



Kaleidoscope NEWS

From the Director's Desk

Welcome to the second edition of **Kaleidoscope**. Yes I'm delighted that we've got a name for this wonderful publication... and congratulations to LOUISE AUSTIN for this very clever suggestion. Thanks to everyone who contributed suggestions. Louise receives a copy of Cello Lullaby as her 'special prize'.

This issue is a bumper issue. It is great to see so many contributors and I encourage you to keep submitting your articles and story ideas.

Congratulations to everyone who submitted nominations for the NSW Health Baxter Awards and the Commonwealth Bank Quality Awards. All the projects are most worthy of nomination and are a wonderful display of the commitment and dedication on which advances in child health are built. Of course, for those that were accepted into the next round, the nail biting waiting game begins. Regardless of the outcome, you are all great achievers in our eyes. *Kaleidoscope* is delighted to have the opportunity to promote your work in a more detailed story on page four.

NSW Health is committed to the integration of service provision to ensure access to high quality care, particularly in rural New South Wales communities. This is why the Paediatric Services Networking Steering Committee, chaired by the Director General, has overseen the development of the Guidelines for Networking of Paediatric Services in NSW.

Networking focuses on six dimensions of quality and includes safety, consumer participation, appropriateness, access, effectiveness and efficiency. Implementation of networking principles will be progressed by the Statewide Paediatric Networking Steering Group and future editions of *Kaleidoscope* will report on progress.

I attend regular ICE (Institute of Clinical Excellence; soon to become the Clinical Excellence Commission) meetings in Sydney

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and I'm delighted to report that a two-year project has been funded to support the implementation of 10 clinical practice guidelines for the most common emergency department presentations – one entitled "Recognition of a Sick Child". These will be rolled out under the umbrella of the "Children's Emergency Care Project".

Pilot sites have been selected and include Emergency Departments in John Hunter Hospital, Maitland Hospital, Dungog and Scone. These pilot sites will work on four of the guidelines ie. Recognition of the Sick Child, Asthma, Gastroenteritis and the Febrile Child.

The staff involved in this extensive project include:

John Hunter	Mark Lee
Kaleidoscope	Louise Evans
Maitland	Keith Howard, Rhonda Winskill, Philip Way and David Gledhill
Dungog	Joy Berry and local GP Dr Bill Holley
Scone	Kim Riley, Marie Caslick and local GP Dr Richard Abbott

This is an exciting time and I look forward to sharing progress on the development of Kaleidoscope initiatives as our work continues.

From Pat's Pen

As individuals we are all advocates for the work of Kaleidoscope. Today the roles we play in our workplace and the way we feel about the contribution we make in those roles are critical to the way our teams and organisations are perceived. That's why we place so much importance on our Staff Opinion Survey. Your feedback is invaluable – it is the best possible way for us to understand how you see your role in Kaleidoscope and how it is affected by things like: your level of satisfaction with senior management, your work environment, access to support and resources available to get a job done, safety, communication and change.

Two hundred and forty KGNS employees responded to the Staff Opinion Survey. The results of the Survey have now been collated and facilitators have been appointed to conduct feedback sessions with teams.

KGNS facilitators are Jennifer Wendtman and Sandra Stone. At time of print, feedback sessions had been conducted with NICU, Child Protection, CNCs, the clerical team, Child Health and medical staff.

The facilitators play an important role in conveying the results to staff and helping to establish Survey Action Plans within each area and across Kaleidoscope.

Once established, Survey Action Plans will develop approaches and determine measurable action plans to address issues identified by staff that could benefit from some attention.

In my column in this issue of *Kaleidoscope* I thought it would be useful to provide a summary of findings and in future editions of the newsletter we will include regular features from Survey Action Plans highlighting improvements, changes and developments implemented as a direct response to issues identified in the Survey.

It was interesting – as well as reassuring – to learn that overall, eight out of the top 10 survey items ranked as **most important** to staff are also ranked by staff as **highest performing** items. The items and their ranking are illustrated in Table A opposite.

Items that were rated as above average in importance and below average in performance become our 'Priorities for Action'. There are five of these items and we will focus our efforts on these over the coming months:

1. Co-operation between work areas across Kaleidoscope GNS

2. Being listened to by Kaleidoscope senior management
3. Continuously improving the way we do things in Kaleidoscope
4. Kaleidoscope GNS considers flexible work arrangement applications fairly and equitably
5. Opportunity to develop new skills.

