RSPCA will travel out north to pick up the animals, or friends, relatives or even the client will choose to make the trip,” Gail said.

Despite being developed by NALHN staff, the memorandum of understanding also encompasses Central Adelaide Local Health Network.

Gail and her colleagues on the Northern Mental Health/RSPCA Steering Committee want to support as many mental health clients in the Adelaide region as possible.

“The goal is to expand the initiative state wide and then nationwide,” she said.

To make a donation to assist the RSPCA’s lifesaving work, visit www.rspca.org.au

RSPCA South Australia cares for 10,000 animals every year and is a charity that is 90 per cent community funded.

Mental health nurse Gail Freeman with her rescue cat, Amelia.
Golden Grove resident Margaret thought there was no better time to take a leap of faith and to try something new than on her 88th birthday.

“I always wanted to go skydiving but as with everything in life, you just don’t get around to doing it, Margaret said. “With my birthday approaching I thought why not!”

Margaret is the oldest person to skydive at 12,000 feet with Adelaide Tandem Skydiving at Lower Light.

“I originally chose to skydive from 10,000 feet but unbeknownst to me, management had told the pilot to take me to 12,000 feet at no extra cost for my birthday,” Margaret said.

“It was extremely exhilarating and surpassed all my expectations. To just sit on the edge of that aeroplane with nothing down below you and then jump into the air is the most breathtaking experience. I was even able to steer the parachute.”

St Agnes resident Miriam won gold in the javelin, triple jump, long jump and 4x100 metre relay in the 75-to-79-year-old age group at the World Masters Games in Perth late last year. She also took home a bronze in the 100m sprint, finishing in less than 18 seconds.

“I have always played sports and then a friend asked me to give athletics a go,” Miriam said. “I have progressed from social sports and coaching kid’s teams to training three times a week with a coach.”

Miriam says age shouldn’t be a barrier for anyone looking to get involved in sports.

“Just take it easy to start with and build yourself up,” she said. “Make sure you know your limits and listen to those around you. I am very lucky to have great support from my family and my team.”

Miriam has travelled to Brazil and France for the World Masters Athletic Competition and will compete in the Australian National Athletic championships in Darwin later this year.

Modbury Hospital volunteers Margaret Keggin, 88, and Miriam Cudmore, 79, aren’t the types to put their feet up. Margaret recently skydived from 12,000 feet and Miriam won four gold medals at the World Masters Athletics Championships.
Donations to improve services

Services throughout Northern Adelaide Local Health Network (NALHN) benefited from donations valued at more than $60,000 in 2016.

There were also donations of medical equipment to assist in improving care for patients in the north and north east.

Two of the many areas to receive much needed equipment were the Lyell McEwin Hospital’s Special Care Nursery and the Cardiac Rehabilitation Service at Modbury Hospital.

Children’s charity Humpty Dumpty Foundation donated a Giraffe Omnibed Carestation valued at around $50,000 to the Lyell McEwin Hospital’s Special Care Nursery, which can convert from a closed cot to a regular cot with the press of a button. It also has inbuilt scales so the baby occupying it does not need to be moved for weighing.

Heartbeat SA donated several pieces of equipment to the Cardiac Rehabilitation Service in 2016, including two exercise bikes and IT equipment valued at more than $4,000.

NALHN Chief Executive Officer Jackie Hanson said donations of equipment and other goods had a huge impact on the care that could be provided throughout the health service. “On the behalf of the NALHN community, I would like to thank all those individuals and organisations that supported us in 2016,” she said. “Your generosity is invaluable.”

Donations of equipment and other goods have a huge impact on care.

Lyell McEwin welcomes baby boom

For the third year in a row, the Lyell McEwin Hospital experienced a record number of births. In 2016, 3,844 babies were born, 49 more than 2015 and 177 more than 2014.

Women’s and Children’s Division Medical Director, Martin Ritossa welcomes the baby boom.

“The northern metropolitan area is constantly growing as more people choose to move into the area,” he said. “It also has a young population with young people making up approximately one quarter of the Playford demographic.”

