Milton Ulladulla’s New Renal & Palliative Care Unit

Meet our midwife making a difference to local Aboriginal families

ARE YOU WINTER WISE?

COLEDALE HOSPITAL Celebrates 100 years
ACKNOWLEDGEMENT OF COUNTRY

Illawarra Shoalhaven Local Health District acknowledges the people of the many traditional countries and language groups of our District. It acknowledges the wisdom of Elders both past and present and pays respect to Aboriginal communities of today.

ABOUT US

Illawarra Shoalhaven Local Health District (ISLHD) was formed in 2011 and covers the area from Helensburg to North Durras. We provide health services for approximately 400,000 residents through our eight hospitals and community based services. For more information visit our website: islh.health.nsw.gov.au

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CHIEF EXECUTIVE

I am pleased to provide the winter edition of our community magazine – Health in Focus and to share with you some of the latest health information and news from our Local Health District.

We’ve had a busy few months opening new and reconfigured facilities in a number of locations, including a revamped Emergency Department and Aged Care Ward at Shoalhaven Hospital (page 11); the new Kiama Integrated Primary and Community Health Centre (page 7); and the commencement of services from Milton Ulladulla Hospital’s new Renal and Palliative Care Unit (opposite page). All of these facilities help us deliver on our commitment to providing the right care, in the right place at the right time.

We also recently celebrated Coledale Hospital’s 100 year anniversary, bringing together current and former staff and the community to look back on the hospital’s rich history and achievements over the years (read more on pages 8–9).

This edition includes information about our Aboriginal Maternal, Infant and Child Health (AMICH) Service and one of their current priorities – increasing awareness, identification and treatment of ear infection within the local Aboriginal community. To learn more about this important health issue see page 16. We also chat to one of our AMICH Service midwives about her role and what motivated her to become a midwife— you can read her inspirational story on page 17.

As we head into the cooler months, our staff and services have been preparing for the busy winter period. We commenced our staff flu shot season in May, and have been urging all staff to have the flu shot not just to protect themselves but also to reduce the chances of passing it onto those in our care. Members of the community are also encouraged to have the annual flu shot, as it’s the best way to reduce your chances of getting the flu as well as reducing the severity of symptoms if you do catch it. We’ve included info about the flu and other winter wise tips on page 12.

I hope you enjoy reading this edition of Health in Focus, which also showcases some of the latest achievements of our staff and services; from research projects through to life-saving surgical procedures.

Stay warm this winter.

Margot Mains
Chief Executive
Illawarra Shoalhaven Local Health District
Milton Ulladulla Hospital’s new Renal and Palliative Care Unit

Services have commenced from the Local Health District’s newest facility at Milton Ulladulla Hospital with the opening of the Renal and Palliative Care Unit in May. Completion of the $4.6 million purpose-built facility comes after much anticipation and a tremendous amount of support from the local community and hospital staff.

The new facility was designed and built to maximise the use of space and accessibility within the existing Hospital campus, as well as focusing on natural light and making the most of the beautiful outlook to the natural surroundings.

The Renal Unit provides capacity for seven dialysis chairs in a modern space that has been fitted out with state-of-the-art equipment. Providing this service closer to home for local residents is important, particularly as demand for renal dialysis increases.

Following significant community input, the original development was expanded to also include two dedicated Palliative Care beds with adjoining family rooms. The specialty area will allow local families and their loved ones to be more comfortable during what can be an incredibly challenging and emotional time.

Construction and fit-out of the new facility was supported by a significant amount of fundraising by local volunteer groups coupled with the generosity of the community. The Local Health District would like to particularly acknowledge and thank the Milton Ulladulla Hospital Auxiliary and the Cancer Outpatients Appeal of Milton Ulladulla, who combined, contributed more than $800,000 to the new Unit.

An official opening event was held in June to celebrate the completed works and formally thank all those involved in this important local project.

1-2. One of the new Palliative Care rooms, which overlooks the natural surroundings
3. Each of the Palliative Care rooms have adjoining family rooms
4. Dialysis chairs in the new Renal Unit
5. President Milton Ulladulla Cancer Outpatients Appeal Peter Still; Member for South Coast Shelley Hancock, Acting President Milton Ulladulla Hospital Auxiliary Patrick McKenna, and Director Renal Services Prof Maureen Lonergan officially open the new unit
6. Aerial view of Milton Ulladulla Hospital complete with the new extension
7. ISLHD Chief Executive Margot Mains accepts a cheque for $150,000 from the Cancer Outpatients Appeal
8. First Renal Patients - Ross Emslie, Katrina Jaeger, Patrick Greer with staff Scott Dobson and Caroline Hand
ABORIGINAL VOICES BEING HEARD

A new booklet is helping people discuss their thoughts and wishes about the end of their life; an important conversation that isn’t always easy to start.

Our Palliative Care Service encourages openly talking to those close to you about end of life, so that your loved ones and the people looking after your health, know and understand what matters most to you at this stage of your life.

The ‘In our care, into your hands’ booklet was developed in the Nowra area as a partnership between Palliative Care and Aboriginal health and welfare services, and features local Aboriginal stories about approaching end of life. The booklet aims to raise awareness and understanding of Aboriginal end of life issues by sharing first-hand stories and experiences from Aboriginal people who were either palliative care patients or carers, living within the Shoalhaven region.

These stories highlight a variety of end of life subjects including Advanced Care Planning, options for where a patient would like to receive end-of-life care and honouring a patient’s wishes and how this impacts on healing after a loved one has passed away.

Consistent with the Aboriginal methodology of storytelling and incorporating local Aboriginal artwork, the booklet provides a truly genuine and meaningful resource for patients and their families and carers.

The booklet also serves as a way to spread the message that Aboriginal voices and stories are important, and well respected. Because the stories are new information, they contain previously untold stories of Aboriginal people’s lives and contribute to local Aboriginal history.

As part of the project, two well-attended community Yarn-Ups were held – further exploring the topics of Advanced Care Planning and grief and loss. The combination of the Yarn-Ups and the booklet has empowered the community to start talking openly about end-of-life issues.

