CONTENTS
About Us .........................................................2
Virtual Care - Breaking down the barriers .................3
Connecting ED’s with specialists .................................4
Emergency Departments stay open this summer ............5
LHAC in Focus: Cootamundra .....................................6
Emergency Day boost nurses knowledge ....................7
Season’s Greetings with Chief Executive ....................8
TAFE NSW helps Aboriginal sisters realise nursing dream ...........................................9
Co-Producing research with refugee back-ground communities ........................................10
School ready ................................................................11
Healthy Christmas Trifle Recipe ..................................11
Rural Stories Celebrating Rural Medical Study, training and careers ......................................12
Meet our Directors - Geoffrey Twomey .......................13
Medical student hits the road for charity .......................13
Board Chair’s Message ............................................14
Research Report among the best ..............................14
Stand-out results for cancer care .................................15
Golden Scalpels Competition ......................................16
Humans of the Hospital- Justine Hogan .........................18
Photo Gallery ................................................................20
Cancer treatment and care conference .........................22
Region-wide strategy to improve maternal and child health ...........................................23

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 ninth 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
MLHD Patient Flow and Transport Manager Phil Major, photo by Jacki Cooper, Jack of Hearts

CONTACT US
EDITORIAL
Rebekah Manwaring
Communications Officer
0412 324 122
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
Virtual Care is a ground breaking rural health service focused on ensuring consumers living in rural areas across the MLHD have access to first class health care at all times.

Providing healthcare outside of big cities and towns can be a challenge. Long distances to travel to get care, longer waiting times to see health specialists, plus leaving your family and friends – sometimes overnight – all add to the pressure when you’re not well.

Virtual Care links health care consumers across the MLHD’s 33 facilities to world class models of care and highly skilled clinicians. It uses advanced digitalised telecommunications platforms ensuring geographical location is not a barrier to specialist care.

"Healthcare services come to the consumer," explained Patient Flow and Transport Manager Phil Major.

"Traditional models of care require consumers to travel vast distances to receive healthcare. This combines risks of road travel and associated delayed access to care."

Virtual Care is also strongly focused on how the clinical workforce is adapting and changing in response to digital health innovations.

"It doesn’t replace face to face consultations. It is an integrated partnership with the local healthcare team to enhance local resources and support delivery of specialist care traditionally delivered in metropolitan centers."

Other benefits of Virtual Care include:

- a highly efficient platform ensuring the clinical skills of clinicians can benefit consumers over vast geographical distances when facilitated by a centralised service.
- a single entry point access via a 'state of the art' telephony system which links specialised clinical teams to consumers according to clinical need.

Some of the models of care offered include:

- Critical Care Advisory Services
- Remote Medical Consultation Service
- Patient Flow and Transport Unit
- REACH Program
- Virtual Care Governance

All models of care provided by Virtual Care are supported by highly skilled nursing clinicians supported by specialist medical officers and general practitioners with advanced rural medicine and telehealth skills.

These nursing clinicians (Nurse Coordinators) are advanced practitioners with currency of practice in critical care units across MLHD.

In addition to facilitating the delivery of specialist medical services, the Nurse Coordinators attached to Virtual Care support the provision of critical care nursing interventions at rural MLHD facilities within established clinical algorithms, policies and procedures, all within the scope of practice of local nursing clinicians.
CRITICAL CARE ADVISORY SERVICE

The MLHD Critical Care Advisory Service (CCAS) is the first point of contact for those hospitals within MLHD without specialist critical care resources who need expert critical care advice to better look after very sick or injured patients.

This service facilitates critical care expertise from senior critical care clinicians at the Wagga Wagga Base Hospital (WWBH) using telehealth. This service focuses on the 31 smaller MLHD facilities. In some cases due to the limited number of critical patient presentations, staff can lack recent experience in dealing with these patients. Coupled with a limited number of staff available, the care of these patients proves to be quite challenging.

REMOTE MEDICAL CONSULTATION SERVICE

The Remote Medical Consultation Service (RMCS) provides medical advice over the phone to ensure patients receive the treatment they need when they need it. RMCS supports clinicians in outlying hospitals by prescribing medical treatments, providing first aid advice and identifying when further care is required.

When a Medical Officer is not available to attend in person at any of the MLHD outlying facilities, a senior Medical Officer from the WWBH supports all medical care of all patients at these facilities within advanced telehealth platforms. Electronic documentation and case management teleconferences are pivotal information management strategies that support this service.

This service promotes the delivery of care local to the patient’s home and enhances the recruitment of clinicians to rural communities. This model of care works in partnership with the resources and availability of the local medical officer to ensure the delivery of care locally. It is well recognised that patients not requiring specialist care have improved outcomes when health care is delivered locally in partnership with the consumers support network.

Using leading telehealth platforms, this model ensures all functions of the local medical officer are supported during periods when this clinician is not available to attend in person. This mitigates the risks of fatigue in the rural medical workforce and supports nursing clinicians working in isolated clinical environments.

REACH PROGRAM

REACH is a system that helps patients, their family and carer/s escalate their concerns with staff about worrying changes in a patient’s condition. It stands for Recognise, Engage, Act, Call, Help is on its way.

If you are worried about a patient in hospital, first talk to your nurse or doctor. If you are still worried, ask to speak to the nurse in charge and request a ‘clinical review’. If you are still worried, call the MLHD REACH number.
Emergency Departments (ED) across the District remain open 24 hours, seven days and local residents are urged to continue to go to the ED in a medical emergency.

