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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. By the end of 2016, NALHN will have provided services to almost half a million South Australians.

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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If you have a news story, feedback or wish to be added to our mailing list, please email: Health.NorthernCommunication@sa.gov.au
Hello and welcome to the Spring 2016 edition of The Northern Health Times.

I’d like to take this opportunity to congratulate all of our finalists in the 2016 SA Health Awards. This year, the Northern Adelaide Local Health Network (NALHN) had eight finalists over six categories with four winners. I am pleased to see so many fantastic NALHN projects chosen as winners and finalists and I would like to congratulate all staff involved in these initiatives. For more on our winners; the Chronic Condition Hospital Avoidance Program, Lyell McEwin Hospital Acute Medical Unit, Trauma Coordinator Nicole Kelly and Watto Purrunna Aboriginal Primary Health’s ‘Lift ’em foot’ initiative, and our other finalists, please see page 19.

Our winners and finalists all epitomise NALHN’s new vision statement, which was launched in September:
“Together with our community and staff we will deliver exceptional care through innovative practice. Compassionate care. Exceptional people.”

Innovation has played a key role in each SA Health Award-nominated initiative. Our staff are exceptional at seeing, perceiving and solving problems in creative ways. This innovation is what drives positive change throughout our health service.

Innovation is also driven by other members of our health service community. More than 100 staff, the NALHN Consumer Advisory Committee and community members were engaged in the challenging process of developing the vision statement. It needed to encapsulate the direction of our work as well as give the community a better understanding of what we strive to be as a health service.

In developing the statement, our health service community has done a great job identifying and articulating our future directions and aligning these with our values. This strong vision provides meaningful direction for leaders, teams and individuals throughout NALHN.

I am proud that NALHN is a health promoting health service and one of our latest examples of this philosophy may potentially save women’s lives. Only 55 per cent of eligible South Australian women participate in regular, free breast cancer screening so at NALHN we are doing our part to improve these figures. Since October, eligible NALHN employees aged 40 plus have been able to attend their two-yearly appointment with BreastScreen SA during work hours.

I urge all women over the age of 40 to have regular mammograms to check for breast cancer and encourage other employers to support their staff to have a check during work hours. This isn’t a test done by GPs or that you can do at home in your own time. It requires attending one of BreastScreen SA’s clinics. Please call 13 20 50 to make an appointment. More information is available at www.breastscreensa.sa.gov.au.

Thank you for taking the time to read The Northern Health News. I believe you will find the stories in this edition inspiring.

Jackie Hanson
Chief Executive Officer
Northern Adelaide Local Health Network

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Peer accolade for Chronic Disease Management Unit

The Northern Adelaide Local Health Network (NALHN) recently attended a Health Roundtable chronic disease management workshop and received an innovation award from peer organisations around Australia for the creation of its Chronic Disease Management Unit, which has led to reductions in potentially preventable admissions.

NALHN’s presentation to the chronic conditions meeting of the Health Round Table was voted one of the three top initiatives by meeting attendees.

The Health Round Table is an information sharing body that brings together health service leaders in order to network and share ideas, projects and data.

The Chronic Disease Management Unit came about to reduce high rates of readmission for chronic conditions. The Unit brings programs providing chronic disease care together.

Acting Clinical Service Coordinator of the Chronic Disease Management Unit Michelle Hewitt said, by physically co-locating services, duplication was reduced and coordination was increased.

“As a result, there has been a decrease in potentially preventable admissions and significant decreases in occupied bed days,” she said. “For example, for the respiratory condition chronic obstructive pulmonary disease (COPD), 200 bed days were saved in 2015/16.”

When compared to the previous year, 2015/16 has seen a 10 per cent reduction in admissions due to diabetes complications, a 10 per cent decrease in admissions for the bacterial skin infection cellulitis and a 23 per cent reduction in admissions for COPD.

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From the CEO

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Chief Executive Officer
Northern Adelaide Local Health Network
Northern mental health patients suffering from schizophrenia are now among the state’s first to trial a new treatment that combines two traditional therapies in a bid to advance standard treatment. Schizophrenia affects the normal functioning of the brain, interfering with a person’s ability to think, feel and act. Without treatment, people with schizophrenia can experience persistent symptoms of psychosis.

To lessen these symptoms, the Northern Adelaide Mental Health Service is inviting 30 young patients aged between 16 and 30 with symptoms of psychosis to participate in a study that combines cognitive remediation therapy and meta cognitive training.

“Cognitive remediation therapy aims to improve difficulties with cognitive skills like attention, memory, problem solving and planning,” said Dr Dennis Liu, Senior Consultant Psychiatrist for the Northern Adelaide Local Health Network.

It will be delivered in groups over six weeks using the Happy Neuron computer program.

“Treatment will also incorporate eight weeks of meta cognitive training that targets cognitive bias, which is when limited information is used to reach a conclusion or decision leading to inaccurate judgments and illogical interpretations.”

Dr Liu said combining treatments could result in significant benefits for patients, with symptoms like paranoia likely to ease.

“Meta Cognitive Training teaches patients a skill to seek additional information before jumping to conclusions but their capacity to collect and hold this information really depends on their cognitive function, so the two really should be done together.”

Partnering with the University of South Australia and Flinders University, Dr Liu will compare patients who receive both treatments to a control group to see if their symptoms have decreased.

“Patients will receive assessments before, during and after the study to determine the effectiveness of the treatments,” Dr Liu said.