In response to this fast population growth, SA Health has made a huge investment in health services in the north.

“Women are choosing to birth at the Lyell McEwin Hospital’s state-of-the-art Women’s and Children’s Hub, making the hospital the second largest service provider for pregnant women in South Australia,” Dr Ritossa said.

“It’s maternity team is comprised of specialised obstetric and paediatric consultants, experienced doctors, midwives, nurses and allied health professionals who together are committed to ensuring the safe and quality care of women and children.”

Lyell McEwin births

<table>
<thead>
<tr>
<th>YEAR</th>
<th>BIRTHS</th>
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<tbody>
<tr>
<td>2013</td>
<td>3,335</td>
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<td>2014</td>
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<td>3,667</td>
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<td>2016</td>
<td>3,844</td>
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Physiotherapy assessments in the Lyell McEwin Hospital Emergency Department are reducing the need for many patients who present with dizziness to have MRI scans and are enabling a quicker diagnosis, resulting in faster treatment.

Vestibular physiotherapist Louise Brumby said by reducing the number of MRIs required, the equipment was freed up for urgent cases.

During 2016, almost a quarter of patients presenting to the Emergency Department with dizziness as their primary condition were seen by the hospital’s vestibular physiotherapy service.

Suitable patients experiencing dizziness in the emergency department are seen within 60 minutes of their referral to the vestibular physiotherapy service. “This means they can go home or be admitted more quickly,” Ms Brumby said.

“In many cases, our assessments can prevent the need for an MRI. We can quickly determine if it’s a condition that can be treated through physiotherapy.”

The vestibular physiotherapy service uses a series of assessment tools to diagnose issues such as inner ear problems that can be treated with physiotherapy. The assessment includes obtaining a comprehensive patient history, bedside examination and patient positioning manoeuvres.

Depending on the diagnosis and symptoms, a patient may be referred to the outpatient vestibular physiotherapy clinic where, in many cases, they may only require one treatment.

More than 1000 patients presented to the Lyell McEwin Hospital with dizziness in 2016. Dizziness can be a sign of many conditions, including strokes, heart conditions, low blood pressure and inner ear complaints.

The vestibular system is made up of two main areas; the central system, which includes the brain and brainstem, and the peripheral system, which includes the inner ear and the pathways to the brainstem. Peripheral conditions that can be diagnosed and treated with vestibular physiotherapy include vestibular hypofunction, and benign paroxysmal positional vertigo (BPPV). BPPV is a condition commonly diagnosed by the vestibular physiotherapy team, which occurs when the crystals in the inner ear that help with balance get into a different part of the ear causing dizziness.

A manoeuvre performed by a physiotherapist can reposition the crystals in the correct spot reducing, and often completely resolving symptoms.

Approximately 2.4 per cent of the population will experience BPV at some time in their life.

Ronald back in balance

In November, Ronald Hough, 81, suddenly began feeling off balance and was fearful of falling over.

“I was all over the place, just really off balance and I constantly felt like I was going to fall over,” he said. “When I looked to one side, the walls looked like they were moving up and down.”

Ronald made a trip to the Lyell McEwin Emergency Department and, on explaining his symptoms, was quickly seen by a vestibular physiotherapist who performed an assessment to determine that his dizziness was caused by BPV.

Because Ronald was at risk of falling and was feeling so unwell, he spent a night in hospital for observation and treatment.

Within a week, Ronald attended his first physiotherapy outpatient appointment, which was followed by another a week later.

“I had the crystals repositioned and that was it - the vertigo was gone as quickly as it had come,” Ronald said.

“I feel really good now and I am no longer dizzy. I am really thankful to the Lyell McEwin Hospital staff and the physiotherapists. They did such a good job.”
Our People

Dr Mark Thesinger
Head of Unit for Paediatrics
Northern Adelaide Local Health Network (NALHN)

Dr Mark Thesinger, who was appointed as Head of Unit for Paediatrics in December 2016, is responsible for providing clinical leadership and overseeing day-to-day management of the Paediatric Unit, including neonatal and general paediatric services, paediatric outpatient services at Lyell McEwin and Modbury hospitals and the Child Development Unit.

