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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 seventh 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
Photo by Jacki Cooper, Jack of Hearts

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OUR VISION
Wellness is our Goal
Excellence is our Passion
Our People are Our Future
Palliative Care:
It’s all about living

Palliative care is the care of people with a life-limiting illness.

The goal is to enable patients and families to live as fully and comfortably as possible.

Palliative Care Nurse Practitioner Jenny McKenzie said the care aims to not only meet the physical needs of the patient, but also their emotional and spiritual needs, as well those of their families and carers.

The MLHD palliative care service is nurse-led, which means the palliative care nursing team oversees the provision of care throughout the journey.

“We provide a tiered approach, with most care provided by our General Practitioners (GP) and generalist health care staff, supported by Palliative Care Clinical Nurse Specialists,” Ms McKenzie said.

If the patient’s needs are complex, involvement by the specialist palliative care nurses increases and the Clinical Nurse Consultant and Nurse Practitioner may be introduced into the patient’s caring team.

This may take place face-to-face, via telephone or telehealth. Medical specialists (including palliative medicine) may also be invited to join a telehealth consultation if required.

“Strong, collegial, collaborative relationships with medical staff, generalist healthcare staff in our hospitals and community health centres, NSW Ambulance, community pharmacists and private health care providers are key to achieving palliative care patient goals and good deaths,” Ms McKenzie said.

“As a team, we have enabled people living in the Murrumbidgee area to have home deaths, and receive specialist clinical care to live well and feel safe in their communities. We work to facilitate a seamless transition of care into the patient’s local hospital to die at the location of their choice in their own community.”

Palliative care services in MLHD have expanded in recent years, thanks to additional ongoing funding from the NSW Ministry of Health.

“We have Palliative Care Nurse Specialists strategically located so all of our MLHD residents have the capacity to access a specialist nurse if they need one,” Ms McKenzie said.

JENNY MCKENZIE
PALLIATIVE CARE NURSE PRACTITIONER
One of NSW’s first Palliative Care Nurse Practitioners, Jenny McKenzie has led and championed palliative care in the district for more than 20 years. Jenny has been the clinical lead for a palliative care service providing quality care to patients living in rural and remote NSW. She has driven the expansion of this service, allowing wider access to palliative care in rural NSW.

Jenny has mentored generations of doctors, nurses and allied health professionals in providing excellence in palliative care. She looks beyond the normal boundaries of clinical care, ensuring a home death is possible for MLHD’s rural and remote patients.

Jenny was recognised in 2018 with the Consumer Appreciation Award at the NSW Health Excellence in Nursing and Midwifery Awards.
When Ben Lott and his family returned to Gundagai for Ben to be close to home during the last few weeks of his life, Registered Nurse (RN) Kate Marmont stepped in to help fulfil his final wishes.

Ben, 41, dying of an inoperable brain tumour, was flown from northern NSW in April to be admitted to Gundagai Multipurpose Service (MPS) in April for palliative care.

Ben and his wife Laurenn with their two children, were taken to some of the places he enjoyed most growing up in Gundagai, thanks to the efforts of RN Kate, the local MPS nursing team and NSW Ambulance.

Facility Nurse Manager Jane Turner said Kate organised for the local Ambulance service to assist take Ben on one final trip around his home town.

“Paramedics Nathan Farr and Amy Gardner took Ben to all his favourite haunts, including Anzac Park (where Ben was an excellent Rugby League player), Mount Parnassus Lookout and even his home at Lotts Family Hotel where he was jubilantly greeted by his mother Betty, father Peter, brother Dan and sister Kelly, as well as Cobber the golden retriever,” Ms Turner said.

“He was accompanied all the way by his two children Charlize, four, and son Lleyton, three, who got a real thrill out of being with Dad, outside a hospital setting, and in the back of an Ambulance!”

Ms Turner said Kate had gone ‘the extra mile’ to help Ben and his family create many happy memories in his final days.

“Kate and the MPS team are to be congratulated for this kind, generous act which was so very much appreciated by the Lott family,” Ms Turner said.

Ben passed away peacefully on 10 May.
About palliative care

What does palliative care provide?

Because palliative care is based on individual needs, the services offered will differ but may include:

- Relief of pain and other symptoms such as vomiting, shortness of breath
- Resources such as equipment to aid care at home
- Assistance for families
- Links to other services such as home help and financial support
- Support that is culturally sensitive
- Support for emotional, social and spiritual concerns
- Counselling and grief support
- Referrals to other services
- Help with Advance Care Planning
- Support for decision-making about care options

Palliative care is a family-centred model of care, meaning family and carers can receive practical and emotional support.

Palliative care services

This service can be accessed by any person and their carer or family who are living with incurable illness. You can still be receiving treatment for your illness and access palliative care. It is not essential but preferred that the referral comes from your treating doctor, or community nurse. However, anyone can make a referral providing the person being referred has given their permission.

Our services are here to assist you and your family to live your life as fully and as comfortably as possible when living with a life-limiting or terminal illness. The service is provided by GPs and other staff in hospitals and residential care facilities. There are specialist palliative care staff available for assistance with more complex problems.

We identify and assist you and your family to manage symptoms and problems which may be physical, emotional, spiritual or social. We work with other health professionals to make sure the care you receive is well coordinated.

You can receive palliative care support whether you are at home, in a residential care facility or in hospital.

Contact MLHD Central Intake on 1800 654 324 to make a referral or your local Community Health Centre for general enquiries.

