

MURRUMBIDGEE

ISSUE 13 SUMMER 2021

MATTERS

MAGAZINE

THIS ISSUE:
A closer look at
our People

REFLECTIONS
A YEAR IN REVIEW

CONTENTS

About Us.....	2
International talent to lead Medical Services	3
From the Chief Executive: Jill Ludford.....	4
GP Pathway opens doors to Murrumbidgee	6
2020 Reflections- a year in review	7
Wagga Wagga strikes global gold in fight against deadly stroke	8
Meet Our People: Jackie Brodie	10
Meet Our People: John Carroll	12
Meet Our People: Tony Burns.....	14
Meet Our People: Alison Nikitas.....	16
Introducing Elizabeth Dixon.....	17
Genetic Counselling	18
Board Chair's Message.....	19
COVID Response	20
Thinking about doing Medicine?	21
West Wyalong Community Health Hub opens.....	22
Looking after your mental health	24
Photo Gallery.....	25
Award winner: Ginny Sykes recognised for work with Diverse communities	26
WHIN Team winners	27

ABOUT US

Murrumbidgee Local Health District (MLHD) provides a range of public health services to the Riverina and Murray regions of NSW, Australia.

We provide services across a geographic area of about 125,561 square kilometres to a population of more than 240,700 residents. People of Aboriginal and Torres Strait Islander heritage make up four per cent of the population.

As the largest employer in the region, with more than 3,800 healthcare staff working across 33 hospitals and 12 primary health care centres, we are supported by hundreds of volunteers who make an invaluable contribution to enriching the lives of people in our care.

Our services are provided through:

- 1 Rural Referral Hospital
- 1 Base Hospital
- 8 District Health Services
- 5 Community Hospitals
- 16 Multipurpose Services
- 2 Mercy Care Public Hospitals
- 12 Community Health Posts
- 1 Brain Injury Rehabilitation Service

PUBLICATION

We would like to acknowledge the traditional owners of the land covering MLHD and remind people that we live and work on Aboriginal land.

Welcome to the 13th issue of Murrumbidgee Matters Magazine.

This quarterly publication is developed by MLHD. Information is correct at time of printing.

Publication costs are subsidised by income generated from advertising.

FRONT COVER

*Newly appointed Executive Director Medical Services,
Dr Lenert Bruce*

CONTACT US

EDITORIAL

Rebekah Manwaring
Communications Officer
0412 324 122
E: MLHD-News@health.nsw.gov.au

Heather Hillam
Communications Officer
E: MLHD-News@health.nsw.gov.au

Juanita Golland
Online Communications Officer
0436 911 758
E: MLHD-News@health.nsw.gov.au

ADVERTISING

Setchen Brimson
Executive Services Manager- Communications
T: 02 5943 2010
E: setchen.brimson@health.nsw.gov.au

MURRUMBIDGEE LOCAL HEALTH DISTRICT
Level 1, 193-195 Morgan Street
Wagga Wagga NSW 2650
E: MLHD-FeedBack@health.nsw.gov.au
www.mlhd.health.nsw.gov.au

All rights reserved. No part of this magazine may be reproduced without written permission of Murrumbidgee Local Health District.

OUR VISION

Wellness is our Goal
Excellence is our Passion
Our People are Our Future

International talent to lead Medical Services



Dr Len Bruce, Executive Director Medical Services, MLHD
Photo courtesy of The Daily Advertiser

A highlight this issue is the appointment of Dr Lenert Bruce as Executive Director of Medical Services.

Dr Bruce is an experienced clinician and medical leader who has worked in public and private sector in a number of health systems locally and overseas.

Dr Bruce joined MLHD in 2007 and is committed to progressing strategies to improve equity in healthcare access for our community.

As Acting Executive Director of Medical Services for MLHD for the past 12 months Dr Bruce has taken on the medical leadership of our response to the COVID-19 pandemic in his role as medical controller.

A practicing Anaesthetist, Dr Bruce has 25+ years experience in healthcare education in South Africa, the United Kingdom and Australia including 10 years in rural undergraduate and postgraduate medical education in Australia.

His experience is invaluable in leading the MLHD's strategy to "grow our own" rural generalist doctors and other medical specialists. ■



From the Chief Executive

Chief Executive Jill Ludford on
site at Tumut redevelopment

REFLECTIONS: AGAINST THE ODDS, A REMARKABLE YEAR

This year our land, our communities and our people have risen to the challenges presented to us with strength and resilience.

Murrumbidgee Local Health District covers a diverse regional community and are proud we have continued to maintain our high standards and delivery of exceptional care to our local communities.

In the past twelve months we have been impacted on a number of fronts from drought and bushfires to the COVID-19 pandemic.

Our entire District was impacted by the thick blanket of smoke that covered our region for the duration of the fire season. None more so than the three MPS sites (Tumbarumba, Tumut and Batlow) which evacuated for the safety of our residents.

Throughout COVID our team stepped up to the plate:

- Within hours our teams had established a 7 day/week COVID call centre
- We deployed mobile testing clinics to be agile and respond quickly to rising hotspots in our community
- we created a Communities of Practice a forum where clinicians led our response
- We kept our community and stakeholders informed and involved to minimise community transmissions with a total of 56 cases and sadly 1 death since the outbreak.



Despite these challenges, our teams continued to perform, strengthening our position as a leader:

- We launched the Murrumbidgee Integrated Rural Generalist Training Pathway (MIRGTP)- a strategic approach to workforce development that harnesses a range of existing learning pathways and training positions to provide a unique, coordinated opportunity for medical graduates.
- Clinician led communities of practice, the creation of “M” teams, a local model of clinical leadership;
- Received recognition from AMA for the best hospital in NSW for medical trainees – four years in a row for an “A” rating
- Recently Wagga Wagga Base Hospital became the first in Australia to receive a prestigious World Stroke Organization Angels Gold Status Award for meeting the highest standards in stroke treatment. Wagga Wagga was the first Australian hospital to achieve Angels Award Gold Status and the objective was to ensure all hospitals reach these global benchmarks.

We are working with Aboriginal Communities to improve health outcomes:

- I had the pleasure of participating in a virtual signing of the milestone Local Decision Making Ngunggiyalali (Accord) with Riverina Murray Regional Alliance (RMRA) to commit to culturally-informed services for Aboriginal communities across the region. The Accord provides the foundation for the formation of strong working relationships with the Aboriginal communities in our district and ensuring their voices are heard
- We implemented an Aboriginal Cultural Assessment tool in partnership with the Centre for Aboriginal Health and are partnering with NSW Health Infrastructure in community engagement
- Creation of the Marrambidya Leadership program, a recognised finalist at the recent NSW Premier's Awards

Redevelopment continues within MLHD with construction of the Wagga Wagga Base Hospital in final stages and commencement on the Griffith Base Hospital and Tumut Hospital underway.

Completed developments included Barham, Hay, Tumbarumba and Harden/Murrumburrah hospitals.

During this past year, I've realised how important it is for Murrumbidgee Local Health District to be part of the NSW Health system. To be part of a system that has a network of services across the rural and metro areas of the state and to be able to share our data through our digital networks, and have NSW Pathology and NSW Public Health Units guiding our response to the COVID 19 pandemic has been invaluable.

Finally, I wish you all a very happy, healthy and safe Festive Season, and look forward to renewed vigour in 2021!

Jill Ludford
Chief Executive



ABOVE: I was delighted to see the CT Scanner installed at Deniliquin Hospital

FROM TOP RIGHT: I took a sneaky peek at the progress of the Tumut Hospital redevelopment recently. The building is going up so quickly!

AMA (NSW) Vice President, Dr Danielle McMullen, presented Wagga Wagga Base Hospital (WWBH) with an award for its excellent results over the past few years in the Hospital Health Check (HHC). WWBH has consistently performed the best in NSW in the three years AMA (NSW) has been running the survey.

It was my great pleasure to visit Wagga Wagga ED recently with WWBH Chief Medical Officer Stephen Wood and Rural Generalist Elspeth Jarman to welcome Dr Louise Baker (HETI) who will be working with our team on the NSW Rural Generalist Medical Training Program and advanced skill training pathway.

With Minister Coulton a few weeks ago launching the Murrumbidgee Integrated Rural Generalist Pathway





GP PATHWAY OPENS DOORS TO MURRUMBIDGEE

GPs in rural areas are of vital importance and a central part of a rural town's life and existence. The decreasing numbers of new medical graduate doctors choosing a career in general practice is of significant concern. Rural areas already face ongoing challenges to attract and retain GPs which means the decreasing number of GP training applicants only exacerbates this shortage.

The Murrumbidgee Integrated Rural Generalist Training Pathway (MIRGTP) is a strategic approach to workforce development that harnesses a range of existing learning pathways and training positions to provide a unique, coordinated opportunity for medical graduates.

The program is a joint initiative between Murrumbidgee Local Health District and the University of NSW Murrumbidgee Regional Training Hub. It will provide junior doctors, genuinely interested in working in rural general practice in the Murrumbidgee region, the experience, exposure and qualifications they need to become rural generalists.