If the data shows increased benefits for patients, then this therapy will immediately be applied as routine treatment to clients in the northern region.”

For more information contact Senior Consultant Psychiatrist for the Northern Adelaide Local Health Network, Dr Dennis Liu on 7485 4300.
While a supermarket is convenient, most shoppers will take the time to visit a specialist shop for those items not available at the supermarket. To get a prescription filled, they head to the pharmacist, and to buy flowers, they drop by the florist. They don’t expect the greengrocer to stock bread. Similarly to receive specialist care, patients need to attend the right specialist service.

According to Jackie Hanson, Chief Executive Officer for Northern Adelaide Local Health Network (NALHN), this is what Transforming Health is all about – health services focusing on providing the best possible specialty health care for patients rather than trying to provide everything at every place. “This may mean you drive past one health service to get specialist care at another service,” Jackie said.

Through Transforming Health, clearer distinctions have been made between hospitals that are best equipped for major emergencies and those best suited for minor emergencies. For example, The Lyell McEwin is one of three major metropolitan hospitals, providing the most complex, specialised care to the sickest patients, whereas Modbury Hospital is a hub for less complex, sub-acute care.

“What this means for a northern suburbs man having a stroke, for example, is that he will receive care from specialised doctors in specialised facilities at the Lyell McEwin Hospital,” Jackie said. “Later, he may require rehabilitation at Modbury Hospital’s specialist rehabilitation centre either as an inpatient or an outpatient.” Both the acute care provided at the Lyell McEwin and the rehabilitation provided at Modbury are essential to the patient’s journey of recovery. “Currently, we have to send up to 60 of our local amputee patients to Hampstead for care, but that won’t have to continue,” Jackie said.

The reconfiguration of services has seen improvements in our emergency departments. “Despite seeing an extra 10 people per day this winter compared to 2015, the average time a patient spent at the Lyell McEwin Hospital Emergency Department reduced by around 90 minutes,” Jackie said.

The same trend is being seen at Modbury Hospital where patients are spending around 45 minutes less in the emergency department compared to the same time last year. Emergency department patients are also being admitted to a ward sooner. The percentage of patients admitted within four hours has improved 20 per cent at the Lyell McEwin and five per cent at Modbury. “We will continue to strive for further improvements,” Jackie said.

“Specialist facilities, equipment, doctors and other staff are transferring from Central Adelaide Local Health Network to the north and we are offering some specialist services, such as 24/7 orthopaedic trauma surgery, for the first time. Other existing specialist services are expanding.”

For some people, Transforming Health may result in having to travel a bit further, but for many, it will mean care closer to home. “The overarching message is that Transforming Health aims to improve health care for all South Australians,” Jackie said.
More heart conditions to be treated in the north

Northern residents with heart conditions and other conditions are benefitting from increased access to interventional radiology services, following a $4 million investment at Lyell McEwin Hospital.

A second cardiac catheter laboratory has been installed at Lyell McEwin Hospital, which will allow more local residents from the north and north east to receive urgent assessment, treatment and care closer to home.

Director of Cardiology Associate Professor Margaret Arstall said the new multipurpose cardiac catheter laboratory will result in a 30 per cent increase in the number of procedures involving interventional radiology.

“It will not only increase the number of patients that can be seen but will improve their experience because the procedures are minimally invasive, reducing the length of hospital stays and recovery,” she said.

“And, when one lab is unavailable due to routine or unexpected maintenance, cases can be moved to the other lab rather than being rescheduled.”

Some of the heart procedures that will be carried out include internal measurement of the heart’s electrical activity to diagnose and treat abnormal heart rhythms, pacemaker and defibrillator insertions and insertion of stents to unblock arteries to the heart that cause heart attacks. Other parts of the body can be investigated and treated in this laboratory, including stents to open up blocked arteries.

“Once we have both laboratories fully functional, the Lyell McEwin Hospital will be able to manage 90 per cent of the cardiac problems of people living in the north of Adelaide and northern and western country areas of South Australia.”

Since 2002, $314 million has been invested in the Lyell McEwin Hospital over a continuous three stage redevelopment.
Right care, right place, right time for Darcy

Darcy Ferguson thought he was having a relapse of the flu when he broke out in the worst sweat he had ever experienced at work recently. But he quickly changed his self-diagnosis to heart attack when he started having chest pains and became short of breath.

The 59 year old from One Tree Hill had a colleague drive him home, but his work mate quickly saw the seriousness of the situation and called an ambulance as soon as they arrived at Darcy’s house.

Initially, Darcy was going to be taken to Modbury Hospital, but an electrocardiogram performed en route showed Darcy would benefit from the specialised treatment available through the Lyell McEwin Hospital’s cardiac catheter laboratory.

According to Darcy, he was met at the hospital by a “forest of people”. “I got plenty of attention,” he said. “I reckon I was only at the hospital for five minutes before they started my procedure.”

Darcy watched on a screen as a small tool was inserted into his arm and guided through to the arteries of his heart where stents were inserted to relieve blocked arteries. He was surprised at the simplicity of the procedure.

“I had no idea what to expect,” Darcy said. “I was plenty nervous, but everyone was very professional and very calm and that calmed me down.

“Once they put the stents in and pulled out the tool, it was a completely different feeling to when I came in. A big part of it was relief.”

Darcy will have follow up appointments with Dr Arstall and will make some lifestyle changes.