The interagency partnership committee that developed the booklet consists of Illawarra Shoalhaven Local Health District’s Palliative Care, Aged Care and Aboriginal Health Services, together with Grand Pacific Health and a number of local Aboriginal community organisations.

The In our care, into your hands booklet is available through the Palliative Care Service, our Hospitals, local libraries and GPs or on our website islhd.health.nsw.gov.au on our Palliative Care resources page. For further information, please contact Palliative Care Clinical Services Manager, Kay Cope on 0421 097 810.

Creating awareness during NATIONAL PALLIATIVE CARE WEEK

Our Palliative Care Service took a creative approach to this year’s Palliative Care Week (21 – 28 May) bringing together staff and members of the community to share their stories as part of an interactive playback theatre session.

Playback Theatre involves audience members sharing their personal experiences, which are then dramatically acted out by improvising performers.

The purpose of the special Palliative Care event was to honour the stories of families and staff who have been involved in death, dying and grieving. The session prompted a lot of discussion and reflection and was an opportunity for everyone to learn and grow from past experiences.

The event also provided participants with a better understanding of the complexities of end-of-life care: what it is, what it involves and the medical, practical and ethical decisions that need to be made by professionals, family members and the person who is receiving care.

For more information about Palliative Care and our services visit our website islhd.health.nsw.gov.au
NEW KIAMA COMMUNITY HEALTH CENTRE
open for business

The new Kiama Integrated Primary and Community Health Centre opened earlier this year, giving local patients improved access to a range of specialist health services. The new centre delivers outpatient services ranging from early childhood right through to aged care in a modern, comfortable and purpose-built facility.

The $3.6 million Centre is located on a portion of the old Kiama Hospital site and is as part of the $45 million Kiama Hospital Redevelopment project that includes Kiama Council’s aged care development.

Prior to the first clients accessing the centre, a traditional Aboriginal smoking ceremony was carried out by local Aboriginal Elders. The ceremony involved burning native plants to produce smoke which is believed to have healing and cleansing properties and is a way to acknowledge ancestors and pay respect to the land.

A formal opening was then held to celebrate the Centre, with Parliamentary Secretary for the Illawarra and South Coast and Member for Kiama, Gareth Ward cutting the ribbon to declare the building officially open for business.

The event was also an opportunity to look back at the history of the Hospital and, in particular, acknowledge and thank the Kiama Hospital Auxiliary for their hard work and tireless support over almost 90 years. The Auxiliary will continue to support the local community through ongoing involvement with the health service and the new Health Centre.

Guest speaker, Kiama resident Alison Gillespie, attended the event with her son Archie and spoke about her experience visiting the new centre as a client and the benefits of being able to access a new, modern facility locally. Needless to say, Archie stole the show with his wordless support!

Services that will be provided from the centre include:

- Dental
- Primary Health Nursing
- Violence, abuse and neglect services
- Physiotherapy services
- Diabetes
- Audiology
- Early childhood
- Podiatry
- Health promotion services
- Aged care services
- Immunisation clinics
- Specialist clinics

The Kiama Hospital Redevelopment project received $8 million in funding under the NSW Government’s Restart NSW Illawarra Infrastructure Fund, which was established to drive economic growth in the region.

1. Chief Executive Margot Mains, ISLHD Board Deputy Chair Jill Boehm OAM, Ambulatory & Primary Health Care Director Paul van den Dolder, Parliamentary Secretary for the Illawarra and South Coast Gareth Ward, Kiama Hospital Auxiliary President Barbara McClure and Clinical Service Director Dr Katherine Brown
2. Margot Mains presents Kiama Hospital Auxiliary President Barbara McClure and Patron and former President, Barbara Bell with a print of the former Kiama Hospital
3. Alison and Archie Gillespie share their experience of using the new facility
Coledale Hospital past and present staff, friends, family and the local community joined together at a special dinner event to celebrate the Hospital’s 100 year milestone. The anniversary was an opportunity to look back on an eventful century and celebrate the difference Coledale Hospital and its staff have made to the local community, which continues to this day.

The idea to build a hospital at Coledale came about in 1910 when members of the local mining community highlighted the need for miners and the general public to have access to medical treatment close to home and work (in the early 1900’s, car ownership was still very rare). Following seven years of planning, fundraising, construction and fit out, the facility was officially opened on 17 March 1917 as the Illawarra Cottage Hospital with 15 beds and 4 cots.

Over the years, the local area, transportation and public health services all evolved, and so too did Coledale Hospital. Fast forward a century, Coledale Hospital now provides specialist care as part of the Illawarra Shoalhaven Local Health District’s network of hospitals. The Hospital is focused on delivering inpatient and community based health services to Illawarra patients, specialising in rehabilitation and aged care services. The purpose-built 18 bed aged care unit accommodates patients with dementia and awaiting nursing home placement and the 20 bed inpatient rehabilitation unit provides multidisciplinary care to patients recovering from a range of illnesses and injuries.

Community is still at the heart of the facility and the staff are incredibly dedicated to caring for local families. Many current and former staff have parents and grandparents that also worked at the Hospital, while others have come full circle to be working in the very facility in which they were born, in the former Coledale maternity unit.

The anniversary dinner was a wonderful celebration of the many stories and memories that have been made at the Hospital over the years and a huge congratulations to the organising committee for all their hard work.
1. Anita Felton, one of our longest serving employees (41 years and counting), with ‘Bunty’ Brown... the midwife that delivered her at Coledale.

2. The first Board, Executive, Medical and Nursing staff photographed outside the main entrance of Coledale Hospital, then known as Illawarra Cottage Hospital, in 1917.

3. Coledale Hospital’s current four longest service employees, together with former, long-time staff member - L to R: Lil Perkins (EN), Graham Magee (HASA), Bunty Brown (ex RN and DDON), Pam Montgomery (Hotel Services) and Anita Felton (Hotel Services).

