

# Kaleidoscope

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## Word from the Editor

We've taken the scalpel to *Kaleidoscope* since last edition to revamp the image – it's now being professionally designed and printed! To minimise costs, we've decided to use two colours on each print run. We'll use a different colour from the Kaleidoscope logo each edition. This edition is yellow, next edition will be green, then red and so on.

In an effort to "get the ball rolling" the March and July editions were primarily focused on Kaleidoscope GNS.

This edition we're delighted to have columns from the Northern Child Health Network and the General Managers of both Upper and Lower Hunter. We welcome staff from these areas to our readership, and invite you all to share your stories with us in future editions.

### If you'd like to contribute to the January edition, copy is due by Nov.29.

Please email me your copy, or story ideas well before this date (especially if you would like me to help you write them!)

Feedback is always welcome – look at the changes we've made already! If there's something you'd like to see more of email sarah.beames@hunter.health.nsw.gov.au or call me on ext 13844.

**Sarah Beames** – *Kaleidoscope* Editor

## NICU nurse leads the way...



**M**ary Wagner (pictured above) from the Neonatal Intensive Care Unit (NICU) at the John Hunter Children's Hospital is the first person in Australia to be registered as a nurse practitioner in a critical care setting.

The role is a new one for clinical nurses in NSW, and Mary's registration is the first in an area like NICU, where staff provide highly skilled care to critically ill newborn babies as young as 23 weeks gestation from across the Hunter and beyond.

Being a nurse practitioner is a highly autonomous role with an increased level of responsibility.

"The additional training means we are certified to make clinical decisions when premature babies as young as 23 weeks gestation, or full term babies with complications present to the NICU," Mary said. "It enables us to initiate medications, order diagnostic tests such as x-rays and blood tests and make referrals; most things a doctor would do."

Importantly, a nurse practitioner is trained to interpret the results of any tests that are ordered.

"We are able to assess the situation, make our own judgement and act on it," she said.

"As a Nurse Practitioner, Mary is now eligible to perform functions previously undertaken only by a medical practitioner," said Ms Pat Marks, Director and Director of Nursing for Kaleidoscope GNS.

"Attaining this, the highest level of nursing qualification is a wonderful recognition of Mary's commitment to her profession and a testament to her skills," Ms Marks said.

Director of Newborn Services Dr Chris Wake said the nurse practitioner plays an important leadership role in the NICU, especially for new nursing and medical staff.

"The role of the nurse practitioner in NICU has made a big difference in terms of leadership and continuity of care," Dr Wake said.

## NICU nurse leads the way

continued from page 1.

"For example when new registrars and residents from other areas come into the unit, they aren't familiar with the way the unit operates, or the types of problems the babies may have. Mary is able to offer a comprehensive rundown of a patient's problems because she covers all facets of care," he said.

Mary's appointment is the result of 5,000 hours spent in a senior nursing role, 18 months of additional training, an oral exam and the provision of written evidence supporting her practice to the Nurses Registration Board of NSW.

Mary registered in November 2003, when the Nurses Registration Board of N.S.W developed a set of clinical indicators for the role of the nurse practitioner in NICU.

Mary's colleague Marilyn Owers also plans to register with the board later this year.

Both Mary and Marilyn decided to take on the role as it gave them the option of enhancing their career without moving into an administrative role.



Above: Mary Wagner and Marilyn Owers

"Before the role of the nurse practitioner was created you could only take your nursing career to a certain point before stepping into an administrative role," Mary said. "This position allows you to take the next step and extend your responsibilities while still keeping a firm hand in clinical practice."

# From the Director's desk

All staff will now be aware that on 27 July when the number of NSW area health services reduced from 17 to eight, we became part of a new organisation called Hunter New England Health. Our new area covers the former Hunter and New England area as well as the Great Lakes, Greater Taree and Gloucester local government areas.

The extent of change to Kaleidoscope's role has not yet been defined, so watch this space as information becomes available. Needless to say, when we consider our affiliation with the Northern Child Health Network and our increased boundaries, the breadth of our service **from the bush to the beach** has grown enormously. The future will see us as part of a larger team... still delivering a high quality of service to families in our new area.