The sun is shining on PICU

Patients of the Psychiatric Intensive Care Unit (PICU) at Lyell McEwin Hospital are now enjoying more sunshine and fresh air thanks to the addition of a courtyard to the unit.

According to Clinical Practice Consultant Cate Rowlands, the courtyard has added space to the unit and has given patients another option for where to spend their time.

The courtyard is part of a redevelopment of the ward that came about after four beds were added to the unit.

Ensuring patient comfort and familiarity is a priority for the PICU staff who encourage family visits. “Having the four extra beds has been fantastic because it’s kept patients in the northern catchment area where they are closer to family,” Cate said. “The bus stops right outside so it’s easy for family to get here.” Having more beds has also freed up space in emergency departments where keeping patients for as short a time as possible is a priority.

Other improvements have included the addition of areas where clients can chat, purpose-built furniture such as comfortable armchairs and a sensory modulation room. “They can be long days in the unit and comfort is important,” Cate said.

The sensory modulation room is a quiet space that can be adapted for more or less sensory stimulation depending on what best soothes the individual patient. The massage chair is a favourite with patients using the room. While the sensory modulation room is generally used to prevent or de-escalate a crisis, ideally patients choose to use the room when they feel they need it.

PICU staff aim to keep the unit as ‘homelike’ as possible. This assists with the transition to the regular ward. “Being acclimatised to going outside and to interactions with other patients and staff prior to that transition is really beneficial,” Cate said. “The redevelopment has assisted in facilitating this.”

"THE COURTYARD HAS ADDED SPACE TO THE UNIT AND HAS GIVING PATIENTS ANOTHER OPTION FOR WHERE TO SPEND THEIR TIME."
The north’s world-class hospital redevelopments

With a $314 million redevelopment of Lyell McEwin Hospital now complete and the $32 million Modbury Hospital redevelopment underway, the Northern Adelaide Local Health Network can boast world-class facilities and services.

The completion of the Lyell McEwin Hospital redevelopment marks the end of a 14-year transformation of the site into a major hospital for Adelaide’s growing northern suburbs.

Commencing in 2002, the works have positioned Lyell McEwin as one of the State’s three major hospitals, alongside the Royal Adelaide Hospital and Flinders Medical Centre.

Chief Executive Officer Jackie Hanson said the three-phase redevelopment had transformed hospital care in Adelaide’s north, delivering vital new services and increasing capacity.

“The size and scope of the Lyell McEwin Hospital redevelopment cannot be underestimated,” Jackie said.

“This evolution has seen a dramatic increase in both the volume and complexity of services provided at the hospital.

“It has significantly improved access to important health services, including emergency, maternity and cancer care for people living in the north and north eastern suburbs and neighbouring regions.”

A new 96-bed inpatient building featuring state-of-the-art single rooms and a helicopter landing pad has improved access to life-saving treatment and is providing care closer to home, while the creation of a Women and Children’s Health Hub is offering a new standard of care to local mothers and children.

The redevelopment has also delivered a new 50-bed acute and aged care mental health facility, a $10 million radiation oncology unit, a first-class administrative, teaching and research space, upgraded emergency services and additional operating theatres.

Jackie said the facility was now supporting more than 350,000 people living in Adelaide’s north, as well as those from regional locations.

“From humble beginnings as a small country hospital in 1959, Lyell McEwin is today proud to be the premier hospital of the northern metropolitan area and recognised as a leading teaching institution for health care professionals,” she said.

“This redevelopment has created a technologically-advanced healthcare facility that will serve Adelaide’s rapidly expanding northern suburbs now and into the future.”

The State Government’s $32 million investment in Modbury Hospital to make it the major 23-hour and same day elective surgery hub and rehabilitation hub for the north and north eastern area will result in more than 3,000 additional patients treated at Modbury each year.

“It will significantly ease the burden of travel faced by many residents whose only option now is to go to Hampstead or further afield,” Jackie said.

“People who currently travel outside of the northern area for health care will have far greater access to services close to home.”

As a centre of excellence for 23-hour and same-day and elective surgery, Modbury Hospital will carry out 1,800 more elective procedures a year, giving north and north eastern residents faster access to elective surgery, with fewer delays.

Under Transforming Health, the State Government will continue to build on its investments in Lyell McEwin Hospital and Modbury Hospital to ensure NALHN provides consistent, quality care first time, every time.
Commercial builder Hansen Yuncken, which has delivered the redevelopment of the Lyell McEwin Hospital, is committed to making it Australia’s first ever 6-Star Green Star healthcare facility.

Currently, for design, Hansen Yuncken has received a 5-Star Green Star Healthcare rating from the Green Building Council of Australia (GBCA).

But, now the project is complete, it is on its way to achieving the first ever 6-Star Green Star Healthcare ‘as-built’ rating in Australia. To determine the ‘as built’ rating, the sustainability outcomes from the design and construction are considered.

To minimise effects on the environment, the Lyell McEwin Hospital redevelopment project aimed to minimise Greenhouse Gas emissions and water consumption site wide.

Hansen Yuncken has won a number of awards for its work on the Lyell McEwin Hospital redevelopment in recent years.

