

Kaleidoscope

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Word from the Editor

Thank you to all who made contributions this edition – you may notice that *Kaleidoscope* has expanded to accommodate the influx of stories! It's great to see that so many of you are willing to share your good news with the network.

You'll find a new liftout in this edition to help us showcase some of the partnerships we share with our community. We hope to include more fundraising news from Upper and Lower Hunter next edition – if you know of any fundraising events being held on your behalf, keep me posted!

Please remember I'm always open to suggestions to help improve *Kaleidoscope*. This is your publication so tell me what you'd like to read about, what you'd like to see less of etc on ext 13844 or via email sarah.beames@hnehealth.nsw.gov.au

I've already received some valuable suggestions from staff about how to encourage everyone get their stories in on time... a yearly planner!

Please send me your story ideas/submit columns by: March 4 (May Edition)
June 10 (August Edition)
September 9 (November Edition)
Keep those story ideas coming!

Sarah Beames – *Kaleidoscope* Editor

Reaching out for change: *Postcard from Jen Wendtman*



The power of partnership – two boys wait to be seen at the clinic in Fisantekraal

"I'm six years old and I have HIV. I can never be more than what I was born into..."

This is the mindset Youth Health Team CNC Jen Wendtman (pictured below) encountered last October when she spent two weeks in South Africa as an outreach nurse for children and their families living with HIV/AIDS.



Jen joined a team of 32 people coordinated

through the church to help rebuild communities still affected in the wake of the apartheid regime.

"The post apartheid government doesn't have a lot of money to rebuild, so they partner with community groups like the church to establish basic services such as

schools, medical clinics and development programs," Jen said.

Jen's trip was facilitated by Southside Christian Centre based in Adelaide, South Australia. Southside work in partnership with a privately funded organisation for Durbanville Christian centre, called Won Life. They provide a medical centre, day care centre and HIV education, testing and counselling support in Fisantekraal.

"The program is all about arming communities with the services, knowledge and skills to become self sufficient. It aims to reach out to the kids to let them know that they are valuable and deserve a better future," she said.

The team members were assigned across a range of areas including a women's refuge,

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Reaching out for change

continued from page 1.



The playground near the clinic comes to life after school

a boy's home, and community townships, like Fisantekraal.

Fisantekraal has a population of about 8000 people, with 30 per cent testing HIV positive.

"In this community, the team were able to get a number of shipping containers donated to provide shelter," said Jen

"While we were there, a roof was placed over the containers to keep them cooler and provide an undercover play area for the kids. Some play equipment was also constructed, including a "Wendy house" (we call them cubbies) and a large section of paving laid," she said.

They also established a gardening project to teach participants how to build a small garden and grow at least six seasonal vegies to feed a family of five to six people all year round.

"The garden project was developed in response to research that showed HIV infected people live 30 per cent longer if they eat fresh, organic vegetables," Jen said.

Alongside major projects like these, Southside also provide a contingent of doctors and nurses to help tackle the issue of HIV/AIDS. A clinic operates two days per week to see women and children living with HIV. During her stay, Jen worked closely with Australian nurse April Murphy, providing home visits and health support to HIV positive persons in the community.

"Working with April was delightful – she was an inspiration!" Jen said.

"The resources available for the general health clinics were really limited. We used vaseline and gauze dressings for just about everything. I was able to take some hyperfix which was like handing over pure gold. Thanks to Kaleidoscope and JHH for their support in getting medications and health supplies through to this community. "

"It was great spending time with the kids and young people and realising how similar they are to our youth. They just want to grow up in a safe community, have a healthy life, free from violence and a chance to move on to a better future," she said.

JHCH registrars talk job satisfaction

Dr Maree Guizzo –
Snr Paediatric Registrar

Many people can relate to the experience of having a 'good' or 'bad' day at the office and the flow on effect this can have on colleagues, family, friends and in the case of a doctor, their patients.

A study of job satisfaction (JS) was recently undertaken with our 12 paediatric registrars at JHCH. The study aimed to find out what our registrars considered important components of JS, the factors that affect it and how they would suggest improving current levels.

Registrars spoke favourably about:

- Having a good rapport with colleagues/patients/families
- The sense of achievement derived from improving clinical skills
- The opportunities that are available for learning from supervisors and medical education programs
- The overall working conditions including feeling like part of a team

- Living in the Hunter with its associated attractions.

Suggestions were also made as to how some aspects of training could be improved. These areas included communication, support following the acute deterioration/death of a child, staffing levels and overtime requirements, term allocations, increasing accessibility to teaching forums, and increasing mentorship for long term career planning.

It was acknowledged that not all suggestions for improvement were immediately feasible. They will act as a good starting point for discussion between junior and senior staff.

It was also recognised that the issues identified are not unique to registrars at JHCH. It is hoped this review will help reinforce the strengths and improve the weaknesses of the current training program.

Thanks to the paediatric registrars for participating in the study, and to senior staff for the opportunity to discuss the results, with the view to implementing recommendations where possible.

A WORD from the other side...

I just wanted to express my gratitude for the care my son Joseph and I received on August 12 last year. I am a CNS on J1, and although the thought had crossed my mind that I would have to be on the other side as a parent, I had no time to prepare for that right-sided pain that lands you in the emergency department.

Everyone was friendly and helpful in emergency, even the poor intern who had her history interrupted several times by staff stopping to see if all was okay. (I'm pretty well known around the hospital!!)

In the operating room I was treated as a parent, which was exactly how I responded! Thank you to all OR staff, especially the lovely anaesthetist and nurse.

