



Our Year in Review  
**2020-2021**

South Eastern Sydney Local Health District



Artwork by Brenden Broadbent.

**Acknowledgement of Country**

South Eastern Sydney Local Health District would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

We would like to pay our respects to the Elders past, present and those of the future.

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# SESLHD in 2020-21

## About us



37% of us have long-term health conditions and 21% live with multi-morbidities



979,370 residents call our District home



Almost 40% of us were born overseas



Aboriginal and Torres Strait peoples make up about 1% of our population



## Our year in review

Almost  
**193,900**  
patients were admitted



More than  
**54,300**  
operations were performed



Over  
**7,620**  
babies were delivered



More than  
**228,200**  
people attended our  
emergency departments



## From the Board Chair

The past year has been extraordinary beyond understanding. With the personal anxieties and the workload of the COVID-19 pandemic on top of an already very stressed hospital system, our people have continued to provide the highest standard of care for all of our community and our patients. For this they are to be honoured and congratulated.

Adapting to new demands, unknown forces and the consequences of this pandemic has brought us all to the very root of our capacity for resilience, innovation, patience and forbearance. On behalf of the Board may I thank all of our staff for what they have achieved and provided. It has been a year of truly outstanding service and commitment.

It has been three years since the launch of the District's strategic plan – The Journey to Excellence. This plan focused on bringing together the best of our talents and capabilities to enhance the professional lives of our people as they provide patients with exemplary care.

Now, taking all that was achieved and learnt from Journey to Excellence, management is excited by the creation of our next strategic plan. In doing this, a full engagement with staff, patients, communities and the best minds in technology will bring forward a strategy which will deliver care in new ways that are better suited to societal and medical changes that are before us. I cannot think of a group better suited to this enormous task than our management and staff.

Once again, this year has been one of exciting initiatives, responding in new ways to patient and community needs. The first babies were born through the Royal Hospital for Women's low-cost IVF service and a new smartphone application was developed to virtually monitor COVID-19 patients isolated at home.

Strengthening education and research continues to be a high priority as, together with our university and Medical Research Institute partners, we grow the Randwick Health & Innovation Precinct and our research activities at St George and Sutherland hospitals. Our researchers and clinicians are engaged in a landmark trial to improve walking for people with spinal injuries and another to improve their lung function; they are researching how paracetamol treats heart problems in premature babies; and many more.

With the support of the NSW Government we continue to build new hospital facilities for the better care of patients. The third stage of the redevelopment of St George Hospital is now being fast-tracked with the commencement of the \$385 million Integrated Ambulatory Care Complex. New operating theatres at The Sutherland Hospital will be completed in 2023 and a new MRI suite will be installed.

The construction of the new Acute Services Building on the Randwick Campus reached 'topping out' stage during the year and we look forward to its rapid completion of commissioning.

On behalf of the Board and all our people I sincerely thank retiring Board members Janet McDonald AO, Robert Farnsworth OAM, Professor Peter Gonski and Patricia Azarias for their unstinting commitment and service to our District over the past decade. Their support, insight, diligence and competence has helped to make the District what it is today and their wisdom will be greatly missed.

May I also recognise and thank Tobi Wilson, our Chief Executive, and his management team, and our 14,000 dedicated staff for their part in leadership and management of what, in any terms, is a most significant undertaking.

You should be proud of your successes and the essential difference you make.

Michael Still | Board Chair



# SESLHD Board & Executive Council

## SESLHD Board

Michael Still, Board Chair

Janet McDonald AO, Deputy Board Chair

Associate Professor Peter Gonski, Deputy Board Chair

Patricia Azarias, Board Member

Elli Baker, Board Member

Jonathan Doy, Board Member

Associate Professor Bob Farnsworth OAM, Board Member

Dr Debra Graves, Board Member

Liam Harte, Board Member

Dr Gregory Levenston, Board Member

Neville Mitchell, Board Member

Helene Orr, Board Member

Professor Allan Spigelman, Board Member

## SESLHD Executive Council

Tobi Wilson, Chief Executive

Lisa Altman, Director, Strategy Innovation and Improvement

Jennie Barry, General Manager, Prince of Wales Hospital  
and Sydney/Sydney Eye Hospital

Paul Darcy, General Manager, St George Hospital

Danielle Fisher, General Manager, Organ and Tissue Donation Service

Dr Marianne Gale, Director, Population and Community Health

Donna Garland, General Manager, Royal Hospital for Women

Payal Kapoor, Director, Finance

Dr Jo Karnaghan, Director, Clinical Governance and Medical Services

Angela Karooz, General Manager, Mental Health Service

Elizabeth Lyon, Acting Director, People and Culture

Anne Milne, Director, Corporate and Legal Services

Claire O'Connor, Director, Allied Health

Kim Olesen, Acting Executive Director, Operations

Karen Tuqiri, Acting Director, Nursing and Midwifery Services

Vicki Weeden, General Manager, Sutherland Hospital and Garrawarra Centre

Associate Professor Christopher White, Director, Research

## From the Chief Executive

It has been an exciting and challenging year at South Eastern Sydney Local Health District as we continued to steadily navigate our way through the COVID-19 pandemic. I would like to recognise the significant contribution made by our staff in a year that has presented many challenges. The delivery of quality healthcare to our communities is the result of the outstanding efforts and dedication made by staff.

Our District published the Journey to Excellence Strategy 2018-21 three years ago, placing people at the centre of the delivery of care to our community. We are now embarking on a new strategy to guide the way we deliver healthcare services over the coming years which will build on our achievements from the Journey to Excellence and respond to the challenges facing today's clinicians, leaders and patients. It has been developed in partnership with staff, consumers and community members, reinforcing the need to prioritise equitable, compassionate and person-centred care.

At the end of March 2020, our hospitals faced a significant challenge of managing increased waitlists following the suspension of non-urgent elective surgery by the federal government due to the COVID-19 pandemic. During the 2020-21 financial year District staff worked tirelessly to provide patients whose surgery had been delayed with timely access to care. Over the past 12 months, more than 33,000 patients had their elective surgery, a four per cent increase, or more than 1,270 patients, on the 2018-19 financial year, with more than 3,280 patients receiving their surgery through collaborative arrangements with the private health sector.

The District launched its Addressing Racism Strategy – Racism Harms: Act on it. The campaign includes a number of resources to support managers and staff to have conversations about racism and take action to tackle it.

The District also launched several new services in 2020-21, including a 12-chair Kogarah Community Dental Clinic which will provide the community with improved access to high-quality public dental care, Safehaven in Kogarah to assist people to develop self-management skills to maintain their mental health and the Suicide Prevention Outreach Team at Sutherland Hospital, a service that supports people in the community.

We celebrated some key milestones this year, including: 50 years of pioneering treatment at Prince of Wales Hospital's Hyperbaric Unit, the 10-year anniversary of the Narrangy-Booris Strong Foundations Aboriginal Child and Family Health Service at Menai and the topping out ceremony to mark the Prince of Wales Hospital's new Integrated Acute Services Building reaching the highest point in its construction.

I thank foundations and volunteers who support us to provide healthcare services and our community partners who work with us to improve the health and wellbeing of our local communities.

Tobi Wilson | Chief Executive





# Our strategic priorities



## Journey to Excellence Strategy 2018-2021

### Our purpose

To enable our community to be healthy and well, and to provide the best possible compassionate care when people need it.

### Our vision

Exceptional care, healthier lives



## Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high-quality healthcare. That care should be provided either at home or as close to home as possible.



## Workforce wellbeing

We will create an environment where our people will be accountable and can be happy, well and supported to reach their potential.



## Better value

We will deliver value to our patients and community through maintaining financial sustainability and making investments consistent with our vision.



## Community wellbeing and health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities.



## Foster research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes.

Partnerships that deliver

Responsive information management systems

Data & analytics

Fit-for-purpose infrastructure

A culture of continuous improvement

## ENABLERS

# ↘ Our strategic priorities



**Safe, person-centred  
and integrated care**



## Praise for patient experience officers

Patients and their carers visiting our emergency departments and COVID-19 assessment clinics are now met by a friendly face whose job is dedicated to making them feel welcomed, safe, looked after and empowered.

Starting in June 2020, seven patient experience officers were posted to Sydney/Sydney Eye, St George, Prince of Wales and Sutherland hospitals.

Their introduction has made a big difference to our emergency departments in particular. When patients arrive they are often scared and these staff help to provide patients with the reassurance that they will get the help they need.

Kerry Hayward, Patient Experience Officer, Sutherland Hospital, said she enjoys advocating for patients and their families in her role. "Patients often say they really appreciate having someone who is easily accessible who can help answer their questions and be a voice for them," Ms Hayward said.

## Physiotherapy-led neurosurgical screening

Over the past year, the neurosurgical waiting list at Prince of Wales Hospital has reduced by two-thirds, thanks to a new physiotherapy-led clinic for managing neck and back pain. Since June 2020, the clinic has operated in partnership with neurosurgeons, with clinical decision making shared to care for those on non-urgent waitlists. Physiotherapy interventions have seen a number of patients' conditions improve, while the identification of patients likely to benefit most from surgery has enhanced. The clinic has created time and cost savings by lowering the number of neurosurgery appointments required, as well as a reduction in imaging, injections administered and surgeries performed.

## NSW Telestroke Service

Hundreds of patients across NSW have received care since the launch of Telestroke in March 2020. Hosted

by Prince of Wales Hospital, the state-wide service provides virtual specialist stroke diagnosis and treatment, enabling patients to stay closer to home. In less than 18 months, Telestroke has commenced operations in 12 of the 23 planned regional and rural sites, with the rollout set to be completed within the next year. More than 350 staff have been trained in thrombolysis, a reperfusion therapy that was previously unavailable at multiple sites. A new process for accessing brain imaging has been implemented, helping standardise care across NSW.

## 24/7 Acute Stroke Thrombolysis Service

The Sutherland Hospital commenced a 24 hour, seven day a week Acute Stroke Thrombolysis Service for all patients arriving via ambulance from the Sutherland Shire catchment area. The extension of this service aimed to provide immediate treatment and care for patients who were previously only able to receive treatment as an inpatient or by presenting to the emergency department. Staff at The Sutherland Hospital worked collaboratively to establish this service, undertaking education and consultation across all responsible departments.

## Virtual healthcare for all

SESLHD has long been a pioneer of virtual healthcare, growing organically through academic and NSW Health partnerships. Responding to the COVID-19 pandemic accelerated the need for innovation and 2020-21 saw virtual models used in services as diverse as bariatric, antenatal and Aboriginal health.

In addition, SESLHD launched its Virtual Health Strategy, executing a plan for our District to become a leader in the use of virtual health at scale.

The strategy's aim is to create a future where virtual healthcare is available to everyone.

Our People



**BELINDA ANDREWS**

Nurse Manager, Centre for Hospital Epidemiology and Staff Services (CHESS), Prince of Wales Hospital

I have my grandfather to thank for a wonderful 25 years of nursing. He passed away from lung cancer in 1994 and he spent a lot of time in hospital having treatments. I would often go with him. I was so impressed by the nurses who took care of him. It was one of the saddest times of my life, but after he passed away, I instantly knew that I wanted to be a nurse.

In my first year, I received the most heartfelt letter from a patient's granddaughter, thanking me for my kindness in caring for her grandmother. I still have this letter, and it is one of my most precious possessions. The granddaughter would have had no idea about how important this letter was to me. It was confirmation I was exactly where I needed to be.

I have recently learnt my great grandfather died in the Spanish flu pandemic, so maybe it's no accident I am now an infection control nurse.

My days are never dull. During COVID-19 there has been a lot more responsibilities for our team, and we need to be flexible and adaptable. I currently work with a wonderful team and it makes it so much easier to come to work each day. I have met so many great people over the last 25 years, and have made lifelong friends.



# Workforce wellbeing



## The Nightingale Challenge

The World Health Organisation declared 2020 as the Year of the Nurse and Midwife in celebration of Florence Nightingale's 200th birthday. As part of the festivities, The Nightingale Challenge – an initiative to develop and empower the next generation of nursing and midwifery leaders – was launched.

SESLHD accepted the challenge, enrolling over 80 early-career nurses and midwives in leadership development programs. Participants had the opportunity to connect with mentors, both locally and internationally, and gained access to a collection of educational and inspirational resources to support their development.

## Building a resilient workforce

A successful grant application secured through the NSW Nursing and Midwifery Office enabled SESLHD's Nursing and Midwifery Practice and Workforce Unit to collaborate with the Langley Group to develop and implement the 'Flourish' series. This virtual program equipped 634 nursing, midwifery and allied health staff with tools and strategies to learn how to improve emotional intelligence, maintain resilience and enhance collaboration and connection, to make more effective decisions as healthcare professionals.

## Racism Harms – Act On it

The Addressing Racism Strategy, sponsored by SESLHD's Chief Executive, was launched in November 2020 at the District Leadership Forum to reduce the experience and impact of racism on patients, consumers and staff in SESLHD. Resources have been developed to raise awareness of the harms of racism, support manager-led conversations with teams and support staff to intervene and report racist incidents. Resources include videos, factsheets, posters and screensavers. Bystander intervention training, an evidence-based approach, has been delivered to more than 650 participants since January 2021.

The strategy is led by Population and Community Health in partnership with SESLHD's People and Culture and Media and Communications teams.

## Staff adapt to fight COVID-19

Despite many challenges, SESLHD staff were remarkable in adapting and responding to the COVID-19 pandemic, demonstrating professionalism and flexibility in an ever-changing environment. Highlights include:

- ❖ Our Organisational Development and Learning team developed a new online learning pathway at short notice to ensure employees joining SESLHD were not disadvantaged when face-to-face orientation moved online due to social distancing requirements.
- ❖ Our Health ICT team implemented a number of innovative solutions, such as a streamlined patient check-in system, and enhanced the availability and usage of telehealth and virtual healthcare programs, benefiting both clinicians and patients.
- ❖ Nursing and midwifery employees embraced new roles, to build the COVID-19 workforce. Staff screened passengers at Sydney International Airport, vaccinated the community at St George Hospital and Sydney Olympic Park vaccination hubs and carried out COVID-19 testing at various clinics across the District.