Despite results revealing that staff currently receive information in their most preferred ways ie via 'team meetings' and 'face to face from manager', we will concentrate efforts on improving communication - particularly about strategic planning issues. The need for this was reinforced by the result that 25 per cent of employees within Kaleidoscope indicated they did not know if Kaleidoscope had implemented appropriate actions.

TABLE A

Satisfaction Item	Importance Ranking	Performance Ranking
Being listened to by my immediate manager/supervisor	1	10
Having the necessary information to do my job	2	3 = Having sufficient access to health & safety resources /info
My immediate supervisor treating me equitably and fairly	3	4
Working in an environment free of discrimination & harassment	4	8
Knowing what is expected of me	5	5 = My immediate supervisor considers flexible work arrangement applications fairly & equitably
Teamwork in my work group	6	6
Working in a safe and healthy environment	7	9
My rostered shifts meet my needs	8	2
Being able to do my job safely	9	1
Rosters for my work area are created equitably and fairly	10	7

Patricia A. Marks

PAT MARKS
Director of Nursing and
Director of KGNS

Business Report

by KGNS Business Manager Derek Dowler

At the end of May, KGNS was operating less than 1% over budget and ahead of activity targets. The full year projection is a balanced budget. Activity figures show May was one of the busiest on record. Well done to staff who managed such a high workload and provided quality care for the children and their families who rely on our services.

The Public Relations and Fundraising team have also been very busy during 03/04 with over \$400,000 worth of equipment purchased or committed from the general donated funds Wishlist. Patient Tracking (a lifting device) is one of the major projects currently underway at The Hunter Orthopaedic School. This is a major achievement, and will help the severely disabled children at The Hunter Orthopaedic School participate in more frequent hydrotherapy sessions. To have your say on how fundraising dollars are spent, please contact your manager. *See story on page seven.*

The Kaleidoscope Executive is committed to providing a safe workplace for staff and patients. The Occupational Health and Safety and Rehabilitation Numerical Profile was conducted across the John Hunter campus on June 22 and 23. According to Mark Jeffery Director of Finance & Admin GNS, **the final result was 73.2** (the previous score was 66.3). This reflects the significant effort that continues to be applied to improving safety by staff across Hunter Health.

Congratulations to Sharon Bird from J1 who was recently appointed as Chairperson of the OH&S Committee for the whole of JHH campus. Local Kaleidoscope issues are discussed at OH&S committees at JHCH, Wallsend, CFHN and the Waratah Orthopaedic School. I encourage everyone to talk about safety on a regular basis. For more information, please talk to you manager, Sharon or myself.

Pertussis immunisation still available for Kaleidoscope staff

by Helen Laughton, Staff Health

We have had a good response from Kaleidoscope staff since the pertussis vaccine became available but we are hoping to step up

the campaign over the next few weeks. The percentage of staff vaccinated so far is:

- J1(surgery) 43 per cent
- J1 (oncology) 60 per cent
- H1 29 per cent
- J2 (adolescent) 25 per cent
- J2 (day stay) 75 per cent
- NICU 57 per cent
- ED (all staff) 6 per cent
- OT 60 per cent
- Respiratory 40 per cent
- Physiotherapy 13 per cent

Staff are welcome to drop in into our clinic (level 2) at any time for a shot. Alternatively, you can take advantage of our 'wandering vaccinator,' who will be making personal visits to each ward. I will keep your managers informed of future dates and times.

Please remain vigilant about notifying staff health if you have had a cough for longer than three to five days. This can help us minimise the infection of other staff and patients you have had contact with during the contagious period.

We're also in the process of updating existing staff health medical records. If you haven't been in touch with us over the last three months, please give us a call on ext. 13501 and help us update your files.



Safety in numbers: KGNS Executive representatives Derek Dowler, Margaret Piper and Lynn Walker line up for their pertussis shot.

Kaleidoscope staff share one vision: Healthy Hunter Kids

On May 10, Area Director Trish Davidson launched Kaleidoscope's Balanced ScoreCard in the NBN Telehealth Centre to all sectors via satellite link including staff at Maitland and Wallsend.

The Balanced ScoreCard (BSC) gives a clearly articulated direction for the organisation that includes not only strategies but also measurements of success for both patients and staff.

In her presentation to staff, Trish said she found the idea of a BSC appealing because it aligns best practice with the reality of time and money.

"The BSC is a living document. While the overarching goals remain the same, the way we work towards them is flexible, depending on the conditions we are working in," Trish said.