4. Catherine Brennan (OT), Dr Geoff Murray (Head of Service ISLHD Rehabilitation), Suzanne Lide (DDON), Margot Mains (Chief Executive), Nicole Sheppard (General Manager Northern Illawarra Hospital Group), Anne Gilholme (DON).

5. The 100 Year Anniversary Committee, Melinda Greening (CSO), Catherine Brennan (OT), Lindy Squires (NUM) and Anne Gilholme (DON).
Bringing together health and art
AT THE ILLAWARRA CANCER CARE CENTRE

The expansion and refurbishment of the Illawarra Cancer Care Centre (ICCC) provided the local community with increased access to cancer services. Since opening, it has delivered first-class care and treatment to patients, however some of the areas and walls were still a little stark.

We have worked to enhance the look and feel of the facility, with the goal of making it as inviting and comfortable as possible for our patients and their families and carers. Skylights have been put in the ceilings, photographic wallpaper added, and we proudly display a number of art works generously donated by patients and their families – but still there was room for more.

One area in need of a revamp was the long white corridor on level 1 which leads patients into the Oncology Day Care Chemotherapy Unit. The Centre had also been working on ways to better recognise local Indigenous communities and so the idea was born to incorporate the two goals into one special project.

One of the ICCC staff members had seen a notice about Coomaditchie United Aboriginal Corporation having an art sale and so a group of staff made the trip out to the Kemblawarra Community Hall and met with Sue, Lorraine and Narelle to discuss artwork for the Centre.

Lorraine Brown is the premier artist of the Coomaditchie United Aboriginal Corporation. A Yuen/Jerrinjah woman born in Bega, Lorraine views her ability to paint as a gift. She uses bold colours that reflect her coastal upbringing. Narelle Thomas is one of Lorraine’s sisters and they paint together. Lorraine does the fine work and Narelle fills in the details, working together like professional dancers; one leads and the other follows (and no one steps on any toes).

Using funds raised through the 2016 Dry July initiative, artworks were commissioned, with an ocean theme in keeping with the ICCC’s location close to the coast. The original plan was for four pieces; however when the artists delivered five to choose from the team couldn’t decide and instead kept them all!

The stunning artwork was recently installed on the Oncology Day Care wall, instantly transforming the space from a blank canvas to a beautiful celebration of Aboriginal culture.

The ICCC welcomed Aunty Lorraine Brown and Narelle Thomas to view their works on display and join staff for morning tea afterwards. The artworks are special to the Centre as they not only enhance the amenity of the facility; they are also a celebration of the colours and images of our local area.

1. Cancer System Innovation Manager Amy Hains; artists, Narelle Thomas and Aunty Lorraine Brown and Cancer Care Division Co-Directors Nicola Ryan and Anthony Arnold
2. The five new artworks on display: Leaf – Seahorses, Dance of the Dolphins, Dancing Jelly Fish, Salt Water Turtle Dreaming, Starfish Treatment

If you’d like to participate in this year’s Dry July campaign or make a donation to support Illawarra and Shoalhaven Cancer Care Centres – visit dryjuly.com and search for Wollongong Hospital or Shoalhaven Cancer Care Centre.
SHOALHAVEN’S ED transformation now complete

Shoalhaven District Memorial Hospital’s Emergency Department (ED) has undergone a $1.8 million transformation!

Member for South Coast, Shelley Hancock and Parliamentary Secretary for the Illawarra and South Coast, Gareth Ward joined ISLHD Chief Executive, Margot Mains, and Shoalhaven Hospital and NSW Ambulance staff to officially open the revamped facility – which provides improved access for patients, their families and carers needing to attend the hospital in an emergency.

The busy ED now includes new, improved waiting, reception and triage areas, giving patients easier access and providing better visibility for staff. The redesigned and expanded facility also has extra examination areas and major changes to the ambulance bay, which now includes a rapid assessment zone.

All of the changes are aimed at improving the flow of patients through the busy area and delivering the highest quality care as quickly as possible. Early indicators that the changes are making a difference are very positive, with improvements to patient wait times already seen since the new areas have come online.

We would like to thank the local community and staff who’ve been patient and very supportive during the construction works. Congratulations to the Hospital and Capital Works staff on bringing it all together with as little disruption as possible and a special acknowledgement to the ED and Ambulance staff that helped deliver a seamless transition to the reconfigured space.

The ED works are part of a $5 million revamp of the Hospital, which also included the construction of an additional operating theatre suite, designed specifically for endoscopy services, and the redevelopment of the area known as Medical Ward B into a dedicated Aged Care Unit, which has just been completed in time for the busy winter period.

1. Treatment spaces in the new rapid assessment zone
2. General Manager Shoalhaven Hospital Group Ian Power; Parliamentary Secretary for the Illawarra and South Coast Gareth Ward; Member for South Coast Shelley Hancock and ISLHD Chief Executive Margot Mains

SECOND LINAC OPERATIONAL AT SCCC

Cancer patients in the Shoalhaven now have improved access to cancer treatment closer to home with Shoalhaven Cancer Care Centre’s second linear accelerator (LINAC 5) now fully operational. This brings ISLHD’s network total linear accelerators to five, with three at Wollongong and now two at Shoalhaven.

The first linear accelerator is running at full capacity and the addition of the second LINAC, which commenced services in March, means that the Centre is able to provide more radiotherapy treatments to local patients. The $5 million state-of-the-art equipment is able to treat almost any type of cancer and in its first three months of operation has already provided a range of treatments.

The second machine at the Shoalhaven Centre also means further capacity for patients from the far south coast to access the service, where previously they may have needed to travel to the ACT for radiation therapy. In addition, as part of the local service expansion a second full time Shoalhaven Radiation Oncologist has been appointed, which means that the Centre can now provide more consultation services locally.

As was the case with the construction of the SCC and installation of the first linear accelerator, the community has been at the centre of everything that’s been achieved. Support from the community and local members have made the second linear accelerator at Shoalhaven possible and we acknowledge the generous and significant donations received, led by the Shoalhaven City and Shoalhaven Lions Linear Accelerator and Cancer Treatment Fundraising Committee. Without their support over the journey, this project would not be the success it is today.