## Uniforms demonstrate inclusive care

Allied Health staff at both Sutherland and St George hospitals are now wearing an alternative uniform featuring an Aboriginal design. The Indigenous shirts represent an acknowledgement that we work on the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples and by wearing them recognise the Elders past, present and emerging who have cared for this land for thousands of years. Wearing the shirts is a start to addressing racism in SESLHD and shows a commitment to closing the gap in healthcare.

Our People



**ELOISE STEDMAN**

Manager, Workers Compensation and Injury Management, SESLHD

My role is to lead the Workers Compensation and Injury Management unit. The team includes return to work coordinators, workers compensation officers, payroll officers and administration staff. We support both employees and managers following injury or illness, regardless of how the condition occurred.

Whether it's an injured employee or a manager trying to assist one of their staff, we suggest coming to us as early as possible, so our assistance can be as effective as possible.

As a student, I studied occupational therapy and was immediately attracted to injury management, so I completed a Masters of Management in Personal Injury. Injury management is a field where if you do it well, it results in positive outcomes for everyone. Employees get supported, organisations keep valuable staff, costs are saved and health outcomes are good.

I am motivated by others who are equally passionate about what they do and the difference they make. I like a team who work hard but who enjoy a laugh as well.

The best part of my job is being there to support the staff who are looking after the rest of us. Healthcare work is hard and often undervalued and staff show up day in and day out and selflessly get on with it. Being there to support them is a small way I can pay back – at least a little.



# Better value healthcare



## Surgery recovery plan success

Initiated in July 2020, an ambitious plan was implemented to address around 600 cataract procedures which became overdue after non-urgent surgery was suspended by the federal government because of the COVID-19 pandemic. The goal was to ensure all surgical cases occurred within expected timeframes by 31 December 2020 – which was achieved. The plan's success was a result of hospital-wide collaboration, including regular planning huddles between surgical, bookings, cleaning and operating theatre staff. In addition to the improvement in quality of life for patients whose vision was restored, the innovative systems introduced out of need now form part of everyday practice.

## Savings for SESLHD

The restructure of our Pharmacy Services created a District procurement model which identified opportunities and delivered financial benefits through pharmaceutical purchasing. The new model immediately resulted in substantial savings for SESLHD in 2020-21. An example is the establishment of a District-wide contract for cancer care pharmaceuticals and compounded products. This project leveraged activity across the District to expand

an existing agreement that was only in place for Prince of Wales Hospital, resulting in additional rebates to the value of \$1.5 million.

## Cost-efficient rostering

The implementation of a strategic and cost-efficient rostering program has resulted in significant financial benefits for our District and enabled adequate downtime to support the wellbeing of staff. The Rostering Activities for Continuous Excellence – or RACE – program led to significant savings for SESLHD in 2020-21. More than 400 managers from across the District have undergone training for RACE, with more managers expected to be trained in the next financial year. All rostering metrics monitored by the Ministry of Health show real improvements compared to the previous two financial years.

## Tap 'n Go pilot program

SESLHD's Health ICT team initiated a pilot platform that improves the time it takes clinicians to access patient information, increasing clinicians' time on patient care. The pilot successfully supported 300 clinicians at Prince of Wales Hospital enabling rapid access to electronic medical records. A review of the pilot and next steps is now occurring.

Our People



**JULIE MELLOR**

Manager, Senior Medical Officer Services, Clinical Governance and Medical Services

My team are in charge of recruiting senior medical staff. We ensure the staff are credentialed correctly and obtain the appropriate approvals.

My career in health started in SESLHD's Senior Medical Officer Services, which is where I have stayed, for over 11 years. I have worked in all of the positions in my team, so I understand each of my staff. I feel that what we are doing is important, and that we are making a difference to people's lives.

We love our surroundings here at Garrawarra Centre – we will sit on the beautiful verandah and enjoy a team lunch, or celebrate a colleague's birthday. We often see wildlife – such as deer, echidnas, even snakes.

But for me, what I love most is the people. I have a small, amazing team. We are a tight knit group, and we care about each other. Everyone is really supportive, we all jump in and help each other out. When people join our team they do not want to leave. I feel really lucky.

We have an amazing director: Dr Jo Karnaghan. Jo makes everyone feel valued, empowered, and that their job is important. She inspires me to be the best I can be. The culture of our directorate – of SESLHD – is incredible. It is really uplifting. It comes from the top down, which is really important, and I want to keep that going.





## Community wellbeing and health equity





## New Kogarah Community Dental Clinic

Public dental services in the St George area have come together under one roof with the opening of the Kogarah Community Dental Clinic in March this year.

Capacity to deliver public dental care in St George has expanded from eight chairs to 12, bringing staff together in a modern, multidisciplinary clinic. Providing access to general, preventive and urgent dental care for eligible adults and all children, the clinic will also offer some specialist services, as well as community education programs and outreach services.

## Aboriginal Health Plan

This year we launched the St George Hospital and Sutherland Hospital Aboriginal Health Plan. The goal of the plan is to continue developing an organisation that is aware of the responsibility it has to deliver care in a way that is trusted and respected by the Aboriginal and Torres Strait Islander population we serve. It also focuses on developing a workplace that is sensitive to the culture of

Aboriginal people and strives to create an environment in which Aboriginal people choose to work.

We have begun by making small but meaningful changes, including installation of Aboriginal and Torres Strait Islander flag poles and an Aboriginal carers' room.

## Fertility & Research Centre welcomes its first arrivals

The Royal Hospital for Women's Fertility & Research Centre officially opened in May 2020, offering two services: low-cost in vitro fertilisation (IVF) and onco-fertility preservation.

We are one of three services offering affordable IVF for eligible families in NSW, achieving a pregnancy rate per embryo transfer among the best in the country. Our onco-fertility program offers cryopreservation of eggs, embryos, ovarian tissue or sperm for young men and women with cancer, at no cost to patients.

The Fertility & Research Centre welcomed the exciting arrival of its first babies in 2021, providing a more affordable option for families requiring IVF, and hope for cancer patients wanting to start a family.

Our People



**LEAH MCMANUS**

Research Business Manager, SESLHD

I started my career as a speech pathologist, and I loved the one-on-one care, but after a while I became more interested in taking a broader perspective and improving services as a whole.

My job is to find and create resources that enable our health District to embed research and innovation into services. I give it my all because research leads to better care for our patients and wellness for the community. I'm lucky to work with some exuberant, smart and entertaining people. When you're having fun, you're more open to learning.

The research SESLHD does ranges from investigator-initiated studies in single departments to commercially sponsored clinical trials of drugs and devices. Our staff have national and global networks so it means the research we do is world-class. I love being able to enable our clinicians to take on work that finds better ways of keeping the community healthy.

I always knew the care SESLHD provided was good but I recently had a first-hand perspective after giving birth at the Royal Hospital for Women. My husband and I found that our first baby had a complication at 32 weeks, and the care we received was extraordinary. She's now six months old and the light of my life. As someone who has always enjoyed good health, I didn't have a true appreciation for the services that SESLHD provides until I was a patient.



## SafeHaven – an alternative to ED

Emergency departments are often utilised by vulnerable community members as a means to seek assistance and support. The Mental Health Service launched the SafeHaven centre in Kogarah providing an alternative to the emergency department (ED) for people experiencing suicidal crisis. It is a drop-in program with a 'no wrong door' approach, where guests receive rapid access to compassionate and trauma-informed care, reducing the number of ED presentations.

SafeHaven is part of the Towards Zero Suicides initiative and contributes to the NSW Premier's priority goal of reducing the suicide rate in NSW by 20 per cent in 2023.

## That's a lot of 'likes'

SESLHD had a reason to celebrate when the number of followers on the District Facebook page whizzed past 10,000. Having a vibrant presence on social media not only allows us to promote the quality of

health outcomes in SESLHD, it also gives us a platform to communicate important health alerts to our community. In the past year, alerts have included the reporting of COVID-19 outbreaks, changes to COVID-19 testing sites and more recently the availability of COVID-19 vaccination clinics.

## Supporting our vulnerable populations

In response to the impact of COVID-19 on vulnerable populations, a new social work role targeting the social harms of the pandemic was established. This role has played a crucial part in supporting people impacted by the pandemic, whether it be through being a close contact required to isolate, or working with people with advancing health concerns as a result of not accessing their usual healthcare.

Social Work has also worked with the Disability Strategy Unit to ensure that disability group home providers are pandemic prepared.

Our People



**SARAH-JANE MESSUM**

Strategic Projects Manager,  
Strategy Innovation and  
Improvement

I lead and support the delivery of projects providing guidance and advice, doing my best to support teams and ensure the success of their projects. I generally work on multiple projects at once across a range of areas throughout the District.

I started my studies in biomedical science, then changed to commerce and politics and completed a Masters in Health Service Management. Later I did a Graduate Certificate in Clinical Redesign and did a Project Management Diploma, so I'm pretty comfortable in a project space.

I'm currently working on the virtual health strategy and its implementation plan for the next three years, to improve virtual health options. It's a model of care-driven strategy.

I came into health because I wanted a meaningful job where I can see direct impact in a care industry working with like-minded people. I'm very focused on the delivery of outcomes.

Last year I supported the Total Cardiac Care (TCC) smartphone app development. When COVID-19 hit, we developed TCC-COVID in six weeks. I really love the high-energy environment, working closely with Health ICT, universities and clinical teams.

I spend a lot of time making sure relationships are full of trust and credibility. The achievement for me is pulling all the right people together to work as a group to successfully get things done.





## Foster research and innovation



## Funding for innovative research

SESLHD was successful in securing a number of large research grants this year. The Safer Medicines to Reduce Falls and Injury for Osteoporosis initiative was awarded \$2,337,170 under the federal government's Medical Research Future Fund. The study is trialling a two-way approach to improve medication safety for elderly Australians living with osteoporosis.

The First 2000 Days Care Connect – a holistic first 2000 days model of care for migrant and refugee populations – was awarded \$840,547 under the NSW Health Translational Research Grants Scheme.

As migrant and refugee families in NSW often experience barriers attending child and family health services, this initiative aims to support them to improve their children's health and development.

## Randwick Health & Innovation Precinct strategy

The Randwick Health & Innovation Precinct (RHIP) brings together world-class education, research and healthcare organisations to address real-world problems across the

lifespan. The RHIP strategy was launched in a collaborative effort between UNSW Sydney, Health Infrastructure and the Sydney Children's Hospitals Network, highlighting the precinct's vision, purpose and objectives for the next three years.

The strategy focuses on the RHIP's strengths: children's cancer, neuroscience, mental health and addiction, virtual care, genomics and genetics.

## Paracetamol for premature babies: research

Dr Tim Schindler, Neonatologist, Newborn Care Centre, received the New Investigator Award from the Perinatal Society of Australia and New Zealand for his research project: Early PARacetamol (EPAR) Trial: A Randomized Controlled Trial of Early Paracetamol to Promote Closure of the Ductus Arteriosus in Preterm Infants.

The clinical trial could potentially change the way hospitals treat premature babies with a heart defect called patent ductus arteriosus (PDA), after it found paracetamol reduces the need for alternate medications, which can lead to harmful side effects for these vulnerable babies.

Our People



### ERLE LINDSAY

Allied Health Assistant,  
War Memorial Hospital

I'm a country boy, I grew up in a place called Brunswick Heads, where I lived with my grandparents and one of my five siblings. When I moved to Sydney I noticed an advert in the paper for a physiotherapy assistant, working in geriatric rehabilitation. My grandmother was lovely, but she was a pretty hard lady. I thought, if I can deal with her I can deal with anything. I believed I had something to offer the elderly, and 36 years later, I realise, I was right.

Quality patient care, respect, positivity, open-communication, effective team work and honesty are what matter to me. There's no better feeling than seeing a patient go home in a better state than when they arrived. It's so fulfilling.

Some patients don't have any visitors, or anyone in their lives, so I spend time with them. I go in with a sympathetic ear, and an open mind. Everyone's got a story to tell.

There are many memorable moments over the past 36 years, but a stand out is a patient who attended my falls prevention and education class. When she thanked me for all of my knowledge and expertise she said: "You've changed my life". I was so touched.

When I'm not working I'm spending time with my wife, daughters and grandson, (in March, our second born will be having twin girls) and cooking meals for them. I met my wife here at War Memorial Hospital in 1985, she was working as a nurse. The hospital is a huge part of my life. Without it, my family wouldn't be here.