How can palliative care help you?

We assist in managing symptoms and improving your quality of life when you have a serious illness that cannot be cured. Palliative care can help you with illnesses such as: cancer, Motor Neurone Disease and end-stage kidney, heart or lung disease.

For some people, palliative care may be beneficial quite soon after diagnosis, even when you are having treatment which is aimed at prolonging your life.

Specialist Palliative Care Services are based in Wagga Wagga, Griffith, Deniliquin, Tumut and Corowa. They provide outreach services to all communities and facilities in the Local Health District.

If you have any questions about palliative care, contact your local Community Health Centre and ask to speak with the palliative care nurse or visit the Palliative Care Australia website for more information.
The new Culcairn Multipurpose Service (MPS) is a 35-bed facility with seven hospital acute care beds and 28 residential aged care beds.

Culcairn MPS provides a 24-hour Emergency Department equipped with telehealth cameras to connect the team with specialists through the Critical Care Advisory Service.

A range of visiting services are also provided including women’s health, podiatry, diabetes education, hearing and physiotherapy.

Landscaping for the staff accommodation area along with existing Residential Aged Care refurbishment works were the final part of the construction.

The first sod for the project was turned in March 2017.

The main facility began operating from the new entrance on Balfour Street on Monday 21 January 2019.

An official opening was held on Thursday 13 June to help celebrate the landmark facility which is part of the $300 million state-wide MPS program.

For a small country town with a population of 1,473, Culcairn Multipurpose Service offers an enviable range of services:

- Aboriginal Health Services
- Aged Care Services
- Child Protection Counselling Service
- Child Wellbeing Coordinator
- Community Care Intake Service
- Critical Care Advisory Service
- Domestic Violence
- Drug and Alcohol Services
- Mental Health Emergency Consultation Service
- Mental Health Services
- Nutrition and Dietetics
- Occupational Therapy
- Palliative Care
- Patient Flow Unit & Patient Transport Services
- Patient Transport Services
- Violence Prevention and Response Support Services

OFFICIAL OPENING: Culcairn MPS Facility Nurse Manager Kathy Rhodes, Chief Executive Jill Ludford, LHAC Chair David Gilmore, Dr Reddy and Member for Albury Justin Clancy.
**Active Advisory Committee**

Culcairn Local Health Advisory Committee (LHAC) has had a busy few years with the progress of the redevelopment of the health service at the forefront of many of its activities.

Chair David Gilmore says the LHAC likes to get involved in many ways with the community, to raise awareness and also provide opportunities for feedback.

“We have been heavily involved in the redevelopment of our Culcairn Multipurpose Service right from the beginning,” said Mr Gilmore. “The LHAC were involved in the redevelopment consultation process since the early planning sessions with Health Infrastructure and have provided a lot of feedback and ideas.”

Not content with this, the LHAC extended their involvement in many projects above and beyond the redevelopment project.

Culcairn LHAC works jointly with Henty and Holbrook to host a highly acclaimed Multipurpose Service right from the beginning,” said Mr Gilmore. “The LHAC were involved in the redevelopment consultation process since the early planning sessions with Health Infrastructure and have provided a lot of feedback and ideas.”

Culcairn LHAC’s extensive contribution to their community was recently recognised with the presentation of the MLHD Board Award for Local Health Advisory Committees at MLHD’s Annual General Meeting, recognising the LHAC’s role in supporting community-based culture and structure for carers.

Culcairn and Griffith LHACs were selected, with the aim that the trial would help with the rollout of the program throughout MPHN in the coming years.

**Culcairn: a compassionate community**

In late 2018, the Murrumbidgee Primary Health Network (MPHN) asked for expressions of interest from LHACs in a pilot program called “Compassionate Communities: At Home Palliative Care Project”. A key strategy is to support LHACs and their communities to adopt a community health approach to palliative care, by creating a supportive community-based culture and structure for carers.

Culcairn formed a small committee of health care professionals and local community-minded people. Four workshops will be delivered in Culcairn throughout this year.

The first workshop held in May was called “Encouraging Carers to Say ‘Yes’ to Help”. It also covered carer support options information. More than 30 people attended and received valuable information from Intereach, Mercy Health and Lutheran Aged Care, regarding in-home services available for carers to access. We also learned about barriers to offering, asking for and accepting help and we identified some solutions. The comments made attendees were very positive.

The next workshop titled “Utilising your Support Network” was held on 21 June, followed by two further workshops on 26 July and 30 August. These free community workshops are held at the Uniting Church Hall, 43 Balfour Street Culcairn, starting at 9.30am. Morning tea is provided.

It is hoped we will end up with a group of community-minded people who would inform others about the available home care options and provide support to help carers and others when the need arises.