The BSC encourages each service unit to develop a clear direction, set achievable goals and targets and evaluate their performance at regular intervals.

"Like all doctors, I like to be able to measure my performance so I can identify the areas I need to improve. The BSC encourages us to ask what is a reasonable target? We still want to reach for the stars but is it sustainable? What are the minimum standards? If the result does not meet the target we have to ask why?" Trish said.

The BSC helps promote a community of practice where like-minded staff work towards the same Vision.

"In the case of Kaleidoscope, we are all here because we care about kids and we want to help them get better," Trish said.

"If each service unit in the Kaleidoscope network sets its direction around the vision, mission and goals outlined in the BSC, a child can expect the same standard of care whether they present at a Kaleidoscope facility in the Lower Hunter, Upper Hunter or KGNS," she said.

Trish said in order to make the BSC work we need to make a commitment to working with the sectors.

"Errors can often occur between sectors and that's where kids slip through the cracks," Trish said.

"We need a uniform approach across the network and we can achieve this by using the BSC. We can't work towards a common goal in isolation," she said.

Trish said staff should talk to their managers about how the BSC will affect everyday work practices.

"We want staff to feel like they are part of the process - ask a question, pose a solution, be constructive. We want to know how you feel about the direction we have chosen and the measures we have set in place to reflect the work that we do," Trish said.

'Hunter Youth Health Model' first round winner



Youth Health Team CNC Jen Wendtman, Chris May and J2 staff involved in the 'Hunter Youth Health Model'.

Kaleidoscope's 'Hunter Youth Health Model' was one of four successful first round winners of \$500 in the 2004 Commonwealth Bank Quality Awards.

The Commonwealth Bank Quality Awards are designed to recognise teams of Hunter Health staff who have used quality management principles to significantly improve their work.

Coordinated by Youth Health Team CNC Jennifer Wendtman and J2 Nurse Unit Manager Chris May, the project addressed a need to stream a number of adolescents away from acute care and into a community setting.

Chris May said that a small number of patients were re-presenting frequently to hospital for management of individual health, social and behavioural problems.

"Staff felt that these patient's overall wellbeing would improve if they could be strategically managed within the community," Chris said.

To improve the transition from the hospital setting to the community setting, the Youth Health Team and J2 staff formed a working party.

Jennifer Wendtman said the working party addressed a number of issues including why young people return to hospital.

"Young people who have had a prolonged stay in hospital often find being connected to the hospital safer than being connected to anywhere else," Jennifer said.

"To help these young people reconnect with the community, the Youth Health Team

began forming a relationship with them while they were still in hospital.

“The idea behind this was that once the young person was back in their own home, they would receive a visit from someone they already knew rather than a complete stranger.

“This would bring some of the ‘safeness’ they associate with being in hospital out into their everyday lives,” she said.

The Youth Health Team and J2 staff also aimed to form a better working relationship with each other.

Three key nurses from J2 spent several days working in the community with the Youth Health Team.

“We showed the J2 staff the services we provide in an effort to help them identify patients in the acute care setting who could benefit from our support,” Jennifer said.

The results from the working party have led to:

- Zero readmissions from “frequent flyers”
- Development of educational opportunities for staff
- New culture among inpatient nursing staff
- Improved discharge planning
- Improved community service co-ordination for complex patient needs
- Decreased disruption within adolescent unit
- Decreased institutionalisation of “frequent flyer” patients

“The project’s results were the outcome of staff in the Hospital and staff within the community working together to achieve a better outcome for their patients,” Jennifer said.

Got a project for the second round?

The second round of the Commonwealth Bank Quality Awards closes on Friday, August 6. Two heats are held each year with the eight heat winners each receiving a cash prize of \$500 and becoming eligible for the Commonwealth Bank Quality Award - a cash prize of \$5000. For more information, including the online entry form, visit

http://hal.hunter.health.nsw.gov.au/staff_recognition/quality_awards/index.htm

Paediatric pain specialist joins Kaleidoscope team



Dr Susie Lord consults on a referral basis for any teams with a patient who presents with a complex or persistent pain problem.

Dr Susie Lord recently joined the Kaleidoscope team as part-time Paediatric Pain Specialist at the John Hunter Children’s Hospital. Susie consults on a referral basis for any teams with a patient who presents with a complex or persistent pain problem.

Susie said the aim of pain management is to address the child’s overall wellbeing.

“Pain management is more than giving out medication. You have to help the child adjust back into their everyday lives, and aim to give them a sense of control over their treatment,” Susie said.