Then the challenge... back to J1 for the post op recovery. Mind you, the challenge wasn't for me but maybe for some of the staff!! It was so nice to know that it didn't matter who was to look after Joseph - everyone in the unit was exceptional and he received great care.

Thank you J1, I commend you all. Of course one can't forget the adorable Dr Roy and Dr Ibrahim (I was only joking when I sacked him!)
Regards Sharon Bird

From the Director's desk

Bart & Lisa on the move

Sean Fardell
Project Implementation Officer

As another year concludes, it offers an opportunity to reflect on our collective achievements made possible by a shared passion for improving the health of Hunter kids.

It gives me great pleasure to extend congratulations to Peter Ebeling, Keith Howard and Rhonda Winskill on their nominations for the 2004 Gold Ribbon Awards. Nominations of these members of our Kaleidoscope team reflect the high esteem in which they are held and recognises their personal commitment and dedication to enhancing child health services.

I would also like to take this opportunity to congratulate Clare Collins on receiving collaborative NHMRC grant funding looking at child obesity interventions. Future issues of *Kaleidoscope* will expand on Clare's work, but this is a well-deserved recognition of a lifetime commitment to an evidenced based approach.

The final presentation of the first Maggie Program project undertaken in child health was delivered to a "standing room only" crowd on 9 December. The Bart and Lisa project – a collaborative team approach undertaken by Child and Youth Mental Health Services & Child and Family Health Services – focused on improving the journey of children and adolescents (and their families/carers) with either developmental disability, mental health problems, physical disease or a combination of these problems. This Maggie Program project is set to deliver significant reforms in how services can be delivered to the right child in the right place at the right time. I commend the efforts of the team and those

with whom they collaborated for their contributions over an exhausting 12 weeks. We look forward to working proactively to implement changes to deliver a new kind of visionary clinical care.

Many of our staff as well as external practitioners are now enjoying the benefits of a successfully implemented EDRS system. It was rewarding to hear that a Maitland GP – whose patient was admitted to the Paediatric Surgical Unit – telephoned to provide glowing comments on the content and promptness of the receipt of the discharge referral. Isn't it wonderful when a plan comes together!!

You will by now have read the many commendations received following the Australian Council on Healthcare Standards (ACHS) Accreditation process on the John Hunter campus (including Rankin Park, Kaleidoscope and Hunter Rehabilitation Service). Take a bow!! Your enthusiasm, customer focus and excellent care provided to children, adolescents and families within Kaleidoscope continues to add value to all our work.

2005 begins with change. No formal steps have yet been taken to develop a single clinical stream for child health services across our new Area however, I have no doubt that the clinical collaborations made possible through the good work of NCHN will prove beneficial in the process. Partnerships we have already established will I'm sure be cemented to achieve better outcomes for children, families and carers.

To date, the Network Coordinators have met and put together a proposal for realignment of the three

Paediatric Networks to fit the new Area Health boundaries. The importance for the boundaries to line up with CAMHSNET as far as possible has been stressed and this will be included in their proposal to the Department of Health. Watch this space for more information.

January was a significant time for Residents and Registrars with their changeover. As we welcome new junior medical staff, so too must say farewell. Our best wishes are extended to Michael Lonergan, Sharon Ryan, Neil Atherton, Mike Anscombe and Esther Robinson as we wish them well in their future endeavors.

The challenges that change creates brings opportunities and I know we will all embrace those chances to make significant differences in the lives of the children and their families our service was designed to help.

I look forward to sharing another great and successful year with you all.



Prof. Trish Davidson
Kaleidoscope Area Director

The 'Bart & Lisa' project, involving community services within Kaleidoscope's Child, Adolescent and Family Health Services and the Child and Youth Mental Health Services has now moved into the implementation phase. This followed the extensive evaluation and solution development phases in late 2004 using the Maggie approach (Perfecting Healthcare Delivery). The presentation of solutions can be viewed on the Intranet by following the links to the Maggie program page.

One of the key recommendations was a new model of service delivery based around clinical programs that allow the integration of many clinical and administrative support functions. Some of the important outcomes from this model include reduction in service gaps, improved continuity of care, and less duplication of services. Whilst much consultation and solution development is required in the coming months both CAFHS and CAYMHS will remain as separate organisational structures.

Some other key solutions include a improving service information, centralised contact point for referrals, better case management guidelines, and improved interagency partnerships.

Further information can be obtained from either Robert Redpath or Sean Fardell (Project Implementation Officers) on 4924 6400 or 4924 6386.

Good food matters in our schools

Sharon Lawrence – Dietitian,
East Maitland Community Child Health

Maitland hosted the inaugural **Hunter Region Healthy School Canteen Food Expo** on Monday, 18 October 2004.

More than 30 food exhibitors, including major sponsor Norco Pauls, showcased new and healthy foods available for sale in school canteens.

The expo was a great opportunity for school canteen workers to speak directly with the food companies and distributors about healthy foods available to sell in the canteen.

The aim of the expo was to support school canteens across the Hunter as they prepare to implement mandatory changes to NSW school canteens in 2005.

The *Fresh Tastes @ School* NSW School Canteen Strategy is a key initiative of the NSW Government in response to the increasing overweight and obesity levels in school age children. Research has shown

that eating too much food or the wrong type of food combined with inadequate physical activity increases the risk of young people becoming overweight or obese. As a result, the chance of developing a lifestyle disease such as diabetes, heart disease and some cancers increases.

Some studies have suggested that the life expectancy of our children may be shorter than their parents, if overweight and obesity takes a strong hold on the community.

This is a real concern, so it is important that we get a strong message to the community that good nutrition matters at home and at school.