It will offer secure employment and dedicated career support for the duration of their rural GP training with early, well supported exposure to rural general practice and rural hospital work.

The GP trainees will benefit from continuous employment conditions for the duration of their training, replacing the need to have multiple employers as they move through their training locations. Added benefits for the trainees include ease of movement between hospital and general practice training and specialist mentoring and support.

The District has been supported in the development of this program by the NSW Ministry of Health facilitating a four year employment contract for these GP registrars. This will enable the registrars to stay as NSW Health employees throughout their training. The program is enhanced by the existing HETI Rural Generalist and procedural GP training programs.

The training organisations, Colleges and other stakeholders will continue in their current roles to ensure the standards of education, placements and achievement will remain at the highest level. The pathway is aligned with the National Rural Health Commissioner's Rural Generalist Pathway.

Dr Joe Murphy is the first to receive a Murrumbidgee Rural GP Training Pathway contract.

Dr Murphy grew up on a sheep and wheat farm near the small village of Bribbaree, on the outskirts of Murrumbidgee Local Health District.

He attended Bribbaree Public School, a two teacher school of 25 students, and then went on to complete his HSC at Hennessy Catholic College in Young.

He completed the first three years of his medical degree at the University of NSW in Sydney and the final three at the university's Rural Clinical School in Wagga Wagga.

He completed his two year Junior Medical Officer placement at Wagga Wagga Base Hospital and is now completing an advanced skills year in obstetrics through the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

"Being able to stay with the one employer while I continue my training reduces the administrative burden of moving between employers and facilities," said Dr Murphy.

"It allows me the flexibility to continue with my GP training in the community as well as do shifts as an Obstetrics Registrar at Wagga Base Hospital. I can also upskill in different areas such as emergency and paediatrics – areas that play a big role for rural GP's."

"Most importantly I have support in terms of being able to maintain and develop professional relationships."

"Living in the Murrumbidgee has also given me the opportunity to continue my relationship with the UNSW, where I run tutorials in obstetrics for the medical students."

Dr Murphy is also involved with the NSW Agricultural Societies Council, promoting the involvement of young people in their local Agricultural Shows, and is a recipient of the Royal Agricultural Society of NSW Rural Achiever Award. ■

2020 REFLECTIONS A YEAR IN REVIEW

*Contributed by
Dr Len Bruce,
Executive Director Medical Services, MLHD*

Photo courtesy of The Daily Advertiser

This has been a year like none before. Our community has been impacted by drought, bushfires and then an unprecedented pandemic. As part of the community we as MLHD-Staff have been impacted on both a personal and professional level. It has been a year of loss, with some people losing their homes through bushfires and farms being devastated.

On a professional level we have been tested by a pandemic of which the size and severity has not been seen before. We were faced with a highly infectious virus which targeted vulnerable members of our community and for which there is still no recognised treatment. This has clearly been a tough year.

||
It has been a
baptism of fire, but
the most rewarding
12-months of my
25-year career in
medical practice ||

I came to the Murrumbidgee in 2007 and have always been proud to be a member of the broader community and more specifically the Murrumbidgee Local Health District. It has been a rewarding

13 years and I was privileged to be given an opportunity to lead our Medical Services towards the end of last year. It has been a baptism of fire, but the most rewarding 12-months of my 25-year career in medical practice.

The level of medical engagement I have experienced during the COVID-pandemic has been exceptional. I still remember General Practitioners offering their services to our Emergency Department and Anaesthetists being trained up to support our Intensivists as part of our ICU-surge strategy. Surgeons moving cases to private facilities at relatively short notice to support our pandemic plan. Our nursing, allied health, healthcare and administration staff have shown an impressive level of commitment.

Everyone have been tremendously generous with their time, by attending meetings after hours; covering extended periods of on call and just working long hours.

Our response was broader and required all members of our team go above and beyond the call of duty. Every facility had to implement a COVID action plan. The amount of education and support provided was huge. The sourcing and management of PPE was an area in itself. We can be proud to say that thanks to our team, our staff and patients were always safe. Resourcing testing clinics, transporting specimens and then performing large numbers of COVID tests

required us to perform at the top of our scope of practice. The MLHD leadership team embraced our responsibility to support our colleagues caring for patients at the coalface and supporting the broader community by keeping the community informed.

The constantly changing challenges which we faced demanded that we were agile enough to adapt when required. With a largely evidence free zone, we had to be scholars to ensure that we were always following the most appropriate and up to date guidelines.

The fact that we could succeed was in no small way supported by the leadership initiatives like the "Fever workshops" and the Murrumbidgee Leadership Program. During a pandemic we need leadership at the front line and the effectiveness of our Pandemic response demonstrates that we have been successful. The other great achievement was the fact that virtual care is now embedded in the Murrumbidgee Local Health District's service plan. The challenge for us is to maintain the momentum of innovative initiatives implemented as part of our pandemic plan which can improve healthcare in the future.

In closing I would like to thank everyone for their support during this year and I wish you all well during what will be a well-deserved break. I am exceedingly proud to be a part of this team. ■

Wagga Wagga strikes global gold in fight against deadly stroke



Professor Martin Jude, Head of Stroke Unit, Wagga Wagga Base Hospital

The Stroke Unit at Wagga Wagga Base Hospital has become the first in Australia to receive a prestigious World Stroke Organization Angels Gold Status Award for meeting the highest standards in stroke treatment.

The Angels Initiative, a partnership between the World Stroke Organization, European Stroke Organisation and Boehringer Ingelheim, aims to optimise the standard of treatment in stroke centres worldwide and improve patient outcomes by setting global benchmarks for best practice stroke care.

This high-profile award has been facilitated by the Australian Stroke Coalition and the Florey Institute of Neuroscience and Mental Health, and was open to hospitals contributing data to the Australian Stroke Clinical Registry.

A recent report by the Stroke Foundation highlights that people living in regional Australia are 17 per cent more likely to suffer a stroke than those living in metropolitan areas.

Head of the Wagga Wagga Base Hospital Stroke Unit, Associate Professor Martin Jude said that in stroke care, “the greatest battle is against time”.

“With each minute that goes by more brain cells are lost and the risk of disability and death increases,” he said. “In regional Australia we not only have higher rates of stroke but have

to contend with the challenges of rapid access to expert care over long distances.”

Wagga Wagga Base Hospital has the only dedicated stroke unit in the Murrumbidgee Local Health District, serving a population of nearly 250,000 people across a 125,000 square kilometre catchment area.

The hospital, where up to 450 admissions to its stroke unit occur each year, has implemented a range of procedures to ensure patients receive optimum care.

“We recognised that stability of staffing and the depth of skill across our unit was critical,” Professor Jude said.

“We have invested in education and training starting with Ambulance, Emergency Department, radiology and all members of the stroke unit team, meaning stroke symptoms are recognised rapidly and we’re able to deliver the right treatment at the right time.”

Professor Jude said that one of the hospital’s key achievements was ensuring more than 70 per cent of eligible patients receive clot busting therapy (recanalisation) within 60 minutes of arriving at the hospital door.

“This is an outstanding result, for our team and for patients being treated for stroke”.

These protocols and the performance of the hospital’s stroke unit were assessed as part of the Angels initiative, with the gold status award announced at the 2020 European Stroke Organisation-World Stroke Organization virtual Conference attended by more than 5,000 delegates.

The Angels Initiative Medical Project Manager in Australia, Kim Malkin said Wagga Wagga was the first Australian hospital to achieve an Angels Award Gold Status and the objective was to ensure all hospitals reach these global benchmarks.

“To achieve gold status a hospital must demonstrate a range of outcomes. This includes more than half of all eligible patients with stroke receiving treatment within 60 minutes of hospital arrival – at Wagga Wagga they’ve been able to do even better,” she said.

Australian Stroke Clinical Registry (AuSCR) lead, Professor Dominique Cadilhac from The Florey Institute and Monash University, congratulated Wagga Wagga Base Hospital on their achievement.

“This award acknowledges the leadership and dedication of Martin and his team, while underscoring the importance of high quality, standardised data collection and review of performance to improve stroke care,” she said.

Professor Cadilhac said, “National and international benchmarking is critically important to the management of stroke

About Stroke in Australia

- 8,926 people in NSW will experience a stroke for the first time in 2020 (27,428 nationally).
- 145,066 survivors of stroke are currently living in NSW (445,087 across Australia).
- 2,901 people in NSW will die as a result of stroke this year (8,703 throughout Australia).
- The economic cost of stroke exceeded \$6.2 billion, with a further \$26 billion in lost wellbeing- due to short and long-term disability, and premature death nationally.
- Reducing uncontrolled high blood pressure and providing quicker access to emergency stroke treatments has the potential to save \$179 million over five years in economic costs and \$2.4 billion in reduced mortality and improved wellbeing annually.
- 24 per cent of strokes occur in Australians aged 18-54 years. In 2012 this number was just 14 per cent.



in Australia and reducing variation in practice. This is why AuSCR and the Australian Stroke Coalition is supporting hospitals to participate in international recognition awards such as the Angels awards program.