“Wherever we can, we involve the child in their treatment plan. This can involve patient controlled analgesia or it can be as simple as developing a program of relaxation around activities the child enjoyed outside of hospital,” she said.

Being at home with family and friends is also important. To help facilitate the transition between hospital to home, Susie runs an outpatient clinic every second Tuesday of the month.

In addition, once per month, she participates in a joint outpatient clinic with Dr Colin Kable and Catherine O’Brien.

“The clinic is an allied approach to pain management. We bring three disciplines together to assess all of the child’s needs rather than focussing just on medication,” Susie said.

The team see new children referred by specialists and also children who have been

discharged from JHCH who need follow up care.

Susie is also interested in promoting advances in acute pain management. She hopes that a working group including representatives from paediatric surgery, medicine, A&E, oncology, psychiatry, nursing, allied health and play therapy will be formed to create a hospital wide approach to pain assessment and management.

“Measuring pain is often difficult in young children and children with disabilities as they can’t tell you where it hurts or how badly. It’s our vision to get pain recognised by staff as the fifth vital sign - something that should be regularly measured along with BP, pulse, respirations and temperature”.

Regular checking and recording of pain on a developmentally-appropriate scale will help nursing staff provide uniform care.

“If a child has a low pain rating they are responding well to treatment, if it is a high reading the staff member will know that the current course of treatment needs to be reviewed,” Susie said.

“Often we wait until a patient is clearly distressed before we address their needs. This proactive approach means that staff can intervene and manage pain before the patient reaches crisis point,” Susie said.

“We need to always be thinking ahead. Painful procedures need to be planned to give the appropriate people time to prepare and make time in their schedules. The child should be assessed by a variety of disciplines who discuss the child’s needs together,” she said.

“We hope to eventually roll out this new approach to pain management across the Kaleidoscope Network. For now, we are concentrating on getting it up and running at the JHCH.”

Susie works for Kaleidoscope one day a week on an on-call basis. She also works for the Dept. of Anaesthesia one day a week, and the Adult Pain Management service three days a week. You can contact Susie on GroupWise or phone 68091.

Editor’s note: I know I’ve only just introduced Susie, but you’ll all have to wish her well on the 23/8...Susie is pregnant! A big congrats from everyone at Kaleidoscope. In the next edition, I’ll do a profile on Susie’s replacement and after that, who knows, I might get an exclusive interview with the latest addition to the Lord family!

Sudanese refugees welcomed to the Hunter



Dr John Stuart recently conducted a clinic to ensure some of the newest members of the Hunter community have access to health care services.

The waiting room at Kaleidoscope’s Wallsend Health Clinic buzzes in a different tongue as around 20 Sudanese children wait patiently to be seen by Kaleidoscope doctors John Stuart, Murray Webber and Caroline Hodge.

These children are refugees. They have survived a civil war.

Hunter Health’s Migrant Health Unit is working in conjunction with agencies like Kaleidoscope, the Migrant Resource Centre and the Department of Education to help the Sudanese children and their families feel at home in their new community and to ensure they have access to health care services.

“Today we’re assessing the general wellbeing of the children – taking their height and weight and making sure their immunisations are up to date,” Dr Stuart said.

“The overall purpose of the clinic is to make sure the Sudanese children have access to our health services, so simple health problems can be identified and treated immediately.”

According to Kaleidoscope’s Multicultural Liaison Officer Sylvia Gray, the children’s experiences in Sudan and in coming to Australia mean they have a whole new set of health and social issues to deal with in addition to those experienced by other migrants.

“We have to be aware that these children may have general health problems including malnutrition, dental and nutritional problems when they arrive in Australia,” Sylvia said.

“The health clinic is just one of a number of strategies being facilitated by the Migrant Health Unit aimed at helping Sudanese families navigate their way through our health system.”

According to Sylvia, time has also been invested in educating the Sudanese on how to present their health problems to their doctor.

“We not only need to give these families access to health care, we must also teach them how to use the system to their advantage,” Sylvia said.

“We are in the process of educating mums how to identify parts of the body in English so they can tell their GP where they are feeling pain.

“We are also giving them a general run down on how the body works and how to tell when something is wrong with either themselves or their child,” Sylvia said.

Cystic fibrosis patients farewell playmate



Marj says goodbye to staff and patients after 13 years of voluntary service.

For 13 years it was common to see Marjorie Griffiths in the OPD playroom, lost in a mass of paper, glue, colouring in pencils, snakes and ladders and ludo.