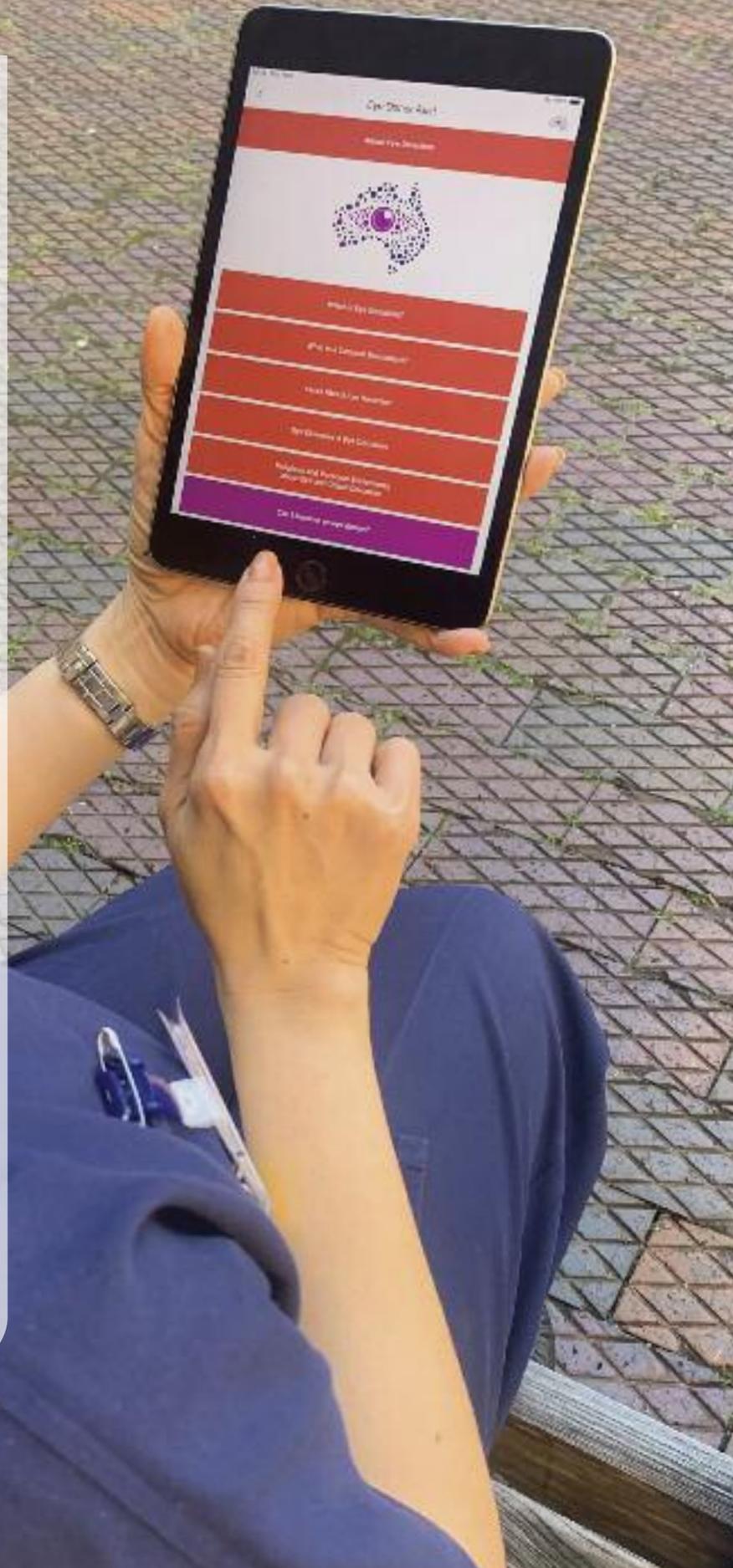
## TeleClinical Care – COVID-19

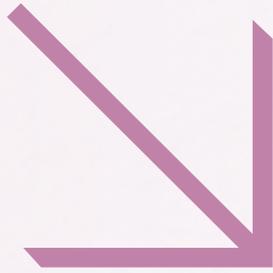
The remote monitoring team hosted at Prince of Wales Hospital supports the COVID-19 Hospital in the Home teams at St George, Sutherland and Prince of Wales hospitals to care for COVID-19 patients in the community.

The team virtually monitors patients across SESLHD with COVID-19 who are isolated and can be safely managed at home, via a smartphone app. The app was developed by a collaborative team led by Dr Sze-Yuan Ooi, Director, Coronary Care Unit and Senior Staff Specialist, Prince of Wales Hospital, and works by analysing a patient's blood oxygen levels and pulse rate. Functions include automated delivery of daily symptom questionnaires, with alerts triggered if a patient deteriorates. The system has significantly reduced pressure on hospital services, and patients have reported peace of mind and high usability.

## Primary spontaneous pneumothorax trial

The Sutherland Hospital respiratory department and St George Hospital emergency department co-authored a clinical trial on primary spontaneous pneumothorax. The research was published in the New England Journal of Medicine in 2020, and awarded the prestigious 2021 Australian Clinical Trials Alliance Trial of the Year Award. The study found that the traditional 'interventional approach' of treating the condition with a chest tube is not always in the patient's best interest and patients who were treated conservatively with pain relief, observation and awaiting the lung to naturally re-expand and recover, were less likely to have complications and had shorter hospital stays than those who were given a chest tube.





## Looking forward: The strategic direction of SESLHD

The ambitious goals set out in the SESLHD Journey to Excellence Strategy 2018-2021 formed a clear three-year direction. Now, we are embarking on a new strategy to guide the District over the coming years and respond to the challenges facing today's clinicians, patients and leaders.

It was essential to begin the process by speaking with the communities we serve, to understand their expectations and be guided by their experiences. A diverse and representative group of consumers and partners came together to share their thoughts on the future priorities for our District. Representatives from consumer advisory groups attended, along with partners including: Central and Eastern Sydney Primary Health Network, local councils, NSW Police, La Perouse Local Aboriginal Land Council and UNSW Sydney. The forum was the first of many opportunities for SESLHD staff, consumers and partners to work together to define the strategy.

In addition, many activities to engage with leaders and staff have been carried out across the District as we continue to shape the 2022-2025 SESLHD strategy.





**SESLHD hospitals & staff  
credited for miracle recovery**

# A miracle survival has been followed by a miracle recovery, thanks to a team of SESLHD healthcare professionals being in the right place at the right time.

St George Hospital's Clinical Midwifery Consultant and Registered Nurse Amanda Reilly (pictured) was walking her dog along Sea Cliff Bridge, Coalcliff on 30 August 2020 and witnessed a serious car accident.

In the passenger seat was 16-year-old Jacob Croston (pictured), awake, alert and critically bleeding, with his left arm amputated above the elbow. Ms Reilly sprang into action, using her dog's lead to tourniquet Mr Croston's arm, successfully stopping the bleeding and saving his life.

"I didn't think about it, I knew I needed to help him as I realised his arm was missing and I could see arterial blood spurting out. I told Jacob to remain calm as I was going to help him..." Ms Reilly said.

Mr Croston said he never feared for his life.

"I was in shock and disbelief that it happened but I was pretty calm. I wasn't panicking or scared. I knew I wasn't going to die from the start," he said.

A dramatic rescue operation ensued with a rescue helicopter landing on the scenic bridge moments later. Fortunately, Mr Croston's arm was located and sent by road ambulance to St George Hospital where surgeons were waiting. After treatment on the scene, Mr Croston was taken to St George Hospital and straight into theatre.

"The surgeons started operating on my arm before I was even at the hospital," Mr Croston said.

In another turn of luck, renowned hand surgeon, Associate Professor Graham Gumley, was on-call that Sunday, his last on-call shift before retiring.

The nerve reconstruction specialist and a team of surgeons worked for hours to reattach Mr Croston's arm.

Following a short stay in the Intensive Care Unit, Mr Croston was transferred to Sydney/Sydney Eye Hospital Hand Unit under the care of Dr Sean Nicklin, Director of Plastic Surgery at Prince of Wales Hospital, and Consultant Hand Surgeon at Sydney/Sydney Eye Hospital.

Mr Croston spent four weeks in Sydney/Sydney Eye Hospital, undergoing major repair surgeries. Muscles were sewn together, his median and ulna nerve were reattached but his radial nerve was too badly damaged to save. He has since undergone 11 surgeries and has more to come.

"I've already improved much faster than anyone expected," said Mr Croston, who regained feeling in his arm after six months.

Mr Croston's mother Gillian praised the team who treated her son: "I think about what would have happened if Amanda wasn't there that day and I get very emotional," Mrs Croston said.

"We have met some amazing people on this journey... including clinical nurse consultant Kay Maddison. When I wasn't with Jacob in the hospital, Kay would sit and chat with him."

Mr Croston has developed a strong interest in health and anatomy and hopes to study nursing after completing his HSC.

"We have met some amazing people on this journey... including clinical nurse consultant Kay Maddison. When I wasn't with Jacob in the hospital, Kay would sit and chat with him."



## Kirketon Road Centre supports people experiencing homelessness during COVID-19

**The Kirketon Road Centre (KRC) has been helping the homeless and vulnerable populations of inner-Sydney to fight COVID-19 since early 2020, with pop-up clinics running daily in multiple locations throughout SESLHD.**

The Federal Government-funded clinics, staffed by KRC, commenced at three sites in April 2020 and have since expanded to 11 District locations along with occasional home visits to those who are vulnerable and isolated.

Dr Phillip Read, Director, KRC, said the clinics are an important initiative to support the care of marginalised and vulnerable people – and in turn, help stop the transmission of COVID-19.

“This community already has high rates of co-morbidities and it’s difficult for them to access mainstream health services, so they are very susceptible to infections and need this service,” Dr Read said.

The KRC bus and pop-up tents are set up daily at each site consecutively and are staffed by one doctor, two nurses, a health education officer and a social worker from KRC.

The clinic staff meet all clients and conduct a triage process, before conducting swabs on individuals deemed at risk. Social work and health education staff assist with further advice and support, as needed.

Mel and Annika, from KRC’s Community Advisory Group, came along to the first Woolloomooloo site, to ‘road test’ the clinic on behalf of the local community and shared their impressions on a well-received Facebook post.

“The world’s such a different place at the moment. It’s so hard for us to go to normal [healthcare] places sometimes, but you can just come down here – anyone can come – and get tested,” Annika said.

Mel said: “Even though my friend and I are separated it doesn’t mean that we don’t care about each other. We really do care about our community. At the moment, things have changed and we really have to look after ourselves and each other.”

KRC’s pop-up clinics have been established in Woolloomooloo, Surry Hills, Martin Place and Belmore Park in the city, Redfern, South Coogee, Maroubra, Malabar, Chifley, Kings Cross and Kurnell.



## Handing it to Sydney/Sydney Eye Hospital

**A Sydney/Sydney Eye Hospital patient, whose partially-severed fingers made national headlines thanks to two blood-sucking leeches, is fully recovered and back to work.**

In late September 2020, Professor Anand Deva, Senior Staff Specialist, Hand and Microsurgery, Sydney/Sydney Eye Hospital, performed microsurgery on the 32-year-old patient to reattach his fingers after a forklift accident.

To help improve blood circulation when repairing veins in microsurgery, surgeons can use medical leeches (pictured) to decrease congestion.

“It is an age-old treatment, and it can significantly improve the success of salvage,” Professor Deva said.

“Mainly they draw blood out, which relieves the congestion and pressure; while they’re feeding, they also make the blood vessels bigger, which helps the blood flow.

“Leeches also add anticoagulants, which stop the blood from clotting. As well, they prevent the big tissue proteins and white blood cells – which your body sends to heal the traumatised area – from arriving and blocking off the little veins.

“It is fantastic news our forklift driver patient has recovered so well and has been able to return to his workplace – it’s safe to say regaining the use of his fingers was helped thanks to a couple of leeches!” Professor Deva said.

To source medical leeches, staff from the Sydney/Sydney Eye Hospital Hand Unit contact a leech farm in Echuca, Victoria, who collect and prepare leeches for hospitals.

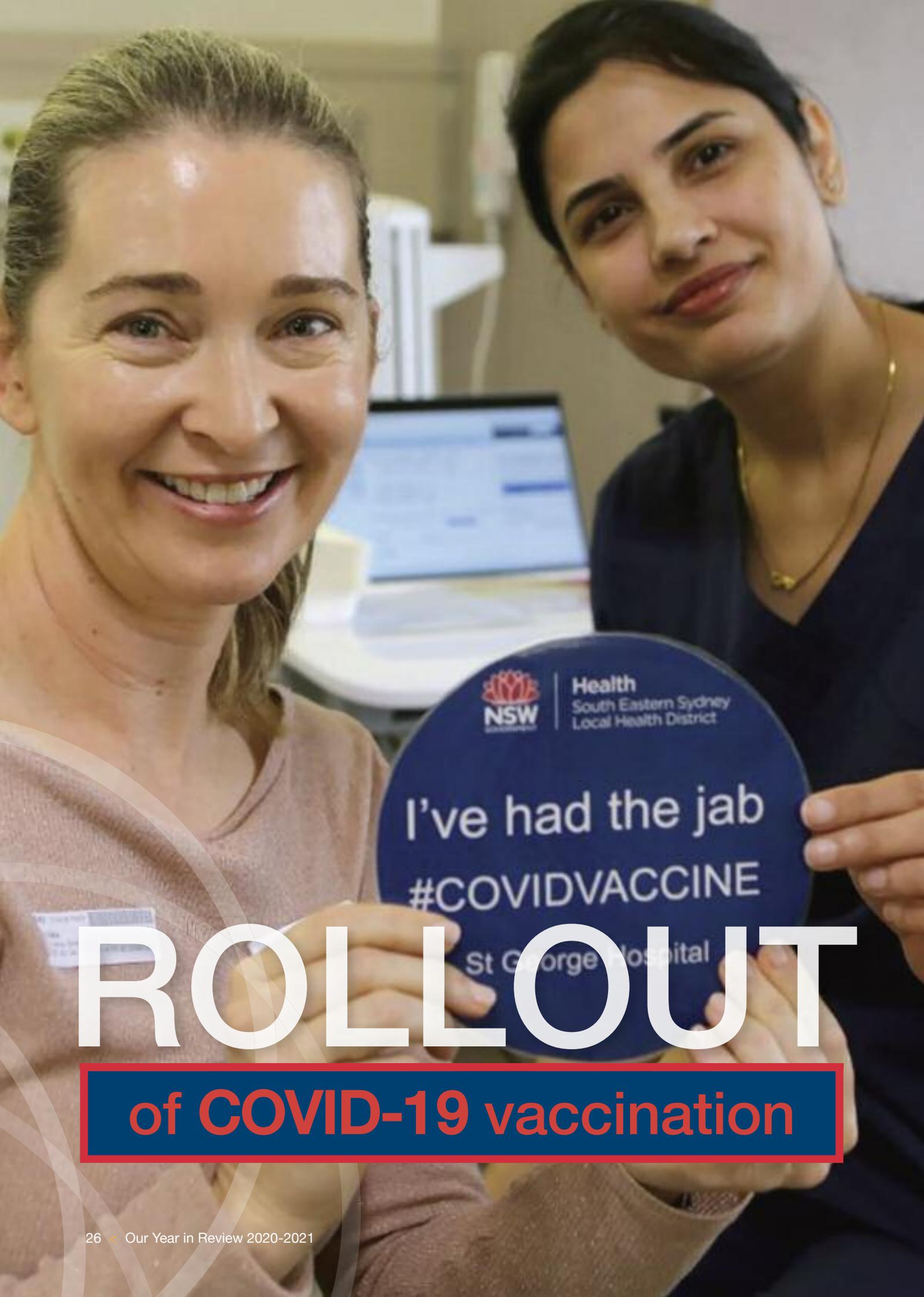
Kay Maddison (pictured), Clinical Nurse Consultant, Sydney/Sydney Eye Hospital Hand Unit, said previously, hospitals in NSW kept leeches in tanks for emergency treatment but, at that time, the supply wasn’t available.