While the changes brought about by the *Fresh Tastes @ School* NSW School Canteen Strategy will only be mandatory for NSW public schools, it was encouraging that a number

of non-government schools in the Hunter Region attended the expo.

Approximately 52 per cent of *all* Hunter schools were represented with an estimated 400 canteen workers taking advantage of having everything under one roof.

School canteen representatives said the expo was an excellent opportunity to compare and taste products, evaluate new product, talk to company representatives, and discuss how different foods fit into the 'red, amber, green' system. The exhibitors were also pleased, rating it as one of the best ever!

The Hunter Region Healthy School Canteen Food Expo is one of the many strategies adopted by the Hunter Healthy School Canteen Taskforce to help support schools with the *Fresh Tastes @ School* NSW School Canteen Strategy.

Other strategies developed by the taskforce include holding workshops, developing a Hunter 'Supply and Buy Guide' for canteens and putting together a guide which offers healthy alternatives to the traditional chocolate drive for fundraising purposes.

The Hunter Healthy Canteen Taskforce includes representatives from Hunter New England Health, National Heart Foundation of Australia, Cancer Council of NSW, Coalfields Healthy Heartbeat, TAFE – Hunter Institute, NSW School Canteen Association and the P&C Federation.

More information about the *Fresh Tastes @ School* NSW School Canteen Strategy is available at <http://internal.health.nsw.gov.au/obesity/adult/canteens.html> or from Sharon Lawrence on 4931 2000.

LOWER HUNTER SECTOR News from Maitland/Dungog Heather Mann

It will be an exciting time in children's services at Maitland/Dungog Health Service over the next few months. Anne McGeechan is joining us and will increase our contingent of paediatricians to four. Anne will bring great skills and experience to Maitland and we all look forward to working with her.

The refurbishment of the new paediatric clinic areas are on track for completion in the first couple of months of 2005. Having these clinic areas will enhance the service we are able to offer as outpatient appointments.

Congratulations to Dr Keith Howard who was recently a finalist in the Hunter New England Health Gold Ribbon Awards. The Awards recognise

outstanding individual staff and it was great to see recognition of Keith for all his years of service and dedication to children's services in the Hunter. Keith has played a major role in developing the Paediatric Plan in addition to his full time clinical commitment. He has also been involved in addressing the issues of ADHD and the work has resulted in the development of a Maggie style project to determine the specific needs of these children.

We were extremely excited to host the launch of The Children's Hospital Hush Collection last October. HUSH Volume One: Trio Grande is a fundraising CD for the seven freestanding children's hospitals in Australia, the children's wards in Canberra, Darwin, and Hobart hospitals, the Monash Medical Centre in

Melbourne and Kaleidoscope services here in the Hunter. The CDs retail for \$24.95 and \$16 from every CD is shared between the participating children's facilities.

The talents of Trio Grande musicians Paul Williams (bassoon) and Margaret Dickson (violin) made a special trip from Melbourne to the children's ward



Trish Davidson and Margaret McMellon with Trio Grande talents Paul Williams and Margaret Dickson

at MDH to share their music with staff and patients in celebration of the CD's release. Staff and patients alike enjoyed their music and we thank them for making the trip up to help us raise funds for Kaleidoscope.

Thank you also the CD's producer Dr Catherine Crock from the Royal Children's Hospital Melbourne for joining us at the launch, as well local musicians from Grossman High and Bolwarra Public School.

We are delighted to be part of the alliance. It presents a wonderful opportunity for Kaleidoscope services to work in partnership with the Hunter community to help us continually improve the service we provide to our patients and their families.

HAND *in* HAND

Public Relations & Fundraising Unit Locked Bag 1, Hunter Region Mail Centre, Newcastle 2310

Helping kids breathe easy

With a Bash, Splash and a Ball, Variety – The Children's Charity Hunter Region, have raised funds to help us purchase a number of big ticket items on the John Hunter Children's Hospital Wishlist.

Our Respiratory team have been a major beneficiary, receiving funds to purchase four new CPAP machines and upgrade their ten-year-old closed circuit television monitoring equipment (CCTV).

Respiratory Specialist Dr Bruce Whitehead said the CPAP machines and CCTV have improved the level of care the team are able to provide to their patients.

"The CPAP machines provide airway support for patients with sleep apnoea, cleft palate and other conditions, which lead to problems during sleep," Dr Whitehead said.

"We have approximately 20 patients on these devices at present, all of whom benefit from the availability of more machines," he said.

The new monitoring equipment is essential for assessing children during sleep studies. Dr Whitehead and his team perform eight formal studies per week and monitor children with a range of complications.

"The children we see vary from young babies who may be at risk of Sudden Infant Death

Syndrome (SIDS), to children with breathing difficulties associated with severe snoring or apnoea," Dr Whitehead said.

CCTV is also used to assess patients with severe Cystic Fibrosis lung disease and evaluate their need for non invasive Ventilation. (Variety has kindly provided equipment for this purpose in the past).

"In addition to children with Cystic Fibrosis, CCTV monitors children with severe sleeping disorders such as narcolepsy and sleep related epilepsy. In the latter group, the closed circuit video monitoring is critical in evaluating whether they are having seizures during the night," Dr Whitehead said.

With around 400 – 450 sleep studies undertaken each year, the fundraising efforts of Variety touch many Hunter families.

"We are extremely grateful to Variety for the work that they do on our behalf," Dr Whitehead said. "Each year they raise around \$500,000 in the Hunter through a number of events including the Variety Bash, Splash and their annual ball and we are delighted and privileged that they are willing to share this funding to help us support Hunter children."