WINTER 2017 / 11
TOP TIPS FOR WINTER HEALTH

Get a Flu Shot

Influenza (also known as flu) is highly contagious and an annual influenza vaccination is recommended for anyone aged over 6 months to reduce their chances of becoming ill with flu. You can organise to have a flu shot through your GP.

Anyone can get the flu, but it can be more serious for certain people. As part of the Immunise Australia Program, flu vaccination is free for high-risk groups, including:

• Those with chronic respiratory conditions
• Pregnant women (especially 2nd and 3rd trimester)
• Aboriginal and Torres Strait Islander people
• People aged 65 years or older
• People with certain other chronic medical conditions

Good Hygiene

Good hygiene practices can help reduce the spread of illness. Here are some simple things to remember:

CATCH IT AND BIN IT

Germs can spread easily. Always carry a tissue and use it to catch your cough or sneeze. If you don’t have a tissue, coughing into your elbow is better than your hands. Germs can live for several hours on tissues. Throw used tissues in a rubbish bin as soon as possible.

AVOID TOUCHING YOUR NOSE AND EYES

The flu virus can enter your body through your nose and eyes. If you have any infected droplets on your hands, then you could potentially give the virus access to your system by touching these areas.

WASH YOUR HANDS

Hand washing is the single most effective way to reduce the spread of germs that cause respiratory disease such as colds and flu. Hands can transfer germs to every surface you touch. Wash your hands thoroughly and often, especially after coughing, sneezing or blowing your nose. An important part of hand washing is making sure you know how to do it effectively - wash hands for at least 10 seconds with soap and water or use an alcohol-based hand rub.

STAY AT HOME

Wait at least 24 hours after your fever resolves before you return to work or other public activities so you do not infect others. Keep sick children away from school and other activities.

Make a Winter Wise Plan

Cold weather during winter can worsen pre-existing chronic illnesses such as asthma, COPD, bronchiectasis and other respiratory diseases, as well as diabetes, so it’s best to be prepared. Ensure you review your illness management plan or speak to your GP if you do not already have one in place.
Margaret Gibson

Hitting 82 years of age is no excuse to slow down; just ask Margaret Gibson from Milton. The spritely octogenarian was recently honoured at the South Coast International Women’s Day Awards held in Ulladulla, for her many years of volunteer work.

Margaret received an award for ‘Help and Service’ for her contribution to the Milton Ulladulla Hospital Auxiliary, Community Transport and for her continued help at one of the local Dementia Groups.

A tireless community worker, Margaret has been a member of the Hospital Auxiliary for the past seven years, holding the positions of Assistant Treasurer and Treasurer during that time and overseeing a very busy and full fundraising program including everything from street stalls to the Annual Easter Egg Hunt and running a dedicated shop for Christmas gifts and wrapping.

While those around Margaret are quick to sing her praises, Margaret herself says that volunteering as a member of the Auxiliary is just a normal part of her daily life.

“I just like lending a hand. I enjoy meeting people and knowing that I’m helping out,” Margaret said.

A much-loved addition to the Milton Ulladulla health family, Margaret has also provided ongoing assistance to a local dementia group, organising morning teas each week, as well as raffles and other fundraising drives. She has also spent countless hours raising funds for the new Milton Ulladulla Renal and Palliative Care Unit, which you can read more about on pages 4-5.

“When someone is short-handed, I like to be of help. Raising money allows us to contribute to the local community by helping enhance the Hospital,” she said.

Staff at Milton Ulladulla Hospital describe Margaret as inspirational and one of the hardest-working volunteers at the Hospital. She is an amazing woman who helps everyone at the drop of a hat and can often be seen hurrying around organising Auxiliary events and making sure what needs to be done is done. She is a most deserving recipient of the Help and Service Award and recognition for her tireless work and we congratulate her on this achievement.

Since its establishment in 2009, Community Cancer Link Inc. has contributed more than half a million dollars’ worth of equipment to our hospitals and community services in the Illawarra.

The not-for-profit organisation was formed with the aim of supporting Illawarra patients and their families, health professionals and other related organisations dealing with the impact of cancer.

The group of volunteers prides themselves on working cooperatively with other local groups and organisations so that services are comprehensive and coordinated, and is also grateful for the support of its many local corporate sponsors.

The generous donations provided by Community Cancer Link (CCL) allow the health service to enhance the care and service provided to our patients. Last year alone, the organisation donated more than $85,000 worth of equipment to Wollongong and Port Kembla Hospitals, the Equipment Loan Pool at Port Kembla and the Community Health Nurses providing services throughout the northern and southern Illawarra.

Most recently, CCL has raised funds to purchase laboratory equipment for the Cancer Clinical Trials Unit, Illawarra Cancer Care Centre at Wollongong Hospital. This equipment will support patient monitoring and trial compliance in various new and emerging cancer trials offered by ISLHD, one of which being the NSW Government-funded medicinal cannabis trial for the prevention of chemotherapy-induced nausea and vomiting. The $26,000 worth of equipment comprises a freezer to minus 80 degrees, a centrifuge and a laminar flow cabinet.

The Local Health District is proud to showcase the work of the Community Cancer Link and thank them for their ongoing contribution to the health service and our community.

If you’d like to join the team and help make a difference, the group meets on the fourth Wednesday of each month at the Fraternity Club, Fairy Meadow. New members are always welcome – contact the group via email: communitycancerlink@gmail.com or mobile: 0407 060 842 for more information.

Spotlight On: Community Cancer Link
Kelly Lambert
- Clinical Excellence Award recipient

Kelly Lambert is well known in the Local Health District, both for her work as a Clinical Dietician and as an active researcher. She has also worked as part of the team at Research Central, the District’s research management arm that works to integrate research into everyday practice in order to improve patient outcomes.

