

Kaleidoscope

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Word from the Editor

Thank you to all who contributed to the winter edition of *Kaleidoscope*. The stories have come from far and wide this season, with a great cross section from different areas across the network. From personal stories like JHCH transport nurse Bev Cooney's humanitarian mission to Peru (pg 1) to the fundraising pursuits of our community and staff (see Bill Byrnes pg 6) we've got it covered!

If there's something happening in your area that you would like to share in the next edition, please let me know on ext 13844. I'm more than happy to put on my driving shoes or pick up the phone (depending on where you're located!) to cover your story.

As you know, your feedback is always welcome. Please drop me a line at anytime if you have any suggestions for how we can improve your publication. sarah.beames@hnehealth.nsw.gov.au

Till next edition!

Sarah Beames – *Kaleidoscope* Editor

A WORKING HOLIDAY in PERU

It was supposed to be an ordinary holiday. John Hunter Children's Hospital transport nurse Bev Cooney (pictured right) booked a flight to Peru in 2003, dreaming of trekking the Inca Trail and the Sacred Valley.

Instead she found a community who needed her nursing skills more than she needed a holiday.

Bev's tour guide told her of his passion for helping patients with severe burns at the children's hospital in Lima. He offered to take her to the hospital to meet some of the children. Nothing prepared her for the conditions in the 1,100 bed facility.

"The children's hospital was sparsely furnished with equipment that was around 50 years old," Bev said.

"In the burns ward, one nurse worked a twelve hour shift caring for 10 babies with severe burns. No pain relief was available for these children.

"The only way staff could prevent the child from scratching their burns and causing further damage was to tie their hands to the bed.

"I knew that I had to return to help out and do for the children what we could with the expertise from Australia," she said.

Back in Australia, Bev recruited paediatric surgeon Dr John Cassey, Dr Peter Armstrong and three nurses to her aid mission, scheduled for August 2004. Each member of the team volunteered their time and services.

In the lead up to the trip, Bev enrolled in a number of courses that would help her



support the surgery team and spent many weekends in a voluntary capacity learning the ropes in the John Hunter Hospital operating suite.

She also turned to the Hunter community to help provide funds for the medical supplies the team would need once they arrived.

"One thing I learned in Satipo was that if you can't afford it, you get nothing," she said.

"If a child doesn't bring their own dressings to the burns clinic, they don't get done. If a family doesn't present with IV fluids from the pharmacy before they are scheduled for surgery, the child misses out altogether.

"When I returned, I wanted to be able to make sure families got access to the medical supplies they needed regardless of their financial situation," she said.

A working holiday in Peru continued from page 1.



The 2004 mission to Satipo saw 5000 children receive free assessment and treatment. Many families walked up to 10 hours for the clinic. Approximately 100 operations in plastics, general, urology and ophthalmology were attended by Dr Cassey and the team of Peruvian doctors and nurses that they worked alongside. These were not only

life saving operations for the children, they were also vital for teaching the Peruvian doctors new techniques.

"In one instance Dr Cassey (pictured above) was able to show a doctor how to repair a hernia using a 3cm cut instead of a 10cm cut," Bev said. "Dr Cassey also left his instruments behind for the



Bev's inspiration for her return trip are the children she met along the way.



doctor who had assisted him on most of the procedures."

On 19 August 2005, Bev and John Hunter Hospital cardiac nurse Carolyn Wright fly back to Satipo for three weeks to conduct a stocktake of all the equipment and supplies in each clinic in the area. This will determine what is needed for the trip scheduled for 2006.

"Next year, we're hoping to take back all the equipment we will need for the clinics and theatres," Bev said. "We've had

some fantastic support from local groups such as Rotary as well as from individuals.

"I've also been inundated with expressions of interest from local medical staff. Dr Cassey, Dr Ian Wilson (Maxillo-Facial Surgeon) and Philipa Kennedy (GP specialising in rehabilitation) will join me for the trip in 2006," she said.

"All I have to do now is raise the money..."

A word from the other side

Tracey found out when she was 13 weeks pregnant that her baby's bowel was protruding through a small hole in his stomach. She was told that there was a small chance that the baby would have ongoing problems, but if surgery was successful, she would have a normal healthy child.



Baby Seth was born with his bowels and stomach on the outside of his body.

I was thirty-seven weeks and six days gestation when I had not felt the baby move during the day. We went up to the hospital and I was told that I would have to be induced. After a short labour our little boy, Seth, was born.

He was beautiful. His small bowel, large bowel and stomach were on the outside of his body, but funnily enough it did not look as bad as I had seen in the pictures.

They wrapped his tiny body in glad wrap and wrapped him in a blanket and gave him back to me for a brief but beautiful cuddle. His dad also got to cuddle him. He was taken up to NICU. I am so glad I got to cuddle him, as I did not think I would have a chance to.

After about one hour, my partner came back to me and said that Dr Raj Kumar had put all the baby's bowel back inside without having to go to surgery. He did this by feeding the

bowel back in through the small opening at the side of the umbilical cord. I was ecstatic, and was wheeled up to NICU to see him.