“What made this patient’s therapy unique, was that we sourced the last two leeches left in Sydney – possibly even Australia,” Ms Maddison said.

“Environmental factors including the drought and bush fires in 2020 compromised medical leech supply – a type that is purpose bred for use in a clinical setting.

“I’ve been working with leeches for 15 years and know the difference they can make to a patient’s recovery – we want to see anyone who comes in for intricate surgery like the reattachment of fingers, to be discharged with them intact!

“Thankfully, the supply of leeches has now been restored,” Ms Maddison said.



# ROLLOUT

of **COVID-19** vaccination

## There was much excitement across the District in February 2021 as staff classified in the most at-risk 1A group, were among the first to receive the long-awaited vaccination for COVID-19.

Staff boarded buses at the Garrawarra Centre, St George, Sutherland, Prince of Wales and Sydney/Sydney Eye hospitals, while others travelled independently, to attend either Royal Prince Alfred or Liverpool hospital hubs, to receive the first of two Pfizer vaccinations, which were administered three weeks apart.

Dr Andrew Finckh, Director, Emergency Services, Sutherland Hospital, was on the hospital's first bus load: "It'd be fair to say there was a bit of excitement – everyone was looking forward to it. It went very smoothly."

Kate Jarrett, Clinical Nurse Consultant, Emergency Services, St George Hospital was another to receive the jab on day one: "There's been no negativity at all – everyone I know thought it was very good that I was among the first to be getting the vaccine. So many thousands of people around the world have already had this vaccine, we've all got to move forward to fight this together."

The vaccination rollout extended when St George and Hornsby hospitals became the first public hospitals in NSW to administer the AstraZeneca vaccine. Staff worked swiftly to set up the new Vaccination Hub which opened on 10 March 2021.

Paul Darcy, General Manager, St George Hospital, said the opening of the Vaccination Hub was an important step in protecting those with the greatest risks of potential exposure to COVID-19.

"I'd like to thank the staff for their ongoing efforts and also thank everyone who has been involved

in the planning and set up of the clinic," Mr Darcy said.

NSW Premier Gladys Berejiklian, NSW Minister for Health and Medical Research Brad Hazzard and NSW Chief Health Officer Dr Kerry Chant were given a tour of the hub on opening day before receiving their vaccinations in front of the media's cameras.

Hailey Sharif, Cleaning Services Supervisor, was the first staff member to be vaccinated at St George Hospital earlier in the day: "I feel so fortunate to receive the vaccine. It gives extra assurance that I'm going to be protected. I want to protect my kids and grandkids – it's so important that we all receive our vaccine to keep each other safe."

The Pfizer vaccination was made available at the St George Hospital Vaccination Hub in late April and in May the clinic opened to members of the public eligible to receive the Pfizer and AstraZeneca vaccinations. The AstraZeneca vaccine was made available at the Sydney Children's Vaccination Hub for staff working in the northern part of the District.

St George Hospital's Vaccination Hub hit a major milestone in June 2021, administering more than 20,000 COVID-19 vaccinations.

Catherine Zammit, Vaccination Hub Project Co-ordinator, said it was great to reach the 20,000 milestone: "Our staff have been working hard to make sure the hub is running smoothly and we would like to thank so many people for coming forward to get vaccinated – in doing so, you have taken an important step to protect yourself, your loved ones and the community."



# Tailored care improving outcomes in Aboriginal health

SESLHD teams stepped up their efforts to Close the Gap in health outcomes between Aboriginal and non-Aboriginal Australians throughout 2020-2021.



Aboriginal people continue to experience poorer health than non-Aboriginal Australians. Aboriginal people die on average ten years earlier, and experience chronic conditions such as diabetes at twice the rate of other Australians.

South-eastern Sydney is home to many Aboriginal people, with around 1.1 per cent of our District's population identifying as Aboriginal.

Recognising the need to address the specific health and cultural needs of Aboriginal members of our community, SESLHD services have worked in partnership with Aboriginal communities to deliver culturally responsive health services and programs in safe, welcoming environments.

Tim Croft Jangari, Manager of the Aboriginal Health Unit, said SESLHD has strengthened its support for Aboriginal health across all our facilities and community based services over the last year.

"We are fortunate to have many Aboriginal health workers who are passionate, dedicated and continue to go above and beyond in serving the Aboriginal communities in our District," says Mr Croft Jangari.

Mr Croft Jangari says support from SESLHD's Chief Executive Tobi Wilson and the executive team has also been crucial. "Closing the Gap in Aboriginal health has been elevated as a priority to underpin all service delivery and help ensure we provide healthcare that responds to the needs of Aboriginal community members coming to SESLHD services."

Strong support from non-Aboriginal managers and staff within facilities and services across the District

has also been important in delivering more culturally responsive services and working to more effectively Close the Gap in Aboriginal health outcomes. All SESLHD facilities have commenced Aboriginal Health working groups, developed more culturally welcoming spaces and considered how to attract, support and retain Aboriginal people to the workforce.

Some of the key focus areas in 2020-21 have been:

- ▶ Encouraging increased reporting of Aboriginality: The 'Asking the question' program supports SESLHD staff to ask all patients and clients whether they are of Aboriginal or Torres Strait Islander origins. This simple act of asking the question can help staff identify the best way to support an Aboriginal patient or client.
- ▶ Putting in place measures to help reduce rates of Aboriginal patients leaving emergency departments against medical advice and of unplanned re-admissions.
- ▶ Supporting all SESLHD facilities to undertake an Aboriginal cultural engagement self-assessment, which will now be conducted annually.
- ▶ Rolling out the Addressing Racism Strategy across SESLHD in collaboration with the Multicultural Health Service. The Racism Harms, Act On It campaign aims to give managers and their teams the skills to address any experiences of racism, whether historical, institutional or casual, in SESLHD services.
- ▶ Improving the implementation of the 'Respecting the Difference' training program for all SESLHD staff. This program aims to familiarise staff with important cultural considerations for Aboriginal and Torres Strait Islander people.
- ▶ Launching the St George and Sutherland hospitals' Aboriginal Health Implementation Plan for 2021-2023.



## Aboriginal health workers lead the way

Recognising the crucial role Aboriginal health workers play both in SESLHD's services and local Aboriginal communities, SESLHD carried out a review of how the District recruits, retains, supports and develops Aboriginal staff. Aboriginal health workers provide a wide range of services, including care, advocacy, and support to Aboriginal and Torres Strait Islander people and their families at many different stages of their health journey. This ranges from patients in our hospitals, to mothers, babies and children, community members with chronic and mental health conditions, and individuals and their families during the last stages of life. SESLHD teams will work in the coming years to implement the recommendations of the review in order to continue strengthening and supporting our Aboriginal workforce to improve health outcomes for Aboriginal communities.

## Supporting Aboriginal communities during the COVID-19 pandemic

Throughout the COVID-19 pandemic, SESLHD's dedicated team of Aboriginal Support Officers at the Public Health Unit has been supporting the needs of Aboriginal and Torres Strait Islander people, who are at higher risk of health complications if they contract the disease. The team provides culturally appropriate support to those who have tested positive to COVID-19, those who have been identified as a close contact, as well as their family members, and to the broader Aboriginal and Torres

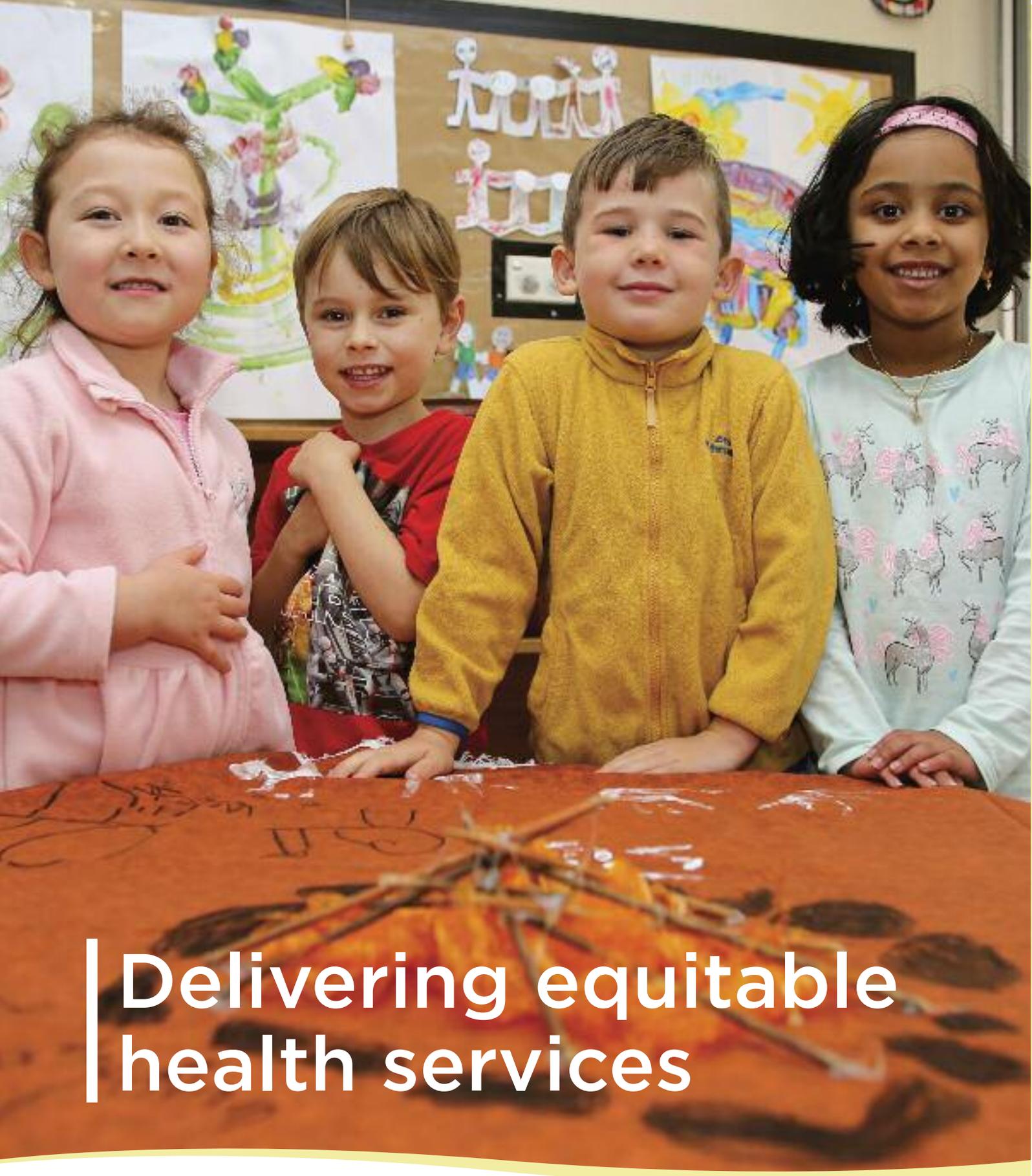
Strait Island community who may be seeking more information or support. Among other support, the team has been able to help cases and close contacts by clarifying testing requirements, providing them with isolation packs and taxi vouchers, and supporting them with additional needs they or their families may have.

Kevin Heath was seconded to the Public Health Unit in 2020 and worked with many other Aboriginal staff to support the development of a culturally responsive approach for Aboriginal communities. Mr Heath said: "One of the most rewarding parts of my time at the Public Health Unit is being a part of the Aboriginal Support Officers team. Being able to support our mob, answer questions they have, or even just being an ear to chat to when they need to talk, is the best feeling!"

In 2020-21, the Public Health Unit and the Aboriginal support team also engaged with Aboriginal community members and partnered with the La Perouse Local Aboriginal Land Council to plan and deliver trusted and culturally safe COVID-19 vaccination clinics for Aboriginal people.

"The last year was a period of significant change and challenges due to the COVID-19 pandemic," says Mr Croft Jangari. "A lot still needs to be done to educate, assist and support Aboriginal people on their journey to better health and Close the Gap, but through this period SESLHD has responded with strong steps toward this."





# Delivering equitable health services

The COVID-19 pandemic has challenged SESLHD more than ever before to make sure everyone in our community can access the health services they need. We are focused on removing barriers to healthcare, in all our services, so we can provide truly person-centred care across our District.

Over the last year, SESLHD teams have found creative ways to make sure COVID-19 services meet the varied health needs of our District's communities. Among many initiatives, SESLHD staff have brought free COVID-19 testing and vaccination to people experiencing homelessness or living in social housing. They have organised accommodation for people who cannot safely self-isolate at home. And they have provided in language assistance in dozens of languages to support multicultural communities.

Lisa Woodland, Director of SESLHD's Priority Populations Unit, has been inspired by the District's increased focus on improving access to care for vulnerable or disadvantaged groups. "Through SESLHD's COVID-19 response, we have demonstrated what health services can look like when we take into account not only a person's clinical condition, but the range of factors that affect their health status and ability to access and benefit from health services."

Delivering equitable health services is a key strategic priority for SESLHD.

"Equity does not just mean we treat everyone exactly the same," says Lisa Altman, SESLHD Director of Strategy, Innovation and Improvement. "Equity means every person gets the support they need to be healthy and well. If we want to provide truly equitable, person-centred care, we cannot be satisfied only with having an equal offering of health services across our District. We have to make sure our services are accessible and actually work for everyone in our community."

## Why is equity important?

The SESLHD community is diverse: in language, culture, education and literacy levels, physical and cognitive abilities, financial security, and life experiences. While COVID-19 has exposed the disparities in our community most dramatically, we know that people who experience social disadvantage always disproportionately bear the burden of poor health. People who are socially disadvantaged are over-represented in measures of poor health and wellbeing and are at greater risk of experiencing:

- Preventable presentations to emergency departments
- Complications associated with admissions to hospital
- Longer lengths of stay
- Chronic health conditions
- Difficulties with self-management contributing to poor health outcomes

- Dr Marianne Gale, Director, Population and Community Health, SESLHD

“Equity means every person gets the support they need to be healthy and well.”