If a doctor is not present in the ED, patients will be assessed and triaged by highly trained emergency Registered Nurses.

“The ED nurses are supported by a 24-hour remote medical consultation service which links them to a senior emergency medical consultant at Wagga Wagga Base Hospital/Griffith Base Hospital,” said Dr Len Bruce, MLHD’s A/Executive Director Medical Services.

“The medical consultant provides all medical advice and support from presentation to discharge or retrieval to specialist care if required.”

The Critical Care Advisory Service also provides support through telephone and remote telehealth cameras.

As is standard practice, patients needing more acute care are transferred to the nearest appropriate hospital after being triaged.

MLHD reminds residents that in an emergency they should call triple zero (000) for an ambulance or attend the Emergency Department.

“Local residents are also reminded to call Health Direct on 1800 022 222 for general advice and information,” Dr Bruce said.

Dr Bruce said shortages of medical practitioners in regional and rural areas are unfortunately occurring right across Australia and MLHD is exploring ways to address the issue.

MLHD is working with the local doctors and other partners to explore options to enhance medical services and attract more GPs to the District to support smaller rural hospitals.

MLHD has partnered with the Murrumbidgee Medical Training Hub University of NSW to develop the Murrumbidgee Integrated Rural Training Pathway, based on a single employer model.

Under the proposed pathway, MLHD will employ GP trainees as NSW Health staff for four years while working in both rural hospitals and local general practices. GPs would be trained to work in rural areas – providing benefits to trainees, MLHD and the community.

This will build the local GP workforce capacity and provide a streamlined pathway for rural medical students and junior doctors into rural GP training.

Under this program, the trainees will remain employees of NSW Health to ensure continuity of employment and ease movement between hospital and general practice training.
Cootamundra LHAC Chair Rachel Marion says the committee has been working to achieve small wins for their community.

Over a number of years the Cootamundra LHAC has undertaken patient surveys to improve the day-to-day service received in the hospital. The feedback received can be easily and immediately implemented on the ward, making patient stays more comfortable and leading to a culture of continual improvement.

“One of the projects we have been working on is to improve the safety and access between the medical centre and the hospital,” said Rachel.

Improving awareness of services available has also been a priority area with the LHAC working on developing a fridge magnet for residents which will include quick dial health service contact numbers.

“We are advocating for local people to use the appropriate service depending on their need,” said Rachel. “We have so many services on offer here, but it can sometimes be difficult to know about and find the right service for you.”

“We are very mindful of making use of all services available. We want Cootamundra residents to know that they can make use of other health services such as their local pharmacy and the 24 hour HealthDirect telephone service rather than always making the doctor or the hospital the first port of call.”

Cootamundra Hospital currently has six General Practitioner (GP)/Visiting Medical Officers (VMOs) on call to provide medical cover at the Emergency Department (ED) after-hours and weekends.

The Emergency Department (ED) is staffed with highly trained registered nurses who assess and triage patients, and has 24-hour access to remote medical consultation services if a doctor is not present at the hospital. A senior ED medical consultant provides all medical advice and support from presentation to discharge or retrieval to specialist care.

The hospital is also looking to introduce a Nurse Practitioner model, which would provide additional support in ED, but what’s really important is for people to use other services if it’s not an emergency.

“If people are not sure or it’s not urgent, call the free Health Direct number 1800 022 222 and get straight through to a registered nurse who will provide the right medical advice.”

“Our pharmacists are also a fantastic source of information and guidance.”

The MLHD’s Community Care Intake Service guide you to the service you need. Callers can self-refer to a wide range of community services from Child and Family Health to Physio and Dietitians. (call 1800 654 324)

People seeking any level of mental health support can contact Accessline on 1800 800 944 and be connected to the service. Always in emergency call 000.
EMERGENCY DAYS BOOST NURSES KNOWLEDGE

Being exposed to fast-pace emergency nursing experience can be quite a rare thing for our health workers at our smaller health facilities. However there are times when that experience becomes invaluable. That’s why Robyn Freeman from Wagga Wagga Base Hospital (WWBH) has been running the Education Shifts program in WWBH Emergency Department (ED) for the last 18 months.

As part of this program, nursing staff from outlying hospitals can work at WWBH ED in a supernumerary role for an educational shift to gain exposure to the variety and volume of patient care that is not available in their rural site on a regular basis.

To date participants have come from Narrandera, Henty, Adelong, Culcairn, Lockhart, Hillston, Lake Cargelligo and Tumbarumba.

“Blaine and Danielle from Hillston MPS were our 23rd and 24th participants in the program,” explained Robyn.

“It’s available to registered nurses, enrolled nurses and assistants in nursing.”

Robyn says the program enables more collaboration between the smaller rural hospitals and the larger referral hospitals within MLHD.

“It allows increased opportunity for awareness and understanding of emergency nursing practice and the development and sharing of resources. It also provides an opportunity for skills practice and consolidation in our ED where patient presentation numbers average 120-140 per day.”

Program participants say one of the benefits is the exposure to a greater diversity of patient presentations than rural sites in a shorter timeframe, which gives an opportunity for skill expansion in a supported environment.

Blaine, a 24 year old registered nurse from Hillston, was hoping to get a chance to perform a male catheterisation. He had completed the workbook and pre-reading at Hillston, but had not had the opportunity to perform the skill. He was able to carry out this skill under supervision in a supported environment while he was here. He also had the chance to do a number of cannulations, refining his skills in this as well.