The six impressive industry awards received are:

- 2016 - National Professional Excellence Award Commercial Construction $100m plus (Australian Institute of Building)
- 2016 - Paul Melville State Award – Professional of the year (Australian Institute of Building)
- 2016 - Professional Excellence State Award – Commercial Construction $100m plus (Australian Institute of Building)
- 2016 - Excellence in Commercial/Industrial Buildings over $100m – Landmark Project (Master Builders Association SA)
- 2014 - State High Commendation Award Research Development and Technology (Australian Institute of Building).
- 2016 - National Association of Women in Construction - Outstanding Achievement in Construction Award - Hansen Yunken Senior Contract Administrator Brooke Copeland.
NALHN was recently successful in a funding submission for a permanent McGrath Breast Care Nurse to help families through their breast cancer journeys.

Breast care nurses provide physical, psychological and emotional support to patients from the time of diagnosis and throughout treatment.

From care coordination across departments, to support and counselling on various issues including mastectomy and breast conserving surgery, medication compliance and coping with side effects – the role of a breast care nurse is significant.

Divisional Director for Surgical Specialties and Anaesthetics (Nursing) Heather Saunders said the role will commence in January 2017.

“The position will be based at Modbury Hospital two days a week to coincide with surgery and outpatients, with the location of the remaining two days to be determined according to demand,” she said. “The McGrath Breast Care Nurse will also spend one day a week supporting the Royal Flying Doctors Service.

“Funding for this position will ensure patients from the north and north-east will have access to breast health five days a week, which compliments the role of the Lyell McEwin Hospital’s existing part-time breast care nurse.

“It will enable Modbury Hospital to have a dedicated nursing service and for NALHN to have a nursing workforce that is responsive to demand across both our sites.”

The addition comes following an expansion of the one-stop breast cancer service at Modbury Hospital earlier this year, which saw the service expand from a full day every two months, to a weekly service, which runs every Friday from 9am to midday.

The specialist breast clinic allows patients to receive radiology results immediately and undergo biopsy testing on the same day, rather than having to make separate appointments.

Head of Unit for Breast Endocrine Surgery Dr Subhita Prasannan said the permanent staff member would improve continuity of care for breast cancer patients in the north.

“The addition of the McGrath Breast Care Nurse is an indication of demographic need in the north of Adelaide,” she said.

The number of new diagnosed breast cancer patients at NALHN increased from 50 in 2005 to 120 in 2015.

Since 2005, the McGrath Foundation has placed 110 McGrath Breast Care Nurses in communities across Australia and supported 49,000 families through the challenges of breast cancer.

The McGrath Foundation also aims to increase breast awareness in young people through the national breast education initiative, Curve Lurve.

For further information, visit mcgrathfoundation.com.au
The Lyell McEwin Hospital orthopaedic service expanded its hours in November 2015, which meant Andrew could have his emergency surgery at the nearest tertiary hospital. According to Director of Anaesthetics Dr Simon Jenkins, since implementing the 24/7 service, there has been an almost 40 per cent increase in patients from the north and north-east receiving emergency orthopaedic surgery at the Lyell McEwin Hospital.

“Providing this important service locally means the majority of patients can now receive round-the-clock orthopaedic trauma surgery here at Lyell McEwin Hospital, rather than be transferred to another hospital,” Dr Jenkins said. “This is particularly important when delays have the potential to cause serious adverse outcomes.”

Andrew Thornton is just one of many northern residents who has benefited from the introduction of 24-hour emergency orthopaedic surgery at the Lyell McEwin Hospital. The 20-year-old Fairview Park resident was at risk of losing a leg after a skiing accident at Swan Reach left him with a broken leg and a dangerous build-up of pressure in the limb in February.

“Round-the-clock orthopaedic trauma surgery is critical, as it allows patients to receive urgent care closer to home,” Dr Jenkins said. “This can help prevent unnecessary transfer between hospitals and ensure patients receive the appropriate level of care.”

Andrew travelled 120 kilometres to Lyell McEwin Hospital via ambulance where it was discovered he had compartment syndrome; a build-up of pressure on a nerve in his leg.

“It could have have killed off my leg completely,” Andrew said. “They started emergency surgery soon after my arrival. The staff and surgeons were amazing and if I hadn’t had that surgery within that short period of time, I wouldn’t have that leg today.”

Andrew recently finished his physiotherapy sessions at the Lyell McEwin Hospital and is happy with his progress. “I went for a little run the other day,” he said. “I’m really happy to have two legs, that’s for sure.”

In addition to the increase in emergency orthopaedic surgery that has resulted in success stories such as Andrew’s, there has been a 12 per cent increase in all emergency surgeries performed within NALHN since March 2016 when compared to previous years.

“This equates to more than 500 patients a year receiving emergency surgery within NALHN,” Dr Jenkins said. “Improvements like this are critical to ensure improved health outcomes for South Australians.”

DID YOU KNOW?
There has been a 12 per cent increase in all emergency surgeries performed within NALHN since March 2016.
Supporting Parkinson’s patients

Being diagnosed with Parkinson’s disease more than 20 years ago never stopped Judith Koerber, 76, from living her life.

Judith was diagnosed with the progressive degenerative neurological disorder at 55, after experiencing slight tremors.

Her son Stephen Koerber, describes his mother as a “strong” and “inspirational” woman who “would never be defined by illness. Working as a nurse at the time of diagnosis and caring for our family, Mum was obviously shocked to be told about her Parkinson’s but she went on medication and just got on with it,” Stephen recalled.

“She kept pretty active after retiring and was doing aqua aerobics a few times a week, until her symptoms worsened last year and she had a fall. Mum’s Parkinson’s symptoms were making her freeze up and her mobility was badly impacted after the fall. That’s when we knew we needed help.”