Reiterating Dr Nigel Lyons' comments that significant change like this can be upsetting and uncomfortable, I would encourage you to talk to your managers if you have any questions or comments. Managers please ensure that copies of **"The Latest"** (newsletters from Administrator Terry Clout) are available on staff noticeboards. For those that have access, please continue to check the intranet for weekly updates.

Changes at the senior management level have resulted in my position as Area Director now reporting to Ms Jennie West's portfolio. I look forward to working with Jennie and accessing her expertise in a range of different portfolios.

The General Paediatrics Plan has now been ratified and I extend congratulations to Dr Keith Howard and his team for a valiant effort in bringing the Plan to fruition.

The Plan reflects the agreed 'key issues' that Kaleidoscope staff will focus their efforts on to improve the outcomes of child health. Progress has already commenced regarding workforce sustainability, disruptive behaviour models of service delivery, obesity, and parental smoking cessation/environmental tobacco exposure and integration of general paediatrics within the Hunter region.

For example, in the Lower Hunter Sector, the General Paediatrics Plan highlighted insufficient general paediatric and community paediatric services for the Hunter region. The Plan revealed the pressure of existing work in the sector and acknowledged the importance of sustaining this valuable service in an area where the paediatric population is expanding. Investigation has resulted in Executive agreement to fund a fourth paediatrician at Maitland.

In future issues of *Kaleidoscope* we'll introduce new members of our team, but in this edition it is a pleasure to announce recruitment and enhancement of a number of services including Newborn Services, Youth Health, Diabetes, Oncology, Paediatric Pain Management and in Paediatric Emergency (Dr Mark Lee).

Further recruitment will occur at JHCH within the Brain Injury team, Surgery and Trauma services (ie replacement for Dr Pennington and recruitment of an additional surgeon and the development of complex paediatric orthopaedic services). In Paediatric and Adolescent Medicine (a second oncologist, a fifth neonatologist and adolescent physician Dr Julie Adamson) and Community Paediatrics (a community paediatrician with a major focus on child protection).

Another exciting announcement is Kaleidoscope's very first Maggie Project which commenced on Monday 30 September. The project involves the Child and Family Health Service and Child and Mental Health Service. For the next 12 weeks, Philip Hazell, Margaret Piper, Catherine O'Brien and Sean Fardell will be engaged intensively on the Maggie Project - involving all sectors to consider models of service delivery for the children's families who access existing services. I wish them every success and as a member of the Executive for this project have every confidence in the team.

**Prof. Trish Davidson**  
Area Director of Kaleidoscope

# A PRECIOUS gift



Two weeks after the birth of their baby, Geoff and Leanne Ingram found themselves in the Paediatric Emergency Department at John Hunter, nursing a very sick little boy.

First time parents Leanne and Geoff said it was a terrifying experience.

"We had just delivered a beautiful baby and we were looking forward to watching him grow, his first step, his first day at school, wondering what he would be like when he was ten," Leanne said. "But in the space of an hour all those possibilities were in doubt."

Baby Kincaid was diagnosed with pyloric stenosis, a congenital condition that prevents food from passing through the stomach into the intestine.

Delay in treatment of pyloric stenosis can lead to serious consequences for the infant.

Treatment consists of correction of the fluid and electrolyte disturbances as an initial step, followed by surgery to relieve the obstruction.

During this stressful period, Leanne remembers the level of support she received from Kaleidoscope staff.

"The Kaleidoscope staff at the John Hunter Children's Hospital were brilliant," Leanne said. "Throughout the whole procedure we were always informed. Everyone was very supportive – doctors, surgeons, nurses and social workers. They took great care of us."

Since Kincaid's operation, the Ingrams have had several encounters with Kaleidoscope

services. "My husband and I have phoned the Kids Kare Help Line and like all new parents have visited our local community health centre.

"Every time we have found Kaleidoscope staff to be professional and extremely helpful," Leanne said.

The Ingrams were so moved by the level of support they received from Kaleidoscope during Kincaid's stay in hospital, they decided they wanted to give something back through their business, ChemDry Coastal.