“The day provided me with the chance to practice, refine and observe clinical skills that rarely occur at Hillston MPS The opportunity allowed me to observe and use advanced equipment such as BIPAP machines and oxylongs.

“I would strongly recommend this training day to others in my position as it has allowed me to refine skills and facilitated the attainment of new skills I can put into practice within Hillston MPS,” Blaine said.

The program has been a great success to date, with participants returning to the rural hospital sites with more experience and confidence in their skills in acute care.
I’d like to take this opportunity to send you Season’s Greetings and wish you the very best for the holiday season. This summer we encourage you to stay happy and healthy by taking care of yourself and your family:

SUMMER FLU
If you are travelling to the Northern Hemisphere on holiday this summer, or have friends and/or relatives visiting you from the Northern Hemisphere - here are some tips:

• It’s safe to get the flu shot even if you had a flu shot this winter in Australia. A flu shot provides protection for up to six months. Your winter flu shot is no longer effective.
• Get your flu shot at least two weeks before you leave on your holiday as it takes that long for your body to develop antibodies to provide protection.
• Talk to your GP or travel clinic before you travel

BEAT THE HEAT
With temperatures in some parts of the region expected to reach into the 40 degrees this summer, MLHD is urging people to take the risk of heat-related illness seriously.

While heat-related illness may affect anyone, certain groups are particularly vulnerable. This includes those over 75, infants and children, people with a chronic medical condition and people who live alone.

During hot weather, it is very important to stay in regular contact with your elderly friends, neighbours and relatives, and to look out for other vulnerable members of your community.

These simple precautions will help people minimise their risk of heat-related illness:

• Drink plenty of water, and remember to carry some with you when you’re out and about
• Avoid alcoholic, hot or sugary drinks
• Plan your day around the heat. Stay indoors between 11am and 5pm and minimise physical activity
• Keep the sun out of your house by shading windows with an awning, shade-cloth or plants. Shutting curtains will also help

SUN SAFETY
As the temperatures continue to soar, remember to protect yourselves and children in your care from the sun to prevent burning and reduce their long-term risk of skin cancer. Follow these easy steps for best protection:

• Slip on some sun-protective clothing that covers as much skin as possible
• Seek shade, especially between 9 am and 5 pm when UV levels are most intense
• Slap on a hat that protects your face, head, neck and ears
• Slide on some sunglasses
• Slop on broad spectrum, water resistant SPF30+ sunscreen. Put it on 20 minutes before you go outdoors and every two hours afterwards. Sunscreen should never be used to extend the time you spend in the sun.
A TAFE NSW Griffith Diploma of Nursing graduate has vowed to use her skills to help improve health outcomes for Aboriginal people in her community.

Lisa Curry has graduated from a Diploma of Nursing at TAFE NSW, which helped her secure a job at Griffith Base Hospital as an Enrolled Nurse in the cardiac ward. Her sister, Naomi Misi, completed the Diploma course at the same time and is working as an enrolled nurse at Griffith’s Scalibrini Village.

Data from the Australian Institute of Health and Welfare reveals Indigenous Australians are 2.3 times more likely than non-Indigenous Australians to be burdened with chronic disease in their lifetimes.

She said Murrumbidgee Local Health District, which manages Griffith Base Hospital, had been “hugely supportive” of her career to date.

“I work closely with the doctors and I’ve learned so much from them,” Ms Curry said.

Lisa Curry’s learning journey with TAFE NSW started as a teenager, when she completed an automotive course at TAFE NSW Griffith to help her maintain her first car. In the ensuing years, the proud Wiradjuri woman has graduated with qualifications in childhood education and care, aged care, business and nursing.

Ms Curry said “I learn better hands-on and I work better hands-on, so TAFE NSW was the perfect fit for me.

“The teachers had such amazing industry experience and allowed us to learn at our own pace.”

Ms Curry is now studying a Bachelor of Nursing, part of the TAFE NSW/CSU Pathway Program, in a bid to become a Registered Nurse and use her training to specialise in Indigenous health.

TAFE NSW Griffith Diploma of Nursing Teacher Sarah Proud said the job outcomes for graduates of the course were “exceptional”.

“The vast majority of graduates find work as nurses,” Ms Proud said.

“We also have a brilliant pathway program with CSU, where Diploma of Nursing graduates get accepted into the CSU degree and only have to complete the second and third year to earn their Bachelor of Nursing.

“They can study while they’re working as nurses, getting industry experience and earning money.”

Her comments were backed up more broadly by a higher education report by the Grattan Institute, released last month, which concluded that in most cases, a TAFE NSW qualification leads to a graduate finding work in that field.
CO-PRODUCING RESEARCH WITH REFUGEE BACKGROUND COMMUNITIES

At Three Rivers University Department of Rural Health (UDRH), we are committed to co-designing and co-producing research with our stakeholders.

Currently we are putting this into practice with a research project developing improved understanding of health and wellbeing issues in refugee-background communities who have resettled in Wagga Wagga.

The team includes Professor Deborah Warr (Three Rivers UDRH), Dr Heather Boetto and Dr Oliver Burmeister (Charles Sturt University), Multicultural Council of Wagga Wagga, Dr Geraldine Duncan (refugee specialist GP), Murrumbidgee Primary Health Network, Red Cross and eight community researchers.

A major focus has been facilitating community discussions with the African, Burmese, Afghan and Yazidi communities; exploring experiences of resettlement and community understanding of health and wellbeing issues and services.

Participants talked about the difficulties of learning English, finding work, poor mental health associated with the ongoing effects of trauma, missing homelands and family members, and struggles to get ahead in their new lives.