Judith and her two sons found much needed support through the Northern Adelaide Local Health Network’s Parkinson’s Disease Clinical Practice Consultant Ruth Withey.

Based within Modbury Hospital’s Northern Community Geriatrics Service, the Parkinson’s Disease Clinical Practice Consultant provides information, support and regular access to specialist nursing care to people with Parkinson’s, their carers and families.

“Ruth has helped us to fill in the gaps and provides lots of practical advice on things around the home,” said Stephen.

“She offers great insight into the disease and, most importantly, is able to talk to specialists such as neurologists and GPs on Mum’s behalf. This has enabled faster access to services and has helped us resolve many issues promptly.”

Support from the Parkinson’s Disease Clinical Practice Consultant is provided in nurse-led clinics held at Modbury and Elizabeth GP Plus Health Care Centres, within the homes of patients, and in the Movement Disorder Neurology outpatient clinic at Lyell McEwin Hospital.

“This role provides comprehensive assessment of patients with Parkinson’s to determine their needs,” Ruth said. “It also provides education, counselling and arranges supports in the community to promote wellbeing and independence.

“With additional education, patients are empowered to participate in the judgements and choices about their own care. I feel very privileged to have been given the chance to assist people in their journey with the condition.”

Judith said the most important thing about the service is knowing there is always someone there to help.

“Ruth gives me a lot of confidence and helps me with walking, my medications and control. We are working together to create a care plan that suits me and my needs. I really didn’t have any support outside of the family before being referred to the Ruth, and to be fair, I didn’t really want it. I wouldn’t swap that for anything now.”

For all enquiries, including GP referral criteria, please call 7321 4014.

Fast facts...

- Parkinson’s disease is a disorder that affects the control of body movements due to a lessening of a chemical known as dopamine in the brain.
- Dopamine is responsible for sending messages to parts of the brain and spinal cord, which control coordination of movement.
- Parkinson’s is the second most common neurological disease in Australia after dementia. The disease affects an estimated 10 million individuals worldwide – 100,000 in Australia.
- Parkinson’s mainly affects people over the age of 65 years but 20 per cent of sufferers are under 50 years old and 10 per cent are diagnosed before the age of 40.
- Currently there is no known cause of Parkinson’s or understanding of why some people develop Parkinson’s and not others.

Parkinson’s Disease Clinical Practice Consultant Ruth Withey helps Parkinson’s Disease patient Judith Koerber.
For some people, neither the idea of long distance running or having a health check would be particularly appealing, but members of the Northern Adelaide Local Health Network ‘Lift ‘Em Foot’ team had plenty of motivation to do both in September when they participated in the City to Bay fun run. Almost 140 Aboriginal community members put their hand up to take part in the event, which required them to either walk or run between three and 12 kilometres. Watto Purrunna Aboriginal Primary Health Care Service organised the team recruitment, making completion of a Well Health Check a condition of entry.

Aboriginal Well Health Check Coordinator Danielle Lovegrove said community members wanted to take part in the fun run because it combined exercise with catching up with friends and family, providing an opportunity to motivate each other. A ‘Lift ‘Em Foot’ Facebook page was established and some participants got together to train for the event.

“Having a Well Health Check was also quite well received because our clients are usually interested to know their health status, particularly when there is a family history of medical issues,” Danielle said. “Everything we do as part of a Well Health Check addresses conditions that do affect Aboriginal people.”

The Well Health Check is designed for early detection of chronic diseases such as type 2 diabetes, heart disease, cancer and kidney disease. While it’s a tool that uses observations such as blood pressure, blood sugar, waist circumference and body mass index, it’s also a conversation starter. “The tests lead to conversation about whether the client smokes, if they drink alcohol, their diet and if they exercise,” Danielle said. “We provide information that is often new to them such as the link between waist circumference and heart disease, diabetes and stroke.”

Community members who undergo a Well Health Check are encouraged to participate in Watto Purrunna’s health promotion courses. “There’s been a marked increase in clients attending health promotion courses as a result of doing a Well Health Check,” Danielle said. “Gym programs, yoga, tai chi, vegie growing, healthy cooking and safe food preparation have all been at capacity.

“All family members are welcome. It was great to see so many children taking part with their families in our City to Bay ‘Lift ‘Em Foot’ team.”

Aboriginal community members foot it for health

DID YOU KNOW?
The words ‘Lift ‘Em Foot’ are commonly seen on makeshift road signs in remote areas, reminding drivers to slow down. The phrase has taken on a new meaning - to pick up your feet, run, walk, move and live.

Watto Purrunna joined forces with the Aboriginal Drug and Alcohol Council, the Department of Sport and Recreation, the University of South Australia, Dental SA and Wiltja Rural and Remote Aboriginal Boarding School Program to host the ‘Lift ‘Em Foot’ team.
The Australian community doesn’t see the connection between sexism and domestic violence. But the connection is frighteningly real and something Northern Adelaide Local Health Network (NALHN) wants to change locally as part of its White Ribbon accreditation, according to NALHN Women’s and Children’s Medical Director Dr Martin Ritossa.

Misogyny and prejudice against women is an enabler for males who commit gendered acts of violence.

“Letting someone get away with a sexist remark or harassment of a female co-worker gives them a free pass to continue the behaviour,” Dr Ritossa said. “If we facilitate a culture where a particular group of people is treated as inferior, sadly, violence against that group is a natural flow-on effect.”