**CULCAIRN LHAC PROJECTS**

<table>
<thead>
<tr>
<th>2017/18 Projects Completed</th>
<th>2019 Projects In Progress</th>
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<tbody>
<tr>
<td>- Annual Mental Health Forum (Billabong High School)</td>
<td>- Forum for local primary schools with Henty and Holbrook LHACs, to promote resilience (Grades 5 &amp; 6)</td>
</tr>
<tr>
<td>- Cancer Awareness event</td>
<td>- Support MLHD to finalise the new MPS</td>
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<tr>
<td>- Local primary schools forum (with Henty and Holbrook LHACs) to promote resilience (Grades 5 &amp; 6)</td>
<td>- Support CAMHS (Child and Adolescent Mental Health Service)</td>
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<tr>
<td>- Regular newsletter: “Culcairn Health Matters”</td>
<td>- Compassionate communities</td>
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<tr>
<td>- LHAC Facebook contributions and updates/photos on MPS redevelopment</td>
<td>- Healthy Towns project</td>
</tr>
<tr>
<td>- MPS redevelopment feedback and involvement in planning</td>
<td>- Billabong High School Forum</td>
</tr>
<tr>
<td>- Service Directory magnetic postcard</td>
<td>JOIN YOUR LOCAL COMMITTEE</td>
</tr>
<tr>
<td>- Attendance at LHAC district-wide forums</td>
<td>For more information on how to join your Local Health Advisory Committee call 0477 359 764, email: <a href="mailto:MLHD-FeedBack@health.nsw.gov.au">MLHD-FeedBack@health.nsw.gov.au</a> or visit: <a href="http://www.mlhd.health.nsw.gov.au/get-involved">www.mlhd.health.nsw.gov.au/get-involved</a></td>
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<tr>
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<tr>
<td>- Cook book, street stalls and Raffle</td>
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<td>- Nurses celebration day</td>
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CULCAIRN: LHAC Members host a BBQ for the Culcairn MPS Open Day

Committee Outstanding Achievement.

The Culcairn LHAC meets monthly. Members include: David Gilmore (Chair), Mavis Gardiner (Deputy Chair), Dot Livermore, Colleen Hoffmann, Margaret Schubert, Margaret Pumpa, Jan Scheuner and Matthew Clancy.

by David Gilmore (Chair Culcairn LHAC)
In Murrumbidgee Local Health District (MLHD), we are always striving to improve the way we do things – whether on the frontline in patient care or behind the scenes in non-clinical operational areas. 2019 is fast becoming a year for progress and change.

Contemporary operating models
We are working towards realigning executive structures across MLHD to strengthen the coordination of work. The proposed realignment aims to support a more contemporary operating model; one that will drive system integration, change and new models of care across our District. The end result for our consumers and patients will be a more seamless, effective health service.

Delivering digital healthcare
Murrumbidgee residents are now benefiting from a new approach to the way digital healthcare is delivered across our regional and rural communities.

The implementation of the Rural eHealth Program is giving rural Local Health Districts a jump-start on tackling the tyranny of distance.

The program has given rural and remote clinicians access to patient information at the click of a mouse, rather than relying on couriiering paper-based patient records over vast distances. These clinicians are now accessing the electronic medical record (EMR), enabling them to deliver the best treatment possible for patients, no matter where they live or where they present.

The Rural eHealth Program was a long-running and close collaboration between eHealth NSW and six rural local health districts, including Murrumbidgee, Southern NSW, Mid North Coast, Northern NSW, Western NSW and Far West NSW, which operate 150 healthcare facilities spanning an area of 650,000 square kilometres.

The next thing we are working on is: how do we do application support in a more agile way and maximise the benefits of these systems.

Excellence Awards
We have received around 100 nominations across 13 categories for the 2019 MLHD Excellence Awards.

This is great recognition of our staff who do amazing work across our district, from delivering front line care to providing support.

We are especially thrilled with the number of nominations we’ve received from members of the public for the new Consumer Appreciation Award.

I’d like to acknowledge and thank our sponsors who will help us truly recognise and celebrate our award nominees and recipients.

Keeping well this winter
Finally, I’d like to take this opportunity to prompt you to take preventative action this winter, and visit your doctor or pharmacist for your flu jab.

During flu season there is a significant increase in the number of people that present to hospital emergency departments. Vaccination is the best way to prevent the flu – not just for yourself but also for those around you.
Winter strategy launched in preparation for the flu season

The region-wide winter strategy was launched to address the increased demand on healthcare services in the winter months both in the community and in hospitals.

The strategy is taking a ‘wellness’ approach by improving vaccine uptake and supporting general practices to keep their most vulnerable patients well and reduce their likelihood of being hospitalised in winter.

Murrumbidgee Primary Health Network (MPHN) CEO Melissa Neal said older people and those who are very young, pregnant or experience chronic health conditions are especially vulnerable during the winter months and at a higher risk of developing complications from the flu.

“It’s important that we work closely with our local GPs and allied health professionals to support them in managing their patients.

“Vaccination is the best way to prevent the flu – not just for yourself but also for those around you,” Ms Neal said.

Dr Jodi Culbert said as a GP, she was looking forward to trying a new approach this year with the MPHN Winter Strategy.

“Traditionally people often wait to see us until they are ‘sick enough’ because they know winter is a busy time in our clinics and hospitals.

“The extra support from this program will enable us to identify our patients who are at higher risk of experiencing complications during the winter months and meet with them to develop a proactive plan while they are well,” Dr Culbert said.

The program will also resource us to stay in contact with these patients during the winter and facilitate an early appointment if we have any concerns or if they do become ill.

“Hopefully, this will help us ensure, as much as possible, that patients can be confident in having their care at home in their community rather than having the distress and disruption of having an urgent hospital admission,” Dr Culbert said.

Murrumbidgee Local Health District (MLHD) Chief Executive Jill Ludford said that during the flu season there is a significant increase in the number of people that present to hospital emergency departments and this joint strategy across the acute and primary care settings will help address this.

“With the additional demand expected on our health services we’ve looked to optimising our patient flow between hospitals, improving coordination between ambulances, hospitals and primary care,” Ms Ludford said.
“At the heart of the work of the Three Rivers UDRH is the education and training in regional Australia of a future rural health workforce for a ‘world worth living in’.”