Beyond the COVID-19 response, a number of initiatives have been underway to remove barriers to care in SESLHD health services. This includes:

- Employing cross-cultural workers to support women and families from migrant and refugee backgrounds to access culturally appropriate, in-language maternal, child and family healthcare services.
- Providing access to kosher low cost IVF services for Orthodox Jewish women at the Royal Hospital for Women.
- Prince of Wales Hospital partnering with lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI+) consumers and service providers to train staff on how to provide more inclusive hospital care for LGBTQI+ patients.
- The Sutherland Hospital putting in place practical strategies to enhance the quality and experience of care for vulnerable patients, such as people with disability. These include a multidisciplinary high-risk clinic to plan for admissions and multidisciplinary team meetings within 24 hours of admission to implement appropriate care pathways.

Ms Woodland believes that a focus on providing equitable health services benefits everyone in the District: "If we design a health service to benefit disadvantaged or vulnerable groups, we actually make it a better service for everyone. When we go through the process of working out how to remove barriers for people with disability, or people from culturally diverse backgrounds, or people experiencing financial insecurity, we improve access to healthcare for everyone in our community."

## How can we remove barriers to healthcare?

At both the individual clinical and service levels, we are committed to asking ourselves:

- Who has trouble accessing our services or returning for appointments?
- Who keeps re-presenting with problems that are preventable or that can be managed in primary care?
- What life circumstances may be affecting people's ability to benefit from our services or make well-informed decisions about their health?
- What systems or process work for us but not for the people or communities we serve?

- Tony Jackson, Deputy Director, Population and Community Health, SESLHD

# SESLHD Mental Health Service

The SESLHD Mental Health Service (MHS) provides treatment and support to residents throughout south-eastern Sydney and continued its commitment to service excellence throughout 2020-21.

It has been an extraordinary year with our teams and community adapting to a variety of challenges including the impact of COVID-19. These transformational times have strengthened our ability to pivot and respond rapidly. Proudly, we have remained committed to providing inclusive and responsive services to support vulnerable populations. We have enhanced the range of suicide prevention services offered to our communities, in recognition of the incredible toll imposed on wellbeing and mental health by isolation, financial hardship and restrictions.

Further to the key achievements outlined below, we have:

- \* Developed the 2021-22 Mental Health Business Plan, informed by the active participation and engagement of staff in the MHS planning day.
- \* Developed and implemented models of care with COVID-19 enhancement funding.
- \* Extended and developed the Mental Health Partnerships team to ensure our vulnerable

and long-staying consumers are appropriately cared for in partnership with relevant service providers.

- \* Responded to the COVID-19 pandemic through the utilisation of telehealth, management of inpatient leave, communication of updates and changes to practice, engagement with patients via recorded information sessions and realignment of resources to respond to increased calls to the State Mental Health Telephone Access Line.

I am proud of the accomplishments our service has achieved and as General Manager, and on behalf of the Mental Health Clinical Council, acknowledge the efforts of the collective MHS. I am exceedingly impressed and thankful for such a dedicated team and would like to thank everyone for their valued contributions and efforts.

Ange Karooz || General Manager

## Suicide Prevention Outreach Team

Another part of the Towards Zero Suicides initiative is the new Suicide Prevention Outreach Team (SPOT). Providing assertive, mobile outreach support to people experiencing suicidal distress, the SPOT meets consumers where they live and feel most comfortable, with a particular goal of reaching those who traditionally fall through the gaps of public mental health services.

The SPOT has allowed more individuals to access mental health care, while simultaneously reducing the number of referrals to the local Acute Care Team. Following the pilot in Sutherland, there are plans to expand SPOT throughout the District.

## Prevention & Recovery Centre up and running

Bondi Prevention and Recovery Centre (PARC) is a partnership between Independent Community Living Australia and the MHS, offering a safe, therapeutic space to support and empower people looking for assistance, but not needing acute care.

Using a mixed peer and clinical model of support, PARC provides early intervention for people experiencing mental health distress in the community, avoiding emergency and inpatient admissions. This model also strengthens and consolidates gains made by people in the early stages of recovery from a mental health admission, reducing their length of time in an acute inpatient setting.

## Addressing chronic & acute suicide risk

To address the impact of isolation, financial hardship and restrictions on people's mental health, the MHS committed significant resources to supporting vulnerable populations in 2020-21 by implementing two new services.

The Dialectical Behaviour Therapy Skills Group has peer-worker involvement and aims to improve coping skills in adults with severe emotional and behavioural dysregulation. This group supports

people's transitions into communities and provides new skills to manage crisis without hospital involvement, while the Brief Lifeworks Intervention Program team provides four sessions for timely and effective support for people following discharge from hospital. Both services aim to cater for adults with acute and chronic suicidality, who otherwise experience significant difficulties in accessing appropriate mental health care.

## A focus on physical health

People living with severe mental disorders have a 10 to 25-year shorter life expectancy than the general population due to preventable physical chronic conditions. Our Quality Improvement Collaborative focused on this need, establishing a community of practice to enhance consumers' physical health with new improvement projects.

A Physical Health Clinic was established to provide prevention and intervention strategies in an inpatient setting. The clinic is supported with a multidisciplinary team delivering holistic, comprehensive care in a therapeutic environment that encourages consumers to address and escalate physical health concerns. Its aims are to increase rates of physical health examinations, blood borne virus screenings, as well as referrals to exercise physiologists and dieticians.

## Addressing homelessness & housing issues

Another component of our commitment to supporting vulnerable populations is the establishment of a Housing and Homelessness Coordinator in partnership with the Department of Community and Justice. The position supports and facilitates early intervention to sustain tenancies, connect consumers to appropriate housing options and assist those who are at risk of homelessness by improving access to services. The collaboration has resulted in improved outcomes for consumers, reduced waiting times with applications to subsidised housing and a significant reduction in evictions.

**Read more achievements from the SESLHD Mental Health Service in Our strategic priorities section (page 7).**

Our People



**JOSIE JULIAN**

Quality, Risk and Patient Safety Manager, Sutherland Hospital

My role is to ensure Sutherland Hospital is compliant with the national standards and monitor clinical quality to ensure our patients receive the highest standard of care. I work closely with staff to find areas where improvements can be made. It's important to me to support and encourage staff to embrace alternative ways of working with positive attitudes so everyone can provide the best care to our patients.

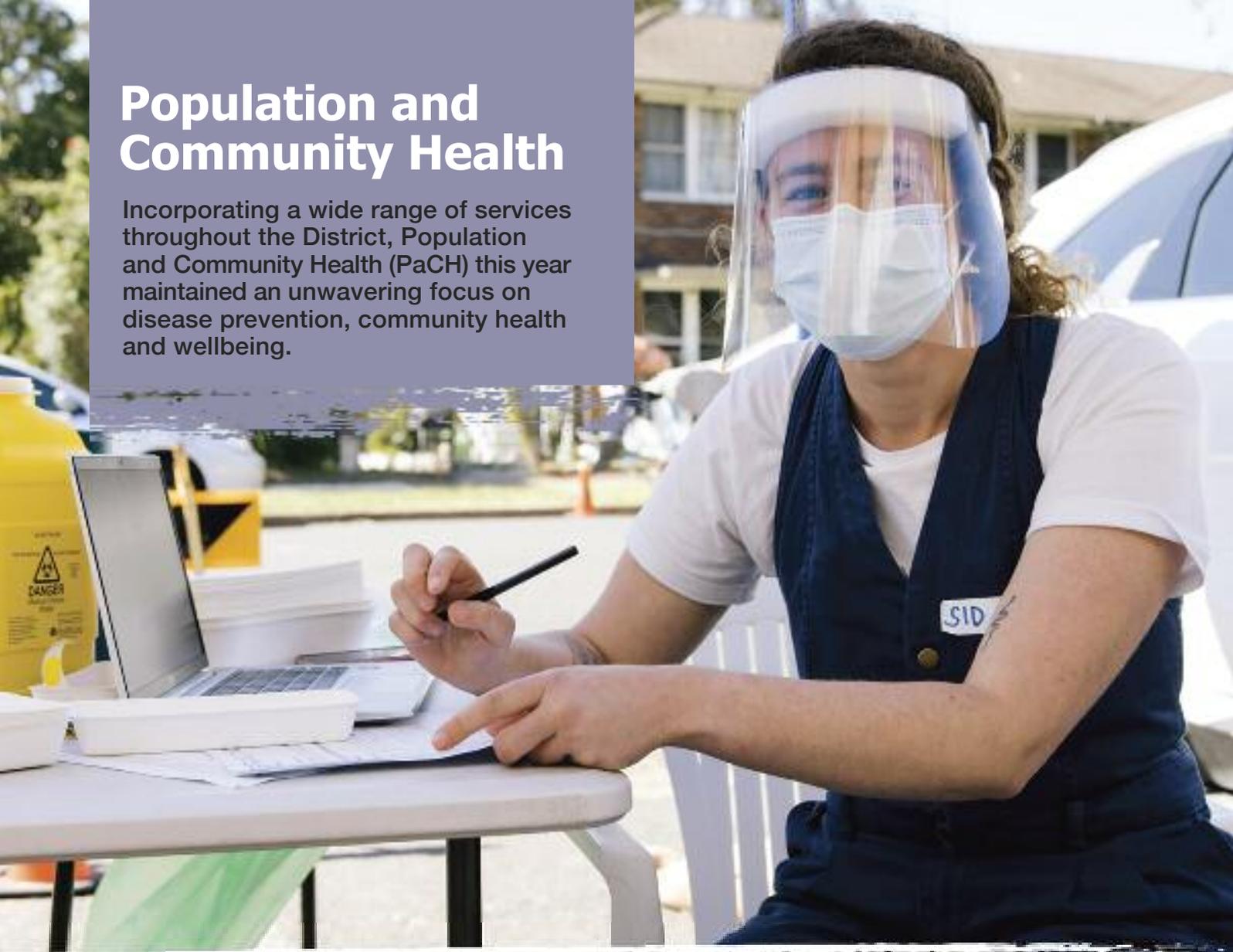
I started my career as a physiotherapist as I genuinely care about people and thrive on enabling and encouraging people to be the best they can be. I love a challenge and strive to identify and improve areas that need improvement which I suppose is why I ended up in my current role.

One of my most memorable stories was supporting a patient recovering from a stroke. He had been told he would need to go to a nursing home and had given up on himself. Through perseverance I developed a rapport with him, empathetic to his history of addiction, mental health and social difficulties. After engaging support from experts in those fields he improved and returned home. Five years later he sent me a card, thanking me for not giving up on him, saying it meant more to him than he could ever say.

I think it is important for us to remind ourselves that we are in a privileged position to be able to help people when they really need help. I feel privileged to work with a team of dedicated, intelligent people who are doing their best for Sutherland Hospital and the patients in our care.

# Population and Community Health

Incorporating a wide range of services throughout the District, Population and Community Health (PaCH) this year maintained an unwavering focus on disease prevention, community health and wellbeing.



Population and Community Health team members have done a terrific job this year in working to keep our community healthy, well, and out of hospital.

The COVID-19 response has continued to be a major element of our work, especially for staff from the Public Health Unit who have been tireless in their efforts leading our local response to the pandemic.

Our COVID-19 response has also included initiatives to reach communities that experience social disadvantage. PaCH services have worked closely with each other, with consumers and with local partners to support and provide COVID-19 testing and vaccination to Aboriginal communities, people with disability, living in social housing or experiencing homelessness.

The pandemic has also afforded us opportunities to innovate in the way we work and deliver care to patients. PaCH services have embraced

these changes with new models developed across multiple services including: transforming how we deliver the opioid treatment program; and delivering virtual models in health promotion and child and family services that have been welcomed by our consumers.

This year, PaCH services have continued to strive to Close the Gap in health outcomes for Aboriginal people. Our Aboriginal colleagues have provided us with generous guidance about how we can all work differently to make meaningful change. We've made some positive steps forward in refreshing the governance of Aboriginal health in the District and reviewing ways we can more effectively engage with our local communities to improve health and wellbeing.

The PaCH team has displayed incredible commitment, passion and professionalism this year. Well done!

Dr Marianne Gale || Director



## Highlighting harms in waterpipe smoking

The Shisha No Thanks Project is an evidence-based innovative and co-designed initiative, which has raised awareness of the harms of waterpipe smoking amongst young people from culturally diverse backgrounds. The project's community engagement strategy includes a social media campaign and development of an online training module for community workers.

The project has been successful in engaging community workers and health professionals as trusted sources of information, as well as generating substantial community conversations. The project is funded through the Cancer Institute NSW and was the winner of the 2020 Premier's Multicultural Communications Awards in the Commonwealth Bank Business Campaign of the Year category.

## Adult Survivor Project

SESLHD was awarded \$1 million per annum from 2019-20 to 2021-22 by the NSW Ministry of Health to pilot a new specialist integrated service for adult survivors, in response to the Royal Commission into Institutional Responses to Child Sexual Abuse.

The Adult Survivor Project is a collaborative effort between a research team, mental health, drug and alcohol and sexual assault services, Aboriginal health, non-government partners and consumers. The partners are working to provide an integrated, client-centred service model to explore new and innovative ways to improve outcomes and better meet the complex needs of adult survivors.

## Supporting people with disability

PaCH has led key initiatives to improve our District's response to people living with disability including:

- \* Development and implementation of the Disability Inclusion Action Plan, which provides a platform for the delivery of person-centred and integrated care to people living with disability accessing our health services.
- \* Supporting SESLHD services in upskilling and navigating the National Disability Insurance Scheme.
- \* Establishing the Specialised Intellectual Disability Health Team, which aims to build the capacity of our services to respond to the needs of people with intellectual disability.

Read more achievements from the Population and Community Health Directorate in Our strategic priorities section (page 7).

## Our People



**KEITH JONES**

Nurse Manager, Leadership Initiatives, SESLHD

I come from a family of healthcare professionals, particularly nurses, and from an early age I heard a lot of stories about what a difference they could make to people's lives.

Recently I was asked if I'd like to join the Call to Arms, to support our District response to the COVID-19 pandemic. I've been at our testing clinic and at the Bayside vaccination hub. It's such a great spirit of camaraderie.