When people are considered inferior they are treated with less respect and care.

Dr Ritossa, as NALHN’s Executive Lead for White Ribbon Accreditation, said accreditation wasn’t about domestic violence per se, but was about making the workplace safer and more comfortable for all. “Accreditation will make a difference”, he said. “It encourages us to keep working on the cause.”

A large amount of work is required to achieve accreditation in order to prove to White Ribbon that NALHN is serious about taking on its principles.

White Ribbon is the world’s largest campaign where men take the initiative to end men’s violence against women and girls. To achieve accreditation, White Ribbon requires an organisation to have its staff complete pre and post-implementation attitude and awareness surveys, to have protocols embedded and to have advocates in place. It also requires that all senior staff complete a half day of training and that online staff training is available and encouraged.

Additionally, NALHN has signed a statement of commitment to encourage greater understanding, knowledge and action around violence prevention and to recognise violence against women is a human rights issue that must be addressed in the workplace.

As the accreditation process progresses, staff will see positive changes in NALHN such as the provision of social support and legal advice for women experiencing domestic violence and facilitating time off work if required.

NALHN is striving to achieve accreditation by 28 February 2017. The health service recognised White Ribbon Day on November 25 with a staff barbeque. Male staff members were encouraged to swear an oath to end men’s violence against women and to wear a white ribbon or white wrist band as a visual symbol of this commitment.

Working towards the White Ribbon cause

The Australian community doesn’t see the connection between sexism and domestic violence. But the connection is frighteningly real and something Northern Adelaide Local Health Network (NALHN) wants to change locally as part of its White Ribbon accreditation, according to NALHN Women’s and Children’s Medical Director Dr Martin Ritossa.
In South Australia, trauma is responsible for 40 per cent of deaths of 15 to 25 year olds. An award winning program designed to motivate teenagers to think about their risky behaviour was introduced at the Lyell McEwin Hospital in September.

Senior high school students from Modbury High School were among the first in the north to undertake the Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y) Program – a program that brings students face-to-face with the consequences of risk taking behaviour.

Students visited the hospital’s emergency department, intensive care unit and rehabilitation areas to talk with paramedics, clinicians and organ donation coordinators about the aftermath of risky behaviour.

As part of the program, students spoke with Hope Valley resident, Nick Benwell who is living with quadriplegia after a dirt bike accident.

“I spoke to the students about my accident and how it changed my life, from being in the Intensive Care Unit on a ventilator, right through to my rehabilitation journey and where I am now,” Nick said.

“You never think it’s going to happen to you but accidents can happen to anyone. I showed the students an x-ray of how simple my injury was and how it had such an impact on my body.

“I’ve gone from a healthy, fit, young guy working and doing all the normal things in life. I was pretty carefree and then I have had this accident and come out of the other side of it with a totally different life.

“It’s been the biggest transition from one side to the other and I feel like I may have changed my lifestyle choices if I had a bit more of awareness when I was younger.

“Hopefully my story will encourage students to think twice before making a decision that could impact their life.”

Lyell McEwin Trauma Coordinator Nicole Kelly said programs like P.A.R.T.Y are vital to assist young people to see the bigger picture.

“Through the P.A.R.T.Y Program, we are able to speak to students about the injuries and trauma that we deal with as the result of actions such as drinking, drug use and texting while driving, as well as share some of the human stories behind these incidents,” Ms Kelly said.

“Too many young people end up in hospital – often fighting for their lives – because they don’t make the connection between their actions and the possible harmful consequences.

“In South Australia, trauma is responsible for 40 per cent of deaths of 15 to 25 year olds.”

P.A.R.T.Y has been successfully trialled at the Royal Adelaide Hospital for the past 18 months, winning an SA Health Award – the Premier’s Health Award for Our Community – in recognition of its strength as a trauma prevention program.

This year the Lyell McEwin P.A.R.T.Y program will host visits from Xavier College, Kildare College and as an Australian first, Lyell McEwin Hospital will also host a P.A.R.T.Y program specific to Aboriginal students from Wiltja Secondary College.

Hundreds more students will engage in the P.A.R.T.Y program in 2017, as the frequency of full-day P.A.R.T.Y excursions will be increased and held every six to eight weeks.

Key P.A.R.T.Y sponsor AAMI Skilled Drivers is supporting the expansion of the program into the northern suburbs and country South Australia.
The Northern Adelaide Local Health Network palliative care physiotherapist and accomplished artist has experienced how touch can become even more important at the end of life. She’d like to see more opportunities for loved ones to be able to share intimate space during a death.

“Some people want to lie next to their partner, parent or child and the health care system isn’t always set up for this,” Margaret said. “It’s difficult to accommodate a double bed due to space issues and because nursing staff need easy access to the patient.”

“But I feel, as a health system, we are beginning to better appreciate the need families have for ownership of the dying process. When a health service buys a double bed, it steps a little closer to the community it serves.”

“As a physiotherapist, I have been focussed on the manual handling risks to staff so when the conversation started at work about the need for a double bed in the hospice, I was confronted with another view. The importance of loved ones being physically close to each other in the final moments of life became central to the conversation.”

When Margaret experienced the deaths of her own parents, she felt an urgently unfulfilled need to lie with them. “I don’t know if I could have helped my mother’s breathing by holding her in bed, but I would have liked the choice,” she said.