A LITTLE BIT OF VARIETY GOES A LONG WAY...

Variety recently signed up as a major sponsor alongside engineering company Daracon



Graham Vimpani presents Variety representative George Grasso with a certificate of appreciation for their ongoing support.

to help us bring the Fairy Sparkle Forest Garden to fruition. The garden is a retreat for staff and patients alike. Watch this space in the next edition for updates...

Variety has also committed \$150,000 in funding to develop a new playground at Speers Point Park to make it accessible for special needs children and their families. Lake Macquarie City Council has enthusiastically embraced the idea and has more than matched Variety's contribution to the upgrade.

Kaleidoscope's very own Gai Lovell from Occupational Therapy approached Variety with the idea after she took her own children to play at the park, and noticed a child in a wheelchair sitting back and watching everyone else play on the equipment.

"Every child deserves the chance to play, to experience movement and engage with their siblings and friends," Gai said.



Dr Bruce Whitehead and patient Teegan Pryjma talk about the value of the CPAP machines donated by Variety at the Respiratory Thank You Function.

"I went to Variety to see if they could help make Speers Point Park truly accessible for all children," she said.

Gai and Brooke Dreincourt (also from our OT department) will sit on a committee to offer advice on the kind of equipment that would be suitable.

The official turning of the sod will be in May to coincide with the start of the Variety 2005 Bash. This will be performed by the Mayor of Lake Macquarie.

A SPACE for ART in health



In a refurbished bathroom at Kaleidoscope's Wallsend campus, there's a sandbox organised with toy trucks, palm trees and small figures where the shower used to be.

Near the sandbox there's an art supply cupboard filled with paint, scissors, glue, coloured paper, pencils crayons and glitter.

Stripped of its shower, this space has become Gwyneth Trysant's art therapy studio and a place for play therapy for the building. It's a place where patients referred by the Sexual Assault Service and the Child and Family Health Team are

offered an alternative way of expressing themselves.

Gwyneth said art therapy is all about working with the metaphors kids generate in their artwork.

"The materials used, the size and spatial relationship between objects can reflect and amplify the artist's own concerns," Gwyneth said.

"Tissue paper, cardboard and paint all have different qualities. Tissue paper for example, is soft and tears easily whereas cardboard is comparatively strong. An art therapist looks at how did the artist used them in the context of the artwork and consider how this relates back to the child's own experience" she said.

Sometimes the metaphors are found in the stories the artwork generates.

"We also look for meaning in the objects the child draws - there's the sun, a boat, an island and a bridge. These are not abstract ideas but highly individual concrete representations that can express a wealth of meaning. Because they are tangible, they can be revisited changed and compared," she said.

Clinical Psychologist Ric Barbour said art therapy gives his patients another way of expressing themselves about subjects and issues that are particularly difficult to talk about.

"Young people often find it very difficult to interact by talking, especially following a traumatic experience," Ric said.

"Gwyneth has worked with a number of children that I see, with most positive results, and I can see that she can offer the

kind of intervention that reaches these children in a unique and valuable way," he said.

"A couple of children I am working with and sharing with Gwyneth, are making excellent progress, and processing material that is unlikely to be processed as quickly or as surely in any other way.

"These children have complex and quite serious emotional underpinnings to their more acting out behaviours, which are not easy, or even possible, to address through more verbal therapies," he said.

Ric said the whole team had been very supportive of the program and have been very pleased by the results.

24/7 Grandma

Joan James isn't a surgeon, doctor or nurse, but like these professionals she has been on call 24/7 for nine years for the John Hunter Children's Hospital ward grandparents scheme.

The scheme, coordinated by our Social Work department, assigns a "grandparent" to individual patients in special cases where extra support is needed.

This could mean providing respite for parents/careers to give them the chance to attend to family or work related matters, or caring for siblings to give parents one-on-one time with their hospitalised child.

Joan said being a ward grandparent is all about the relationship with the patient and their family.

"It's very rewarding to be a regular contact for the child, especially knowing that it's helping the family out as well," Joan said.

"It frees the primary carer to attend to everyday business, knowing that someone is spending quality time with their child. I only hope I live long enough to give the program another ten years!" she said.

Program Coordinator for JHCH Jo Oliver said a ward grandparent may go for weeks without a call, but when they are assigned a patient, they usually stay in contact with the family until discharge.

"The ward grandparent scheme offers the patient and siblings regular contact and support

throughout their stay in hospital. This is particularly important if the family don't have access to their regular support networks from home because of distance," Jo said.

"A companion like Joan can make a big difference to the child and their primary carer - Her presence and support can give them the confidence to leave the hospital to attend to their everyday tasks," she said.

Jo said there's an increasing need for more ward grandparents because the focus of the program is expanding to provide a companion for siblings.

"In the past we have focused on the needs of the patient. Now we recognise the importance of



Above: Patient Stephanie Mason enjoys time with her on call grandma, Joan James.

building relationships with siblings, at a time when their parents are often caught up with the wellbeing of their sick child," she said.

For more information about how the program works, or to recommend a friend for volunteering, please call Joanne on 4921 3705.

Community noticeboard

Thank you to our many wonderful supporters who have donated in the last four months, especially over the Christmas season. We continue to remain indebted not only to the Kids Club for their tireless efforts but to our many special event coordinators, wonderful community groups as well as to our fabulous range of generous community friends. We'd like to particularly thank the following groups for their ongoing support...