"Knowing that Kaleidoscope has a 'Wishlist' of much needed equipment that can make a huge difference to a child's life, we decided to raise money with the help of our business," Leanne said.

*Above: Kincaid, Geoff and Leanne thank Kaleidoscope staff for their support.*

The Ingrams have committed to donate ten per cent of all revenue raised through mattress cleaning to Kaleidoscope.

"With the support of our clients over the next 12 months, we hope to make a generous donation that can be used to help children and their families who find themselves in a situation similar to ours. This is our way of saying thank you to the wonderful staff who helped guide us through Kincaid's illness and had us back home in two days with Kincaid's future intact," Leanne said.

## Families First

## From ACORNS to OAKS Prof. Graham Vimpani

Families First underwent its most significant change on July 1st when it was transferred to the new Communities Division of the Department of Community Services (DoCS).

The move has meant that around 60 Families First positions and their current budgets have been transferred to DoCS. At this stage, little is known about how this change will impact on local and regional staff and programs.

The Director General of DoCS, Dr Neil Shepherd has reassured stakeholders that none of the community program funds will be used to supplement DoCS 'high end' business costs.

In the midst of this move however, it is important to remember that Families First is not just a funding program but a new way of encouraging key state government agencies to work together in planning initiatives for families with young children aged 0-8 years.

One of the major challenges during the change will be to achieve better integration of Families First programs with the new programs being developed within DoCS as part of their new funding for early intervention for vulnerable children.

In other news, Families First have been able to support the appointment of additional child and family health nurses, a young parent support worker, and the establishment of a Schools as Community Centre at Irrawang Public School. This is a landmark achievement as Families First have known for some time that indicators of disadvantage needed addressing in the Raymond Terrace area.

Raymond Terrace will also benefit from being selected as one of the Australian Government's Communities for Children. Prior to this, the Family Action Centre at the University of Newcastle had recommended it as a site for an integrated services centre after a study sponsored by Families First. Integrated service centres offer a one stop shop for parents with young children by bringing together health, early childhood care and education, family support and development programs. Hopefully the Commonwealth funding (\$500,000 a year for the next four years) will enable this idea to be progressed.

This initiative will provide a valuable opportunity and learning experience for the three levels of government to work together effectively for the benefit of families with young children in Raymond Terrace. Watch this space.....!

# Paeds pilot takes off!

Louise Evans –  
Project Officer Guidelines,  
Standards & Protocols



Above: Louise Evans

It has been an exciting three months since I joined the Kaleidoscope team as the Project Officer for Area Wide Guidelines. I have had the opportunity to meet with staff from the three sectors and I have been very interested to hear their concerns about the provision of quality care for paediatric patients.

In addition to conducting a “needs assessment” and formulating an action plan to address the issues raised, I am also involved in the implementation of the Children’s Emergency Care Project.

The Clinical Excellence Commission (CEC) in conjunction with NSW Health and extensive working parties, has developed a set of clinical

practice guidelines for the 12 most common paediatric presentations to emergency departments.

Hospitals throughout NSW were invited to become “pilot sites” for the implementation of these guidelines. There are 50 pilot sites in NSW and four of these are in the Hunter. The Hunter sites are at the John Hunter Hospital, the Maitland Hospital, Dungog Hospital and the Scott Memorial Hospital at Scone.

The pilot sites will start by rolling out four of the 12 guidelines that relate to asthma, gastroenteritis, fever and recognition of a sick child.

Hospital staff recently conducted medical record audits and these findings have assisted staff in planning appropriate

interventions within their individual units.

Interventions include staff education, provision of health promotion pamphlets and posters, IT improvements, changes to forms and the purchase of additional equipment such as spacers and digital thermometers.

Parents will also be provided with education (through waiting room posters and discharge plans and advice letters) as well as encouraged to participate in care. For example, a parent could be encouraged to participate by being shown how to offer oral fluids to their child and complete the fluid balance chart.

Over the next three years, other guidelines will be implemented which relate to head injury,

meningitis, seizure, bronchiolitis, sore ear, sore throat, abdominal pain and croup.