Initial insights show people from refugee-backgrounds are keen to settle down and contribute to their regional communities, however, while some communities have good knowledge of available health services others are struggling to understand the health system in Australia.

Encouragingly, participants reported their communities found Wagga Wagga a good, easy and safe place to live and viewed the research as offering an important opportunity to share their stories.

A community forum to present findings from the project is planned for early 2020.

“This is my first experience where I share my background with someone ... I’m sure that through this people will know about us and it would be helpful for us to continue to stay in this place.”

– Myanmar, participant
SCHOOL READY

As we get things ready for our children to start the 2020 school year it is important to set aside some time to plan their lunchbox and consider the school canteen menu.

Science tells us that students that eat vegetables, fruits and wholegrains have better classroom behaviour and higher exam results. Children that skip breakfast make more errors and have slower memory, and those that have too much sugar display more aggressive behaviours.

It is important to include vegetables, fruit, lean meat, and wholegrains. Dairy snacks are a great option such as yogurt, custard, milk and crackers and cheese.

Over half of the schools in the Murrumbidgee region have aligned their canteen menus to the NSW Healthy School Canteen Strategy so 75% of their foods and drinks are everyday and great options for students.

And let’s not forget the importance of hydration. Students that have regular sips of water have better memory and pay more attention, which are needed to learn better.

For more information please visit https://www.mlhd.health.nsw.gov.au/healthy-living

Healthy Christmas Trifle Recipe | Gluten, Dairy & Sugar Free

INGREDIENTS

VANILLA CAKE
185g purchased plain gluten-free flour blend (there are many to choose from)
2 tsp gluten-free baking powder
½ cup of Gloria’s local honey (Gloria from MLHD Finance Team)
125 g non-dairy spread (such as Nuttalex)
½ cup almond/coconut milk (coconut milk provides more moisture and having with almond milk means it wont be too “coconuty”)
2 eggs
2 tsp natural vanilla extract

CHOCOLATE CAKE
As per Vanilla cake recipe with the addition of one cup cocoa (or cacao powder) into dry ingredient and another half cup almond/coconut milk with wet ingredients.

CHOCOLATE CHAI PUDDING
4 cups unsweetened almond/coconut milk
1/2 cup chia seeds
1/3 cup Gloria’s local honey (Gloria from MLHD Finance Team)
2/3 cup cocoa (or cacao) powder pinch salt
2 large teaspoon vanilla extract

VANILLA CUSTARD
300ml almond milk (or almond/coconut mix)
1 teaspoon vanilla extract
3 egg yolks
2 tablespoons honey (to taste)

NOW WHAT

CAKE
1. Preheat the oven to 180°C.
2. Line a round cake tine with baking paper.
3. Sift together the gluten-free flour and baking powder into a large mixing bowl.
4. Add honey, non-dairy spread, nut milk, eggs and vanilla and use an electric mixer to beat on low speed until combined. Increase the speed to high and beat for 3 minutes or until the mixture is well combined and very pale in colour.
5. Pour into cake tin and bake for 5-10 minutes or until firm.

CHOCOLATE CHAI PUDDING
Whisk all ingredients until blended, put into bowl and let thicken overnight. If you don’t like the consistency of chia pudding and want a smoother, more mousse-like texture, you can blitz it all together in a blender until it’s smooth (after it has thickened)

VANILLA CUSTARD
1. Heat nut milk and vanilla slowly over a gentle heat to just below boiling point, until you see small bubbles barely breaking the surface.
2. Whisk honey and eggs into milk mixture until fully blended.
3. Heat until thickened.

FINALLY

Once each layer is prepared, simply layer in a glass/trifle bowl as desired.

TIPS
You need to prepare the chia pudding first as it needs to thicken, it is best made the day before.
Do not boil nut milks (custard), they will separate. You can alter the combination and type of nut milks depending on taste, just note that they have different fat quantities which alters cooking.

Recipe courtesy of Jen Spain, Manager Governance, Risk & Audit
Wonderful rural medical stories are shared through our recently released podcast series Destination Medicine. The podcasts which feature local “stars” including Dr Theresa Pitt, support high school students, medical students and junior doctors to make decisions about medical study, training and careers.

Destination Medicine© www.destinationmedicine.com.au is a collaboration between a number of NSW Regional Training Hubs including the Riverina Rural Training Hub (RRTH). There has been wonderful interest in this first series since the Launch at Rural Medicine Australia 19 in late October, when 118 doctors, health professionals and medical trainees applauded this rurally focussed initiative. Since launch interest has spread internationally with encouraging and complimentary feedback. Please have a listen and then share. To the Medical, pre-med nursing and other health industry students were welcomed to the Notre Dame Rural Clinical School in Wagga Wagga over the October long-weekend.

The Rural Appreciation Weekend (RAW) brought students, mostly from NSW, to “the Bush”. They camped at The Rock, dined by the Murrumbidgee River and Lake Albert, but most importantly had opportunities to talk with local medical students, rural doctors and other health professionals. These trips into rural areas can shape where and how students study, train and pursue their health careers. Saturday night’s guest speaker Dr Justin Cain started his rural career ten years ago as a result of participating in RAW and is currently working at Wagga Wagga Base Hospital.

Providing information to support and encourage information about rural study, training and careers is an integral part of the Riverina Regional Training Hub’s role.