EXTRAORDINARY EFFORT FOR EMERGENCY

The **Woodturners of the Hunter** raised **\$57,100** for the John Hunter Children's Hospital Emergency Department at their ninth annual Hunter United Woodworking and Craft Expo held last August at the Newcastle Entertainment Centre. Kaleidoscope Paediatric Emergency Medicine Staff Specialist Dr Mark Lee said the Woodturners helped fund a number of items including two bedside monitors, a logiqbook transducer and a porter sedation system - A fantastic effort!



Dr Mark Lee finds a tiny vein with the help of the logiqbook transducer donated by the Woodturners of the Hunter

MAGIC MONEY

The magical powers of Newcastle's Joel Howlett and other international stars helped raise **\$15,000 for patients at the JHCH** through the World Festival of Magic 2004. Smoke, mirrors and disappearing doves not only enthralled audiences at the October performance in the Civic Theatre, they also helped raise funds to purchase an **overhead tracking device for the Adolescent/Day Stay Unit**. The event, organised by the **Rotary Club of Newcastle Enterprise** will raise funds for us again this year - we appreciate all the work they do for us!



J2 Nurse Unit Manager Chris May and patient Elle enjoy the benefits of the new tracking device donated by the Rotary Club of Newcastle Enterprise

DANIEL'S DIARY

Today Hayley and I went to the H1 playground. Woolworths employees came for a special presentation. Each **Woolworth's supermarket** raised money for the John Hunter Children's Hospital **Play Therapy Program** through their **Fresh Future appeal**. The total amount was **\$40,000**. Hayley and I helped present certificates to all the local store managers. The clown doctors were there and they were blowing bubbles, making balloon animals, swords and being silly. The clown doctors were giving out kisses. We took a group photo of the employees with the digital camera. The kids in the schoolroom made a big poster to say thank you to them for their fantastic effort in fundraising.

Daniel

JHCH School Room



Hayley and Daniel accept a \$40,000 cheque from Woolworths Area Manager Robert Kidman and staff member Bronwyn Case



Bronwyn Case receives a kiss from the Clown Doctors for raising over \$10,000 through raffle ticket sales at Woolworths Greenhills store.

RED HOT DONATION FROM FIRE FIGHTERS' BALL

The **NSW Fire Brigades Zone North 3** raised another **\$15,000** for John Hunter Children's Hospital through their annual ball. Funds will be used to help us purchase a paediatric gastroscope for our **surgery team**. A gastroscope is used to examine the inside of the

oesophagus, stomach and the upper part of the intestine. It can project magnified pictures of the inside of the stomach and if anything unusual is seen, the doctor can insert instruments through the tube, to remove tissue for microscopic examination. Thank you to Zone North 3 for helping us secure this essential device.



Superintendent Bob Lewthwaite and the team from Zone North 3 make a red-hot delivery to John Hunter Children's Hospital!

DIARY NOTE: This years Fire Fighters' Ball is on 23 July

HANDS AND HOOVES HELP HUNTER KIDS

They may not be medicos, but Morpeth's magnificent horse riders have delivered another dose of their charity medicine to kids with cancer at John Hunter Children's Hospital. The **oncology** team received **\$20,000** from the **2004 Morpeth Medicine Ride** to help fund a part time diversional therapist dedicated to children with cancer. Thank you to all those who organised and participated in the ride for helping us deliver this specialised service to our oncology patients.

Community brings CHRISTMAS to patients at JHCH

When Fiona Gradwell from the Housing Group of Australia said she had a truckload of Christmas presents to donate to the John Hunter Children's Hospital...she really meant a truckload!

Fiona delivered the presents in the tray of her ute; the tarp straining at the jockey straps to contain the mountain of gifts.

"Every year the Housing Group of Australia holds it's Christmas Party Race Day and instead of giving each other presents, we all bring one for the children who will be in hospital over Christmas," Fiona said.

The Housing Group of Australia was one of many community groups to rally around the children of Kaleidoscope over Christmas.



Other groups included the social club from the Australian Tax Office, Charlestown Uniting Church, the Muree Ladies Golf Club,

Belmont Christian College, St Philips Christian College, NEWFM, Toys R Us, NRMA and the John Hunter Children's Hospital Kids Club - who all generously donated gifts.

We were also joined by some special guests at the John Hunter Children's Hospital Christmas Party including Marcia Hines, Fairy Sparkle, Magician Joel Howlett, Big

Dog, Henry Hound, Geoffrey the Giraffe, Dr Twang, Dr Either, Rainbows and Jellybeans and Friends as well as representatives from the Knights, Jaegers and the Pirates.

Director of Kaleidoscope GNS Pat Marks said the generosity of the Hunter community helped bring the excitement of Christmas to patients and staff alike.

"The community really came together over Christmas to help our staff and volunteers make sure the festive season was a memorable one for our patients," Ms Marks said.

"We couldn't have done it without their support! A big thank you to all who got involved!"

Dear Marcia,

I would just like to thank you on how inspirational you were for me. I got out of hospital the day after you came to visit us, so I would just like to say thank you again!

Love Hayley



A visit from Marcia Hines at the JHCH Christmas party brightens Hayley's day

I am writing to thank the members of social club at the Newcastle branch of the Australian Tax Office for the toys they donated to us at Christmas time. I have been told that this lovely group of people bought a gift for the children we see at First Step Parenting Centre, rather than buying a gift for each other. I would be grateful if you would pass on our thanks to those who thought of us this Christmas.

First Steps Parenting Centre is involved with families in the community who present with multiple issues around parenting. Many parents we see are young, unemployed or just struggling with the constant demands of being a parent.

The generous gifts you sent us were handed out on home visits and to our young parents group here at the centre - I have to tell you that there was delight on the faces of both young and old when the presents were opened! One little fellow I saw yesterday sleeps with his Thomas the Tank bag!