Kelly was recently the recipient of the Illawarra Health and Medical Research Institute (IHMRI) - Dame Bridget Ogilvie Clinical Excellence Award, which recognises outstanding contribution to clinical practice by an early-mid career female researcher.

An active member of the District’s Renal Unit, Kelly is also currently enrolled in a PhD supervised by Associate Professor Judy Mullan and Associate Professor Kylie Mansfield and is sponsored by the ISLHD/UOW Clinical PhD Scholarship Program. She is investigating the impact cognitive impairment and low health literacy have on learning in patients with end stage kidney disease.

Kelly won this award for the demonstrable translation of her research to improved care of patients with chronic kidney disease. Her research empowers patients to manage their own health. Although in the early stages of her research career, Kelly is clearly establishing a national and international profile.

Kelly would like to use the $3000 she received as part of the Award to visit clinical researchers in Chicago to learn about questioning styles to use with patients who have poor health literacy. “I’d like to see their methods in practice and learn how they apply them, so that I could adapt it here in Australia,” she said.

Dame Bridget Ogilvie and Wollongong Hospital Dietitian Kelly Lambert

Our Clinical Nurse Consultant, Miriam Coyle recently undertook research to better understand the practices of Registered Nurses (RNs) that help them to recognise delirium.

This study has now been published with the Journal of Gerontological Nursing, titled Is it My Job? The Role of RNs in the Assessment and Identification of Delirium in Hospitalised Older Adults: An Exploratory Qualitative Study. The findings of the study will guide the implementation of a new education program for delirium care that focuses on developing nurses’ skills in assessing and identifying delirium, using consistent application of evidence-based principles.

Delirium is a serious and under-recognised medical condition commonly experienced by older people in hospital. Delirium is complex and occurs suddenly, and can often be missed due to assumptions the person is experiencing age related changes or dementia. Delirium is often a frightening experience and the effects can be long-standing and permanent.

The role of the Dementia Delirium Clinical Nurse Consultant is strongly focussed on addressing the concern of under-recognition of delirium. Nurses have been identified as key to delirium recognition as they work closely with patients at the bedside.

“Delirium is a serious condition that can have long-term effects on patients’ health. It is important that nurses are aware of the signs and symptoms of delirium and are able to work with families and carers to support patients during this difficult time.”

The findings of the study will guide the implementation of a new education program for delirium care that focuses on developing nurses’ skills in assessing and identifying delirium, using consistent application of evidence-based principles.

1 "Miriam Anne Coyle, MPhil, MSc, RN; Pippa Burns, PhD, MPH, BSc(Hons); Victoria Traynor, PhD, BSc(Hons), RGN
Journal of Gerontological Nursing April 2017 - Volume 43 · Issue 4: 29-37 DOI: 10.3928/00989134-20170111-02

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The findings of the study will guide the implementation of a new education program for delirium care that focuses on developing nurses’ skills in assessing and identifying delirium, using consistent application of evidence-based principles.

"It is so important we talk about delirium with carers and families so that we are not making assumptions as clinicians. We need to partner in care to not only recognise delirium, but to provide supportive strategies which will help prevent and manage delirium as well,” Miriam said.

The findings of the study will guide the implementation of a new education program for delirium care that focuses on developing nurses’ skills in assessing and identifying delirium, using consistent application of evidence-based principles.

“Delirium is a serious condition that can have long-term effects on patients’ health. It is important that nurses are aware of the signs and symptoms of delirium and are able to work with families and carers to support patients during this difficult time.”

The findings of the study will guide the implementation of a new education program for delirium care that focuses on developing nurses’ skills in assessing and identifying delirium, using consistent application of evidence-based principles.
From 1 July 2017 the NDIS will roll out across NSW. The National Disability Insurance Scheme (also called the NDIS) is a generational change in funding of disability services. It will impact anyone who is currently living with disability or their carers.

The commencement of the NDIS in the Illawarra Shoalhaven region from 1 July 2017 will mean changes for many mainstream services, including our local health services. The Illawarra Shoalhaven Local Health District has been preparing for the NDIS, which has included working with the local NDIS coordinators on a recent series of staff information sessions across many of our District’s sites. We are taking proactive steps to learn about what the NDIS will mean for people living with disability and how staff can support them.

The NDIS will fund a wide range of services to enable people living with disability to receive reasonable and necessary supports. It recognises that everyone’s needs and goals are different and will help people living with disability to achieve their goals. This may include greater independence, community involvement, employment and improved wellbeing. The scheme also provides people with individualised support and the flexibility in managing their supports.

For more information on the NDIS the best place to start is the NDIS website: www.ndis.gov.au. People living with disability who are NDIS eligible and want to apply for the NDIS can make enquiries by phoning the NDIS on 1800 800 110.

How will I access the National Disability Insurance Scheme (NDIS)?

This pathway is for people who receive disability support from the NSW Government now.

Someone will contact you.
When it is your turn, the National Disability Insurance Agency (NDIA) will call or write to you, your family or carer to assess your eligibility for the NDIS.

If you are eligible for the NDIS, you need to think about what supports you need and who you would like to provide them.

You will continue to receive the support you need until you move to the NDIS.

An NDIS representative will set up a meeting with you to talk about your first plan.
At the meeting you will talk about your life and the supports you receive now.

The NDIA will contact you when your plan is ready and will let you know how you can use it.

Remember, this is your first plan, so you can review it later on.

High Tea at DAVID BERRY

The grounds of David Berry Hospital were recently transformed for the staging of a royal high tea, but there wasn’t a blueblood in sight. Rather, it was patients who were treated like royalty.

Director of Nursing, Karon Stalgis explained it’s one of several wellbeing events that have been held at the facility over the last two years, designed to bring staff and patients together in a relaxed and friendly environment.

The high tea event saw patients work hand-in-hand with therapists to make old style nursing uniforms, which were worn by staff on the day.

In uniforms emblazoned with the traditional Red Cross, nurses ferried patients out to sit under the facility’s famous Jacaranda Tree, where they were treated to high tea, a talk on the Hospital’s history and a performance by a local ukulele band.