I am based at Maitland with the Northern Child Health Network team and can be contacted on 4939 2469 or via Groupwise if you would like more information or have comments to make in relation to the guidelines.

I would like to take this opportunity to thank staff I have worked with over the last three months. I have found everyone to be very helpful and I feel confident that much will be achieved during my 12 month secondment.

## LOWER HUNTER SECTOR News from Maitland/Dungog Heather Mann

All areas of children’s services at Maitland/Dungog Health Service (M/DHS) have been working very hard over winter to maintain services to our community. Winter months can be challenging, and all staff are commended for their professional response.

There are some exciting things happening at M/DHS...

Due to enhancement funding, we are currently recruiting a fourth paediatrician. Having another paediatrician will enable us to better meet the needs of the community. One of the major benefits of the extra position is that waiting times for outpatient appointments will be significantly reduced.

Plans are also underway for the refurbishment of new clinic areas for paediatric services. This new site will mean more clinic time and allow us to offer an enhanced outpatient clinic service the community.

The Child and Family Health Nursing Service (CFHNS) will move into a new clinic area at Clarendetown in September. This move is the result of a partnership between Maternal and Child Health Services M/DHS, Community Health M/DHS and the community at Clarendetown. Located in the centre of town, the clinic will be more accessible and will offer an improved working environment for staff.

The Emergency Departments at Maitland and Dungog hospitals are involved in the roll out of paediatric guidelines. These guidelines will ensure best practice is followed when children come into Emergency Departments across the state. Special thanks to Phil Way, Rhonda Winskill and the staff in the ED at Maitland and Dungog for their contributions.

Resulting from a Families First initiative, the CFHN are taking part in a project entitled ‘Evaluation of the use of Care Pathways in Child and Family Health Nursing Practice’. The study is being conducted by Professor Diana Keatinge and Ms Bernadette Goddard, a nurse

educator with the Centre for Education and Nursing research in Child Health.

The working group has designed three Care Pathways and two variance sheets to be trialled in five designated centres (Beresfield, Rutherford, Cessnock, Singleton and Muswellbrook) in the Upper and Lower Hunter.

The project will identify how many mothers request additional visits to those scheduled in the Care Pathways and the reasons for their visit. The project will also provide a measure of the Child and Family Health Nurse’s workload.

*Well done to all those involved.*



## From the General Manager's desk

Child and Family Health Nurses in the Upper Hunter continue to meet the Families First benchmark of providing a first home visit within two weeks of birth. Home visits are provided as far west as Cassilis, and north to Willow Tree.

Outreach clinics provided in conjunction with the Mobile Toybox Service to the community of Cassilis are well attended. Providing outreach clinics to other isolated communities currently serviced by the Mobile Toybox is a goal the Child and Family Health Nurses would like to achieve.

For the past 18 months the Hunter Park Cottage (pictured below) has been transformed as a weekly "drop in" clinic. The clinic provides access to Child & Family Health Nurses, speech therapy, school screenings, diabetes education, Aboriginal health liaison and counselling services for families who have no transport or resources to access the local Community Health Centre. This is a valuable initiative organised by the Child and Family Health Nurses.

An increase in births at Scone over the past year has resulted in a re-evaluation of services to enable more clinic time at the Scone centre.

"Settling" groups have been running weekly in the Muswellbrook centre for most of this year. This service is very much appreciated in the community with many parents travelling to Muswellbrook to access the service. Unfortunately, resources are limited but we will continue to look at ways to expand the groups to other sites.

The Child and Family Health Nurses are currently part of a larger community health quality process looking at why people miss appointments. Focus groups will be held with consumers to identify issues, and implement a process to address these issues.

During what continues to be a busy time, Child and Family Health remains committed to providing quality services to the community in the Upper Hunter.



## Beyond BOUNDARIES

Leanne Crittenden  
Coordinator – Northern Child Health Network

Paediatric services in NSW are networked to ensure high quality clinical care is available as close as possible to home for all children. The Northern Child Health Network (NCHN) is one of three paediatric networks in New South Wales and is a collaboration between the Hunter, Central Coast, Mid North Coast and New England child health networks.