“We are very pleased to have worked with Monash University to have the analysis independently run using deidentified data from AuSCR and in consultation with our European counterparts at St. Ann's University Hospital Brno, Czech Republic.

“We need to ensure Australian stroke units are meeting best practice standards and identify where more support is needed. We encourage hospitals across Australia to follow the lead of Wagga Wagga and become involved in benchmarking programs that can be facilitated in partnership with our peak non-government organisations (Stroke Foundation and Stroke Society of Australasia that lead the Australian Stroke Coalition), academics, and clinicians.” ■

Top: Kim Malkin, Dennis Jewell, A/Prof Martin Jude, Katherine Mohr, Gary Bingham, Samantha Dagasso

Above: Stroke patient Dennis Jewell, West Wyalong

Right: Katherine Mohr, Wagga Wagga Base Hospital Stroke Care Coordinator with former patients Gary Bingham of Wagga and Dennis Jewell from West Wyalong





MEET OUR PEOPLE

Jackie Brodie Aboriginal Manager

Jackie Brodie is a strong woman who has a lot to be proud of, including a successful career, having recently been appointed District Manager of Aboriginal Health at Murrumbidgee Local Health District.

She's a constructive leader with vision: "I didn't come into health to criticise anybody; I came in to empower the organisation to do a really good job".

She is focussed on outcomes, not widgets or data: "We talk about people-centred care; we really need to make that happen."

And she is clear on where Aboriginal health sits as a priority: "When it comes to health care, Aboriginal people should be the first thought, not the last thought."

But to understand why Jackie is so well-placed and driven to make a difference to Aboriginal health, it's important to listen to the stories of her family and childhood, which capture some bleak moments in our country's history.

Jackie's maternal grandfather was a talented stockman who drove cattle through treacherous desert stock routes from the Top End to South Australia or Queensland to Victoria, riding and camping the whole way with his six children after his wife passed away.

"He was the first and only Aboriginal person who rode for the Queen when she came to Australia in 1940," says Jackie, who treasures a photo of him dressed for the occasion.

"It was a time when Aboriginal people were suppressed, but he was one of the stand-outs, and they were trying to display the skills and ability of Aboriginal stockmen."

Having had such a nomadic, adventurous childhood, Jackie's mother fell in love with a man also accustomed to outback journeys. The proud Yandruwandha Yawarrawarrka woman from Innamincka, SA was working as a bar maid at the Tiboburra Hotel when she met Jackie's father, who did the

Cobb & Co mail runs and food deliveries for remote farming communities.

"At that point in time, in the early 50s, it was forbidden for a white man to marry an Aboriginal women," says Jackie.

"Even in 1962, when I was born, Mum didn't have voting rights and we were still considered bastard children."

Her parents settled on a cattle station called Princess Royal near Burra, a tiny mining town east of the Clare Valley in SA. Her father worked as a station hand and her mum became a well-respected cook at the local hospital, also catering for shearers.

Money was tight – Jackie remembers her parents earning just \$25 a month – but the family was resourceful. They raised and sold chickens and ducklings, and also did a rabbit run. On Friday nights they would head out bush and set up 100 rabbit traps. Saturdays were spent collecting and dressing the rabbits, ready to sell fresh in town.

The kids were up early to catch the school bus at 6.30am and when they got home there was work to do.

"We worked as hard as the men on the property, mustering sheep or getting cattle in after school," she says.

"There were always chooks and ducks to feed and cows to milk."

But there was also time for making billy carts, horse riding and catching yabbies in the local creek. Jackie remembers her brother driving the few kids from the station around in their family's Model T Ford, which had wooden wheels and a crank start.

"We did everything in that old girl," she says.

"I don't know how we never killed ourselves."

When Jackie was about 10, the family moved into town when her father got a job in mine exploration. Initially lost without farm chores to keep her busy, Jackie had soon scored herself a job at the local service station, cooking toasted sandwiches and working the till.

After completing Year 12, she started work in a haberdashery shop, where she prided herself on the quality of her customer service. The couple who owned it trusted Jackie implicitly and treated her like their daughter, but regularly made racist comments, usually about Aboriginal people.

"I used to stand and listen and never say a word," says Jackie.

"I didn't identify and they just thought I had a lovely tan."

Jackie had been working at the shop for about three years when her mum popped in to take her out to lunch.

"I introduced Mum and they were horrified; you could see all of the racist things they had said come back into their minds."

Jackie also chose not to identify when she moved to Kalgoorlie in WA, which had a reputation for being one of the most racist towns in the country. For the first 12 months she lived there, Aboriginal people were not allowed within the town limits after 5pm.

"You didn't identify as Aboriginal in Kalgoorlie – otherwise you wouldn't have got a job," says Jackie.

"At first I took it on the chin, but my moral compass and my upbringing meant I learned stereotypes of people are never accurate; you don't say all English people are whingers, or that all Aboriginal people are thieves and dole bludgers, fringe dwellers and drunks.

"But at that time it was still about picking your battles and knowing the right time to say you were Aboriginal."

Jackie worked as an Enrolled Nurse for about six years, rostered across Kalgoorlie's two aged care facilities – one for whites and the other for Aboriginal people.

She had the privilege of nursing an Aboriginal spiritual leader – a feather foot – who was blind and had fallen into a fire while having a stroke. But before being able to care for him, Jackie had to go to his country and attend a ceremony.

"A feather foot never marries or has a family, but they are the ones that weed out the wicked and keep spirits safe for people," she says.

She enjoyed the diversity of Aboriginal culture within the 50-bed facility, as residents were from many different districts, each with different dialects.

"The routine for the Aboriginal people was shower, clean clothes, breakfast and then tobacco to chew which was rolled in ash. Then the fire was lit outside and we'd put a blanket on the ground and they would sit out there all day with their little mob talking language.

"We had to understand the languages and learn them quickly, otherwise how do you nurse people if you're not speaking their dialect," says Jackie, who still remembers those languages.

Having spent much of her life being cautious about declaring her Aboriginality, Jackie's life took a dramatic turn in 1995. She started work with the Aboriginal Torres Strait Islander Commission, where her cultural background was valued and celebrated, and she kicked off a 20-year career in the public service and 14 years as a senior leader in state government and the not-for-profit sector.

As an Aboriginal person, however, working for government agencies sometimes left her conflicted.

During the controversial Northern Territory Intervention, Jackie walked a difficult line working in local communities, where much-needed investments were made in infrastructure for water, sewage and housing, but restrictions on welfare payments were among measures widely criticised for their impact on Aboriginal people's basic rights.

"There were some good things and it was done with some good intent, but it did take away rights, and working through that with community people was very hard and very challenging," says Jackie.

"And up there in the Territory, a woman's place is not up front; they're not the speakers – culturally it's not a woman's place. So you've got to earn the community respect and privilege to be able to speak as well."

Jackie also played a significant role in organising on-ground logistics for the Federal Government's visit to East Arnhem Land, where the Prime Minister, nine ministers and advisers worked for a

week. Jackie developed the project over 12 months, covering off everything from satellite dishes to briefing papers which included a photo and the traditional name of every Aboriginal person the Prime Minister was likely to meet.

"He was impressive on the ground – he learned their name in language and how to pronounce it and he never missed a beat," she says.

Jackie says working in remote communities gave her insight into how limited health services are, and the distance people need to travel for health care.

"The hardest part for me was watching communities bury people every day. It's really heartbreaking to watch, sometimes three funerals a day for long periods of time.

"Health has always been a passion and bringing health to the table has been paramount in any role that I have been in. Health holds the key."

In her role as District Manager, Aboriginal Health (strategy, policy and performance) Jackie's focus is on achieving a culturally competent workforce; people who are not judgemental, who embrace Aboriginal culture, and who care for people rather than just treating symptoms.

"For me, that would mean that Aboriginal people were not worried about walking in the door and being judged, or feeling suppressed or not welcome. And that they would trust us to treat them with respect and understand them as a person.

"We need to move from an output focus where output is the data, to an outcome focus which is about the person, whether they are satisfied and whether we have looked at their situation holistically."

She is starting the process with a state-wide Aboriginal Cultural Engagement Self-Assessment Tool, which she is implementing across the many services and facilities that make up Murrumbidgee Local Health District.

"We have no baseline information at the moment on how we are delivering services for Aboriginal people, so this will show what we need to work on in order to achieve that ultimate aim – a health service that is trusted by Aboriginal people." ■

MEET OUR PEOPLE

John Carroll Chief Pharmacist

"Supporting the health of rural communities is what I enjoy most..."

Sometimes people who make an enormous difference to health care are understated and unassuming; the type who would prefer not to have a story written about them or their significant contribution.

John Carroll, the chief pharmacist for Murrumbidgee Local Health District, is one of those people; working quietly and effectively behind the scenes to keep our patients safe while gaining optimal benefit from medications. But he is a generous soul too, and so – because it was recently Antimicrobial Awareness week (18-24 November) he reluctantly agreed to be profiled.