When I first saw him lying there he had a tube down his throat into his stomach, and drips were in both of his arms but he was still absolutely gorgeous.

We were told he was to have nothing in his stomach for three weeks, to allow for his bowel to settle down.

After being told he was to be nil by mouth for three weeks, you can imagine my surprise when we were told they were going to start tube feeding Seth on day eight, breast feeding by day 12 and home by day 14!

We were so happy to be taking our little miracle home with us so soon!

Thanks to all the NICU staff, nurses on K1, doctors as well as a special thanks to Dr Raj Kumar, Paediatric Surgeon for his expertise in fixing our little boy. We could not ask for a better doctor. Special thanks also to Dr David Somerset for his help in antenatal care and scans.

Thanks again!
Tracey, Adam and baby Seth.



Seth was able to go home to his family much sooner than expected

From the Director's desk

Child & Youth Maggie Project

Catherine O'Brien – Acting Deputy Director, Child and Youth Mental Health Service

Feedback received from staff about *Kaleidoscope* is fantastic. The Newsletter is indeed a great way to share information about what is happening in your local teams, showcase the achievements of staff and community groups and share ideas or knowledge about issues that help us deliver excellent child health services. Keep those story ideas and articles flowing in.

A recent enhancement announcement by the Minister was very much welcomed and will significantly enhance our delivery of newborn services. The staff have performed admirably in past years with considerable resource constraints and this injection of funds for Neonatal Intensive and Special Care, allows us to focus on the best way to tailor care to meet the needs of the many babies and families that come to the Nursery from across the Hunter and New England region.

Looking at the other end of our age spectrum.... High on the NSW Health agenda is how we help young patients with complex healthcare needs transition from the child to adult health environments. The GMCT transition program is consulting with clinicians, young people and their families. Soon, an information package, transition checklists, GP resource kit will be available and eventually a website. If you'd like to discuss strategies designed to ensure that young people with chronic illness are appropriately supported for transition, please contact Rebecca Harris, Transition coordinator on (02) 49236426.

Collaboration on child health services in Australia and New Zealand is alive and well, as demonstrated by presentations at the recent Children's Hospitals Australasia conference. Hunter New England Health was once again 'on the map' with Margaret Piper's presentation on the

Maggie Program's Child and Youth Mental Health receiving international acclaim. Congratulations to the team on their considerable advances and achievements with this complex project.

In future issues of *Kaleidoscope*, I'll report on progress of the Managed Clinical Networks project of which I am a working group member. *Kaleidoscope* has been a leader in discussions about managed clinical networks and welcomes this active participation. Our collective experiences and learning over the past 10 years about the importance of Networks both for staff support and education and the children and families that need care, will continue to inform discussions around proposed structures for HNE Health.



Prof. Trish Davidson
Area Director of Kaleidoscope

Helping young people adapt to CHANGE

Rebecca Harris – Transition Coordinator for Northern NSW Health

NSW Health's Greater Metropolitan Clinician Taskforce (GMCT) Transition Care has appointed three new transition care coordinators for young people with a chronic illness or condition.

During transition from children's services to adult services, young people are faced with the task of finding and accessing appropriate adult health services. Research has indicated that the health system generally

does not tackle this period of transition to adult services well.

The coordinators work closely with clinicians, young people and their families to determine what processes and resources are needed to improve successful transition for young people.

The program will be producing a number of documents to aid transition. These include; an information package for young people and their families,

transition checklists, GP resource kit and eventually a website.

Rebecca is based with Kaleidoscope's Youth Health Team at The Royal Newcastle Hospital. If you have any questions or are interested in becoming involved in the program as a consumer representative please contact her on 4923 6426

The Child & Youth Maggie Project (formerly known as the Bart & Lisa Project) is three months into the implementation phase. This project examines the way our health services are delivered to children and young people with a range of emotional, behavioural, developmental and mental health problems.

The project now involves staff from CAYMHS (Child And Youth Mental Health Services), the Child and Family Health Service and some staff from CAMHSNet (Child & Adolescent Mental Health Services Network) working together to deliver a range of clinical programs in the community. For example, developmental problems, eating disorders, early psychosis, child protection, and Aboriginal health. They are also implementing a central intake system.

Following a period of consultation, a planning day was attended by 100 staff on 20 April to look at what the programs will look like. Working parties are now meeting to follow up on the ideas from the planning day and to develop further the other recommendations of the project e.g. case management, central intake.

Although this is a time of change, CAYMHS and CAFHS staff are continuing to meet the increasing demand for services as well as contribute to the project. This is a time of a significant shift in how we deliver services and it is hoped that it will lead to improved services for consumers.



BOUNDARIES

Louise Austin – Project Officer

Forty four participants from clinical, executive and planning areas across Hunter New England, Central Coast and North Coast Area Health Services attended the NCHN Planning Day, 14 March 2005.