For more information about the Riverina Rural Training Hub see our webpage www.notredame.edu.au/about/schools/sydney/medical/clinical-schools/riverina-regional-training-hub

Fran Trench
Executive Officer
Riverina Rural Training Hub
P: 02 82044607 E: RRTHenquiries@nd.edu.au

For more information about Destination Medicine© visit: www.destinationmedicine.com.au
MEET OUR DIRECTORS

GEOFFREY F TWOMEY FCA
MLHD BOARD DIRECTOR

I have lived in Cootamundra for almost all my life. The Murrumbidgee area covered by the MLHD is dear to me. I have been active both personally and professionally in the Riverina and South West. I have been a practicing chartered accountant since 1970 building a large regional firm well respected by clients and peers.

I am engaged in a number of Board and advisory positions. My experience in accounting, management and audit provides me with the expertise to help guide the operations of the MLHD Board. I have liaised with various Government Departments at both the Federal and State level working to improve community services for many decades.

I have actively participated in assisting the community and am a life member of Apex. I am deeply passionate about helping local schools and sporting committees, fundraising for charities and community organisations. I am proud to have worked with so many dedicated members in the community and assisted Gloria Schultz in the initial mobile mammography appeal in the 1990s. I helped initiate the charity “Wheelies with Wings” which assists disabled people learning to fly.

I have most recently dedicated my time to servicing clients directly through Geoff Twomey Tax Advisory and focused on advising the elderly and their families through the challenging transition to aged care. I have become aware of the trauma that people face with the compliance forms and associated financial requirements and the need for sound professional advice and support.

My vision for Murrumbidgee is to look at the requirements for all the communities in our area and provide them with the best possible medical services and outcomes. I am confident we have the right people in the MLHD to accomplish this challenge.

MEDICAL STUDENT HITS THE ROAD FOR CHARITY

University of NSW 5th year medical student, Kaspar Fiebig, celebrated the end of exams with a fundraising bike ride.

Kaspar left Wagga Beach at 5 am on a cold Saturday morning in November for the 450km ride, ending at 11.30 pm at Coogee Beach.

“I was blessed with a strong tailwind which meant that I made quite good time,” said Kaspar.

Kaspar’s ride raised funds for Hopitaly Vaovao Mahafaly (The Good News Hospital), a Christian mission hospital in Mandritsara, a town in the remote northern part of Madagascar.

The Hospital serves the medical needs of the approximately 200,000 Tsimihety people living in the region. People travel for days on foot, by bike or by canoe to reach it.

It’s a cause that is especially important to Kaspar as he will soon spend six weeks working at the Hospital, undertaking one of his elective placements.

“I am raising money for them to purchase medical equipment for a new operating theatre complex,” said Kaspar.

“The hospital currently performs approximately 1,500 surgical procedures per year, however it has been estimated that the burden of surgically-treatable disease in northern Madagascar would require 15,000 operations per year.”

This new theatre complex will allow the Hospital to train more local surgeons to further be able to deal with this burden of disease.

“The hospital has highlighted that they are in need of an ophthalmology autoclave (to sterilise equipment used in eye surgery) and a paediatric warming lamp,” said Kaspar.

Kaspar has set up a GoFundMe fundraiser to raise money for this cause and will transfer the funds to Hopitaly Vaovao Mahafaly.
BOARD CHAIR’S MESSAGE

December provides an opportunity to reflect on the site visits, Chief Executive, Jill Ludford and I have been part of over the last twelve months. I have managed to get to all 36 sites.

Jill and I have enjoyed the many hours we spend in the car together. The travel is just as important as the site visits themselves. The dry country-side tells us our communities are suffering. The lonely roads stretching for kilometres, sometimes in fog and mist, allow us to understand what it is like to travel for a specialised health service and the dead kangaroos on the side of the road make us mindful of staff who travel frequently.

I thank the staff from each site for the warm welcome we received. Jill and I are so proud of the work our staff is doing to ensure the health needs of their communities are met. Our Cluster Managers and Facility Managers are leading with confidence and compassion. It is wonderful to see our dedicated staff in action.

It is very important we continue to work with our local communities through our many local government bodies as we strive for wellness.

We continue to acknowledge the work of our GPs in our smaller sites and our specialists in our larger sites. We acknowledge their expertise, skills and willingness to strive for the best outcome.

One of the many changes I have seen...

RESEARCH REPORT 'AMONG THE BEST' AT HEALTH CONGRESS

Emily Farquhar, Physiotherapist in Charge at Wagga Wagga Base Hospital, recently completed the Rural Research Capacity Building Program supported by the Health Education & Training Institute.

The Program aims to increase the number of rural and remote health workers with knowledge and skills in evaluation and research methods. It also aims to contribute to the literature on both innovation and evidence-based practice around rural and remote health care.

The two-year experiential research program is underpinned by a curriculum and a competency-based framework covering major aspects of the research process.

As part of the program, Emily undertook a research project to evaluate innovative service delivery models for Physiotherapy service provision in a rural setting. Her research paper “Investigating a Public-Private partnership model of Physiotherapy service delivery in a rural setting: a Constructive Inquiry”, was awarded Best Research Report for the 2017-2019 cohort.

Feedback from the judging panel was glowing – “The quality of the research and report was exceptional and the panel consider this report among the very best reports reviewed by the panel over the past years. An important topic explored in a manner that not only impressed the panel but also educated through the way in which it was presented.”

Emily’s dedication to the process is to be commended and it is exciting to see her research skills and passion being shared with the broader Allied Health team.
The Bureau of Health Information (BHI) recently released results from the 2018 BHI Outpatient Cancer Clinics Survey. Listening to what patients have to say about their experiences of care at outpatient cancer clinics can help health professionals better understand the needs of people affected by cancer.