- Professor Andrew Vann, CSU Vice-Chancellor.

ABOUT US
CSU’s Three Rivers University Department of Rural Health was established to help health students live, study, work in rural Australia.

We aim to improve the recruitment and retention of nursing, midwifery, allied health and dentistry professionals in rural and remote Australia. This area is part of the Wiradjuri Nation area, which has been described as ‘land of the three rivers’.

As well as providing support for on campus and off campus students, we also provide information and support for rural health clinicians working with students.

FIND OUT MORE
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P: 02 6051 9177
E: ThreeRiversUDRH@csu.edu.au
Follow Us: @ThreeRiversUDRH

IT TAKES A VILLAGE: Collaboration at the heart of student training and support

At Three Rivers University Department of Rural Health (UDRH), we understand the value of collaboration and partnerships.

Our aim is to improve the recruitment and retention of nursing, midwifery, allied health and dentistry professionals in rural and remote Australia. A key part of this work involves pathways into university and support for students along their journey.

Our goal is to increase access to health study for rural origin and Indigenous students, and increase the frequency, length, and quality of rural workplace learning. We know we can’t achieve this in isolation, so we are all about collaboration.

As we build supports for prospective and current students’ transition to study, we have been collaborating with some wonderful organisations to extend the reach of our activities:

- Together, Three Rivers and the Country Education Foundation have awarded grants to rural health students via 15 local community-based Foundations. The 34 recipients are studying across 16 health disciplines at Charles Sturt University (CSU) and seven other universities. We are proud to be supporting the next generation of health professionals to pursue their dreams.

- We are delighted to work with Murrumbidgee Primary Health Network (MPHN) to support the mental health and resilience of our students. We’ve been working to increase access for CSU students to complete the QPR Suicide Prevention training which provides skills to recognise and act to prevent suicide.

- It was a great day on April 30, when we attended the Young Careers Expo, hosted by Young Rotary and Young High School. Events like this, facilitated by the community, allow us to have more meaningful conversations with young people about their future; to build their knowledge of all they are capable of. We’ll be back next year!

- As CSU’s award-winning aspiration building program, Future Moves, continues to increase its impact in local schools and communities. We’ve been delighted to facilitate workshops, share knowledge and build relationships at recent on-campus events. Students report increased interest in heading to Uni, as well as the belief that it is a real possibility for them – something we can all get on board with!

As the adage goes ‘it takes a village...’ we know this is especially true in rural areas. As a team, we feel honoured that so many villages are open to a shared goal of increasing access to health care and building up local people to improve the health and wellbeing of our communities.
2019 MLHD Excellence Awards

Celebrating the achievements of individuals and teams for their pursuit of excellence and commitment to improving the lives of others.

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MEET OUR DIRECTORS

ANDREA JORDAN
MLHD BOARD DIRECTOR

Frank and I packed up ourselves and our two small children and moved to Griffith in 1995 so Frank could follow his dream to become a winemaker. Not long after moving to Griffith, I purchased a private community-based nursing service – Griffith Nursing Service (GNS) which I owned and operated for five years. GNS cared for over 100 clients who lived in a geographical area spanning over 150 kilometres including Narrandera, Leeton, Griffith and surrounding areas.

After selling GNS, I began working at Griffith Base Hospital initially in the Intensive Care Unit but in 2008 an opportunity arose to work in my chosen field of expertise, care of the older person, as the ASET (Aged Services Emergency Team) Clinical Nurse Consultant (CNC) in the Emergency Department. As the ASET nurse I support older people when they access acute care via the emergency department. I conduct comprehensive aged care assessments and facilitate referrals to enable clients to access appropriate support services. The goal of care is to promote and support the client’s independence to assist them to remain in an environment relevant to their functional ability. As the ASET CNC I consult with acute care and other services both in the hospital and in the community. I provide patient-centred care, I am self-directed, provide leadership and I am considered an expert in the field of aged care. It is my ideal job.

I began nursing as an Enrolled Nurse and went on to consolidate my nursing career with qualifications as a Registered Nurse and a Registered Psychiatric Nurse. My postgraduate qualifications include a Bachelor of Education, a Graduate Diploma in Dementia Care and Services and a Master of Clinical Nursing (Aged Care Nursing). I also have a Graduate Diploma in Civil Ceremonies (I am a retired Marriage Celebrant), a Diploma in Professional Writing: Editing and Proofreading and a Cert IV in Training and Assessment.

I was appointed to the MLHD Board in January 2013 and during this time I believe I have been a voice for clinicians, particularly nurses. I am the only person on the Board who puts on a blue NSW Health nurses uniform and goes to work at the bedside every day and by so doing I believe I bring a unique and realistic clinical perspective to the Board. It is challenging being a Board member, particularly in Health, however I believe the MLHD Board is made of up of conscientious, intelligent and professional people who all share a common goal and passion – to provide the best services possible to the people of Murrumbidgee.

Wellbeing nurse helping local families

Tumut-based Wellbeing and Health in-Reach Nurse (WHIN) Coordinator is strengthening local connections between families and health services.

Registered Nurse Caitlin Larter began the position working from Tumut High School, in June last year, to improve student health and wellbeing by identifying needs early and coordinating access to suitable, youth-friendly services.

“Feedback from students, parents, school staff and service providers across the board about the new role and support Caitlin provides, has been positive,” Jill Ludford, Murrumbidgee Local Health District Chief Executive said.