Hospital pharmacists want to ensure that medicines are used as optimally and safely as possible, so they give the best outcomes possible not just now, but also in the future (which is where antimicrobial awareness comes in).

They work closely with health professionals prescribing and administering medication, as well as patients and their families in the wards. They deliver education sessions to clinicians and review pathology results. And the whole time they are also watching out for side-effects, potential drug interactions, and ensuring any changes to medication are communicated accurately to patients and clinicians.

"That is a big responsibility, because most medication errors occur at the transition of care," says John.

"Pharmacists play an important role when patients are admitted, transferred or discharged. On discharge, it is important to make sure an up-to-date list of medications goes to the patient and next health care provider, and where there have been changes to speak to patients and provide written information about any new medicines."

The other issue hospital pharmacists are passionate about is the optimal use of antimicrobial therapy and antimicrobial resistance, which occurs when antimicrobial medicines stop working because bacteria, viruses, fungi and parasites build resistance. Resistance, which leads to disease

spreading unchecked, has such dire consequences for human health that the World Health Organisation is pushing to raise awareness so these treatments are prescribed and taken appropriately.

John's team includes specialised antimicrobial stewardship pharmacists, who work closely with the Infectious Disease Physician and are focussed on ensuring antimicrobials will be effective now and in the future. There are not many new antimicrobial medicines in development so it is important we preserve and use wisely those we have. The Antimicrobial Stewardship Pharmacists also provide support and advice to other hospital pharmacists in the team when there are complex scenarios.

John also has a big-picture take on the issue, working with the Antimicrobial Stewardship Committee; one of three district committees he works with closely to inform his strategic planning of pharmacy services.

"I'm involved with some state-wide committees too, which gives us an opportunity for rural pharmacy services to have input into decisions made state-wide as well.

"I spend a lot of time linking in with local pharmacists get their input, understand risks caused by various issues and getting their ideas; and just linking in with pharmacists to support them in their roles."

Hospital pharmacists are passionate about optimal use of antimicrobial therapy and antimicrobial resistance.

As District Chief Pharmacist, John heads a small team of hospital pharmacists and pharmacy assistants and technicians. Based across Wagga Wagga, Young, Deniliquin and Griffith, they also provide outreach support to district hospitals, multipurpose services and residential aged care facilities.

A focus at the moment is trying to embed the pharmacist's role more deeply into the multi-disciplinary teams.

"Our pharmacists have an essential role in medication safety, but we also have to ensure we are working closely with our medical and nursing staff, because medication safety requires a multidisciplinary approach to be effective," says John.

"There is research showing the benefits of having pharmacists as part of the multi-disciplinary team supporting medication safety."

Key to patient safety too are medication reviews, particularly for patients who are taking multiple medications, those who have been readmitted to hospital after a recent stay, and anyone with complex health issues. His team cast a close eye over patients' medication regimens, and develop medication management plans in conjunction with medical officers, patients and other clinicians. It is important that patients are involved in decisions about their medications.

John is also working to further strengthen the development and clinical capacity of his team, ensuring that being country based doesn't detract from their professional development and training opportunities.

PHARMACY DEVELOPMENT

In January, two senior pharmacists from the District will be trained as ClinCAT evaluators by the Society of Hospital Pharmacists of Australia. ClinCAT is a recognised Clinical Competency Assessment Tool that supports Australian pharmacists' training and development. By having two locally trained ClinCAT evaluators we will be able to identify areas where our pharmacists need further professional development and support. This will strengthen the delivery and further development of our clinical pharmacy services across MLHD. Having local ClinCAT evaluators will also reduce dependence on finding external ClinCAT providers to provide this support to our pharmacists.

While this is an investment in patient safety, it is a great workforce initiative too, ensuring that pharmacists working in remote and regional areas have access to professional development which might otherwise lure them to larger cities.

John says it can be challenging to recruit and retain pharmacists for smaller locations, but telehealth and a new electronic medication management

system (eMEDS) are enhancing effective coverage of MLHD's vast area.

"That's a positive step forward, because it means there is so much more we can do remotely and reduce lost clinical time travelling. Being face-to-face is still the preferred approach, but we know it is not currently possible to have a pharmacist based in all of our 33 facilities.

|| We have a great pharmacy team who play an integral role in our hospitals. ||

John, who grew up in regional Victoria and now lives in Wagga Wagga, says supporting the health of rural communities is part of the role he particularly enjoys.

"You know there will be always be pharmacists who will move on for personal or professional opportunities, and working in rural hospital pharmacy does have its unique challenges, but it's nice when people understand the contribution they can make to the community and it's pleasing when they stay."

Mindful that there is only one pharmacist at some sites, John is keen to reduce any sense of professional isolation, connecting his staff through regular teleconferences and meetings, so they feel comfortable to call one another when they need advice or professional support.

But for many, rural roles appeal more than more specialised city-based roles, as pharmacists get earlier exposure to a broader range of skills, building their understanding of governance and legislative requirements and pharmacy operations. Good governance of medications is important for patient safety. Sometimes medications may need to be used off licence or a medication may need to be prescribed after other therapies have been ineffective and it is not licensed for use in Australia.

"We might have a patient with a rare disease or a type of cancer that hasn't responded to usual treatments and other lines of therapy may need to be considered," says John.

"In these rarer situations, medical officers and nurse practitioners can

undertake an application to prescribe that medication for that particular patient and this is reviewed by a Drug & Therapeutics Committee."

John says MLHD is one of six local health districts which have combined forces to create a NSW Rural Medicine Formulary; a list of medications that have been approved to be initiated in hospitals.

"We are trying to make sure the medicines we use are evidence-based, safe and cost-effective, and there is equity and standardisation in what's available to patients presenting at rural and regional hospitals."

Use of pharmacy software and the recently implemented electronic medication management system (eMEDS) provides data that can support the planning and delivery of pharmacy services.

The electronic systems make it easier to identify when and where medications are being used and are used also by another part of the hospital pharmacy workforce; the assistants and technicians who are extensively involved in inventory management, purchasing, and dispensing support. Getting medication to a patient is underpinned by a sophisticated logistics process, with a streamlined direct-purchasing model ensuring that pharmaceutical wholesalers deliver medication directly to rural and remote facilities.

"Where that becomes challenging is if a smaller facility needs something at short notice. We have to look at where we can access stock from within the district, what will the turnaround time be to get it there, how we get it to this facility, is it a cold chain item and how we can maintain the cold chain during delivery."

While pharmacy graduates have the option of community pharmacy, hospital pharmacy, or working within the pharmaceutical industry, John has no regrets about heading into hospital pharmacy, albeit now working at a higher and more strategic level.

"In hospital you are dealing more with acute patients who are often more acutely unwell and you are often supporting them for only a short period of time," he says.

"I enjoy the different challenges in the hospital pharmacy setting, the variety in hospital pharmacy, along with working more closely with medical officers and nursing staff – really working together to get the best outcomes for patients in rural and regional communities." ■

MEET OUR PEOPLE



Tony Burns
Senior Environmental
Health Officer

Saving lives behind the scenes

As a young man contemplating his career options, Tony Burns didn't want to sit in an office five days a week.

A career in public health appealed and, 45 years later, it's delivered job satisfaction in spades. Work has equipped Tony, 62, with a colourful repertoire of detective-style stories, ranging from illicit cigarette busts (one stash found behind false cupboard walls), to stemming the flow of mysterious deaths (linked to NSW's first big legionella outbreak). He's also built contacts in mixed and varied places, ranging from tattoo parlours to crematoriums, and even put a few Olympic athletes' noses out of joint.

Now a Senior Environmental Health officer, based in Wagga Wagga, Tony's role covers the vast area of two local health districts (Murrumbidgee and Southern NSW). With that scale comes diverse geographical features, which define significant aspects of his role.

"We have the big rivers which present challenges, the Western Plains, the mountains, the snow fields and the coast," he says.

"No other NSW region has snowfields. In terms of variety, we've probably got the best area in the state."

The Murrumbidgee and Murray both serve as a water supply and Tony's team is responsible for overseeing the quality of drinking water that local councils

provide; ensuring it's free of bacteria, pesticides and other chemicals and that fluoride is added in the correct amounts.

"Where water doesn't meet the drinking water guidelines, we step in and make a recommendation to the Director of Public Health to ask councils to impose a boil water alert, which means people in town have to boil water before they drink it," says Tony.

"It does happen, because when there's a lot of rain, material can get washed into the river which causes problems with clarity, which makes it harder for the water to be disinfected."

During this year's catastrophic bushfires, Tony was one of three environmental health officers who worked with councils to put precautionary alerts in process. Ash contaminated water so badly quality couldn't be guaranteed – an issue that has continued over six months as rain washed burned debris into local creeks.

Challenges abounded, with one town ringed by fire and resorting to its water treatment plant as a fire-fighting resource. Even the quality of public access swimming pools was affected, with Tony and his team monitoring their safety across councils, motels, and camp grounds.

Ross River fever is another challenge Tony works to prevent across our big river systems and irrigated landscapes.