The NCHN supports the NSW Health focus of a shared approach to service development with common guidelines for care, accompanied by staff training and development. The networks clearly link each local paediatric unit with one or two of the specialist Children's Hospitals in NSW. The quality of care locally will be improved by the support available from the Children's Hospitals such as: Specialist Clinical Outreach services, shared treatment protocols and guidelines, staff rotation between services, professional training and development opportunities and smoother transfer and referral of patients between services.

Networking extends beyond the links between hospitals and includes GPs, private paediatricians, allied health service providers, community health and primary care services, early childhood services and other government and non-government agencies responsible for children's health and welfare.

The NCHN achieves its objectives by:

- Providing ongoing training through: videoconferenced inservice programs, workshops and free CD recordings of grand rounds and our inservice programs
- Our Surgical Outreach CNC arranges outreach clinics and education in Surgery, Endocrinology and Neurology.
- Facilitating applications for funding for paediatric enhancement projects
- Providing advice to child health nurses on a needs basis through our Paediatric Outreach CNC
- Communicating with child health workers through our newsletter and website
- Facilitation of staff secondment between rural and metropolitan hospitals

For more information on NCHN, visit our website at: [www.nchn.org.au](http://www.nchn.org.au)

To join the NCHN mailing list or get copies of our free education CDs e-mail Louise Austin at: [louise.austin@hunter.health.nsw.gov.au](mailto:louise.austin@hunter.health.nsw.gov.au)

# Pat's Pen: Director KGNS

On behalf of the Kaleidoscope GNS Executive I offer congratulations and many thanks to each and every one of you for your ongoing commitment and dedication to providing excellent care to all our patients, clients, their families and carers, as reported by ACHS surveyors.

For those of you who have not yet caught up with the feedback from the Accreditation survey – the surveyors advised that the campus demonstrated its role as a quality organisation.

The surveyors were “very impressed” with Kaleidoscope GNS, recognised that staff worked very closely together in a collaborative manner, were enthusiastic and provided excellent continuum of care across all areas both community and hospital based.

While we were commended as an organisation and should all be proud of the work we do, some areas received a special mention by the surveyors including NICU, our play facilities, the Child and Family Health Team, Allied Health, the

Youth Health Team, the Clinical Improvement Unit, our planned children's admissions booklet and the role of our nurse educators.

The NICU was described as a “beautiful unit” and staff were congratulated for being a positive and multidisciplinary team who depend on each other to provide an excellent service to Hunter children and their families. They were also congratulated for securing extra funding to staff a ninth intensive care bed.

The surveyors reported that the Community Child Health Team (including the CFHN) is a tremendous group of people who are very proud of the services they provide. They noted that the team is dynamic, patient centred and integrate well as a clinical service.

Another credit to Wallsend Kaleidoscope staff was their understanding of their place in our organisational structure. Surveyor Lakshmi Sumithran reported that staff demonstrated clarity about function and lines of responsibility.

The work we have put into our play facilities was also commended. Lakshmi described the H1 playground, the Starlight Express Room, the Ronald McDonald Family Room and the playground at Wallsend campus as “very welcoming”.

Again thank you to all for your involvement in accreditation. A special thank you to Dr Bruce Whitehead, The Clinical Improvement Unit and Jennifer Wendtman (Hunter Youth Health Model) for their presentations to the surveyors. These were greatly received, with our ward based research and the youth health team's focus on the “inreach” philosophy described as “very impressive”.

There were no high priority recommendations from the survey. The final report will take approximately three months to be returned. I will keep you informed in future editions of *Kaleidoscope*.

In last month's column I spoke about the importance of staff and management working together to provide feedback and develop

action plans in response to the staff opinion survey.

Staff opinion survey facilitators Jen Wendtman and Sandy Stone held a number of focus groups throughout August. These focus sessions gave staff and management the opportunity to further enhance and refine operational practices.

The results of these sessions have been very encouraging, and the level of participation to date reflects the determination of both management and staff to work collaboratively for the common goal of supporting Hunter children and their families.