Please thank on our behalf all concerned who so generously donated gifts.

*Very sincerely
Alison McEncroe
Acting Team Leader
First Steps Parenting Centre*

WISHING WORKS well in GNS COLLEEN CROWE - Public Relations and Fundraising Manager

As another year begins, KGNS cost centre managers are invited to submit Wishlist Forms to access fundraising dollars.

Wishlist Forms can be submitted at any time during the year. However, to assist with our first round of community requests for 2005 please discuss suggestions with your teams -

and establish agreed priorities - then submit your Wishlist Forms as soon as possible.

Staff who attended the forums held at Wallsend and JHCH campus last December expressed confidence in the Wishlist system. It was noted that communication between the fundraising team and cost centre managers has improved, with regular updates being

provided on the status of items on the Wishlist.

All KGNS cost centre managers will by now have received copies of the Fundraising protocol, which outlines our fundraising philosophy and explains how we seek support. Integral to the protocol, the Wishlist system has helped reinforce the importance of being accountable to our

supporters. Staff have been more than happy to help us liaise with the community by offering to take tours through their units and speak at community functions. Thank you for your commitment to the Fundraising protocol; your feedback and suggestions for improvement are welcome on ext 14492.

Collaborating for Consistency

Louise Evans –
Project Officer
Guidelines, Standards
and Protocols

From the General Manager's desk

Welcome back! We've hit the ground running again in 2005 with a number of new and exciting projects and appointments underway in the Upper Hunter. I'd like to extend a warm welcome to our new Deputy Director of Nursing for Muswellbrook, David Boyd. David joins us from the Royal Australian Air Force and has a wealth of experience in trauma medicine - we're delighted to have him on board.

As mentioned in the last edition of *Kaleidoscoop*, the Hunter Park house has been operating as a 'drop in' clinic for isolated families living in South Muswellbrook for almost two years. The clinic developed as an all government agency project driven by Health to bring important services to families living in the area. Hunter Park house, managed by Upper Hunter Community Services, takes a number of services to the area including Child and Family Health Nursing clinics, school screening, diabetes education, Aboriginal Health Liaison and counselling services. From a paediatric point of view, Child and Family Health Nursing and speech pathology have been very successful - with the number of 'no shows' for the

latter decreasing significantly since the clinic was taken to Hunter Park. The outcomes have been so good, that we are looking at running further clinics from Hunter Park house.

Outreach clinics provided in conjunction with the Mobile Toybox Service have identified a need to set up a new support group for first time mothers. We are currently exploring the possibility of establishing the support group to capture isolated mothers who aren't accessing health services. It's about bringing mothers together to provide social interaction as well as link them back into the services provided at both our centre based and outreach areas. The support group would provide an opportunity to talk to these mums about healthy lifestyles in an informal setting. It would also be an excellent forum to talk to the mothers about their child's health - immunisation schedules, child and family health nursing appointments etc. We could also help facilitate appointments and referrals. Watch this space for updates!

Over the past eight months I have been working with both individuals and groups to ensure that relevant guidelines are developed (or updated) and more easily accessible to staff.

The Kaleidoscope Executive Advisory Group (KEAG) recently ratified the restraint guideline for area use. This guideline aims to provide a framework for safe practice in relation to the use of holding still for medical procedures, restraint or containment of children and young people.

Although the restraint working party was comprised of a multidisciplinary team from JHCH, I became involved in the development of the guideline and ensured that colleagues from the Lower and Upper Hunter and Lower Mid North Coast sectors, as well as other relevant GNS units, were able to provide comment.

I received valuable feedback from many colleagues (as well as from other area health services, consumers and units such as Migrant Health) and these comments were incorporated in the final document. In addition, units at the JHCH have identified restraint "champions" who will maintain the resource folders and assist with inservice education and guideline implementation.

Over the next couple of months processes will be developed to ensure that guidelines (including the restraint guideline) are available on both the intranet and internet. Other guidelines that will also become available online relate to pain, traction, tonsillectomy, oxygen, nebulised adrenaline

and nasogastric tubes. I am very happy to hear from colleagues who either consider that a guideline (or procedure) they currently use would be applicable to a wider audience or who consider there are "gaps" and require some assistance with guideline development.

In addition to working on guideline development and implementation, I have recently commenced a needs assessment in the community sector. Key community contacts have been identified and I hope to complete all interviews by the end of January.

In January, Sarah Haddon and myself met with staff from the Sydney Children's Hospital and the Children's Hospital at Westmead to further discuss how the three children's hospitals can effectively work together and share resources (especially guidelines and procedures).

With regards the roll out of the NSW Health Paediatric ED Clinical Practice Guidelines, the pilot sites are working effectively to implement appropriate strategies for their units. The JHH ED has also recently released a staff member, Maureen Mallory (for 8 hours per fortnight), to assist with implementation of the guidelines.

If you would like any further information about any of the above issues, please feel free to contact Louise Evans on (02) 4939 2469 or via groupwise.

Pat's Pen: Director KGNS

Another year begins! Welcome back to those who spent time with their families over Christmas, I hope you had a wonderful and safe break. A special thank you to staff who stayed on over Christmas to keep our service ticking over.

The beginning of a new year is a good time to reflect on some of the achievements we have made over the last 12 months. Being part of such a busy organisation often means that we campaign hard to implement change, and don't always take time to appreciate the results.

The roll out of \$2.5million secured through a large submission will be completed in June 2005.