It's transmitted through mosquito bites, so from October to March each year, Tony keeps tabs on blood results from sentinel chickens and mosquito trapping to ensure early detection of any potential outbreaks.

"The Ross River virus is a similar bug to encephalitis, in that it can be debilitating but it won't necessarily kill you," he says.

"We work with local councils to control the water and breeding areas if it is detected, from Wagga and Albury all the way out west.

Tony started his career in Sydney, but he remembers the exact date he and his wife Ros moved to Wagga Wagga with their children Michael 2 years old and Angela 4 months old.

It was 30 June 1987 and so, of course, in the middle of winter – "We thought, what have we done?" – but the date lives on in his memory because of a particularly exciting time in his career.

Tony had just spent time in Wollongong working to find the source of the state's first big legionella outbreak.

"I can still remember there were 44 cases and 10 deaths. Legionella was known but we'd never seen it in NSW before, so it was a real learning curve at the time and something Health hadn't been involved in."

While the health risks posed by air conditioning systems weren't understood at the time, Tony was part of the team that pieced together evidence suggesting one on top of a small pharmacy was the source.

"Air conditioning systems can put aerosols into the environment and when people inhale that aerosol containing the bacteria it gets into the lungs," says Tony.

"That's where it causes the infection known as Legionnaires' disease."

That experience led to further career highlights, as Tony became involved in writing legislation, guidelines, codes of practice and training packages which were implemented across the state.

He also worked on Health Department policy to ensure running water is never so hot that it could scald patients and age care residents, but that warm water isn't within a temperature range that allows Legionella bacteria to grow.

Legionnaire's is the start of another story Tony likes to tell about when he was working in Sydney. He had returned to the office on a Sunday after sorting out an outbreak of Legionnaires' disease on a recently docked cruise ship. He was called into the Director General's office and asked whether he was the person who'd closed the local training pool at the Olympic Village. Sure enough, he was.

"The pool was at the athlete's village and it was a week before the games started so they were using it to cool down after training.

"The pool wasn't being maintained correctly, so we were running the risk of swimmers getting eye, ear, nose, throat or skin infections which wouldn't look great when they were standing on a podium to receive their medal.

"To show them we were serious we closed it. Then some athletes threatened to pull out of the Olympics unless they had access to a pool, so it got fixed pretty quickly."

It's been a long time since the Olympics, but dealing with people from many walks of life has kept Tony's career engaging. Among his duties is conducting spot checks on businesses which pierce clients' skin (think tattooing, body piercing, scarification and dermabrasion) to monitor health and hygiene.

There's also the odd under-cover operation to ensure cigarettes are being sold legally and not to children. Tony remembers during one inspection finding thousands of cigarettes hidden behind false panels in a cupboard.

"Some of that can be interesting, because these people want to sell their product illegally and not in an approved package with a health warning. We often do that work in pairs in casual clothes, and if you walk out with a package, you know you've got them. There's then a process about searching, seizing and taking the product away.

"It's very interesting because we take the case to court ourselves. We are not legally qualified, but we are trained to appear on behalf of the ministry to present our own cases."

Tony also works with crematoriums to make sure their record keeping complies with public health legislation. About twice a month, sadly, he also has to facilitate a state-funded burial or cremation when the deceased person is destitute and their family are unwilling or unable to pay.

COVID-19 has created huge changes in Tony's role. He's been involved in training scenarios, designed to ensure places like abattoirs are prepared to respond to an outbreak and have adequate back-up. He's also interviewed people with COVID in order to trace their contacts and inspected premises to ensure their COVID plan is in place.

It's impossible to know just how many lives Tony has saved – or serious illnesses he has prevented throughout his 45 year commitment to public health. But in health promotion, you're not lauded in quite the same way as a surgeon.

"We are often not terribly welcome in places – people don't want to see a health inspector coming in and checking on them," says Tony.

It's a testament to both his commitment and conciliatory style that he's always managed to achieve compliance without major ruckus or resistance.

"That has not been an issue in the nearly 45 years of doing the job," he says.

"At the end of the day you are protecting public health and potentially saving lives, and if you explain that in the right way, people will work with you." ■

DENILIQUN: NEW CT SCANNER

Deniliquin welcomed the installation of a new CT Scanner recently.

With a workload of approximately 240 examinations per month the existing CT machine installed in 2011, was nearing the end of its usage expectancy.

The upgrade will see the removal of the old CT machine, refurbishment of the imaging room including upgrade of power supply and air conditioning, followed by the installation of a new Canon Aquilion Prime SP CT Scanner.

"The new CT Scanner will keep the department up-to-date with contemporary imaging practice, providing a state of the art service for the people of our region," said Anthony O'Donnell, Manager Medical Imaging.

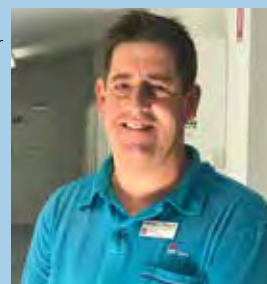
"The upgrade will also allow us to perform CT scans faster, with higher quality images and reduced radiation dose to the patient."

All medical practitioners who currently refer patients to Deniliquin for CT scanning services have been advised of the pathways for referral, so that they can discuss the options with their patients and develop an individual plan for them to access the most appropriate service for their needs.

Chair Deniliquin Local Health Advisory Committee Lourene Liebenberg welcomed the news of equipment upgrade.

"We understand the need to upgrade medical imaging services, and whilst there may be a disruption to services during the period of installation, the outcome will benefit all members of the community," said Lourene.

Right: Anthony O'Donnell, Manager Medical Imaging



Below: Anthony O'Donnell and Administration Manager Jamie Counsell unpacking the new scanner





20 year career

sparked by passion for virology

*Alison Nikitas
HIV & Related Programs Manager*

Alison Nikitas has always been fascinated by bacteria and viruses; the idea that living cells – so small you can't see them – can have such a huge impact on our health.

It's an interest that sparked a 20-year career as a medical scientist, largely in microbiology and virology for public pathology laboratories, and then a shift into public health, where she's been focussed on reducing the impact of infectious diseases across Murrumbidgee and Southern NSW Local Health districts for the past fourteen years.

"Bugs have always been a passion and fascination for me, and that links into infectious diseases," says Alison, now HIV & Related Programs Manager.

"I'm a big believer in prevention and what we can do to protect the community, before people become acutely unwell."

Alison, 59, has seen many positive developments over her career, particularly in terms of HIV. She remembers attending the first AIDS conference in Australia and AIDS testing being introduced, which was slow and manual with only a couple being processed in one day.

"By the time I'd finished at the lab 20 years later, it was an automated system and were doing hundreds a day," she says.

A highlight was being involved in a blood bank project which ensured that all blood was screened by local services. More distressing was working at a time when the medical system was still coming to terms with the basics of handling stigmatised conditions. Alison was concerned to find big stickers placed

across tubes of blood, warning that the sample was positive for HIV or Hepatitis C.

"That always upset me, because you're working with sensitive information, and having that plastered across your bloods does not support privacy and confidentiality," she says.

"I remember having a conversation back at the lab and asking what happens with those other 10 vials of blood that are not labelled with HIV, and yet they haven't been tested for it. Those samples could be HIV positive and we would not know. It worried me that the labels would make staff nervous and more likely to make a mistake."

She says it was a tragic time, which devastated communities around the world, and it has been a continual fight since to break down discrimination and stigma, stemming from a lack of knowledge and understanding about HIV.

"It's wonderful that now we know so much more and we have been able to find medical interventions and treatments which make it possible for people with HIV to live as long as someone else. It's no longer the death sentence it was and now we have pre-exposure prophylaxis for people at risk, post-exposure prophylaxis for those people possibly exposed, and we're able to get people on to treatment early, which leads to better health outcomes and decreases their viral load so transmission in the community is reduced."

>>> CONT

INTRODUCING ELIZABETH DIXON

I am a Physiotherapist by educational and clinical background. My clinical expertise predominantly lies within neurological and trauma, having worked in intensive care settings at the Alfred Hospital in Melbourne. In addition to my clinical roles, I have a research background in clinical trials and medical publications.

Since moving to Carrathool in 2013 I have worked in community settings and provided telehealth services for patients, including remotely through the University of Sydney. I have also examined the health technology sector completing an executive Masters of Business degree, whilst raising a young family.

We live on a sheep and cattle station and our closest health service is 55km away, with 9km of dirt road in between. People often consider where I live to be remote, but I know I am not.

Our health needs are diverse and we rely on a proactive GP, with referrals to specialists in Griffith and Wagga Wagga

when required. Occasionally we need to go to metropolitan centres to access further care.

Recently my 9 month old child had to have microsurgery at Wagga Wagga Base Hospital. I was so proud to see exceptional clinicians performing such skilled techniques in our local health district.