Margaret’s charcoal piece ‘Till Death’ evokes the beauty of love up to the last moment of life.

“I love the velvety blacks and delicate ranges of grey that are made possible through the use of charcoal and how the image is gradually built up over time,” she said. “Limiting the palette to black and white enhances the emotional power of an image and compels the viewer to search for meaning - the absence of colour providing the opportunity for a deeper conversation without words. I find the process very cathartic.”

To learn more about palliative care and art, visit dyingtotalk.org.au/art

Margaret depicts death’s embrace

There are few things more precious than a cuddle with a loved one, which is why artist Margaret Ambridge chose an embrace as the object of the art work she has entered into Palliative Care Australia’s Life in Death art competition.

I feel, as a health system, we are beginning to better appreciate the need families have for ownership of the dying process.
Improving advance care planning

A project run by the Northern Adelaide Palliative Service has identified issues and challenges in initiating advance care planning for vulnerable populations living in Adelaide’s north.

The initiative has brought together experienced community workers providing care to people with advanced chronic diseases, Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds.

“Essentially we have worked together to name issues and challenges for these groups in initiating advance care planning processes and developing advance care plans,” said Senior Consultant in Palliative Medicine and Director of Research and Education for the Northern Adelaide Palliative Service Associate Professor Gregory Crawford.

“Advance care planning in South Australia involves completing an Advance Care Directive and appointing one or more substitute decision-makers to make decisions on your behalf when you are unable to do so yourself.

“There are a number of challenges that accompany this method of planning because many doctors have different ideas around the process of implementation, especially when it comes to documenting people’s wishes.

“Some see it as a process that involves treatment preferences, whilst others see it as an ongoing discussion incorporating wishes and values.

“This is made increasingly difficult because the general premise in our society is that advance care planning is an individual person’s right, that a person has autonomy to make decisions about their care, however not every community operates in this way.

“In some cases, there may be cultural taboos that prohibit discussions about death and dying. In others, it is the elders who influence these sorts of decisions, or even in some cultures it is the eldest son.

“Other cultures value family conversations, not individual conversations and so we are trying to understand what some of the issues for these groups are.”

The Northern Adelaide Palliative Service has investigated this topic in partnership with the University of Adelaide, with funding from the Northern Communities Health Foundation Incorporated.

Findings from this research has led to the submission of an Australian Government National Health and Medical Research Council Partnership Grant, which will assist to provide culturally appropriate end-of-life care conversations and advance care planning processes in the northern community.

Approval for five palliative care registrars

Northern Adelaide Local Health Network’s (NALHN) Palliative Care Service has received the highest level of accreditation, enabling it to take on the full five registrar positions for which it is funded. The accreditation process through the Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians looks at an organisation’s suitability to provide training of specialists. Registrars are doctors who have commenced specialist training.

Accreditation is essential for attracting registrars and building the workforce, said Dr Lawrie Palmer, Medical Head of Northern Adelaide Palliative Service. “If the experience didn't count towards their qualifications, no registrar would have an incentive to come here for training,” he said.

“But we were able to demonstrate to the accreditors that we have good teaching and supervision by consultants, a good workspace and well-functioning multidisciplinary teams. It is a feather in the cap for NALHN.”

Registrars can complete much of their three years of advanced palliative care training with NALHN. They are required to complete core terms in an inpatient or hospice environment, a community setting, a teaching hospital and in oncology.

Northern Adelaide Palliative Service places one registrar at Modbury Hospital Hospice/ Palliative Care Unit, one at the Lyell McEwin Hospital and three in the community.

“Our work in the community involves assessing patients at home and doing what we can to enable them to die at home if that is their wish and their family’s wish,” Dr Palmer said. “Approximately 35 per cent of our patients die at home or in a residential aged care facility.”

The Palliative Service attracts “wonderfully committed and talented staff”, according to Dr Palmer. “Most trainees feel working here is a really good experience.” The service has about 350 active patients at any time and receives approximately 1400 referrals each year.
Our People

Maria West
Director of Mental Health Strategy and Operations
Northern Adelaide Local Health Network (NALHN)

Maria comes to NALHN from Auckland, New Zealand where she served as General Manager for the Mental Health and Addictions Directorate, Auckland District Health Board.

Maria brings with her significant experience in executive roles across the public and non-government sector, providing general management, service improvement and professional leadership to hospital and community services.

Maria has spent the last 15 years in leadership positions, successfully delivering a number of health sector initiatives and strategies.

Professor Mark Boyd
Chair of Medicine
Lyell McEwin Hospital and the University of Adelaide

Based at the Lyell McEwin Hospital, Professor Boyd provides leadership in teaching and research, promoting a culture of research and teaching excellence, as well as undertaking clinical duties and supervision of junior medical staff.

Professor Boyd is an internationally recognised infectious disease expert. He has had a key role in two major, multicentre, international randomised clinical trials (‘SECOND-LINE’ and ‘Encore1’), which have brought changes to the WHO guidelines on the antiretroviral management of HIV infection in adults and adolescents.

He has published more than 100 papers, book chapters, reviews and commentaries and been an investigator on grants worth in excess of $20 million.

Sanmuganatham Sujeeve
Divisional Director (Medical) of Northern Mental Health
Northern Adelaide Local Health Network (NALHN)

Doctor Sujeeve has worked within NALHN Mental Health Division since 2008, starting his career as a Registrar before being appointed as a Consultant Psychiatrist in 2010.