I lead the Effective Leadership Program, supporting development for emerging leaders across the District. As part of my role I also do coaching, supervision and mentorship.

The leadership program is my pride and joy. I did the program myself and got so much out of it I ended up being employed into the role. It's one of my passions – supporting emerging leaders to do the best they can, to provide excellent care to our patients.

The thing that matters to me is the people that I work with. I work with a fantastic, dynamic team of people, we support each other and respect each other and it makes me feel really engaged and motivated to come to work every day.

# Sydney/Sydney Eye Hospital

New strategies, enhancements to care and the ongoing COVID-19 response have seen Sydney's oldest hospital campus rise to meet many challenges.



An undeniable highlight this year has been the outstanding strides made by all staff who contribute to the care of our surgical patients. New practices and services have seen improved outcomes for patients and staff at every stage of the perioperative journey, from referral to full recovery.

Our unique role as a state-wide facility for eye diseases, coupled with cataract surgery being the most common elective procedure in Australia, means treatment for those undergoing eye operations is always a key priority. However, over the past 12 months, in response to the hospital's record surgical waitlists, our staff have applied innovative solutions that have led to improved efficiencies across the whole campus.

The ongoing challenges of our COVID-19 response have emphasised the adaptability of our frontline staff, particularly the team which

continues to manage an effective COVID-19 Assessment Clinic.

We have seen an increase in multidisciplinary collaborations, enabling peers to learn from one another's expertise, and for patients to experience enhancements in the coordination of their individual medical needs.

The highlights below demonstrate that despite current challenges, we have continued to find innovative new ways to reduce length of stay, leading to increased numbers of patients sharing stories of our high quality of care. This is a testament to the adaptable, skilled team of staff and shows that Sydney/Sydney Eye Hospital is in excellent stead to thrive as a leading provider of expert care to our local communities and beyond.

Jennie Barry || General Manager



## More services for inflammatory eye condition clinics

To meet the needs of a growing cohort of patients undergoing simultaneous treatment for inflammatory eye conditions and other related diagnoses, such as rheumatoid arthritis or sarcoidosis, a rheumatologist has begun consulting at weekly clinics. In partnership with ophthalmologists, the clinic supports patients who are receiving high-dose, anti-inflammatory medications and require close monitoring. Previously, patients were referred to another hospital, meaning they now need to visit just one facility. The integrated clinic has enabled medical staff to consult on each other's expertise in real time, resulting in increased patient safety and satisfaction.

## Care & discharge for day procedure patients

Patients can now experience a smoother journey from surgery to home, following the introduction of a discharge lounge, a service complementary to the Day Procedure Unit. In August 2020, a space attached to Recovery was opened, offering lounge chairs where patients are safely observed. The location has meant less movement around the hospital for patients and staff.

In addition, nursing teams have been upskilled in best practice discharge processes, leading to standardised care, more efficient use of resources and a reduction in patients re-presenting. Since opening the lounge, 91 per cent of patients

are safely able to go home post-surgery, compared to 84 per cent previously.

## High-volume short stay surgical unit

A reduction in inpatient days and length of stay has been achieved over the past six months, following implementation of a 10-bed unit for day procedures requiring admission of up to 72 hours. The unit has improved efficiencies in both operating theatre and bed utilisation – including greater accuracy predicting availability. There has been an increase in early discharge rates, helping to streamline hospital-wide patient flow. For patients and carers, the unit has optimised their experience due to fewer disruptions and a more efficient return to the home environment.

## New pre-surgery assessment service

Within eight weeks of commencing operations, the pre-surgery assessment service for cataract waitlist patients generated a raft of benefits, including a reduction in enquiries to the booking office and an enhanced ability for clinical staff to plan care appropriate to a patient's current needs. Starting in May 2021, registered nurses from the Day Procedure Unit phone patients ahead of time, actively involving them in their medical journey, identifying factors that may impact their surgery and capturing important non-medical needs, such as ethnicity and disability. The service's long-term objectives include a reduction in cancellation rates and surgery start times.

Read more achievements from Sydney/Sydney Eye Hospital in Our strategic priorities section (page 7).

Our People



### PIERRE GEORGES

Tissue Donor Coordination Team Leader, NSW Tissue Bank (part of the NSW Organ and Tissue Donation Service)

I have studied and worked at Sydney/Sydney Eye Hospital for over 25 years and have had a passion for science and medicine since I was a primary school student. The staff are amazing people who show great respect to their patients and are dedicated to providing the best service to them.

As part of my role, I provide clinical leadership to the staff at the NSW Tissue Bank, where we conduct deceased donor identification and consent, support families of tissue donors, distribute tissue for life-changing transplantation, and implement protocols in accordance with legislation set by the Therapeutic Goods Administration (TGA). I'm involved in leading research projects related to tissue donation and transplantation, and represent the NSW Tissue Bank at state and national industry groups.

I fondly remember my experience with the father of a nine year old boy who had been blind since the age of three, but was able to become an eye donor when he passed away. After explaining that eye donation was actually possible, due to the corneas (clear front of the eye) still being healthy, the father agreed and his son was able to save the sight of two people. Since then, I always use the message "even blind people can give sight" when educating health professionals and the community about the gift of eye donation.

# St George Hospital & Community Health Services

The rollout of one of NSW's first COVID-19 vaccination hubs, improving health outcomes for Aboriginal communities and innovative new models of care were highlights for St George Hospital in 2020-21.



I would like to acknowledge all staff at St George Hospital for their dedication, resilience and kindness to each other over the last year. The past 12 months have been some of the most challenging we have experienced. Not only have we managed the pandemic, we have seen record presentations to our emergency department, significant inpatient activity and considerable changes to the way we function to continue to keep our patients well.

This year I was thrilled to launch the St George Hospital and Sutherland Hospital Aboriginal Health Plan. The health of our Aboriginal and Torres Strait Islander population is a priority of the organisation's executive team which is making great progress. We want to be an organisation that Aboriginal patients and staff trust to care for them.

The hospital has also commenced planning for stage three of our redevelopment, focusing on ambulatory and outpatient services, sub-acute aged care, rehabilitation and high-volume, short-stay surgery. I am looking forward to the redevelopment team coming together and working with all staff across the organisation to design a future-proofed development.

The next 12 months will be an exciting time for the organisation, as we continue to grow and innovate. The wellbeing and development of our staff will be a priority to ensure they feel happy coming to work and that the care we provide for our patients is world class.

Paul Darcy || General Manager



## Our People



### SARAH REYNOLDS

Clinical Psychologist and Acting Suicide Prevention Coordinator, SESLHD Mental Health Service

I oversee several projects from a strategic and project management level, including the SafeHaven, an alternative to the emergency department for people in suicidal crisis; the Suicide Prevention Outreach Team, an assertive response team; and the Wayback Support Service, a three-month psychosocial support program following a suicide attempt. I'm also involved in any serious adverse event reviews that occur across the District if there has been a suicide in care. We look at what we can do to improve future responses.

Suicide prevention is a really critical area in SESLHD and while Towards Zero Suicides has an ambitious goal – reducing the rate of suicide by 20 per cent by 2023 – it's really important. The impact of suicide – not only on the individual, their family, their loved-ones, but also the workforce – is very profound and enduring. So the more we can do to prevent that and support people in the aftermath, the better.

I love how this role brings together people with a lived experience of suicide with clinicians, working together towards a common goal. A key achievement in that space has been the launch of the SafeHaven, a peer-led drop-in style centre for those in suicidal crisis. There have been almost 300 visits since opening – it's a project I'm very passionate about. Another important focus is how we support staff particularly after a critical incident to really acknowledge the impact it has on everyone involved.

## Vaccination Hub

In March 2021, St George Hospital opened one of the first vaccination hubs in NSW to administer COVID-19 vaccinations. There was significant involvement from staff across the organisation including maintenance, domestic services, administration and clinical staff to turn an inpatient ward into a safe and streamlined environment to deliver vaccinations to staff and the community. The volume of doses continues to grow as does the care and commitment of the staff working in the hub.

## Hospital in the Home

With the onset of the pandemic in 2020, the Hospital in the Home (HiTH) team undertook a project to enhance and relaunch the service for patients of St George Hospital.

This involved recruitment of HiTH clinical champions from inpatient ward areas for ongoing promotion of the service, development of branding and marketing tools, and re-engagement of wards and departments to diversify the clients receiving referrals.

The model of care was vital for the organisation at a time when keeping hospital beds free was essential. The relaunch has provided an opportunity for a full review of alternative models of care to hospital admission. This redesign will occur over the next 12 months as the hospital continues to provide more avenues to care for patients, with a focus on care in the community.

## REACH

St George Hospital went live with the Clinical Excellence Commission's REACH model this year. The aim of the model is to provide patients, families and carers with a user-friendly system to enable them to escalate their concerns independently. A project team worked across the organisation to implement communication materials and develop ways of working to give patients a voice. The implementation of REACH at St George Hospital will ensure the organisation is aligned with escalation processes used across SESLHD.

Read more achievements from St George Hospital in Our strategic priorities section (page 7).

# Royal Hospital for Women

Staff at the Royal Hospital for Women, the only dedicated women's hospital in NSW, have responded exceptionally as they adapted to the COVID-19 pandemic and continued to deliver world-class care to thousands of women and babies with great compassion and skill.



After one year at the Royal Hospital for Women I have only the highest of praise for the team. I joined at a busy time, with a record 13 per cent increase in surgery. The COVID-19 pandemic and the lockdowns have also seen a surge of couples deciding to embark on parenthood. Our maternity service has never been busier, with a 14 per cent increase in births in 2021 and a subsequent increase in neonatal activity.

The Royal Hospital for Women has always been there for every woman in NSW, through every phase of their life, so it was gratifying to see our Gynaecological Oncology service re-established after a two-year hiatus.

The Royal Hospital for Women prides itself on staying at the forefront of technology. As well as shifting to telehealth platforms, we welcomed the arrival of our first babies in our new Fertility & Research Centre, which offers affordable IVF, as well as fertility preservation for young cancer patients hopeful of starting a family later in life.

In our Maternal Fetal Medicine Department, which deals with complex pregnancies, we now have a state-of-the-art ultrasound machine that detects abnormalities as early as 13 weeks gestation, giving parents time to make crucial decisions and plan for the journey ahead. Two new birth simulators arrived at the hospital this year – lifelike mannequins that give birth to lifelike, full term babies – to help students, trainee doctors, nurses and midwives familiarise themselves with the complexities that can arise during birth and labour.

As always, the Royal Hospital for Women remains a place of unsung heroes; this year, Mothersafe celebrated 21 years of offering expert advice to pregnant women.

To each and every staff member; thank you for your extraordinary efforts during this tumultuous year and for being so welcoming and supportive.

Donna Garland || General Manager



## Preterm Birth Prevention Clinic

A preterm birth clinic was established under the leadership of Maternal Fetal Medicine consultant Dr Danny Challis, as around 10 per cent of all births at the Royal Hospital for Women occur prior to 37 weeks gestation. Preterm birth is a leading cause of perinatal loss and many long-term health problems for children. The clinic aims to reduce the rate of preterm birth through close surveillance and medical interventions, where necessary. Many women attending the clinic have experienced a preterm birth previously and value the reassurance of a consistent care provider for their subsequent pregnancy.

## First-of-its-kind amnion donation program

The Royal Hospital for Women joined the NSW Tissue Bank in offering women who are scheduled to have an elective caesarean section the option to donate their amnion. As part of the program, amniotic membrane from the placenta, which would otherwise be discarded, is turned into grafts and used as open wound dressings. Amnion grafts are utilised by surgeons across Australia, and help treat patients suffering from serious wounds, eye injuries or burns.

Just one amnion donation can treat up to 20 patients. The Royal Hospital for Women is the first

and only publicly-funded service to participate in this exciting program.

## Virtual workstations advance cot-side care

The Newborn Care Centre introduced the use of virtual workstations to allow families of premature and critically ill babies to become involved in cot-side care, education and support, no matter where they live. The technology also enables nurses at the cot-side to participate in handover and education sessions, and facilitates communication between multidisciplinary team members, including those located in rural settings.

## E-Midwife Facebook page

Over 4000 women birth at the Royal Hospital for Women each year, each of them eager for information about pregnancy, birth, breastfeeding and babies. To help meet this need, the hospital's Midwifery team created a brand new way for women to connect with a highly-skilled midwife during pregnancy and the postnatal period, through the creation of the E-Midwife Facebook page. E-Midwife provides women with an accessible platform to share information and ask non-urgent questions. The platform has been particularly popular during the COVID-19 lockdown where face-to-face appointments were reduced.

**Read more achievements from the Royal Hospital for Women in Our strategic priorities section (page 7).**

## Our People



### AMANDA BEECH

Obstetric Medicine Physician and Endocrinologist, Royal Hospital for Women

I've always wanted to study medicine. As a little girl I'd carry around a doctor's suitcase and operate on my teddy bears.

I went down the path of teaching initially, and worked as a high school science teacher in my twenties. When climbing Mt Kilimanjaro, in Kenya, at age 29 I got quite sick and this made me reevaluate my life priorities – it was a catalyst for a big change. I applied to study medicine at the University of Sydney, and made the move from London. I couldn't be happier with the path I've taken and I feel really privileged to be where I am today.

No two days are the same for me. Some days you'll find me on a ward round in the antenatal or gynaecology wards, other days I'll be seeing patients in the menopause or osteoporosis clinics, or I'll be in the simulation centre. That's part of the joy of the job, it's so incredibly varied and keeps my brain challenged and in gear.

If you meet me during your pregnancy you haven't always had a smooth run. I see patients with complex medical conditions like pre-eclampsia, diabetes or heart disease. Some women have no choice but to deliver prematurely because they are unwell, even as early as 24 weeks gestation. They often describe these times as the most awful moments in their life, and this can lead to post-traumatic stress. To me it is a huge privilege to look after these women at such a difficult time, and I hope I can bring them some support and comfort.

What's really special about The Royal is the team work. Everyone brings their A game! Across the board, there's a real sense of comradery, and a belief that we are working together for the best outcomes for our women and babies.