Many patients at David Berry stay in Hospital for some time as they undergo rehabilitation and the celebration allowed them to forget they were even in hospital, at least for a while.

The Hospital is proud to host wellbeing events, with most having a special theme, and a dual aim of raising awareness and providing an entertaining break for staff and patients.

The Hospital has a busy calendar of wellbeing events throughout the year and everyone is invited, from our patients and their families and carers through to all staff.

“These events bring every department together and it’s such a happy place to work. They’ve not just improved morale around the place, I think respect for one another has also increased,” Karen said.
Healthy Hearing

Our Aboriginal Maternal, Infant and Child Health (AMICH) Service operates from two locations and provides pregnancy, baby and child care for Aboriginal women or women with Aboriginal partners. The Illawarra service is known as Miinya Biyanga Boori (which means mother father baby) and is based at Shellharbour Hospital. The Shoalhaven service is known as Binji and Boori (which means pregnancy and baby) and is located in Nowra.

Both work collaboratively to deliver services to people in our District, and help provide better health outcomes and close the health and life expectancy gap between Aboriginal and non-Aboriginal people.

Aboriginal Health workers are an integral part of the AMICH team, which includes health professionals across a range of disciplines. Jaime Key, Ruth Hampton and Jasmin Whitley are the Aboriginal Health Workers from Binji and Boori and Belinda Jackson and Penny Matchett at Miinya Biyanga Boori.

They all proudly promote health within their community and to the families they meet for antenatal, postnatal and child health services up to the age of five.

Both AMICH services have an ongoing focus on reducing otitis media, also known as an ear infection or glue ear. Otitis media is the result of fluid behind the eardrum and is a prevalent health issue for Aboriginal children; figures show a high percentage of Aboriginal children have had one episode of otitis media by the age of five.

If undiagnosed, the infection is likely to cause significant hearing loss, which in turn can delay language development and adversely affect education and socialisation and can lead to long-term effects on the wellbeing of Aboriginal children.

In collaboration with our Early Childhood Nurses, the Aboriginal Health Workers are working to raise awareness of otitis media within the local Aboriginal community and increase identification, management and treatment of the disease. Strategies include:

• Our Aboriginal Health Workers have received screening training, which means they are now able to offer education and screening within different settings, both organised and opportunistic.
• Aboriginal Health Workers will provide information sessions with parents/carers and teachers to increase the knowledge of ear health and help reduce the high numbers of otitis media and associated learning issues.

Ear health will be spoken about in general conversation when appropriate to normalise and help to raise general awareness. Information and education will also be provided about how breastfeeding, smoking, vaccinations, health checks, hand hygiene and flu prevention can all contribute to reducing the occurrence of otitis media in Aboriginal Infants and Children.

For more information about the AMICH service or to make an appointment, contact:
Miinya Biyanga Boori, Shellharbour Hospital
Phone: 4295 2417

Binji and Boori, 54 Worrigee St, Nowra
Phone: 4423 9900
Healthy pregnancies, healthy childhoods and longer healthier lives for Aboriginal children. They’re the lofty goals of midwife, Tamara Blanch.

She’s one of just 79 Aboriginal midwives employed across the state, and currently provides care to Aboriginal women at Miinya Biyang Boori, the Aboriginal Maternal, Infant and Child Health Service at Shellharbour Hospital.

Tamara spends her days making the journey easier for new mums and bubs, after her own rocky introduction to pregnancy as an Aboriginal woman. Tamara had her first baby at 16 and experienced firsthand, the cultural difficulties for Aboriginal women.

“I felt that young Aboriginal women needed a voice in the hospital system, where I sometimes felt judged and my Aboriginality had been questioned on several occasions. I believed that women should have the option of being cared for by an Aboriginal midwife,” she said.

This provided the motivation to work in Aboriginal health and offer culturally sensitive care for families within the health system.

After receiving her Advanced Diploma in Aboriginal and Torres Strait Island health, Tamara took up a position as an Aboriginal Health Worker at Wollongong Hospital, before earning a scholarship to attend university and further her studies.

In 2012, Tamara proudly graduated as a midwife before returning to Wollongong to hone her skills in birthing, maternity, antenatal and neonatal care, which led to a permanent placement at Shellharbour Hospital’s Miinya Biyang Boori (which translates to – mother, father, child).

“It’s a very important role and can often be quite different to that of other midwives. We work to offer culturally sensitive assistance to our clients and try to build a relationship with them with the ultimate goal of supporting the family to raise a healthy child.”

Tamara says the job has its challenges and building a trusting relationship with her clients is key to good outcomes. Before the clinic opened, some Aboriginal women were going through their entire pregnancies with minimal or no antenatal care and simply turning up to hospital on the day of the birth. Miinya Biyang Boori has helped change that.

“We tailor antenatal care to suit each individual. Sometimes it’s provided at the hospital, sometimes at home and even at the workplace.”

This holistic approach means Aboriginal women, who might otherwise find the usual round of antenatal appointments confronting, can receive everything they need in a ‘one-stop shop’.

“We work to educate new mums and dads about the importance of quitting smoking, of breastfeeding for as long as possible, monitoring children’s hearing and nutrition, all with the end goal of closing the health gap between Aboriginal and non-Aboriginal Australians,” she says.

“I feel the most important component of my role is providing health education and information. By giving women this knowledge hopefully it can empower women to make healthy choices for their pregnancy and beyond.”

Tamara is now aiming to complete her immunisation certificate and become a Child and Family Health Nurse to further extend the services she can provide to local Aboriginal families.
An advanced, clot-busting treatment for patients with Pulmonary Embolism (PE) and Deep Vein Thrombosis (DVT) is helping Wollongong Hospital’s vascular surgery team save lives, right here in the Illawarra.

Illawarra Shoalhaven Local Health District Vascular Surgeon, Dr Laurencia Villalba said the new, minimally-invasive technique uses a machine called an AngioJet to deliver clot-busting medication directly into the clot.