Veronica Scriven, Manager Cancer Services and Innovation said there were some standout results from the report.

“MLHD had the most kind and caring health professionals, with 98% of MLHD respondents reporting that they were always treated with kindness and care,” said Ms Scriven.

“Further to this, 100% of MLHD respondents stated that they were treated with respect and dignity whilst at the clinic, and always treated fairly.”

“These results really prove how working as a team, including administration staff, doctors, health professionals and the broader treating team, all have an impact on the care we provide our clients.”

The report from the BHI shows MLHD was the highest performer in the state for 24 of the 46 questions. These included:

- 96% of respondents stated the treatment areas were ‘very clean’, which is a 12% increase from 2017
- 95% of MLHD respondents said that they received consistent information about their treatment
- 95% of respondents stated that they definitely had enough time to discuss health issues with healthcare professionals- an increase of 6% on 2017
- 93% of MLHD respondents stated they were definitely given enough privacy during treatment and examination, an improvement of 6%
- MLHD had the highest proportion of patients witnessing their health professional performing hand hygiene, with 91% of MLHD respondents reporting that the health professional ‘always’ washed their hands or used hand gels
- 95% of MLHD respondents stated that the overall care they received at the clinic was ‘very good’, which is an improvement of 9%

All MLHD respondents for the 2018 survey were seen at cancer clinics at either Young Health Service or Griffith Base Hospital.

Further improvement to patient privacy is expected with the relocation of the oncology unit at Griffith.

Gayle Murphy
MLHD Board Chair

‘STAND-OUT’ RESULTS FOR CANCER CARE IN MLHD

The Bureau of Health Information (BHI) recently released results from the 2018 BHI Outpatient Cancer Clinics Survey.

Listening to what patients have to say about their experiences of care at outpatient cancer clinics can help health professionals better understand the needs of people affected by cancer.

Veronica Scriven, Manager Cancer Services and Innovation said there were some standout results from the report.

“MLHD had the most kind and caring health professionals, with 98% of MLHD respondents reporting that they were always treated with kindness and care,” said Ms Scriven.

“Further to this, 100% of MLHD respondents stated that they were treated with respect and dignity whilst at the clinic, and always treated fairly.”

“These results really prove how working as a team, including administration staff, doctors, health professionals and the broader treating team, all have an impact on the care we provide our clients.”

The report from the BHI shows MLHD was the highest performer in the state for 24 of the 46 questions. These included:

- 96% of respondents stated the treatment areas were ‘very clean’, which is a 12% increase from 2017
- 95% of MLHD respondents said that they received consistent information about their treatment
- 95% of respondents stated that they definitely had enough time to discuss health issues with healthcare professionals- an increase of 6% on 2017
- 93% of MLHD respondents stated they were definitely given enough privacy during treatment and examination, an improvement of 6%
- MLHD had the highest proportion of patients witnessing their health professional performing hand hygiene, with 91% of MLHD respondents reporting that the health professional ‘always’ washed their hands or used hand gels
- 95% of MLHD respondents stated that the overall care they received at the clinic was ‘very good’, which is an improvement of 9%

All MLHD respondents for the 2018 survey were seen at cancer clinics at either Young Health Service or Griffith Base Hospital.

Further improvement to patient privacy is expected with the relocation of the oncology unit at Griffith.
Wagga Wagga Notre Dame medical students have been a strong rural force at the HETI Golden Scalpel Games over the last two years strongly supported by Associate Professor Kerin Fielding.

As well as being NSW Clinical Surgical Training Council Chair for the RACS, A/Professor Fielding is the chair of the Health Education and Training Institute (HETI) Clinical Surgical Training Council and is strongly supportive of ensuring a rural presence in the games.

The Golden Scalpel Games is an exciting competition that allows surgical trainees and medical students to showcase surgical skills, share knowledge and explore new innovations in technology using simulated environments.

Imogen Hines, a third year student at the Wagga Wagga campus of University of Notre Dame Australia who does surgical placement with MLHD described the most recent games, which were held on 17 August at Royal North Shore Hospital, as “a tremendous privilege and an excellent opportunity to further clinical skills in a supportive environment.”

The involvement of Imogen in the Golden Scalpel Games builds on a previous Wagga Wagga presence in the medical student teams.

Another medical student, Gabriel Sanchez, who had been one of the 2018 student winning team in the Australian games, joined students from Griffith and Newcastle to be part of the Australian and New Zealand Team for the International Golden Scalpel event. This was held on 5 May 2019 in conjunction with the Royal Australian College of Surgeons (RACS) Annual Scientific Congress (ASC) 2019 in Bangkok in Bangkok, Thailand.
This was the first time Golden Scalpel Games had been run as an international event although Gabriel had previously been part of the winning Notre Dame Sydney team for the 2018 Games in NSW.

Gabriel described the experience one of the most memorable times at UNDA. His attendance was made possible by Associate Professor Kerin Fielding, the first female orthopaedic surgeon in NSW. A/Professor Fielding is the NSW Clinical Surgical Training Council Chair for the RACS, and chair of the Health Education and Training Institute (HETI) Clinical Surgical Training Council. A passionate supporter of rural medical education, A/Professor Fielding has supported the Clinical School at Wagga Wagga since it first had students in 2011.