*Patricia M Marks*  
Pat Marks  
Director of Kaleidoscope KGNS  
Director of Nursing KGNS

## BUSINESS

DEREK DOWLER – KGNS Business Manager

Well, another year over (financial year that is!) and it's a good time to reflect on KGNS's achievements for 2003/04. Congratulations to all staff for your commitment and dedication during another very busy year for the sector. As I mentioned in the last edition of *Kaleidoscope*, we varied from budget by only -0.2 per cent which is a fantastic achievement. The stats for the period show JHCH had over 7,200 inpatient separations and

24,000 inpatient bed days. Our outpatient services at JHCH and the Child and Family Health Service had 120,000 occasions of service! It is a credit to staff that we can work close to budget and still provide high quality care to an ever-growing number of patients.

We enjoyed a number of significant achievements during 2003/04 including the opening of the Oncology Day Unit in J1, the completion of a number of playgrounds, the Starlight Express Room and the Ronald McDonald Family Room. We also secured a number of enhancements for paediatric services including oncology, brain

# Singapore stage

## SET TO SPIN



Above: JHCH Dietitian Carmel Smart selected for a six day science school and conference in Singapore.

John Hunter Children's Hospital dietitian Carmel Smart is one of 15 health professionals selected from around the world to participate in a six day science school and conference held in Singapore in October this year.

To be considered, candidates had to demonstrate that they were involved in a research project, or were interested in pursuing research in the area of paediatric diabetes.

Carmel was selected for her contribution to the SPIN (Straightforward Program for Insulin Pump Newcomers) research project and will present the team's findings at the conference.

Carmel said the SPIN program was developed to provide a simplified and accessible approach to insulin pump therapy and education.

"The use of insulin pump therapy is now regarded as an effective and safe alternative for children and adolescents with type one diabetes and offers a number of benefits including greater flexibility in eating habits and lifestyle," Carmel said. "Dr Bruce King, Helen Phelan and myself wanted to make insulin pump therapy more accessible to a wider range of children."

Most other centres around Australia have a strict criteria that determines suitable candidates for insulin pump therapy.

This criteria is based on the child's previous compliance with their diabetes regime. Children whose diabetes control has not been excellent are excluded from access to insulin pump therapy.

"This means that children with cases of diabetes that are difficult to control are denied a treatment which could change their lives," Carmel said.

The other centres also have very strict management protocols that the child and their family need to follow to stay on the pump.

"These centres require the child to count their carbohydrate intake to the nearest gram," Carmel said.

"Our research project challenges this approach on two grounds: Is it reasonable to expect children to precisely count carbs? And, do you need to measure carbohydrate this accurately to have good control?"

Carmel said the opportunity to present the project at the conference will give her valuable feedback about the team's methodology, approach and findings, which have so far shown that good control can be gained with a more liberal approach to dietary intake and the selection process.

"I'm delighted to have the opportunity to meet with health professionals with similar interests from other hospitals around the world to share our experience in the area of research.

"The science school will also give me a sound introduction to qualitative and quantitative research method concepts, statistics and the importance of evidence based research - all skills that I will be able to apply to other research projects in the future," Carmel said.

# Report

injury, endocrinology, surgery, orthopaedics, child protection, transition care and general paediatrics at Belmont.

As you know, Kaleidoscope aims to have zero lost time injuries. During 2003/04 KGNS had 13 lost time injuries and five of these were over 40 hours. We will continue to conduct regular safety walks over the coming year. The safety walks are collaboration between staff, management and members of the Executive and are designed to observe how staff interact with their work environment. It is a way of constantly evaluating our work practices and environment and how

we can improve them. Don't forget to get in touch with your Manager if you have any safety concerns. Alternatively, Sharon Bird (the OH&S rep for KGNS) is always willing to help you work through any safety issues in the workplace. Until next edition of *Kaleidoscope*, look out for each other in the work place and stay safe!

Stats from Maitland District Hospital for 2003/04 financial year	
Separations	1,561
Occupied bed days	2,882
Outpatient Clinic visits	3,761

# FUNDRAISING REPORT

## SHARING the Wealth

Colleen Crowe – Public Relations and Fundraising Manager

In each edition of *Kaleidoscope* we'll feature the fundraising efforts of community and corporate groups who are committed to helping us provide the best possible care to kids **from the bush to the beach**.