“The AngioJet works at breaking down the clot and delivering the clot-busting medication using a powerful pulse-spray injection,” Dr Villalba explained.

Wollongong Hospital started using the AngioJet machine about a year ago to dissolve blood clots in the legs and arms. The results were really incredible so the decision was made to extend the treatment by establishing a lung clot-busting service for Pulmonary Embolism, a condition where one or more of the arteries of the lungs become blocked by a blood clot.

“This particular technique for treating massive PE is only being offered in three other places in Australia and we believe Wollongong Hospital is the busiest, seeing five cases last year alone and taking referrals from other hospitals,” he said.

For local Balgownie woman, Dr Lyn Murray, the fact that this world-class clot-busting treatment was available for PE likely saved her life.

At the end of last year, Lyn was home recovering from a knee injury when she developed acute chest pain, was unable to breathe and collapsed on the floor. Paramedics rushed her to Wollongong Hospital’s Emergency Department (ED) in a critical condition.

When she arrived at Wollongong Hospital, the doctors prepared her for the worst, explaining that she had a massive Pulmonary Embolism. These clots usually come from small leg clots, known as Deep Vein Thrombosis or DVT. These smaller legs clots grow and travel, and can end up affecting the lungs and heart. More than half of all people with Lyn’s condition die.

The traditional treatment consists of blood thinning medication to try and stop the progression of the clot; however for critically unstable patients, like Lyn, that is not enough. Thankfully, Dr Villalba was able to perform the advanced treatment for Lyn, under local anaesthetic a small tube was inserted through a vein in her groin and then advanced through the heart into her lung arteries.

The procedure was closely monitored and, within 15 minutes, Lyn’s heart rate started to stabilise and she said “I can breathe!” Lyn’s radiology showed immediate and excellent blood flow to her lungs, and an improvement in her blood pressure.

This innovative procedure is made possible by the two new hybrid operating theatres in the Illawarra Surgical Services Centre, which combine medical imaging capability and surgery. The state-of-the-art theatre recently played host to international expert; Dr Jeffrey Wang from Washington DC.

Dr Villalba was proud to showcase the life-saving technique to Dr Wang together with visiting surgeons from a number of Sydney hospitals.

For patients with a massive pulmonary embolism, there is now an answer at Wollongong Hospital.

“We hope to grow our program and inspire other centers to do the same,” Dr Villalba said.
Measles is a serious disease that is easily spread through the air. Thankfully, measles is now rare in NSW because of immunisation. Australia is classified as measles free, however many areas of the world still experience outbreaks. The risk of contracting measles is higher in certain overseas countries, so it’s important to seek advice from your doctor on the appropriate vaccinations to have ahead of overseas trips. Being fully vaccinated before you travel will reduce your risk of contracting measles and also the chance of you bringing the disease back to Australia.

Under the NSW Immunisation Schedule, two doses of measles vaccine are required to complete the schedule and provide the best protection against the disease. People born prior to 1966 are considered immune as they were most likely exposed to measles when it was more prevalent and prior exposure affords future protection. If you or your family members were born during or since 1966 and do not have documented evidence of receiving two doses of measles vaccine, or evidence of previous measles infection, you are likely to be susceptible to measles and should be vaccinated as soon as possible.

People born between 1966 and 1994 may have only had one dose of the measles vaccine rather than the required two due to changing vaccination schedules during this period. The measles vaccine is highly effective and freely available and it is safe to have the vaccine more than twice, so people who are unsure should be vaccinated.

For young children, the measles vaccine is recommended at 12 months and again at 18 months of age. NSW Health offers free MMR (measles-mumps-rubella) vaccine through GPs for people born during or since 1966 with no records of having received two doses of MMR vaccine.

Measles is usually spread when a person breathes in the measles virus that has been coughed or sneezed into the air by an infectious person. Just being in the same room as someone with measles can result in infection.

Symptoms of measles include fever, sore eyes and a cough followed three or four days later by a red, blotchy rash spreading from the head and neck to the rest of the body. Measles can have serious complications, particularly for young children.

People with measles symptoms should seek medical advice as soon as possible, stay home from work or school, and limit other activities to avoid exposing other vulnerable people, such as infants, to the infection. Please call ahead to your doctor or emergency department so that arrangements can be made to keep you away from others to minimise the risk of spreading the infection.

More information about measles is available on the NSW Health website: health.nsw.gov.au
Volunteers are the mainstay of the Chaplaincy Service across the Illawarra Shoalhaven Local Health District. There are currently 64 Volunteer Chaplains and nine Faith Representatives under the coordination and supervision of Reverend Ian Rienits of Anglicare Sydney bringing solace through faith to patients in our hospitals.

The Chaplains and Faith Representatives are from the churches local to each facility and are trained and accredited to offer a visit to patients in their local hospital. Chaplains are qualified to visit patients of all faiths, whereas Faith Representatives are only certified to visit patients of the same faith as their own, and matched with patients who, on admission, state their religious belief.

The Chaplaincy Service exists to care for patients, families, and staff. Most of the volunteers spend around two hours visiting each week, with some coming in for up to 10 hours. They offer a listening ear and conversation without time restrictions or judgement.

The Chaplains round out the holistic care offered in our hospitals, which includes physical, psychosocial and spiritual well-being. Often this is offered in our hospitals, which includes physical, psychosocial and spiritual well-being. Often this helps patients to voice concerns that they are not willing to share with medical staff or even with their own family.

When asked why they were part of the chaplaincy service, some of the comments from our volunteers included:

“I became a chaplain because a few years ago my daughter was sick and I spent a lot of time in hospital with her. I felt alone and hopeless and really needed someone to talk to. That prompted me to be a chaplain so other people wouldn’t go through that.”

“Sometimes patients are lonely and we provide someone to talk to.”

“We give them time and someone who will listen to them and be non-judgemental.”

“The chaplain offers someone to express their concerns and feelings to, that is not family. Sometimes they put on a brave face for the family.”