I love living in rural Australia. One of the challenges we face is being able to enjoy the benefits of living here whilst having the best structures in place that support our health needs when we need it. We are innovative and unique and our solutions need to be too. The future will embrace the use of technology, partnerships and a skilled workforce that meets our needs, to make care simpler and more effective. It's an exciting time to be involved in the MLHD. ■



MLHD Board Director Elizabeth Dixon

>>>

As HIV & Related Programs Manager, Alison's role covers blood borne viruses and notifiable sexually transmitted infections; largely HIV and hepatitis C, syphilis, chlamydia and gonorrhoea.

"Our services are targeted at people who are high risk and is geared towards priority populations; people living with HIV, men who have sex with men, Aboriginal people and CALD people, sex workers and injecting drug users."

Her team supports sexual health services, health promotion and prevention programs, and a needle and syringe program. They also upskill and support general practitioners, who are key to ensuring people living with HIV get access to the early treatment and services that are essential for good

health outcomes. While GPs are usually the professionals diagnosing HIV, they're unlikely to deal with the condition regularly, so a HIV Support Coordinator helps with updates on treatments and support for the social and psychological impacts of the diagnosis.

Alison says she has always found her career interesting, largely because she has been able to avoid working in large private city laboratories where staff tend to get more singular specialised experience.

"I think there are really great benefits to working and living in a rural and regional area," says Alison, who moved from England to Albury aged nine, and made Albury home again after study and travelling.

"It's given me a breadth of experience that was really great; in city labs, some people might be doing chlamydia all day long, but I had the opportunity to work through all sections of the lab and develop my skills and expertise in all areas"

She says public health was a great career choice too, with a great and wide variety of programs to ensure the safety of our communities.

"I've always enjoyed working with a good team and it's a really nice space to work in because everyone is really focussed on getting the best health outcomes for their community." ■



GENETIC COUNSELLING

MICHELLE STEWART

Michelle Stewart remembers the exact moment she wanted to become a genetics counsellor.

Having worked as an architectural draftsman and competed in archery at the Sydney Olympic Games, she studied a science degree, majoring in psychology, and found herself fascinated by biology and genetics.

It was one profound comment from a lecturer that set her career path straight; she learned that the biggest advances in health over the past 100 years were due to medicines, but over the next century they would be due to genetics.

"I thought that's really exciting and I want to be part of it," says Michelle, 51, who now serves as the only genetics counsellor across Murrumbidgee Local Health District.

Michelle identifies people at risk of developing or passing on a genetic condition, working closely with a Sydney-based geneticist to order genetic testing. When the results are positive, she supports people to achieve acceptance and make informed decisions.

"There will be grief responses, anxiety, denial – all of those things – so it's about giving them support and helping them communicate with family, because that can be really challenging.

"With any genetic condition, and I use cystic fibrosis as an example, it can be a very debilitating illness. If a person is a known carrier, we work out what the risk is for their family and talk about options to prevent passing it to their offspring."

Michelle, who is an excellent number cruncher – particularly when it comes to probabilities, says cystic fibrosis is a recessive condition carried by one in

25 people of Anglo Saxon background. When both parents have the gene (and often they don't know) there is a 25% chance of it being passed on; each year in Australia one in every 2500 babies are born with cystic fibrosis.

"When we learn about a child having cystic fibrosis we know both parents are carriers, so we can offer other family members testing to see whether they also inherited the gene," says Michelle.

"That means when they are planning their families they know the risk for their own children."

She says affected people often opt for IVF, as three-day-old embryos can be biopsied and tested. Parents can opt for embryos unaffected by the gene to be implanted.

Michelle's skills tend not to be called on when a child is born with a relatively common condition, such as Down syndrome, as paediatricians and neonatalists are well-equipped to provide information and support. But she might need to conduct a genetics review for a child with a developmental delay which could be caused by a complex congenital abnormality.

"The attraction of the profession is that you're always learning," she says.

"Some genetic conditions are so rare I will only come across them once in my career."

While Lynch syndrome is broadly considered rare, there is a relatively high incidence of it across the area Michelle covers, so people with this inherited bowel cancer syndrome are among her most common referrals.

Similarly, there is also cluster of families



with an inherited form of motor neurone disease, due to a glitch in a gene named after its position on the chromosome: C9ors72. Sadly, it is also associated with early onset dementia, causing people in their forties to die of Alzheimer's.

"That is harrowing," says Michelle.

"We are usually suspicious when something is diagnosed uncharacteristically at a younger age."

About 30% of her referrals are for women concerned about breast cancer; something Michelle credits to the "Angelina Jolie effect".

She says while we often hear about people carrying the breast cancer gene, it's actually the gene that suppresses tumours which is faulty and leads to breast and ovarian cancers. While many women want to know if they carry the gene, because it opens up many life-saving treatment options, some women prefer not to know – a decision, when well-informed, that Michelle respects.

She understands too why some people with Huntington's disease, prefer not to know, with only 25% of people at risk of the neurodegenerative condition opting

for testing. While those with the gene fault will develop the disease within their lifetime, there is no treatment or cure.

"The people who come to see me know the condition because they have lived with an affected parent, and the best I can do is try to help them have a happy life," she says.

"Sometimes we are giving bad news and it is horrible. You always hope for the best, but with genetics it's often like flipping a coin. You can flip a few heads in a row but at some point you are going to flip a tail."

Michelle is mindful that genetic testing before people have symptoms can potentially take away their sense of hope.

"Once you return that positive result, that hope is being taken away," she says.

"But the benefit of knowing is we are getting better at understanding how this works and there is always the opportunity of clinical trials; we just look for new hope."

Michelle recently received a note of thanks from a young man who was relieved to find he wasn't carrying a rare disease.

"It is really lovely to be able to make a difference," says Michelle.

"When I first started, people were cautious and hesitant about genetics and the uptake wasn't as great.

"But now people are more likely to know the information is available and want to have it. Having the information can affect how they live their lives and the decisions they get to make." ■

BOARD CHAIR'S MESSAGE

This is the last Murrumbidgee Matters for 2020 – a year that has tested our strength both physically and mentally. We will continue to be tested in 2021 but we have more confidence that we can defeat pandemics and conquer bushfires. The last twelve months have shown us so much about the future of health care.

My thoughts throughout 2020 have been for our staff. They have worked at the top of their skills putting patients and aged care residents first. I thank staff for their care and compassion. I have listened to the stories of many of our staff, of your strength, your leadership and your innovation to achieve what is needed at a local level.

Recently I travelled to Lake Cargelligo MPS and once again was amazed to see that beautiful lake as I headed over the hill. We often hear the saying "It takes a village to raise a child." well in Lake Cargelligo "it takes a community to ensure patients and those residents in the age care unit receive the best possible care and have all they need to live a productive life".

When I arrived two gentlemen were washing up after preparing their own morning tea. One gentleman had prepared the ingredients for cooking his evening meal and Edgar always makes his own breakfast because he is an early riser. These two gentlemen have their own mobile scooters so can head off to see family and friends in town.

All residents' rooms look bright and cheerful as the local quilt club provides quilts for resident's beds. They have their own Entertainment Committee so there is always lots of singing, dancing, joke telling and laughter. The local garden club have ensured residents have beautiful and safe areas to walk or just relax. One of the things the residents are missing this year are visits from local school children who were always happy to share local events with them such as Halloween and Easter.

The United Hospital Auxiliary raised over \$40,000 dollars to purchase items that would benefit patients, aged care residents and staff. This is a fantastic effort as the population of Lake Cargelligo is just over 1,700.

The Lake Cargelligo Leadership Team has been working to bridge the gap



MLHD Board Chair Gayle Murphy

for Aboriginal residents. Partnering with Riverina TAFE a pathway has been developed and aimed at engaging local Aboriginal students in Years 10 to 12 in focusing on a career in health.

It does not matter what colour the uniform at Lake Cargelligo MPS everyone works for the same team, the team that fulfills all the needs of patients, aged care residents and their loved ones. That team extends to the local GPs and the technology available in ED. Other important members of the team are the police, ambulance and emergency services.

Lake Cargelligo is focused on the whole person – the holistic health and wellbeing of those in their care. The care they give is special – compassionate and respectful.

As we move towards the end of 2020, I want to personally thank Board Directors for their support over the last busy twelve months. I also thank the Murrumbidgee Local Health District Executive led by Chief Executive, Jill Ludford, for their dedication and commitment that has ensured Murrumbidgee has so much of which to be proud.

I would also like to thank our many volunteers in all parts of the health system – without you life would not be as sweet.

Finally, I wish everyone a safe and happy celebration especially to those who have suffered greatly in 2020.

Thank you,

Gayle Murphy
MLHD Board Chair

COVID RESPONSE

Emma Field leads the Murrumbidgee COVID-19 Coordination Unit. Here she reflects on the year that was...



2020 has been a very dynamic year for us here at Murrumbidgee.

In late February we began our response to the COVID-19 virus and quickly stood up a Health Emergency Operations Centre (HEOC) to respond to the ever expanding requests that we were receiving. In what seemed like never ending days, our staff built an amazing system response here within our patch.