He has been part of NALHN since 1994 and has significant experience in providing general paediatric care to children and families in the north. He aims to further develop the quality of paediatric training at NALHN, assist in the establishment of a Child Protection Service for the north and oversee expansion and development of the existing neonatal service to be able to provide higher levels of neonatal care.

Peter Ward
Executive Director, Workforce
Northern Adelaide Local Health Network (NALHN)

Peter Ward has come to us from the Adelaide offices of Hassell Studio, an international design practice, where he was Head of People and Culture. He has also held director-level human resources positions with Airservices Australia, South Australia Water Corporation, Metcash Trading, Kellogg Company and Lion Nathan. In these roles, Peter has managed very large workforces; experience that will be invaluable at NALHN.

Peter, who grew up in Salisbury North, says he is at a stage in his career where he wants to give back to the community. He worked in community-based roles early on in his career and, after four years in a global corporate organisation, is ready to be part of the NALHN community.

Peter has a passion for staff learning and development and is keen to support these areas during a time of growth and change within the health service.

Improving surgery outcomes for anaemia patients

Northern Adelaide Local Health Network (NALHN) is working with GPs so patients with low iron levels can be identified and have iron deficiency treatment prior to elective surgery.

The initiative is part of an implementation process of Patient Blood Management Care Plans at the Lyell McEwin Hospital that have been developed to improve surgery outcomes for patients with low iron levels, or anaemia.

Senior Anaesthetist Dr Bernd Froessler said surgery patients with iron deficiency anaemia could experience slower recovery and had an increased chance of requiring a blood transfusion. “By improving their red blood cell count prior to surgery, we are improving their likelihood of a smooth recovery,” he said.

The care plans are being trialled as part of the Australian Commission on Safety and Quality in Health Care’s National Patient Blood Management Collaborative, which is looking at practice changes to improve surgical outcomes that can be shared nationwide.

“These projects could result in fewer blood transfusions as well as a decrease in post-operative complications, adverse reactions to blood products, length of stay in hospital and readmissions,” Dr Froessler said.

NALHN is partnering with the Women’s and Children’s Health Network to trial the care plans. From 46 submissions, 12 health services around Australia were selected and funded to participate in the Collaborative.

Importance of spiritual care

The Northern Adelaide Local Health Network’s (NALHN) Spiritual Care Department provided comfort to Glennice Elderidge, following a cancer diagnosis.

“I was in excruciating pain and I didn’t know where to go or what to do,” Glennice said. “I was struggling trying to understand my illness and why things happen when they do and I found myself alone with no one to talk to. Luckily for me, the nurse called an on-call chaplain and I had Robynne sitting next to me in no time.”

Glennice said Robynne Malone - one of five Lyell McEwin Chaplains - provided much needed support and clarity to carry on.

According to Robynne, providing spiritual care in a fast-paced health service requires a team effort. At Lyell McEwin Hospital and Modbury Hospital, the chaplains work together with pastoral visitors from various faith traditions to provide spiritual care and support to patients, visitors and staff 24 hours a day, seven days a week. Robynne said spiritual care was about “what is most important to the individual and who they are”.

“It can be any service or act that helps an individual, family or community to draw on a spiritual perspective as a source of strength and healing,” she said.

“This can include providing a listening ear, helping those in need to sort through thoughts and emotions and allowing them to ask the big questions of life and meaning. These questions often arise during difficult times and we often find ourselves thinking about who we are, where we have been in life and what is in store.”

Robynne said patients and their loved ones appreciated the opportunity to talk to someone who would listen without judgment and help explore the questions without having the answers.

Glennice encourages patients and their family members who are struggling to get in touch with the NALHN Spiritual Care team.

“I feel much better after speaking to Robynne, she has helped me to come down a few levels, to talk about and accept what is going on around me,” Glennice said.

To contact the NALHN Spiritual Care Department, phone the Lyell McEwin Hospital Chaplains on 8182 9093 or 0414 553 432, or the Modbury Hospital Chaplain on 8161 2323.