Doctor Sujeeve also provided leadership and management as the clinical lead for Lyell McEwin Hospital’s Ward 1G.

As Divisional Director, he manages safety and quality initiatives and improvement efficiencies to ensure patients in the north receive the best mental health care.

Doctor Sujeeve is strengthening our commitment to consumer engagement and working with the Primary Health Networks to improve local prevention and promotion initiatives.

Quick follow up reducing admissions

Eligible patients who have presented to hospital or have had an admission for a general medical problem and who require early review, can now access earlier appointments thanks to the introduction of Quick Access Clinics (QACs) at the Lyell McEwin Hospital. Patients don’t have to wait for results as an inpatient.

General practitioners can also refer directly to QACs rather than to an emergency department for an early-specialist opinion.

Acting Clinical Service Coordinator of the Chronic Disease Management Unit Michelle Hewitt said patients given QAC appointments were often very unwell, but weren’t requiring acute care. They may have more than one chronic disease or have other compounding health issues.

“They don’t need a bed in hospital, but without timely follow up, they may have to be readmitted,” she said. “QACs are about preventing readmissions.

“While patients can go home feeling assured they will have quick follow up, QACS are also improving the flow throughout the hospital.”

Patients who are frequently presenting to the emergency department with serious health concerns, but don’t need to be admitted may also be seen at a QAC for a medical review.

“Seeing these patients at a QAC may result in fewer emergency presentations,” Michelle said.
Four wins at 2016 SA Health Awards

Four of Northern Adelaide Local Health Network’s (NALHN) eight finalists in the 2016 SA Health Awards were announced category winners at an award ceremony on 25 November. NALHN received more awards than any other local health network and had more winners and finalists than in any previous year. The awards recognise and reward individuals, teams, programs and projects that have significantly improved the delivery of health services to the South Australian community.

Congratulations to our 2016 finalists

Central Flow Unit - Finalist, Enhancing Hospital Care category

NALHN has completely reengineered patient flow practices by developing the Central Flow Unit to manage and oversee all hospital admissions and transfers. Using electronic tools in the unit and on the wards, Modbury Hospital and Lyell McEwin Hospital emergency departments are monitored to ensure continual flow, resulting in improved discharge times and transfer to ward times, thus improved outcomes for patients.

Women and Children’s Division Vulnerable Infant Program - Finalist, Building and Strengthening Partnerships category

The Vulnerable Infant Program aims to protect and strengthen our next generation of children. It identifies high psychosocial risk in pregnancy on first presentation to the hospital. A consistent assessment tool is used, information shared and the expert interagency team categorise risk rating using a traffic light system. Women who are identified high psychosocial risk are allocated a care manager to engage and develop a program to support risk reduction behaviours.

Trauma Coordinator Nicole Kelly - Finalist, Young Professional of the Year category

NALHN Trauma Coordinator Nicole Kelly is responsible for coordinating and directing the trauma service delivery of care. Extremely well respected by her multi-disciplinary colleagues throughout the State, Nicole is an exceptional advocate for the northern community, consistently striving to ensure patients receive the right care, first time, every time.

Allied Health Department Chronic Condition Hospital Avoidance Management Program (CHAMP) - Finalist, Out of Hospital Strategies and Care category

The CHAMP service supports people with complex chronic conditions at risk of frequent admission. The multidisciplinary team works together to provide flexible services tailored to individual needs. Case managers work with clients for up to six months to support coordination of care through coaching, education, counselling and advocacy to support clients to achieve their goals, and enhance their self-management.
Dr Gajen Perry has been named Junior Doctor of the Year 2016 for the Confederation of Postgraduate Medical Education Councils (CPMEC), ahead of representatives from each Australian state and territory and New Zealand.

Dr Perry, 31, first thought about becoming a doctor during primary school, when his grandfather was sick in hospital. “Seeing the way the doctors were able to help my grandpa and family had a big effect on me,” he said.

But Dr Perry initially pursued a career in sales and marketing in Canada where he had grown up.

It was only when a friend was applying to study medicine in Australia and suggested Gajen do the same, that he considered changing careers. “On the day applications were due, I realised how much I hated my job and I applied that afternoon,” he said.

That decision has been a huge gain for the Lyell McEwin Hospital where Gajen has worked his entire medical career. Gajen is one of four Service Registrars in the Acute Surgical Unit. “What I like about surgery is that in one day a patient can be incredibly unwell, you investigate, diagnose, operate and then get the opportunity to watch them improve,” Dr Perry said.

Dr Perry’s role is to meet with patients who come through the Emergency Department and require surgery, to make a plan with them for their surgical needs and then undertake that surgery. He loves the collaborative nature of the role, which can see him working with allied health staff, intensive care nurses and nutritionists all in one shift. “I’ve learned my most valuable lessons from my peers and colleagues,” Dr Perry said.

Dr Perry enjoys passing these lessons on to Junior Medical Officers and medical students. “I don’t think you should do medicine if you don’t want to teach other people,” he said. It was this dedicated mentoring, that inspired Dr Perry’s colleagues Kathy Wright and Glenda Battersby to nominate him for Junior Doctor of the Year. “Gajen’s professional activities have been numerous and outstanding,” Kathy said.

YOU INVESTIGATE, DIAGNOSE, OPERATE AND THEN GET THE OPPORTUNITY TO WATCH THEM IMPROVE.