The chaplains are willing to engage in spiritual and faith-based discussions. Where there is a difference of faith between a patient and a Chaplain, the Chaplain will usually offer to contact a suitable Faith Representative with whom the patient can continue their conversation. The Service regularly publishes contact lists of clergy, ministers and faith based leaders for each of the hospitals who can be called upon when needed.

If you or a loved one is a patient and would like to speak to a member of our Chaplaincy Service, please ask the staff on your ward.

Working together to Protect Your Hips

Well-oiled joints allow us to bend and stretch, but there are far more serious reasons to look after your hips. Hip fractures can often result in lengthy hospital stays and lead to permanent loss of movement and independence.

Here at Illawarra Shoalhaven Local Health District, we’re working hard on a collaborative care model to optimise outcomes after a fall, reduce patient recovery times and their risk of sustaining another fracture.

Our Acute Pain Service routinely reviews hip fracture patients and has developed a useful patient information brochure and published a specially written pain relieving pathway for hip fracture patients.

Our re-fracture prevention team also regularly reviews hip fracture patients to assess their bone health and provide strategies to reduce the risk of further falls and fractures. On top of this, we’ve joined the Hip Fracture Registry and are taking part in a national audit to allow us to make further improvements and deliver the best treatment to our patients.

Dr John McKenzie, from the Division of Aged Care, Rehabilitation and Palliative Care says the goal with collaborative care is to decrease patient’s length of stay and complication rate whilst accelerating recovery time.

A Hip Fracture Steering Committee is also helping develop better links between wards and theatre for the benefit of hip fracture patients as well as utilising a fasting clock to minimise unnecessary fasting. Our hip fracture project includes an education plan and protocols to avoid theatre cancellations and ensure prompt transfers.

It’s predicted that between 1999 and 2021, there’ll be a 90% increase in the number of recorded falls resulting in hip fractures. Our aim is to ensure our shared decision making optimises assessment and management of these injuries and provides the best standard of care for our patients.

PREVENTING FALLS

While we are doing our part to develop a more effective, collaborative model of care, there are several things you or your loved ones can do to prevent a fall in the first place:

• Maintain a healthy weight to reduce pressure on joints
• Build muscle strength
• Engage in aerobic exercise and stretch frequently
• Take supplements to stave off the effects of osteoporosis
• Be vigilant! Remove trip hazards around the home
Our Sexual Health Service used HIV Testing Week (1 - 7 June) to encourage everyone to make time for a test and let the community know about the NSW Government’s new Dried Blood Spot (DBS) HIV test, which makes testing for HIV easier than ever.

Around 10 per cent of people with HIV in NSW may be unaware they have the virus, a statistic NSW Health hopes to change.

The DBS test is a new, free, easy, private and accurate way to test for HIV. DBS HIV testing is for people living in New South Wales (NSW), Australia who are over 16 years old. The test is for gay and other men who have sex with men, people from Africa or Asia and people who have current or previous sexual partners from Africa or Asia.

For other groups of people, conventional laboratory HIV testing may be more suitable. For more information on other HIV testing services, call the NSW Sexual Health Link on 1800 451 624 or visit: shil.nsw.gov.au, or talk to a GP.

The DBS HIV Test involves a few drops of blood that you collect from yourself at home, which is then returned in a reply paid envelope and the result are provided by phone, text or email. You don’t need to go to a clinic or a doctor to do this test. This test is very accurate and has been used in other countries.

To find out if this is the right HIV testing option for you, visit the website: hivtest.health.nsw.gov.au where you will be asked to answer some questions (all information is private and confidential). If DBS HIV testing is suitable for you, you can register for a DBS HIV test on the website. If you haven’t already been given a DBS HIV testing kit, one will be sent to you by post in a plain envelope.

For more information on other HIV testing options, call the NSW Sexual Health Link on 1800 451 624 or visit: shil.nsw.gov.au
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To find our magazine on issuu, search Health in Focus or ISLHD in publications.

You can also search for Illawarra Shoalhaven Local Health District as a publisher, and follow us so that you get notifications whenever we add a new magazine to issuu.

Signing up for an issuu account is easy and free. Visit the website at: issuu.com/islhd or download the issuu app from iTunes or GooglePlay.

Visit or subscribe to the ISLHD YouTube channel and find out more about what’s happening in your District.

We use our YouTube channel as a way to share video resources and stories with the community and engage in a new, interactive way. YouTube provides us with a fresh approach to informing and educating our patients and their family and carers, as well as an opportunity to promote positive health behaviours and other health initiatives to the wider community.

We will be working throughout the year to build up our YouTube channel and add new videos as they become available. In the meantime, check out the videos we already have on our channel by visiting youtube.com and searching: Illawarra Shoalhaven Local Health District.

If there’s something you’d like to see on our Channel you can send us a suggestion at ISLHD-Communications@health.nsw.gov.au.

Did you know you can follow us on Twitter?
@IllaShoalHealth

We use our Twitter feed to let the community know about things such as:

• Upcoming events and workshops
• Local and state-wide health initiatives
• Public health notifications
• Our innovations and achievements

You can read or download the current edition of Health in Focus online at islhd.health.nsw.gov.au. You can also read past editions of Health in Focus online.
The Illawarra Shoalhaven Local Health District is part of NSW Health servicing over 400,000 residents, with a workforce of more than 7,300 people across eight hospital sites and community health services.

• Our locations:
  ✓ Wollongong is located an hour south of Sydney and is nestled between the mountains and the sea offering the best of city living with the relaxation of the coast.
  ✓ Shellharbour is a growing area in NSW and continues to attract young families with popular new land releases.
  ✓ Shoalhaven offers a natural environment that offers a great balance between city and rural living.

We’re looking for dedicated people who want to help us evolve our services while enjoying an environment that offers a family friendly landscape and varied recreation and entertainment options.

Visit islhd.nsw.gov.au

Watch our Welcome video on the ISLHD YouTube Channel and learn more about working with us.

Visit YouTube and search: Illawarra Shoalhaven Local Health District.
Annual vaccinations reduce your risk of flu.

Speak to your GP now.