Ms Larter provided support to a total of 86 students, families and teachers from June to December 2018 and a further 49 have been supported since the start of the 2019 school year.

Ms Larter’s work across schools in the Tumut and Tumbarumba areas includes:

- Improving service coordination, case management and access for students and families;
- Identifying and triaging health needs of children, young people and families;
- Establishing trust with vulnerable children, young people and families to identify and assess their health and social needs;
- Promoting holistic care, early intervention, prevention and coordinated support; and
- Developing networks with providers to build strong relationships between the health and education sectors.

Connections have been made with Mission Australia, Family and Community Services, Tumut Family Regional Services, Tumut Health Service, TAFE, Wagga Wagga Rural Referral Hospital, and the Police and Citizen’s Youth Club (PCYC).

Ms Ludford said stakeholders have supported the initiative and been willing to collaborate to ensure its ongoing success.

“The opportunity for health and education to work together on developing the WHIN coordinator model and to support Caitlin in the role, has strengthened this valuable partnership,” Ms Ludford said.

Snowy Hydro committed $520,000 over two years to support two new Nurse Coordinators based at Tumut and Cooma.
Connecting our elderly and younger generations

**Article courtesy of The Gundagai Independent**

Children from Gundagai Preschool and residents from the Gundagai Multipurpose Service (MPS) are enjoying the benefits of an intergenerational program that sees 10 preschoolers spend a day at the facility each week.

The program has been a shared vision of preschool director Stacey Smith and MPS Manager Jane Turner for some time, with the aim to ‘bridge the gap’ between the elderly and younger generations.

Thanks to a funding opportunity, that shared dream is now a reality.

“Jane and I both understood the potential benefits such a program has for residents, children and the wider community. It was in 2018 when funding opportunities arose, that we could see our vision had the potential to ‘come to life’,” Stacey said.

The NSW Department of Education offered grants of up to $15,000 to support preschools to enhance physical environments, as well as implement educational programs.

“After a successful application by preschool, we were able to employ an additional staff member to ensure the program went ahead,” Stacey said.

“It is more than preschool ‘visiting’ the residential aged care facility; it is implementing a full preschool program for the entire day, once a week.

“It provides residents the opportunity to engage as much or as little as they wish, and to embed intergenerational inclusiveness for extended periods of time.”

While there was a little apprehension and fear from the children initially, the preschool conducted a transition strategy to increase the children’s understanding of the RAC facility and to answer any questions and concerns.

“To reassure the children and transition them into the RAC environment, we produced a social story using pictures of the facility, staff and residents,” Stacey said.

The children were also read stories such as ‘Wilfrid Gordon McDonald Partridge’, a children’s picture book by Mem Fox, about a boy, Wilfrid, who helps an elderly friend, Nancy, to regain some of her memory. The children also watched videos of intergenerational programs from both Australia and overseas.

Stacey said project outcomes include normalising the aging process.

“For our preschool children to understand that growing old is natural, and the changes that occur in the human body and mind are a normal progression through the human life cycle,” she said.

The program also offers the elderly the opportunity to reconnect with youth.

Other outcomes include the children reaching out to others, showing empathy, and that their involvement and interactions with the residents could have a positive impact on residents’ social and emotional well being.

“All families have supported the program,” Stacey said. “The impact on our children has been overwhelmingly positive.

“The children have been actively talking about the residents, recalling visits and asking when they are visiting again.”

The residents and children have shared reading books, building with blocks, painting and drawing. The most fun and engagement has come from the music and movement activities with ‘Pass the Bean Bag’ and the ‘Hockey Pokey’ being favourites.

The program will run for 10 weeks and conclude at the end of Term 2.

“We extend a big thank you to Mick and Jess Eccleston from Ecclestons Buses, who kindly provide transport to and from the hospital each Thursday,” Stacey said. “Without the support of the community this program would not be viable.”

Jane said the residents are benefitting from the program in myriad ways, including meaningful engagement, with the residents and children learning from one another.

“The residents becoming increasingly engaged with their community, increasing their physical activity, and giving some a purpose in their lives,” she said.

“The program is providing a renewed sense of self-worth and builds general well-being, increases opportunity to share life skills and knowledge and to serve as role models, and is also about having fun.”

[Images of children and residents engaging in activities such as block building and puzzles.]
Rural Pathways to Post-Graduate Medical Training

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TALENT SPOTTING & SUPPORT FOR RURAL HEALTH CAREERS

Creating an interest in and sustaining rural study, training and careers starts quite early.

For the first time this year, the Riverina Regional Training Hub (RRTH), based at the University of Notre Dame Australia Clinical School Wagga Wagga, is talking with high school students about rural health careers.

Over 20 Sydney school students from rural and regional NSW were invited to a Rural Health Careers Forum in May, to learn about rural health study, training and careers! This gives us the opportunity to support students from high school onwards into rural health careers in nursing, allied health or medicine. In sport they call this talent spotting!

In mid-May we welcomed nearly 40 first and second year Notre Dame medical students to Wagga Wagga. This annual event showcases our Wagga Clinical School, the public and private hospitals in Wagga Wagga and some of the smaller regional health facilities. The students have a chance to talk with local health practitioners, senior medical students already studying and junior doctors already working here and also to seek longitudinal rural career advice from the RRTH. All the students were hosted by Wagga Wagga families which provided further opportunities to explore the benefits of rural and regional living and working. Of course now they all want to “go rural” to complete their medical studies, their hospital training and to work. If only we could accommodate them! That said real connections are being fostered and will convert to rural workforce.