Clinics were built in hours to respond to the ever increasing demand for COVID testing all across the District. Hospitals reconfigured their flows to ensure any suspected COVID-19 patients were cared for with the correct infection prevention and control principles. Staff were redeployed into COVID related roles to support the response and further recruitment was undertaken to assemble a surge workforce that would step up if required.

|| We have seen some amazing change in how we deliver care to our community. ||

The enormous scale of the COVID-19 response in the Murrumbidgee was no mean feat. This was a well-coordinated

multi-agency response that had one goal; keep our people safe. So what now... where are we and what have we learned from this incredibly fast paced response? Being at the coordination front of our response, my observations have led me to believe that we have seen some amazing change in how we deliver care to our community.

Lets talk about clinics. Mobile clinics were set up in response to deliver a rapid public health response and the community valued this mode of delivery. Given our large geographic area we reside in, it makes sense that we continue to consider the use of mobile clinics in the delivery of healthcare to our communities.

This allowed us to meet with our communities in a convenient location and respond to areas most in need. Lets hope we continue to use this into the future.

Another aspect of the COVID response we want to see into the future is the flexibility of our workforce to continue virtually where possible. COVID directed a large proportion of both our clinical and non-clinical staff to utilise virtual technology in order to deliver healthcare. We saw many new ways of working emerge. Communities were given the opportunity to receive their healthcare in their home via virtual platforms. Feedback from the patients/clients/consumers was overwhelmingly positive. Moving forward we would

like to embrace more opportunities to utilise technology to deliver care where appropriate.

|| It has forced us to look at new ways of working... ||

In some respects, the COVID-19 pandemic has been positive as it has forced us to look at new ways of working and that is a positive step in the right direction for us here at Murrumbidgee with our large geographic region. We have now found ways to connect with communities that we never did before. We have built systems to connect and address the tyranny of distance.

So whilst 2020 has certainly been different and challenging, we have persevered and not given up. One of the highlights has been the ingenuity of our staff and the resilience they have displayed in responding to COVID. I have been extremely privileged to see the many initiatives our own staff have developed in helping to stop the spread of COVID-19. Many initiatives were trialled and succeeded beautifully and some failed and that was ok. We had a 'don't be afraid to fail, be afraid not to try' approach to how we responded to COVID-19 in our teams. ■

Thinking about doing medicine?

Are you at high school and thinking about rural medicine, or do you have a child or grandchild who might be thinking about rural medicine as a career? Perhaps you are a careers counsellor or know someone who is? There is a brand-new series of podcasts about applying for medicine ready for all of you.

In collaboration with other national Regional Training Hubs, the Riverina Regional Training Hub has just launched a series of podcasts from current medical students that share their stories about applying for medicine. Three of these podcasts are from medical students based in the Riverina.



Bree Gardoll



Imogen Hines



Lily Hogan

There are other stories from around Australia that are very personal, often funny and as podcasts, are an easy source of information. Not every pathway into rural medicine is a straight-forward one and these stories are so candid and encouraging. The practical advice offered in the podcasts is particularly useful where other face-to-face opportunities to hear about the process of applying to study medicine may not be as simple to access. Find them at www.destinationmedicine.com.au



Part of the CEMU Workshop Education Team: Tim Cameron, Nicole Shortis, Stephanie Jencik & Elizabeth Paterson

Regional clinical teaching continues

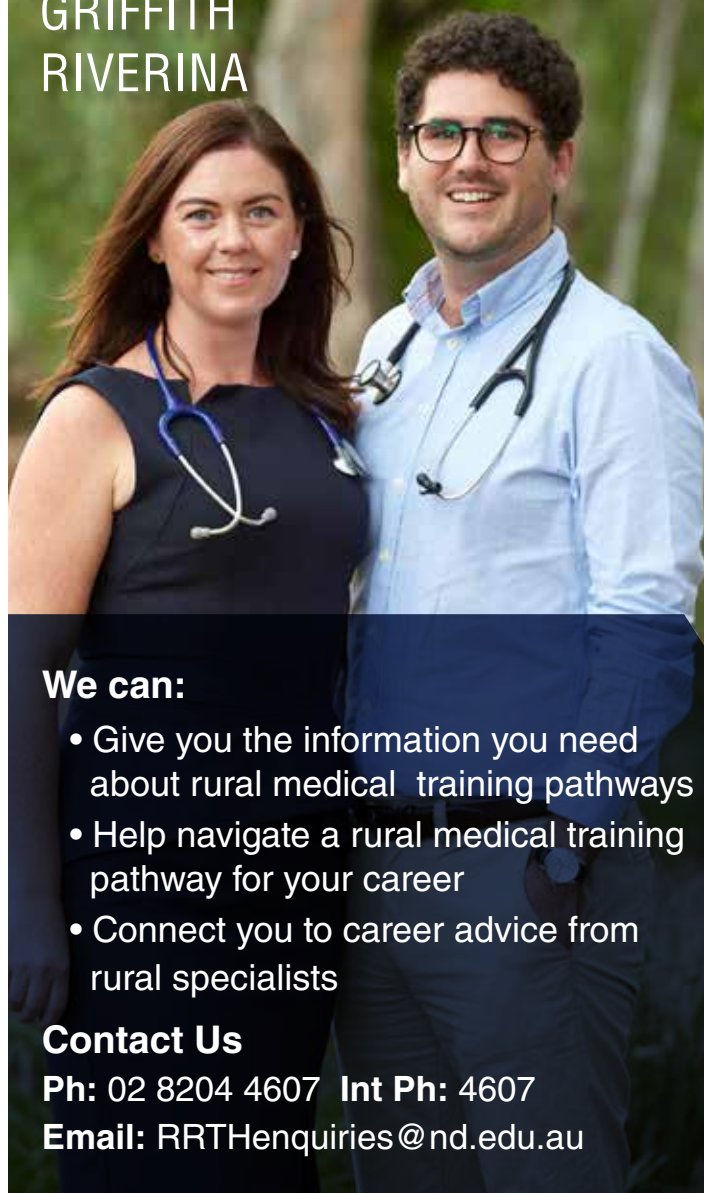
Support from the Riverina Regional Training for regional doctors continues. While numbers were restricted to meet COVID-19 requirements, a workshop focussed on teaching Emergency Medicine Ultrasound Skills was run over a weekend in mid-September. General practitioners and general practice trainees from around the MLHD and doctors in training from our two major Hospitals in Griffith and Wagga Wagga were involved. Local Emergency Medicine physician, Dr Syeda Begum, lead an education team of regional sonographers.

Medical students and local residents kindly acted as patients for the workshop. Great educational outcomes were achieved, whatever role participants played, and demonstrated yet another way the Riverina Regional Training Hub helps improve rural health outcomes. ■

An Australian Government Initiative

Rural Pathways to Post-Graduate Medical Training

WAGGA WAGGA
GRIFFITH
RIVERINA



We can:

- Give you the information you need about rural medical training pathways
- Help navigate a rural medical training pathway for your career
- Connect you to career advice from rural specialists

Contact Us

Ph: 02 8204 4607 **Int Ph:** 4607

Email: RRTHenquiries@nd.edu.au

RURAL STUDY RURAL TRAINING RURAL CAREER

nd.edu.au/riverina-rural-training-hub

 **Riverina Rural Training Hub**

 **twitter.com/rural_hub**

West Wyalong Community Health Hub opens



In October, a small group gathered to witness the opening of the new Community Health hub in West Wyalong.

The \$433,000 upgrade creates one central location for health services in West Wyalong, with the community health services now co-located with the West Wyalong Hospital.

The new facilities include new community nurse and allied health treatment rooms, multipurpose consultation rooms, physiotherapy facilities, offices and staff services and enhanced storage.

The new facilities will improve collaborative care delivery to the consumers of Bland Shire and enhance staff safety and security.

"We are so excited to welcome our community health colleagues onto our site as this will improve the collaboration between services," said West Wyalong Health Service Manager Kylie Holland.

"The relocation offers the opportunity for a one-stop-shop for all things relating to health and a holistic approach where all health services can be connected and makes better use of the existing space currently available within the hospital site." ■

PHOTOS:

Above: West Wyalong Facility Manager Kylie Holland
Top right: the group tours the facility following the official opening
Middle: Community Health staff member Lesley Van Dyk is settling into her new office space
Bottom right: MLHD's Executive Services Manager Caroline Holtby with LHAC member Jill Funnell



MURRUMBIDGEE

MATTERS

MAGAZINE

ISSUE 13 SUMMER 2021



PHOTOS:

From top: Room to move - consultation room in the new Health Services Hub, Physiotherapy space, staff amenities

Top right: Cluster Manager Fiona Slmons with Bland Shire Counsellor and LHAC member Kerry Keetley

Middle right: Operations Director Carla Bailey with Member for Cootamundra Steph Cook

Bottom right: Bland Shire Mayor Brian Monaghan and General Manager Ray Smith

Looking after your mental health

Nearly half of all Australians will experience a mental health issue during their lifetime, and those that don't will most likely know someone that does.

While mental health issues can be very isolating, connecting with people and having conversations about mental health can minimise stigma and encourage people to seek help when they need it, according to Murrumbidgee Primary Health Network (MPHN) CEO Melissa Neal.