The Golden Scalpel Games event was a collaboration between these two organisations and Associate Professor Fielding was involved in creating the six stations as well as facilitating the availability of the necessary equipment to run the simulated scenarios. As well as being a fun event the games support the continuum of medical education supporting the relationship between medical students, trainees and the training colleges.

"Participating in the HETI Golden Scalpel Games was a tremendous privilege and an excellent opportunity to further my clinical skills in a fun and supportive environment," said Gabriel. "Our team of eight rotated through various stations including the management of wounds, fractures and trauma, laparoscopic anatomy and skills as well as preparing for theatre and identifying surgical instruments."

"Although we just missed out on the victory it was an incredibly enjoyable learning experience with much to take home including some new friends."

"Joining the team from Wagga Wagga did come with a certain set of challenges however these pushed me to nail some of the less glamorous tasks such as consent or reporting a radiograph and allowed me to challenge myself in building my own laparoscopic skills trainer for just $6. It was also a great chance to demonstrate the excellent hands-on skills that you develop as a medical student at The Base."

"I'm particularly grateful to A/Professor Fielding who encouraged SANDUS (our surgical society) to include a rural student on the team and to the students and staff at the Wagga Wagga Clinical School who were accommodating of my training schedule."
To some it might look like an unconventional staff training exercise – an ‘egg and spoon race’, however, if you ask our Clinical Nurse Educator (CNE) Justine Hogan, she’ll tell you it’s much more than that.

“I’d organised a Falls Awareness day for our staff and residents, and I had some eggs for our competitors to carry in a race”, Justine explains. “I grabbed loads of photos of one of our residents as she proudly carried her egg. A few months later she passed away and I was able to provide these memories to her family of this wonderful moment in time”.

Such is the passion Justine brings to her role at Coolamon Multipurpose Service. You’re likely to find her looking uncannily like a well-known 80s pop star about to get physical while she talks about all things sepsis. Justine is keen to make her job more than just going to work.

As a CNE, Justine is responsible for a variety of training and development duties at the Service. Her role includes conducting mandatory education and assessments as well as providing support for and introducing new interventions for nursing staff.

“We’ve all been to training days where we just sit and watch the clock. I often think about what has inspired me in these moments and it is always the people who make a difference. I once sat through compulsory training and the trainer made a bed slide sheet the funniest thing in the world.

“Everyone is busy, so I challenge myself to come up with new ways to get people to come along and learn. My aim is to be fun and chilled and have people wonder ‘what’s she going to get up to this time’. I am an out there person and I want to inspire people to learn”

And inspiring she is. Justine balances her part-time role at Coolamon with a part-time position in Wagga Wagga Base Hospital’s Emergency Department, as well as working as a cosmetic injector in a private clinic. She is also studying her Certificate 4 in Training and Assessment and tops this all off with being a professional singer, performing ‘gigs’ across the Riverina.

“One of things I love best about nursing is the flexibility. I have many different hats I am able to wear. No day is the same and nursing allows for ongoing study and development.

“Nursing really is an intricate profession and continues to give me opportunities that I hadn’t considered before

Luckily for us this is the career choice Justine made.

“I was in high school and I headed along to a TAFE open day. I was there for the beauty training options and went along as support with my friend to the Assistant in Nursing (AIN) information session. I was so inspired by the nurses who spoke I went off to a local nursing home and asked about volunteer work. They offered me a job and I worked there while I was at high school.

“I moved out of the aged care facility when I was 20, getting a job as an AIN at the Base. After University, I was very lucky to then get my nursing grad placement there. As part of my graduate rotations I did three months in surgery, three months in orthopaedics and then I lined up to my six months in the emergency department (ED).

“From my first day in Emergency I knew this was where I needed to be. I found my place and I felt like a nurse. The people I worked with changed my perception of where I was going.
“I have always had a strong sense of daring. I am a busy person and I like it that way so the fast pace, the variety and the sense that it feels different to anywhere else, it’s appealing to me.

“You can be a real influence in changing a person’s life in the ED. They’re at their worst and you may have just done something so special for them. You can be part of some precious moments. You may be holding someone’s hand while they are dying, or being there for the start of someone’s grieving. It’s personal.

“I can’t ever really talk about my day at the dinner table so you really need to have a good working relationship with your colleagues. It doesn’t necessarily become normalised, however we do become a little cold to tragedy. Nurses tend to have a wicked sense of humour. It’s a coping mechanism.

“That’s why I love our clinical education days, because I am with people who are going through the same things as me. We understand each other. This is a great support network of people who get it.

“I also get lots of strength from my team – when you are working together to save someone’s life, you feel safe because you are supported. And I mean the greater team too, the police, the ambulance staff and the whole emergency team.

“And this is what I want to embed in Coolamon. I am keen to see everyone appreciated and respected for the role they play. Sometimes we do need to slip in to disaster mode there and I am confident knowing that my colleagues will front up and be there.”

Justine acknowledges that there are some times when her role in the ED can be challenging.

“Working in the ED, it really puts things into perspective. You can’t block out the things you see all of the time. You can be professional but you are human and you have emotions.

“But having regular debriefs and safety huddles, acknowledging if you are okay and ‘are you ready to go back in there?’ has been important and our team has pushed this. It’s crucial to prevent burn out – we need to look after who we have now and make sure they are okay because they are the one who train our emergency care staff for the future.”

And Justine sees future proofing as an essential part of her role.

“We have all had that experience as a student of being paired up with an awful nurse. You feel worthless. I decided I am never going to treat a student like that. I am going to be the best mentor I can be. We all need to feel safe in our workplace.”