One of the critical supports the RRTH provides is to develop and document with medical students their own customised rural career plan. This is a 10-year vision which helps them plan where to study, train and to work rurally. Contacts are provided in their area of interest, opportunities for related workshops and conferences as well as key decision points on their rural career journey.

If you know someone who would like to talk about their rural health career please give them our contact details.

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BOARD CHAIR’S MESSAGE

A BIG thank you to all those who attended the first Local Health Advisory Committee (LHAC) Forum for 2019.

As volunteers you give freely of your time to improve the health needs of your community - this is truly appreciated. It was great to see and hear the “buzz” in the room as you networked, took on new ideas and information and planned for the future.

To acknowledge how LHACs are valued, the MLHD Board introduced two annual awards.

The first is for a LHAC committee who has worked proactively over the last 12 months to improve the “wellness” of their community. The 2019 award was presented to the Culcairn LHAC who have not only worked locally but also joined with other LHACs to support the surrounding communities. Culcairn LHAC has also been involved in the redevelopment of the Culcairn Multipurpose Service to ensure the community had a voice in the planning for the new building.

The second award was for an individual LHAC member who had gone above and beyond in advocating for the health care needs of their community. This award was presented to Syd Dudley. Syd has been the Chair of the Finley LHAC for many years. He has not only supported his own community but also the surrounding communities by bringing LHACs together as a united team. He has always looked at the big picture as to how the whole community can work together to improve the health care of the residents.

A big thank you also goes to Griffith LHAC who hosted the two-day forum. These forums are very important to ensure as a health provider we understand what good health care looks like. We know that health care is an ever changing area with research providing breakthroughs that we never thought were possible.

My eight take home messages from the forum were:

• “Grow the good things” – Dr Dave Ritchie, Lecturer in Health Services Management, Charles Sturt University

• Don’t just look at the individual – look at the family – Richard Bamblett, Griffith Aboriginal Medical Service

• Death is brief – the time in front of this is the important time – Jenny McKenzie, Palliative Care Nurse Practitioner, MLHD

• People need to have easy access to their own health plan – Sam Pearce, MLHD

• Three successful business – Uber owns no cars – AirB&B owns no accommodation – In America, Mercury Virtual own no hospitals but deliver 750,000 episodes of health care – Phil Major, MLHD

• The future of health care will not be hospital care but home care – we have the technology already to make a start towards this practice – Phil Major, MLHD

• GPs in small communities should ensure that patients have a team around them so health care can continue when the GP is not available. – Ros Bullock, GP Canowindra

• It is important that a GP has a work and lifestyle balance. – Ros Bullock, GP Canowindra

Don’t forget to have your jab with winter now upon us.

Take care,

Gayle Murphy
MLHD Board Chair
The Paediatric Care Coordination (PCC) Service developed by MLHD in partnership with the Sydney Children’s Hospital Network is improving access to safe and timely specialist care closer to home for children with complex and chronic health conditions.

The service helps families navigate the health care system, assist with travel and accommodation and coordinate appointments at specialist hospitals.

Importantly, it can decrease travel, days off school for children, days off work for parents and carers and decrease time families spend apart.

One family which has benefitted from the PCC service is the Curry family. Addison who lives in Batlow with her parents Mitch and Brodie and big brother Liam, was born with liver failure requiring a liver transplant at just six months old. The service developed a shared-care plan with the family, local team members and the specialist hospital team to ensure the family felt supported in their local community.

Brodie says: “I knew the plan, Sydney knew the plan and my local teams knew the plan. I felt I could just turn up and hand them the plan and they would follow it to a tee.”

“I truly cannot recommend the Murrumbidgee care coordination scheme highly enough, it has been a life-saver to our family and to Addy,”

“Without it, things could have gone very differently. I can now advocate for my daughter in the best way possible. Having these services available to families like ours has truly been a blessing and we cannot thank our team enough for everything they have done. The best things have been the ability to access care locally, education, and how to get a hold of the Sydney team in a hurry, I am so much less stressed.”

For more information, contact the Community Care Intake Service on 1800 654 234.
Riverina region residents are set to benefit from 21st-century digital healthcare now that Wagga Wagga Base Hospital (WWBH) has become a hub of innovation.

A number of exciting trials aimed at enhancing the safety and quality of patient care have begun, with clinicians from MLHD working in partnership with the state’s digital health agency, eHealth NSW, and industry partners.

One trial involves a team of 10 Emergency Department (ED) clinicians receiving real-time pathology results and risk indicators via iPads, iPhones and Apple Watches, as delivered by Alcidion’s Miya Precision Clinical Decision Support (CDS) tool.

For Dr Stephen Wood, Director of WWBH’s ED, the trial has the real potential to assist clinicians with diagnosing and treating patients in time-pressured environments.

“We want to give clinicians fast access to meaningful data insights which can help them to identify patients at risk of deterioration, and provide more timely mobile access to pathology results and X-rays,” Dr Wood said.

The Miya Precision platform maps data to standard terminology, which can form a basis for integrating other Artificial Intelligence and Predictive Analytics algorithms to monitor and detect safety problems.

It also delivers additional clinical insights including deteriorating kidney function, coagulation management, antibiotic stewardship, management of gram-negative bacterial infections, low blood glucose and sepsis monitoring.