"Tough times can happen to anyone, but nobody should feel alone," Ms Neal said.

"It's always okay to ask for help. Talk to your family and friends and let them know how you're feeling. Check in with family and friends and ask if they are okay."

Being able to identify when a loved one or even a work colleague might be distressed or experiencing suicidal thoughts and how to respond is important.

"Suicide prevention training can equip people with the knowledge and skills to identify warning signs when someone may be suicidal, confidence to talk to them about what they are experiencing and to connect them with professional care," Ms Neal said.

"We know some people may be apprehensive about having these conversations and talking about suicide as they feel they wouldn't know what to say or do; training can help with this."

MPHN offers QPR (Question Persuade Refer) suicide prevention training for free to people living in the Murrumbidgee region. The

training is online, takes less than an hour to complete, and can be done at any time.

"Suicide prevention is everyone's business and in less than an hour QPR will provide you with practical skills and tips, such as what you should and shouldn't say, to someone experiencing a suicidal crisis," MPHNSenior Manager Mental Health and Drug and Alcohol Anita McRae said.

"This training is for everyone from all walks of life. Whether you're a teacher or a tradie or a farmer or a florist, it doesn't matter, you can learn to save a life."

More information about QPR training is available at www.mphn.org.au/qpr.

For more information about services available across the region, visit www.mphn.org.au.


If you, or someone you know is experiencing a mental health emergency, call Accessline in the Murrumbidgee 1800 800 944, Lifeline 13 11 14, or call 000. ■

About Murrumbidgee PHN

Murrumbidgee Primary Health Network works with our local healthcare providers and communities to achieve its vision of well people, resilient communities across the Murrumbidgee.

MPHN achieves this by understanding the region's health needs, funding services to meet these needs, supporting general practice, and integrating care to improve health outcomes, particularly for those at-risk populations.

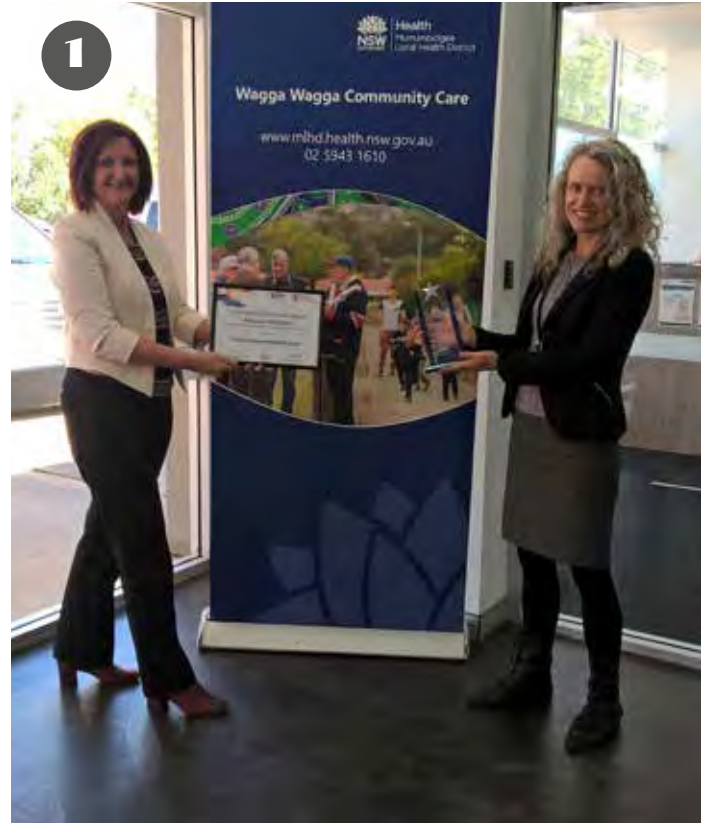
Life doesn't always go according to plan.



If **you** or **someone** you know has mental health concerns or problems with drugs or alcohol, **reach out ... anytime.**

PHOTO GALLERY

Our MLHD Excellence Awards winners recieved their trophies and \$1500 from their sponsors in individual presentations over the past few months. Congratulations again to all our winners! We look forward to hearing all about your next milestones!



Clockwise from top:

1. MPHN's Julie Redway presents the Focus on Wellness Award to Denise Newman from the Virtual Pulmonary Rehab Program
2. Maxxia's Marsha Holden presents the Resilience Award to Brendan Pearson and Alison Nikitas from the Health Promotion team
3. Maxxia's Marsha Holden presents the Aboriginal Leadership Award to Lisa Curry with General Manager Griffith Base Hospital Greg Brylski
4. Commonwealth Bank's Nicholas Abraham presents the Excellence Award to Angela Farrell, pictured with Alyson Hickey and Sharlene Brown
5. Chief Executive Jill Ludford and Karen O'Donnell from Three Rivers University Department of Rural Health present the Quality and Safety Award to Penny Patterson



Working with diverse communities

Ginny Sykes Tuberculosis Care Coordinator receives the MLHD Diversity Award from Chief Executive Jill Ludford for her work in supporting refugees and migrants.

As a Tuberculosis Care Coordinator, Virginia Sykes works with some of the most vulnerable people in our community; people who are sick and often new to the country, who don't understand English or Australia's healthcare system.

"You're initially presented with a client who is very confused and bewildered about what is going on and very unwell," says Ginny.

"I love being able to start them on treatment and put them on a path that you know is going to make them better.

"Our clients are on our books for a long time. Generally the course of TB medication is six months, but we have had clients on our books for 20 months with multi-drug resistant TB and during that time you become very close to them."

Murrumbidgee Local Health District recently recognised Ginny's commitment to her job and the huge impact she's had on patients' health outcomes. She was awarded a prestigious Diversity Award, which came as a surprise, as

she didn't realise she'd been nominated.

When Ginny started in her role with Murrumbidgee Local Health District six years ago, she supported about four clients at a time. Now she has hundreds of people on her books, across Albury, Griffith and Wagga Wagga, as she coordinates an increased caseload as well as a vaccination clinic (largely for families planning to take babies to meet extended family in India).

Her role includes screening individuals from overseas, who are refugees or visiting on a range of different visas, and providing support and advice to carriers, families and close contacts. GPs and specialists refer people with increased risk of developing the disease, and there has been an increase in demand due to mandatory pre-employment checks, particularly for people working in hospitals.

"Not everybody who is on our medication has come from overseas," she says, explaining that TB is an airborne bacteria

that people can carry for years without symptoms.

"We have had clients who have been diagnosed with active TB who were born in Australia. They either got it from travel or other people in here."

Ginny, a registered nurse, coordinates patients' preliminary investigations, like x-rays and pathology, which specialists need for their monthly chest clinic, where progress and side-effects are monitored; no mean feat when she relies on an interpreter service to interact with 90 per cent of her clients. People who have been here for four years often have very limited English and her older patients usually don't speak English at all.

She says many patients are overwhelmed with gratitude for a health system that provides free health care.

"Treatment is chemotherapy medication, so there is a lot of client contact during the course of treatment, providing home visits and support. You get to know your clients and their family

members very well."

"I love the job. I love being an advocate for people, especially for refugees who have never really had any contact with medical care before."

In the past, patients with latent TB have needed treatment for nine months, but a recent change in practice means medications can be combined, reducing the timeframe to three or four months.

It's a very different story for patients with multi-drug resistant TB, some of whom have a 33 per cent chance of survival. Ginny says it's a team effort between herself, the community nurse and "amazing specialists" that helps to pull these people through, with close monitoring and attention.

"Every patient is different and everyone handles having TB differently," she says.

"So, the support you provide for everybody is different. It is really just about listening, understanding and showing respect." ■



WHIN Team winners

CONTRIBUTED BY Fran Trench, Riverina Regional Training Hub

We were delighted to meet this year's winners of the MLHD's Excellence Award for Collaboration which is sponsored annually by the Riverina Regional Training Hub.

The Wellbeing and Health In-Reach Nurse Team (WHIN) won from a very strong field. The WHIN nurses are hosted within school communities in Young, Tumut, Tumbarumba and Deniliquin and work collaboratively with internal and external partner agencies to facilitate access to health, education, community and social services from both the government and non-government sector.

Their collaborative and coordinated approach leads to improved outcomes including reduced ED presentations, reduced school refusal rates, and improved student and family wellbeing. Another great collaboration. We shall look forward to hearing how they use their Award. Team Leader Nicole Myers was particularly delighted to receive for her team financial support for further educational development for the winning WHIN team. ■

Feeling unwell?

GET TESTED



call the COVID-19 hotline
1800 831 099

COVID-19 SYMPTOMS

Most common symptoms include fever and dry cough. Some people also experience sore throat, shortness of breath, or runny or stuffy nose.

CALL NOW

Call the COVID-19 Hotline: 1800 831 099 (open 7am – 7pm everyday).

Callers will receive a confidential over the phone assessment, and if they require testing, an appointment will be made for them at their nearest, or preferred location.



Health
Murrumbidgee
Local Health District