Until last month when she retired at age 78, Marjorie been a volunteer for the John Hunter Children’s Hospital cystic fibrosis clinic.

“When I joined the Kookaburra Carers, they asked me if I would like to visit the children waiting for their appointments in the CF clinic and I have been there ever since!” Marj said.

“It has been a wonderful experience. I’ve come to know the children and their families and also the staff; Linda Cheese, Dr Whitehead, Dr Hilton - they’re a wonderful team,” she said.

Kaleidoscope Respiratory CNC Linda Cheese said Marj would be sorely missed by all concerned.

“The children, their parents and those of us who have worked closely with Marj will miss the sense of fun she brought to the clinic,” Linda said.

“She was a playmate for the children, a confidante for mothers and fathers and friend to all staff.

“We thank her for the time she spent with us and wish her all the best in her retirement,” Linda said.

Fundraising Report

by Colleen Crowe and Sarah Beames

Over the last three months, Colleen and I have been working closely with Derek Dowler to streamline the use of fundraising dollars. As you know, all requests for items to be purchased from donated funds must be submitted to Derek using the Wishlist system. You need to fill out a “Request to purchase from donated funds” form (available from Derek) which will ask you to provide your contact details, purchase details (including quotes) and an explanation of how the equipment will help in the delivery of patient care. This helps Colleen and I “sell” the equipment to potential donors. The more information you give us, the better chance we have of bringing community groups on board.

After your request has been received it is submitted to the Executive and put on the Wishlist in an order of priority. We use this as our guide when liaising with community groups.

Importantly, the process doesn’t finish when you receive the equipment. Thanking our community is important if we are to have an ongoing partnership with them. When your equipment arrives, please contact either Colleen or myself and we will invite the donor in to talk to you and your staff about the benefits their donation helped provide.

In Brief

In the year to date we have received approx \$144,000 in community donations. We have had a large turnaround in the last three months. *Inside News* got the scoop on **Bill Byrnes’ Give a Smile to Families Charity Golf Day**. Bill and sister Cherie raised **\$25,400** for the renovation of the Parent Room on J1. Bill, (clinical nurse specialist in the JHCH oncology unit) chose to support the renovation of the parent room because it aims

to create a 'time out' space where parents can escape the hustle and bustle of the ward.

The **Rotary Clubs of Lake Macquarie** raised **\$37,000** for our **Play Therapy Program** through their annual Loop the Lake bike ride. We took a group of 40 Rotarians through JHCH to show them our new play facilities. They were impressed with the improvements we've made to the H1 playground, and the addition of the Ronald McDonald Family Room and the Starlight Express Room. They expressed a keen interest in coming on board next year.

Smorgan Steel Recycling have pledged **\$5,000** to **CFHN** to purchase 3 PA 5 Audiometers. Smorgan employees collected the \$5,000 over a two-year period from the conveyer belt that carries scrap metal into the cruncher. It's money that has fallen out of people's pockets into the back of their car, which then ends up at the recycling plant!

The **CFHN** also received **\$5,530** from a fundraiser run by **Morisset's "Enjoy the Different Taste" Gourmet Takeaway Shop**. As part of the shop's first birthday celebrations, owners Sophan and Louise Seng donated the day's takings to Kaleidoscope. They raised **\$2,765** which was then matched by landlord and local Real Estate Agent **Johnson and Britten**.

Adolescent/ Day Stay received a patient tracking device after the **Rotary Club of Newcastle Enterprise** pledged **\$12,000** to Kaleidoscope from the sale of tickets to the World Festival of Magic. The equipment has already been installed and should be operational by the end of the month.

NRMA Motoring and Services donated a **Nybro All Terrain Quad Vehicle** worth **\$12,000** to our **Occupational Therapy dept**. The quad bike gives children with disabilities access uneven surfaces and will be loaned out to families through the OT dept for special occasions (camping trips, family holidays etc.)

If you'd like more information on the Wishlist system, or the distribution of community funds, please call PR on ext. 13844 or 14492.



Bill Byrnes and major sponsors of the 'Give a Smile to Families' Charity Golf day present \$25,400 to oncology



NRMA reps Jace Wild, Don Bollard and Jennifer Nyland with Kaleidoscope's official quad bike testers, Jarrod Barlow, Mark Zacharko, Teagan Pryjma and Alex Bale.



Kaleidoscope's "other" official quad bike tester Director of Community Child Health and Allied Health Margaret Piper.