“The digitisation of healthcare is ramping up and all clinicians need to embrace it with a view to developing a platform that improves access to the information they require to deliver timely and appropriate clinical care,” said Dr Wood.

“We are excited to be a part of these six-month projects and I hope that both prove to be successful.”
“I always wanted to be a nurse.”

My grandmother and aunty were both registered nurses (my darling grandmother was also a midwife). I expressed my desire to enter the profession of nursing when I was 14 years old. This desired professional pathway was well-supported by my amazing parents and extended family. The only person who attempted to dissuade me was my grandmother - an amazing women known across our district as “Sister Ferguson”. Her attempts to encourage a different professional path were due to:

- Nursing was exceptionally hard work. There was no such thing as regulated hours or work conditions. You worked until the work was completed and certainly did not get overtime payments for extended hours.
- Nurses did a lot of domestic work (scrubbing pans/rolling cotton balls / gumption scrubbing of pan room etc.)
- Matron/In-Charge Nurse led the team with fear and intimidation. It was not necessarily about the patient – “order” was so important!
- Nurses were never “off duty” – the local community would call night and day for assistance. The “nurse in the street” would lay out the deceased neighbour at all hours – it was an expectation.
- Nurses were poorly paid!
- My grandmother was so committed to her profession and “was on-call 24 hours / day” for the local community – that is what you did as a nurse in those days!
- My darling grandmother just wanted the best for me – in her experience “nursing was not the correct pathway” - I could do better!

Falling in love with nursing

In Year 10 I did work experience at St George Hospital (Sydney) – this was the same hospital my aunty and grandmother did their nurses training and was my “local hospital”. I spent two weeks on a medical ward and could not get enough! I fell in love with the profession of nursing! I had two additional years of high school to complete – I did all I could to avoid those two years and enter “hospital based nurses training”. I failed – sadly, I did not meet basic entry level for hospital based training due to my age. I had to continue with school and complete year 11 and 12 to pursue my dream of completing my nurses training.

Instead, I approached local aged care facilities to gain work as a nurse’s aide. I was successful and worked weekends at two aged care facilities as a “nurse’s aide”. On reflection, it is frightening to know that I was responsible for the fundamental care of aged care consumers with absolutely no training! I literally walked in from the street and said “I want to be a nurse”! Thankfully those days have gone and aspiring nurses have to have formal training and qualifications prior to engaging in nursing care!
The start of something special

I began my nurses training at the University of Western Sydney and was so very excited to finally get started. I applied for a casual nurse’s aide position at Calvary Hospital Kogarah (Palliative Care Hospice). I was successful and gained lots of work. I absolutely loved my time there. I was 18 years old and confronted by death on a daily basis – despite this, I realised what impact I could have (simply as another human being) on the vulnerable patients I cared for. It was such a privilege to work at Calvary and the first time I realised the opportunity I had (as a future RN) in making a significant difference in the lives of people who were “vulnerable, in pain, frightened and facing their final days.” I made sure I “spent the time” where needed and (selfishly) gained amazing satisfaction at seeing simple smiles, a gentle hold of the hand, calm / settled breathing... On the 19 July 2017, my Dad passed away in the same facility. He was treated as an individual with respect and dignity and I was proud to be back in this hospice providing care to my Dad as I did for others whilst I’d trained many years ago. What an incredible place!

I completed my nurses training and was so grateful to be accepted as a newly graduated nurse at the Royal North Shore Hospital (RNS) in Sydney. I had an amazing experience on the acute spinal injuries unit under the supervision of Sister Higgins. I will never forget her – she was the Nursing Unit Manager and she ruled with an iron fist!

My heart was set on being an Emergency Department (ED) nurse and I must have made a good impression, because two weeks prior to completing my first rotation Sister Higgins called me in to her office (scary) to inform me she had spoken with the ED Nurse Unit Manager (NUM) and was confirming I now had my next rotation within the ED at RNSH. (For a new graduate this was unheard of!) Amazed, ecstatic, so excited I could not believe it! I completed my second rotation within the ED at RNSH and was then asked if I would like to complete my third “new graduate rotation” within the ED – hell yes!!!!

Following my new graduate program I was offered a permanent post within the ED at RNSH. I loved it and learnt so much within a short space of time.

I moved to Tasmania to work as a critical care clinical nurse educator at Launceston General Hospital before accepting the offer to link up with the University of Tasmania to develop and implement a new training course for rural nurses called First Line Emergency Care for Rural & Remote nurses (FLERR).

I loved my time in Tasmania but it was time to “live my second dream” and travel abroad.

The big move

I travelled to the UK for a 12 month nursing experience and stayed 12 years! I worked predominantly as an agency “staff nurse” within intensive therapy units (we know them as intensive care units in Australia). I then accepted a job as the nurse manager for an independent retrieval / repatriation company based in Surrey. I travelled the world whilst supporting UK citizens in returning home after an accident / medical episode abroad. It was an amazing experience and experienced so much of the world. More importantly, I made life-long friends in my colleagues – we stay in touch and visit when we can!

It was time to return to Australia. I didn’t want to leave as I loved my life in the UK. It was time, as I realised my parents were getting older. That was an amazing revelation in itself, as I never expected my parents to age!