The John Hunter Children's Hospital has a tremendous group of supporters – many partnering with the hospital through the Kids Club. We hope the amazing efforts of these well-established relationships will continue.

As awareness of Kaleidoscope services has increased, we've begun to establish new relationships with individuals and groups wanting to fundraise to support the range of facilities and services provided under the umbrella of Kaleidoscope.

It is important to remember that when a donor specifies that their donation be dedicated for a particular use, those wishes must be honoured.

Liaison with Upper Hunter and Lower Hunter Sectors is underway to better understand the level of community support in those sectors and to enhance the level of liaison with existing partners. It is encouraging to receive the support of our community and equally important to provide feedback on how funds are used and ensure appropriate recognition is received.

In KGNS a lot of effort has been focused on refining and enhancing the Wishlist process – a priority system, endorsed by the Executive, to ensure access to and accountability for appropriate use of donations received specifically for that sector.

Following consultation with other sectors, a Wishlist system will be introduced across Area to ensure appropriate distribution and use of funds tagged as "general Kaleidoscope" e.g Cello Lullaby sales.

A protocol will be issued to all staff explaining how the Wishlist system works. In the meantime if you need further information please don't hesitate to contact Colleen Crowe on ext 14492.

Kaleidoscope GNS received \$37,343 worth of donations between 1 July and 31 August 2004. Many of these donations have been flagged for use in specific areas at JHCH (see Table A). This is another fantastic contribution from our community and we thank each group and individual who raised money on our behalf.

**TABLE A**

Donations received between 1 July and 31 August 2004 to units within KGNS

Cystic Fibrosis .....	\$4,000
NICU .....	\$7,932
Oncology .....	\$8,000
JHCH	
Orthopaedics.....	\$1,295
JHCH.....	\$5,530
Play Therapy .....	\$650
H1.....	\$3,436
J2.....	\$5,000
OPD .....	\$1,500

We'd like to acknowledge **Kiwanis International District of Australia Division Two**, for raising \$4,530 to purchase a King of Hearts Express Recorder and Rhythm Card to aid the wellbeing of children with heart conditions treated at JHCH.

The **Anglican Mothers' Union** made a generous \$7,500 contribution to NICU to purchase a Wallaby Billi Blanket to treat newborns with jaundice.

Our Cystic Fibrosis unit was the beneficiary of a function held at **Club Macquarie by Newcastle Central Lions Club** in loving memory of Kimberley Cairns. The night raised \$4,000 which will be used to purchase a mobile porta nebuliser and a Playstation2 plus games.

Oncology received a \$4,000 donation from the **Tribute to Robbie O Charity Dinner** organised by 'One to One from Us to You' committee members.

Robbie has always been a staunch supporter of JHCH and we can't thank him enough for nominating us as one of the night's benefactors. **The Great Northern Hotel Teralba** has committed to raising funds for oncology until the end of the year through raffles held on the premises each Friday night. Publican Brad Smith and patron Wayne Crowther have been driving the initiative and have so far raised \$1,500 which is a fabulous effort.

The **JHCH Kids Club** donated \$9,296 in July to purchase several items on the Wishlist including partial funding for a Symphony breast pump plus stand for H1, two electric medicraft beds for J2 and \$1,500 to the OPD to refurbish the parent room and provide more activities for children while they wait for their appointments. In next edition of *Kaleidoscope* we'll give an update on the work of Kids Club and the **Woodturners of the Hunter**. The Woodturners aimed to raise another \$50,000 for the John Hunter Children's Hospital at their ninth annual Hunter United Woodworking and Craft Expo 2004 August 13, 14 and 15. Funds will be used to purchase life saving equipment for the John Hunter Children's Hospital Emergency department. The official cheque presentation will be held on October 22... keep you posted!

**Kaleidoscope Area** fund received \$3,952 early in September from the sale of Cello Lullaby CDs. We're aiming to launch the HUSH collection on International Children's Day, 20 October. The Hush collection is a series of ten CDs of classical music designed for complete calm. All proceeds from this venture will also be dedicated to the Kaleidoscope Area fund.