Justine speaks fondly of the role she plays as a cosmetic injector in the private sector.

“I do see this as a special role. I am dealing with clients of all ages who want to feel better about themselves. That happy moment when someone sees themselves after having facial enhancements, I love that. It’s life changing for them. Body image is such a big focus in society. Confidence in yourself is so important.”

In her spare time Justine is well known for her singing and has taken part in local events to fundraise across the region. On a weekly basis she can be found performing at local dinner shows, gigs and in musicals.

“I have been lucky enough to have supportive managers who have allowed me the flexibility to do all the things I do.

“I also come from a very large and supportive family and I think that has been crucial for my personal development and my organisational skills. My family come to almost all my gigs.”

Justine says she still isn’t sure of what she wants to be when she grows up. Fortunately for us, she know what she wants to be now. ■
PHOTO GALLERY

Staff and residents in our MPS facilities know how to have fun... Here are some snaps from spooky Halloween mayhem and Cup Day celebrations...
The MLHD team celebrated at the 2019 NSW Health Awards in Sydney recently. MLHD was named a finalist in the Safe and Healthy Workplace category for our holistic approach to staff health and wellbeing.

Top: Gayle Murphy, Michelle Harris and Jill Reyment. Above: Minister for Health Brad Hazzard with Nikki Miller.

Above: Tooleybuc Women’s health clinic and promotional evening. Border Community Care and MLHD Women’s Health partnered to deliver a successful Women’s Health Education Session at the Tooleybuc Sports Club recently. A number of local women supported the event and many areas of women’s health were discussed. The following morning the women’s health clinic was well attended, and it was wonderful to see the ability to deliver such wonderful services in such a remote location of the MLHD Network, this will now form part of an annual clinic to be held in this remote location. Special Thanks to Laura White (Tooleybuc CN), Veronica Ward (Women’s Health) & Heather Jamieson (Women’s Health).

Above: Marilyn Carlin-Community Nurse Ruth McCluskey (in chair) UHA member, Marie Crack UHA President. A huge thank you to the United Hospital Auxiliary (UHA) Mathoura Branch for the gift of a new electronic examination bed-chair for our Mathoura Community Health Centre. This sleek, multipurpose unit is designed for ease of use, with rounded edges, high-low functions and other great features. The funds were raised through the UHA’s ‘Blume’s Fashion Day’, alongside their other generous efforts, and through the Roy Ogden Foundation’s fundraising events.
The 8th annual Innovations in Cancer Treatment and Care Conference brought together clinicians, health workers, researchers and people affected by cancer from around Australia and the globe to foster innovation and continuous improvement across the NSW cancer system.

The conference had a particular focus on:

- priority populations (Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse populations, and rural/remote communities)
- technology to improve equity
- cultural safety
- tools to support equity
- health literacy
- collaborative frameworks

MLHD was privileged to have a team of five Cancer Services staff attend the conference.

“This further highlighted the fantastic job the cancer services team do on a daily basis to provide patient centred care for patients with a cancer diagnosis within MLHD.”

The standout presentations from MLHD participants included:

- cancer support for LGBT communities, the remote video assisted chemotherapy project in Western NSW LHD
- the importance of return to work planning for people following a cancer diagnosis

“We would all like to thank the Cancer Institute NSW for the opportunity to attend this invaluable conference, and the chance to network and share innovative ideas and projects with rural and metropolitan colleagues who share the same passion for improving outcomes for people with a cancer diagnosis,” Veronica said.

“The conference really highlighted the extra burden and inequities faced by our clients, particularly regarding access to specialist cancer care,” said MLHD Cancer Services Manager Veronica Scriven.
Both Murrumbidgee Primary Health Network (MPHN) and the Murrumbidgee Local Health District (MLHD) made a commitment to improving maternal and child health across the region with the signing of the Murrumbidgee Maternal and Child Health Strategy 2019-2022.

MPHN CEO Melissa Neal said the strategy highlights the importance of achieving positive maternal and child health outcomes for the Murrumbidgee region.

“The intent of the strategy is for both MPHN and MLHD to have an agreed framework to guide investment, partnership and implementation over the next three years with the aim of better maternal and child health outcomes in our region,” Ms Neal said.

“To achieve this, we must work together to integrate and build on the existing strengths of our community, primary care and hospital-based services, and deliver high-quality and innovative service models in response to local needs and provide positive care experiences for families in the Murrumbidgee.

“This will enable us to sustainably grow the services and supports available to women and families, from conception and through the early years of a child’s life and provides appropriate targeted interventions for priority issues and vulnerable populations within our communities.

“I would like to thank those who generously and willingly gave their time to provide feedback to help in the development of this strategy and we look forward to continuing this work over the next three years as we implement the Maternal and Child Health Strategy,” she said.

MLHD CE Jill Ludford said the region-wide strategy complements the New South Wales-wide First 2000 Days Framework.

The goals and priorities outlined in the strategy closely reflect the First 2000 Days Framework recently released by the NSW Ministry of Health, which the Murrumbidgee LHD is responsible for implementing within this region,” Ms Ludford said.

“The strategy identifies practical steps to respond to the needs and challenges of our region and plays an important role in ensuring our efforts to improve health outcomes for children, women and families are coordinated and work together.

“On behalf of all MLHD staff, I look forward to working with our MPHN colleagues, service providers in the primary care and community settings, and community representatives, to improve maternal and child health outcomes in the Murrumbidgee region,” she said.

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.
TRAVELLING OVERSEAS?

Get a flu shot before you go

NSW GOVERNMENT