I returned to Australia and based myself in Sydney for 18 months. I worked as an agency RN working in ED, recovery and ICU. Plenty of work and (as usual) Craig could not say “no” so worked a large amount of shifts each week. I enjoyed this time yet knew it would be short lived as I needed “a purpose” which was not temp / agency work. Whilst in Sydney my “old boss” called me and asked if I would transfer a Sydney based patient back to the UK. It was a “straight forward” medical case on a commercial flight – of course I would and did! I stayed a further 6 weeks in the UK and worked in the office of the medical retrieval / Repatriation Company. Now it is time to go home and settle! Whilst in the UK I was looking for work in leadership roles within NSW Health. NSW Health was now so foreign to me after 12 years in the UK. I knew it would be best to look for a NUM position in order to understand NSW Health again. I stumbled across a NUM position at Leeton District Hospital – did my research and applied!

London to Leeton

I commenced at Leeton District Hospital in July 2011. It was not an easy transition but I saw so much scope for improvement and opportunities. I was now the Nurse Unit Manager of acute care/midwifery with absolutely no experience working within a ward environment. I worked hard and remained focussed on “bringing the team together”.

The next step was Deputy Nurse Manager of Leeton District Hospital. I remained in this role for two years and was then asked to cover the Facility Manager position at Urana MPS. This lead to another opportunity at Tumbarumba acting as Health Service Manager for 18 months.

By this time, I had to admit I was no longer a clinical expert as realised I was no longer a clinically competent clinician. I made the decision to focus on my leadership career and have no regrets.

When the opportunity came up to apply for the Cluster Managers position I decided to “throw my hat into the ring”.

I have been privileged to be the Narrandera Cluster Manager / Director of Nursing and Midwifery for the past three years and over past 12 months I have led the sites within the Narrandera & Leeton Clusters. This has been hard work yet rewarding and challenging.

I am in a fortunate position where I wake each morning and look forward to what I will be faced with – I truly love what I do! I am now in an amazing position where (as a leader) I can lead other district leaders in ensuring our patients, consumers and community experience a high quality, safe and positive healthcare journey.

What a journey and I wouldn’t change any of it!

I will always remain very proud to be a nursing professional and know that the profession of nursing remains a privilege to be a part of! ■
PHOTO GALLERY

GRIFFITH: Congratulations to Griffith Local Health Advisory Committee on hosting a fantastic LHAC Forum in May. The theme was “Integrated Care in our Community – One System,” with the topic areas relating to providing a seamless service in our communities. Around 100 delegates travelled to Griffith to take part.
Health staff proudly took part in LGBTIQ+ Mardi Gras festivals in Wagga Wagga and Hay this year.

Wagga Wagga held its inaugural LGBTIQ+ Mardi Gras on 9 March and MLHD partnered with Murrumbidgee Primary Health Network to take part in the parade.

“Almost 60 participants represented the combined organisations to march with pride through the main streets of Wagga Wagga,” said MLHD HIV & Related Programs Manager Alison Nikitas.

Hay held its second Mardi Gras from 29 to 31 March in a more expanded format this year which included a street parade and various community events.

“Once again, District staff took pride in marching in the parade to show support for the local LGBTI+ community,” Ms Nikitas said.

Ms Nikitas said participation in these events demonstrated how MLHD can promote a welcoming, safe and caring environment for all people regardless of race, religion, ethnicity, sexual orientation, gender identity or disability.

“In MLHD we strive to invest in our people to provide a safe environment for LGBTIQ+ people in the workplace and provision of services in a welcoming, culturally appropriate and safe environment for culturally diverse people.”

She said a visible presence in the parade allowed the Health District to engage with the community to support access to health services and improve health outcomes.

“The Sexual Health stalls at each event gave people the opportunity to discuss sexual health with specialised staff and find out more information regarding services available within MLHD.

The stalls generated a lot of interest from various demographics including families, singles, couples, groups of friends and was visited by over 50 people,” Ms Nikitas said.

“With the enthusiasm of participants and the overwhelmingly positive feedback received, we hope to embrace the opportunity to participate again next year,” she said.

Mardi Gras is out and about in rural areas!
With flu cases still on the rise, people are reminded that simple hygiene such as regularly washing hands will help stop the spread of the potentially deadly virus.

NSW Health Director of Communicable Diseases, Dr Vicky Sheppeard, said while the flu vaccine is still the best protection, simple hand hygiene is also important.

“Basic hygiene can help prevent flu and other infections spreading in the community, so it’s really important to cover your coughs and sneezes, and wash your hands regularly,” Dr Sheppeard said.

“If you are unwell with the flu, stay at home and minimise contact with other people if possible, especially those who are particularly vulnerable, such as young children and the elderly. Avoid visiting aged care facilities and child care centres until you have recovered.

“It’s also not too late to vaccinate and we’re encouraging everyone, particularly pregnant women and parents of young children, to arrange flu shots for themselves and their children as soon as possible.”

Dr Sheppeard said NSW Health is working hard to stop the spread of the flu but members of the community can also make a difference.

“Just using soap and water to wash your hands regularly or an alcohol-based antibacterial hand gel is a very effective way of killing germs that could be passed on or ingested.”

The NSW Government is spending a record $22.75 million on statewide immunisation programs which will assist with flu prevention this season.

This includes $2.6 million for free flu shots to children up to five years of age and a $1.5 million immunisation and influenza awareness campaign.

The NSW Government has invested about $130 million in the 2018-19 Immunisation Program budget, including Commonwealth and state vaccines.

Flu shots are also free under the National Immunisation Program for pregnant women, people over 65 years of age, Aboriginal people and those with medical conditions such as asthma, diabetes and heart problems.
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