# The Sutherland Hospital & Community Health Services

With capital improvements set to commence and demand for many services growing, The Sutherland Hospital continued to meet the challenges of providing service excellence to its community.



The past 12 months have seen significant challenges in health, none more so than the ongoing impact of COVID-19. Throughout the pandemic our emergency presentations continued to rise significantly with increased acuity and staff have risen to these challenges while continuing to provide exceptional care for our patients in an ever-changing environment.

The Garrawarra Centre has continued to maintain the highest level of care for our most vulnerable during the pandemic and continues to implement new initiatives, such as the use of technology to increase engagement with families and caregivers.

The past 12 months have seen a tremendous amount of planning in regard to The Sutherland Hospital operating theatre redevelopment, with input from our staff and community. Early works have commenced and we are looking forward to progress on the next stages.

The Sutherland Hospital will officially open the Dharawal Aboriginal Carers Lounge this year – post COVID-19 restrictions – a safe place for our Aboriginal community to gather whilst family members or friends are in hospital. Our wards have also been updated to include the meaning of their Aboriginal names.

Our hospital held its first Fostering Research Forum to explore opportunities for further research, education and innovation; it was a highly successful event with further forums planned.

I would like to thank all staff at The Sutherland Hospital and Garrawarra Centre, across all wards and departments, for their significant contribution to the ongoing care of our patients first and foremost, and to those staff who are contributing to the forward planning and development of new services for our growing community's future.

Vicki Weeden || General Manager



# Garrawarra Centre

## Use of technology in leisure

Garrawarra Centre ensured residents remained connected to their community during COVID-19 restrictions. While not able to physically attend community events, diversional therapists helped residents to use iPads and smart televisions, enabling them to participate virtually in their chosen leisure and lifestyle activities.

Residents were able to take virtual tours of their home towns, favourite holiday destinations, museums, art galleries and even attend concerts within the comfort and safety of Garrawarra Centre.

The importance of maintaining resident's spirituality was also achieved through the use of technology with community church services being streamed and viewed.

## Palliative Care Outcomes Collaboration

Garrawarra Centre participated in a 12-month study to research the use of the Palliative Care Outcomes Collaboration (PCOC) framework and protocol in residential aged care.

The PCOC provided staff with a common clinical language and process to assess, monitor and manage residents' palliative care needs. While some of the screening tools were found not to be specific enough for end-stage dementia, using PCOC resulted in palliative care being incorporated into routine clinical practice. By identifying gaps and adapting the tools to better suit residents with advanced dementia, PCOC has now become embedded in assessments, enabling identification of residents who are deteriorating.

**Read more achievements from The Sutherland Hospital in Our strategic priorities section (page 7).**

## Let's Get Critical

A five-day intensive upskilling program was completed by 74 registered nurses from across The Sutherland Hospital to increase their familiarisation with intensive care nursing. Developed by the Critical Care Medicine (CCM) leadership and education team in response to the COVID-19 pandemic, the CCM Learning and Progression Pathway provided education tailored to individual needs and existing experience. The Sutherland Hospital now has more staff who are familiar with intensive care nursing. Funding was awarded to repeat the program in 2021, allowing participants to reinforce their knowledge and build on their CCM skills.

## New patient collaboration & safety initiatives

To improve patient safety, the Jara Ward introduced a patient safety and quality board to document high-risk incidents. Staff meet daily to assess patients and discuss areas of concern. The board is colour coded,

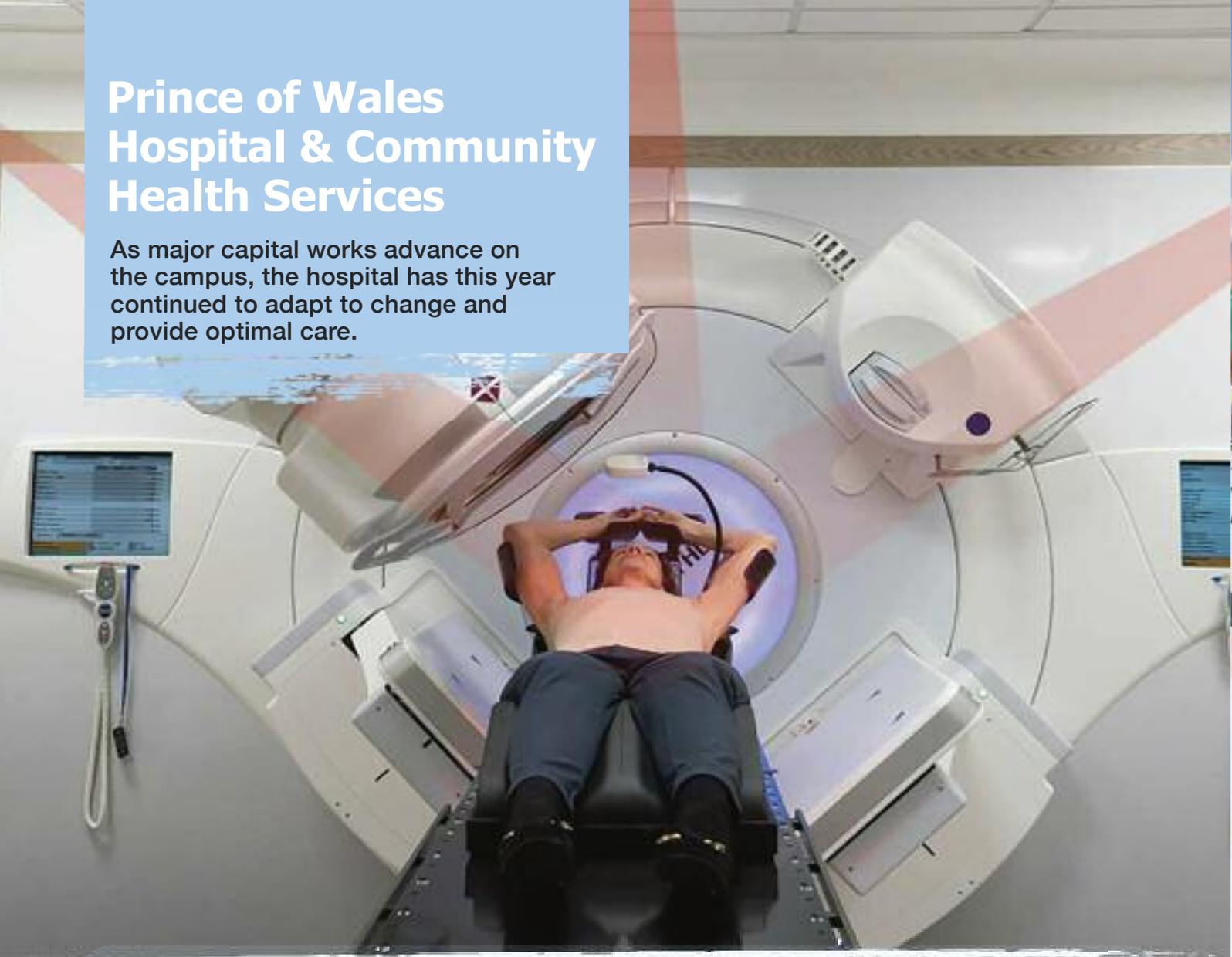
determined by patient incidents, and near misses, with regard to key high-risk issues such as skin assessments, medications, IV fluids and risk of falls. Patients and carers are able to view the board and discuss areas of concern with staff. Our safety huddle, with use of the patient safety and quality board, has proven to be a success with plans for implementation across the hospital.

## Telehealth 2508 Project

The Maternity Service piloted a telehealth model for 20 women living in the 2508 postcode which makes them ineligible for postnatal care in the home. The Telehealth 2508 Project provided early postnatal support to women and families who chose to birth at The Sutherland Hospital, but live in the Illawarra Shoalhaven Local Health District. Women received up to two telehealth midwifery consultations and a telephone consultation 14 days after discharge from hospital. This initiative, ensuring equity for women living in the 2508 postcode, was well received and embedded into practice due to its success.

# Prince of Wales Hospital & Community Health Services

As major capital works advance on the campus, the hospital has this year continued to adapt to change and provide optimal care.



The landscape across health has continued to evolve in 2020-21, and I would like to take the opportunity to acknowledge the contribution that each and every one of our staff make to the health and wellbeing of our local and extended communities.

The ongoing COVID-19 response has shown our workforce as resilient, adaptable, courageous, compassionate and highly skilled in meeting the pandemic response across NSW. We have had a number of staff who have volunteered to work in screening and vaccination roles while those remaining at the facility have stepped up, giving outstanding care to our patients.

As you read below, we have a number of initiatives that continue to place patient care and staff wellbeing at the centre of everything we do. Our latest health Round Table data has seen a focus on patient length of stay strategies resulting in a reduction in Relative Stay Index (RSI) from 101 per cent to 98 per cent across 2020.

There has been great collaboration across Prince of Wales Hospital to achieve the elective surgical waitlist reduction, caused by the elective surgery pause for COVID-19. Thank you to all staff involved, for your dedication to patient care and providing access to service.

Across Prince of Wales Hospital we have continued our focus making progress on the Healthcare Associated Infections Strategy – and in April, the hospital achieved its highest hand hygiene audit compliance in 10 years.

A significant highlight for Prince of Wales Hospital was the topping out ceremony held on the new Acute Service Building, attended by the Premier and NSW Minister for Health, highlighting the progress of capital works which comprise the emerging Randwick Health & Innovation Precinct.

As you review the items below, I am confident that you will be as proud as I am of our hospital's achievements.

Jennie Barry || General Manager



## Hyperbaric Unit's 50th anniversary

Celebrations were held in 2021 to mark 50 years since the Department of Diving and Hyperbaric Medicine was established and its first unit opened at Prince Henry Hospital. The department manages the only hospital-based, comprehensive hyperbaric facility in NSW, providing therapy to patients across the state and ACT, as well as the Pacific. Since 1971, the department has earned a reputation as a leading provider of care, both locally and internationally, with an estimated 7,000 patients receiving treatment. In 2010, it opened the largest rectangular medical hyperbaric chamber in the world at a state-of-the-art, purpose-built facility within Prince of Wales Hospital. Annually, between 4,000 and 5,000 oxygen treatments are provided.

## Dear Diary – shining a light on nurses

A unique initiative brought together art and scholarship, with more than 200 nurses writing a personal narrative that captured their experiences providing care in today's health system. In collaboration with the University of Technology, Sydney, the first-of-its-kind study utilised the

diary entries to map contemporary nursing practice in contrast to the era of Florence Nightingale – a nod to 2020 being declared the International Year of the Nurse and Midwife by the World Health Organisation. Six key themes were identified and transformed into six original artworks, painted by one of the study participants.

## Increasing visibility of medication reviews

The Pharmacy Department developed and implemented novel methods for prioritising patients for medication reviews, resulting in a range of improvements, including an increase of almost double the number completed within 24 hours of admission. Pharmacy roles linked with medical specialities were introduced, staff completed bespoke learning packages and clinical documentation was standardised, creating increased accessibility for peers, doctors and nurses. Given medications are the most common intervention for patients in public hospitals, and that patient needs can change significantly during an admission, the initiative's outcomes have benefited both patients and multidisciplinary teams, improving safety and efficacy.

Read more achievements from Prince of Wales Hospital in Our strategic priorities section (page 7).

Our People



## CHRISTIE LONGINIDIS

Deputy Department Head and Clinical Lead of Occupational Therapy, Sutherland Hospital

My role is to provide clinical and operational support to occupational therapists and allied health assistants. I am passionate about advocating for holistic patient-centred care and enjoy the challenge of complex patient situations.

When I am not treating patients or supporting my team, I am focussed on improving the recruitment and retention of Aboriginal allied health staff.

I like to think that my cultural background combined with my allied health and management experience can bridge the gap for Aboriginal people to feel confident and comfortable after training and working within allied health roles.

One of my personal work highlights was the rollout of Aboriginal allied health shirts at Sutherland Hospital. The shirts are now available to staff at St George Hospital also, and I am regularly contacted by staff across the State who would like to take on this initiative. This indicates both Indigenous and non-Indigenous staff are proud of our history and culture.

My most memorable patient experience was advocating for a patient who wanted to celebrate his 70th birthday at home. The patient was on a ventilator and with the assistance of a doctor, registered nurse, and a wardman, we were able to take him home for five hours to celebrate with family and friends.

# Uniting War Memorial Hospital

While providing treatment, rehabilitation and assessment services for the over-60s, the past year has seen Uniting War Memorial Hospital enhance care for inpatients and build on initiatives to keep people living well at home.



## Improving positive patient experiences

By mapping key milestones of an individual's medical journey, the Patient Experience Project has successfully shifted the focus of care from the clinician's to the patient's perspective. Opportunities to increase patient engagement in their care were identified – from a welcome on day one of admission, to a farewell at discharge. Multidisciplinary teams collaborate with patients to set goals and timetable treatments and interventions, identifying progress along the way to ensure ongoing personalised care. Key outcomes have included improved patient communication and satisfaction, as well as enhanced service coordination by staff.