This funding has been targeted at areas like general surgery, to better service the needs of regional families. The appointment of Dr Liz Wan, who is due to start on a part time basis in February, will mean we can see families in their nearest regional facility. Taking our services where they are needed is a much better solution for our patients and their families and is a good example of how we are changing our service to better meet the needs of our clients.

Part of this \$2.5 million has also allowed us to secure an



Daracon Director Susan Mingay and Fairy Sparkle delighted on day one of excavation.

additional community paediatrician. Anne Piper will commence in February and be a leader in child protection for this campus, as well as providing support to outreach areas.

Newborn services also received \$800,000 in enhancements after working for 12 months with only three neonatologists. This was a difficult period for staff, and I sincerely appreciate the way everyone pulled together to ensure the high level of care - that always comes from this unit - continued. Late last year we welcomed Dr Paul Craven to the team as the fourth neonatologist, and early February saw the appointment of the team's fifth, Dr Javeed Travadi. The enhancement also provided funds for another intensive care bed plus the appointment of support staff. This is an excellent example of change, and is a great time for staff in NICU to reflect on where they have come from, and where they can now take their service in 2005.



Representatives from Variety and Daracon met with Fairy Sparkle and hospital representatives to confirm their support for the Forest Garden late last year.

2005 will also see the completion of the Fairy Sparkle Forest Garden. We are delighted that Fairy has been able to engage the support of Daracon and Variety - The Children's Charity, to help us create this recreational space that will be enjoyed by the hospital community, especially our patients and their families. Construction in the K1/ J1 courtyard began February 9 and will take 8 weeks to complete - A very exciting time!

There are many achievements that we can reflect on from 2004, too many to include in this column! From enhance-

ments resulting in new positions and support services, to fundraising partnerships with our community - we had a fantastic year. We have also continued to provide great clinical service to Hunter children and their families. Please take the time to be proud of your role in these achievements.

Patricia A. Marks

Pat Marks
Director of Kaleidoscope KGNS
Director of Nursing KGNS

FAREWELL Derek, Karen and Ebany

It is with great sadness that we farewell Derek Dowler, Karen Williams and Ebany Dangarfield from the Kaleidoscope team and wish them well in their new pursuits.

A big thank you to Derek on behalf of the Executive for his commitment to keeping

Kaleidoscope on target, while remaining at all times calm and approachable (even at the end of the financial year!) Derek has accepted a position at Uniting Care and we wish him all the best in the new role.

Karen Williams has pulled together many submissions over the last ten years for paediatric

brain injury and we hope she has taken the time to reflect on her achievements and the legacy she has left for her team and patients alike - She has done a remarkable job and will be sorely missed by all of us!

A special mention also to Ebany Dangarfield, my PA who has left a big pair of shoes for us to fill

in the new year. Ebany has always gone above and beyond to get the job done, and I can't thank her enough for her support. I know I will not be the only one to miss her!

Let's talk communication

PAT MARKS

The staff opinion survey and feedback sessions that followed have identified a major concern with the way we communicate in our organisation. Staff are concerned about the amount of information we receive, the lack of relevance of some of this information, and the form this information reaches us in.

The Executive have taken a number of actions to improve the flow of information. *Kaleidoscope*, a quarterly publication for the entire network was introduced last year, as a way of giving staff a broad overview of the current direction of the network and an opportunity to share local achievements. The publication is always changing to take into account feedback, so please let us know what you think is important to read about (or what you don't want to read about!) via Sarah Beames on ext 13844.

Staff forums have also been reintroduced on JHCH and Wallsend campus to give staff the opportunity to raise issues or concerns with the Executive.

The forums give staff the opportunity to have informal discussions with the Executive – questions can be asked, issues can be raised and feedback or suggestions offered. They also give the Executive an opportunity to report back to staff about news affecting their portfolios. Staff are encouraged to attend these forums and agendarise items for discussion through the PR team.

Please diarise the following dates:

JHCH 2pm:

Mar 10, Aug 4, Nov 10

Wallsend 3.30pm:

Mar 8, Aug 1, Nov 7

Venues will be confirmed via email.

WHAT YOU SAID AT THE DECEMBER FORUM:

Email based communication:

Staff expressed frustration that they received too many emails about staff who are off sick, on leave or at training sessions. It was acknowledged that these emails are important to some and developed because without them, a lot of time was wasted trying to track people down who aren't at work. It was agreed at the forum that the names of those who are away will be put in the subject line of the email, so users don't have to open it. An attachment will still be included for Managers to print off and place on notice boards for staff who don't have access to email.

Forwarding emails:

Staff expressed frustration at being *forwarded* information where they have to click through several messages to find the original notice. Staff were assured that all information that comes from the CSU will be included in the main email i.e. content from the original message will be cut and pasted into the body of the new email. Staff are encouraged to do the same.

Paging:

Staff also expressed concern that when people are away from work, their page is not diverted or held by another team member. This is a major concern for staff who don't have access to the email that circulates the names of those who are away – They can page all day and not get a response. A system needs to be created whereby a person's page can be diverted when they are absent. This is something the Executive will pursue in the coming months and report back on at the next forum.

BUSINESS Report

DEREK DOWLER – KGNS Business Manager

By the time this edition of *Kaleidoscope* hits the stands, Claire Jesson will be the new Business Manager for KGNS. After 14 years with Hunter Health, I feel it is time for a new chapter. I leave with mixed feelings - excited about the new job at Uniting Care, but sad that I'm leaving such a great team behind. A big thank you to all who made my time here so enjoyable – I'm sure Claire will enjoy being part of the Kaleidoscope team as much as I did!