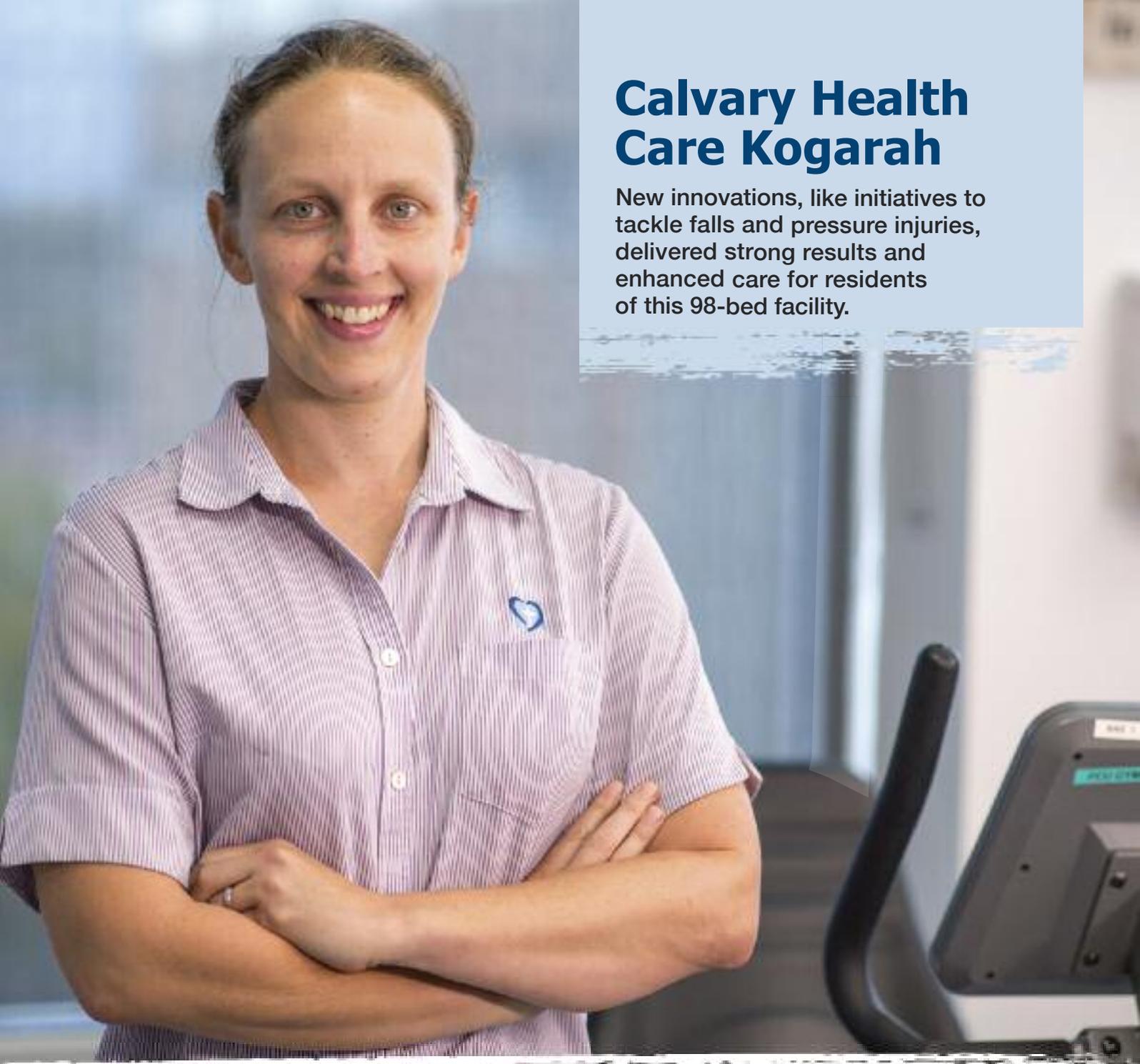
## Growing partnerships with emergency responders

The Geriatric Flying Squad (GFS) strengthened interagency partnerships to help keep older people safe and avoid transfers to hospital. Collaborations commenced with NSW Ambulance in 2016, NSW Police in 2017 and, in 2020, NSW Fire and Rescue.

Emergency responder referrals to the GFS have helped identify older persons living in the community with welfare concerns, cognitive or functional decline, suspected elder abuse and lack of access to services. In the past year, referrals from NSW Police have increased by 20 per cent and GFS staff received education from NSW Fire and Rescue to help clients reduce their fire risk.

## Research committee launched

To develop and sustain an effective localised research culture, a formal committee was established. It provides a framework to foster a hub specialising in aged rehabilitation and has led to an increase in research activity, including a successful grant application from the National Health and Medical Research Council for a person-centred care project. Composed of representatives from across the campus with a range of expertise, members include both experienced, published clinical researchers, as well as less senior staff keen to build their knowledge into the future.



## Calvary Health Care Kogarah

New innovations, like initiatives to tackle falls and pressure injuries, delivered strong results and enhanced care for residents of this 98-bed facility.

### Strategy reduces falls by half

Falls are a major cause of harm to older people and associated injuries place a substantial burden on the healthcare system. Due to a high falls rate in the Palliative Care Unit, the team embarked on a falls prevention project aiming for 100 per cent completion of the falls risk screening tool within 24 hours of admission. Within two months, falls had reduced by 50 per cent. This was largely through all staff attending education sessions together with a designated agenda item at unit meetings, delegation of a 'falls champion' and regular auditing to ensure compliance with use of the screening tool.

### Reducing pressure injuries for better quality of life

Hospital-acquired pressure injuries are harmful to our patients and assessments must be conducted to minimise risks. Pressure injuries result in significant pain and they also delay a patient's recovery. We implemented a targeted education program, with a designated 'champion' focused on best-practice auditing and prevention strategies for this type of injury. Following its execution, the number of hospital-acquired pressure injuries substantially reduced at our facility, resulting in a better quality of life for our patients.



# NSW Organ & Tissue Donation Service

The NSW Organ and Tissue Donation Service (OTDS) continued to provide vital clinical and community education and support for donors and their families in 2020-21, as part of its role facilitating organ and tissue donation and increasing donor registrations in NSW.

## Donor memorial unveiled at St George Hospital

A bespoke memorial was created for the St George Hospital community to commemorate the generosity of deceased organ and tissue donors. The contemplative space features a striking window decal by Indigenous artist, Susan Grant. The artwork celebrates new life through Susan's depiction of Mother Earth's spirit, symbolic of the strength and compassion for others in giving the gift of life.

## Bioengineering tackles corneal blindness

In a world first, alongside a national consortium of clinical, scientific and governance experts, the OTDS will develop bioengineered eye tissue. The project, which was granted funding by the Medical Research Future Fund 2021 Frontier Health and Medical Research Initiative, will address the global challenge of corneal blindness – the third most common cause of blindness and the leading cause of unilateral blindness among Aboriginal and Torres Strait Islander Australians.



## SESLHD volunteer takes home prestigious award

Congratulations to SESLHD volunteer, Rupesh Udani, for taking home Volunteer of the Year in the 2020 NSW Health Awards.

The NSW Health Awards recognise the essential role of the health system in NSW, and congratulates teams and individuals for delivering innovative and sustainable health programs.

Mr Udani, who has been volunteering with the NSW Organ and Tissue Donation Service (OTDS) since 2016, has been recognised for his passion and significant contribution towards increasing understanding of organ and tissue donation among people from culturally and linguistically diverse backgrounds.

Leveraging his strong connections in the Indian-Australian community, and through the brave sharing of his personal experience as the father of a young organ donor, Mr Udani has been responsible for an increase in engagement and donor registrations from multicultural communities all over Australia.

Mr Udani's broad cultural and religious knowledge, his ability to connect with people and his passion for saving lives

proved him more than worthy of this award. In addition to his extensive work in the community, Mr Udani established and founded the awareness campaign, Saffron Day, in memory of his son Deyaan.

During a family holiday to India in 2016, Deyaan suffered a brain haemorrhage and tragically passed away. He was seven years old. Deyaan and his sister, Naisha, had learned about organ donation at school. The siblings told their parents they wanted to become donors, to help save lives.

Danielle Fisher, General Manager for the OTDS, is pleased that Mr Udani has been acknowledged for his commitment as a volunteer.

"Rupesh has dedicated countless hours over the last five years to a cause very close to his heart," Ms Fisher said.

"There are a number of misconceptions around religion and

culture being barriers to organ and tissue donation. Rupesh has made a significant difference in people's perceptions and attitudes towards organ donation in the way he bravely shares his personal story, and helps people from different religious and cultural groups to understand and accept organ donation, demonstrating it as an act of generosity and goodwill."

Another significant achievement of Mr Udani's has been his success in inspiring and recruiting volunteers into the OTDS volunteer program, exponentially expanding and diversifying the program.

"I am extremely honoured to receive this award," Mr Udani said.

"My son, Deyaan taught me about organ donation at the tender age of seven. My volunteering work is a way to honour Deyaan's life, and telling his story helps others to understand that organ donation is a noble thing that saves lives."



# Volunteers

*Our unsung heroes*

They spend their precious leisure time working in our canteens, shepherding patients through the maze of hospital corridors, and using their networks to help us raise money for new equipment. Meet the backbone of SESLHD – our fabulous volunteers.



## St George Hospital

Volunteer services were impacted by COVID-19 in 2020, so it was a pleasure to see Mrs Eva Maakaroun announced as runner-up Volunteer of the Year in the 2020 SESLHD Healthcare Awards. Mrs Maakaroun has provided exceptional service to our patients, their families and visitors with her ward support and through the wayfinding program which helps patients find where they need to go. With the exciting return of our volunteers in 2021, we celebrated and recognised their outstanding years of service to volunteering during National Volunteers Week from 17 - 21 May.

## The Sutherland Hospital

During a tumultuous year our volunteers managed to shine through with their commitment and dedication, and are an invaluable addition to The Sutherland Hospital. Our volunteers have raised more than \$200,000 for new equipment by running the Garden Kiosk, the Let's Get Healthy food outlet and the Special Thoughts gift shop. Our ward and administration volunteers managed to put smiles on both patient and staff faces during difficult times, playing an important role in uniting our Sutherland Hospital community.

## Prince of Wales Hospital

Prince of Wales Hospital was thrilled to welcome the return of our volunteers, such as ward visitors, hospital guides, as well as the Wig Library, Chaplains, Patient Laundry and Revive programs. In 2021, during National Volunteers Week, Prince of Wales Hospital celebrated and recognised volunteers with outstanding years of service.

The hospital's Volunteer President, Mr Richard Gaffney, stepped down from the position, and we wished him all the best after his extensive and dedicated service spanning over 30 years. He will be sorely missed.

## Sydney/Sydney Eye Hospital

Friends of Sydney Hospital (FOSH) were greatly missed when volunteers were asked to stay at home at the onset of COVID-19. FOSH members are usually found at the food stall in the Outpatients entrance, visiting wards with their trolley of goods, helping in the Medical Library and contributing to staffing at the Little Shop on Macquarie Street.

We welcomed our volunteers back when the Little Shop opened in February 2021. After a recent celebration of 100 years of volunteering at the hospital, several of our FOSH and Ladies Auxiliary volunteers retired. Our heartfelt thanks for their sterling service.

## Royal Hospital for Women

Community fundraisers and families volunteered to use their professional networks to help with our fundraising campaigns, such as Heart For Her. Although the COVID-19 pandemic meant most of our fundraising events were cancelled, the Royal Hospital for Women Foundation was fortunate to receive pro-bono support to strengthen and continue their work. In particular several high profile organisations such as Accenture and Fjord worked for free to help with the Foundation's digital marketing, public relations and media, people and culture and commercial partnerships.

# Building strong Foundations

Building strong Foundations



**Where would we be without our Foundations? These independent non-profit organisations work closely with hospital staff and patients to raise much-needed funds for vital equipment and services.**

## ▾ The St George and Sutherland Medical Research Foundation

The 2020 St George and Sutherland Medical Research Foundation (SSMRF) Grants Round was proud to award the following:

- \* Dr Kevin (Jie) Ni received \$46,000 for his pioneering liquid biopsy for the treatment of prostate cancer
- \* Professor Georgina Hold received \$50,000 for her translational research studies into inflammatory bowel disease
- \* Dr Bill Giannakopoulos received \$50,000 for helping identify patients at risk of developing Alzheimer's disease

Research projects such as these were made possible through the support and donations from the SSMRF community. The Microbiome Research Centre (MRC) has continued to strive to deliver world class research

on the importance of the microbiome for human health. These are the microbes in our bodies that help digest our food, regulate our immune system, and impact on our metabolism and mental health. With COVID-19, the role and potential impact of research within the MRC is only more pertinent. In 2020 the MRC expanded its collaborative research to include more than 100 projects including 29 international collaborations.

## ▾ The Royal Hospital for Women Foundation

The Royal Hospital for Women Foundation raised and provided more than \$1 million for equipment, research, education programs and patient support across all clinical areas of the hospital.

Some achievements include funding:

- \* State of the art incubators, ventilators, humidifiers and a video laryngoscope for the Newborn Intensive Care Unit
- \* Ongoing support with staffing costs for a perinatal psychologist, two breast care nurses, and a neonatal research staff specialist
- \* Provision of supplies and staffing for Malabar Midwives, Becoming Amazing Mothers and Social Work programs
- \* Examination chairs for various units



A particular highlight was the opening of the second phase of the Foundation-supported Fertility & Research Centre, offering low-cost IVF and oncofertility services for families struggling to have a baby.

### ↳ The Prince of Wales Hospital Foundation

The Prince of Wales Hospital Foundation continued to support the hospital through a challenging, but eventful year. The Foundation delivered its Annual Grants Awards which funded various research projects, equipment and education as well as major projects including:

- \* Establishing a new, multi-disciplinary Diabetes Centre serving 6,500 patient visits annually
- \* \$500,000 in annual grants, awarded for research, innovation, equipment and staff education
- \* \$50,000 awarded for the Research Medal to Nurse Wayne Vardell
- \* \$368,000 to purchase an upgraded Cavitron Ultrasonic Surgical Aspirator, used in complex gastro-intestinal and brain surgery
- \* A significant grant from Slade Health provided ongoing education and development of pharmacy staff
- \* An investment of \$200,000 for innovative research grants in ear nose and throat and nuclear medicine.

### ↳ The Sydney Eye Hospital Foundation

The Sydney Eye Hospital Foundation proudly granted \$745,256 to specialist eye services at the hospital in 2020. Despite COVID-19, the Foundation's loyal supporters helped fund research, education and equipment granting:

- \* \$448,986 to seven ophthalmologist fellows enriching the hospital's frontline expertise
- \* \$239,749 for two self-service kiosks to improve patient waiting time in outpatient clinics
- \* \$160,000 completing a \$480,000 research grant to Professor Gerard Sutton and the Corneal Bioengineering team, potentially benefiting millions of patients needing corneal transplants globally. This stimulated an additional grant of almost \$1,000,000 from the Federal Government Medical Research Future Fund Frontier Grants Program
- \* Funding to enable free guest Wi-Fi in busy clinical areas, such as the Outpatient and Emergency departments, and the establishment of a coffee cart facility, Little Jardin

In addition, frontline staff were recognised in a digital art exhibition, Contact Trace, projected onto the hospital's historic archways.







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