Our achievements over the last 12 months have been many. We have received a number of enhancements resulting in the appointment of new staff in NICU, orthopaedics, community, oncology and surgery. We also secured funds from the community to help us proceed with the Fairy Sparkle Forest Garden, overhead tracking at THOS and J2, as well as funding for an extension of the play therapy program to allow a dedicated diversional therapist for our oncology patients.

The Wishlist has been instrumental in these fundraising achievements. A key component of our Fundraising protocol, the Wishlist ensures we are accountable to our donor public by requiring staff to submit a "Request for use of Donated Funds". It asks for simple information, like what the equipment is used for, how much it is and how it will benefit patients.

The Executive then put all submissions in an order of priority, before the fundraising team begin canvassing supporters. During 2004, we spent and committed funds to the value of approximately \$600,000 for projects and equipment on the Wishlist, which is a fantastic achievement.

Feedback from staff and fundraisers has been extremely positive. I encourage everyone to familiarise themselves with the Fundraising protocol, discuss current needs with your manager, and direct any enquiries to the PR team on ext 13844.

We also made significant improvements in Occupational Health and Safety, especially in the area of lost time injury with three in 2004 compared to six during 2003. In November, we had zero lost time injuries which is a fantastic achievement and all staff are commended for their vigilance when it comes to safety at work. I encourage you to raise any safety concerns with your manager and the Executive will continue to support you by conducting regular safety walks.

All the best in 2005!

TALENTED NURSING team celebrate SUCCESS

Kaleidoscope Nurses joined forces last November to share their ideas and celebrate their achievements at their annual seminar held at the Crowne Plaza, Newcastle.

Director of Nursing for Kaleidoscope GNS Pat Marks said the seminar gave teams the opportunity to celebrate and showcase best practices with their colleagues.

"The seminar is an excellent forum for nursing teams to reflect on their achievements, as well as share best practices across the network," Ms Marks said.

The Kaleidoscope Nursing Awards were also presented at the seminar.

"The awards recognise individuals and teams who have achieved exceptional results across a range of areas from clinical excellence to innovations in nursing practice," Ms Marks said.

"Receiving an award is particularly satisfying as nominations are made by colleagues – being recognised means your efforts are truly valued by those you work with," she said.

"Congratulations to all who shared their ideas, received awards and a special thank you to the KGNS Seminar Committee and the KGNS Nursing Awards group for making the day possible," she said.

Where there's SMOKE there's SUSANNE

Kaleidoscope Nurses' Seminar Winner: Fireman Fred Award for Courage Under Fire
People's Choice for the best presentation at the seminar



CNC Liaison nurse for NICU Susanne Wooderson receives her award for courage in the face of fire.

When Susanne Wooderson asks a parent in the neonatal intensive care unit to stop smoking, she knows why they hesitate. Susanne used to smoke. 23 years ago she quit. It took two attempts. Susanne also had a premature baby and knows being a new mum can be the best incentive to give up.

Over the last 16 years as CNC Liaison Nurse for the NICU, Susanne has used her own experiences to help new mums quit smoking.

Susanne and the NICU team are championing a system where every health professional, from the family GP, to staff in the antenatal clinic, NICU and child and family health address the issue of smoking with their patients.

"At this stage, the partnership between the NICU and antenatal staff is very strong and both teams work hard to make sure the anti-smoking message is consistent," Susanne said.

When a smoking mother presents to the antenatal clinic, staff take a comprehensive history of her smoking habits, and explain the risks of smoking to her unborn child. The mother is given a QUIT package and at each visit, the antenatal staff offer support and encouragement to stop smoking.

On admission to the NICU, a smoking mother is identified

by the antenatal sheet and the smell of smoke. A comprehensive NICU admission history and questionnaire, organised in collaboration with the JHH pharmacist, identifies her smoking patterns and addiction levels.

Using this information, Susanne and the NICU team develop a tailored package of information for the mother, partner and extended family.

"We offer the parents and extended family patches and teach them how to use them, when to put them on and warn them of possible side effects," Susanne said.

"We also offer behavioural advice to help parents stay on track when they return home," she said.

For example, the team encourage parents to tell their families and friends.

"We feel that parents need to let people know about their decision to give up and explain to guests that their house is no longer a smoking environment," she said.

"If we have parents who do not want to give up, we talk about ways to minimise the amount of environmental tobacco smoke their baby is exposed to. This could mean enforcing a no smoking policy in the house and car, and putting aside one jacket that is only worn when smoking," she said.

When a mother or her partner sign up to the program, the decision is noted on the discharge summary to alert the GP and Child and Family Health nurse.

"We document the decision to remind other health

professionals to ask about their progress," Susanne said.

"This is one way of making sure the support and encouragement continue beyond the walls of the hospital. We also encourage families to register with the QUIT Line, which also gives them another form of support when they leave," she said.

Since January 2002, the NICU team have supplied 120 parents and grandparents with patches at a total cost of \$3926.58. They have surveyed 73 parents who were supplied with patches and we were able to contact 53 of the 73 to complete the survey. Fourteen out of 53 were still non-smokers at the time of the survey.

"I think we have been very successful in our program because we are all working together at every step of the patient's journey to reinforce the message," Susanne said.

"We have very committed doctors and nursing staff who take every opportunity to talk with parents about becoming a non-smoker," she said.

A recent report released by NSW Health identified that smoking rates in females are the highest in women of child-bearing age. In NSW 16 per cent of women in their second trimester smoke. In the Hunter the rate is significantly higher at 21 per cent.

The neonatal intensive care unit has 800 admissions a year. Of these admissions 200 babies are discharged to a smoking environment.