The Implementation Plan for the Guidelines for the Networking of Paediatric Services in NSW, was used as the framework for discussion. The document outlines the Statewide, Network and Area Health Service paediatric networking activities to be implemented by June 2007. Significant background information was distributed to participants to enable them to develop an agreed way forward for the NCHN for 2005-07.

To ensure the continued provision of quality accessible care to children and their families, the following network priorities were identified:

1. Project resources assured for CNC positions
2. Education needs analysis and delivery of multidisciplinary education
3. Development of guidelines for transfer of acute and non acute patients
4. NCHN as an advocacy body involved in joint planning; with identification of gaps, including workforce issues and definition of what outreach specialist services

are already in place and what is reasonable

5. Culturally appropriate services and staff
6. Completing a timeframe and implementation plan for clinical practice guidelines across all sites, not just pilot sites

The NCHN free CD education library continues to expand. Some of the latest topics are:

- Antimicrobials - improving prescribing
- Cardiac conditions
- Clinical Improvement Unit (CIU) 2004

- Nursing in Peru
- Planned Procedure Booklet (Children's) – Kaleidoscope

Please visit the Professionals pages of our website (www.nchn.org.au) for details on all presentations and the information contained in them. If you need a password for the site or would like some of our free CDs please e-mail me at louise.austin@hnehealth.nsw.gov.au

LOWER HUNTER CLUSTER News from Maitland/Dungog Heather Mann

The refurbished Paediatric Clinic Area at Maitland hospital is taking shape and looks like it will be a very functional area for outpatient clinics. A date for availability for use has not been finalised but we hope it will be in the near future.

Dr Anne McGeechan has been with us now for four months and the benefit of having a fourth paediatrician is reflected in the increased outpatient appointments we have been able to offer the community. We envisage a further improvement in service when we move into the new Paediatric Clinic area.

The Paediatric Unit at Maitland Hospital has farewelled CNS Judy Hicks. Judy has been a member of the nursing team in the Paediatric Unit, and at

Maitland Hospital for many years. Judy has (semi) retired to enable her to spend more time with her family, and on her many interests. We will miss Judy's expertise and knowledge, and her unfailing good humour, and we thank her for all her contributions during her time with us. Although Judy will not be working with us on a regular basis she has agreed to remain as a 'casual' which is terrific for us.

The Paediatric Unit at Maitland Hospital was the recipient last year of a very generous donation from a local branch of the CFMEU. With that donation we were able to purchase an Arjo bath for the unit. The Arjo has a hydraulic mechanism, which allows the bath to move up and down thereby reducing

the incidence of staff having to lift children into the bath. The refurbishment of the bathroom is now complete, and the Arjo is in place and has been well tested. The pleasures of a warm relaxing bath are now available to many more children during their stay in the Paediatric Unit. We are grateful to the local branch of the CFMEU for their generosity.

The Special Care Nursery (SCN) at Maitland Hospital has been very busy lately, supporting the Delivery Suite at Maitland and offering step-down support to NICU at JHCH. One of the highlights of recent weeks has been having four sets of twins, all in the SCN at the one time. All these babies have done well and have gradually been discharged home with their

families. The SCN staff and the rest of the midwives in Maternal Services at Maitland celebrated International Midwives Day on 5th May by having a lunch where all staff came together at one time.

Child and Family Health Nursing Services at M/DHS have, in recent months, been involved in the trial of Care Pathways in CFHN clinical practice. It is rewarding to see the report on the evaluation of that trial now available. All the CFHN who envisaged this concept, developed it into a project and worked hard on achieving it are to be congratulated. Thanks also to Prof. Diana Keatinge for her invaluable contribution.

HAND *in* HAND

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

Charities keep change from *THREE DOLLARS* premiere

Kaleidoscope Children's Champion Sarah Wynter raised \$11,270.82 through the Newcastle premiere of her latest movie *Three Dollars* to share with our network, Mission Australia and Victims of Crime Assistance League (VOCAL).

The red carpet event and after party, held Saturday April 16 at the Civic Theatre was attended by some 300 guests and was a wonderful celebration of Sarah's achievement, and demonstration of her commitment to her home town.

Sarah spoke passionately about having the opportunity to share



Sarah meets tiny patient Emily in our Neonatal Intensive Care Unit

her first Australian movie with her family and friends, and was overwhelmed by the number of people who came to support her and her nominated charities.

Kaleidoscope Area Director Professor Trish Davidson said the premiere was a wonderful opportunity for the Hunter community to come together to support one of their own and show support for local services.

"We congratulate Sarah on her success, and thank her for offering to host the event on behalf of three local charities who are working to address many of the issues raised in the film, right here in our own community," Professor Davidson said.

"We also thank each guest who attended, not only for supporting Sarah, but for acknowledging the value of the service provided by Kaleidoscope, Mission Australia and VOCAL in the Hunter.

"This generosity is a huge vote of confidence for the work we are doing to help some of our community's most vulnerable members; sick children, the homeless and victims of crime," she said.

Sarah has been our children's champion since the network was formed in 2002 and during this time has made personal



Professor Trish Davidson and Sarah Wynter at the charity premiere of *Three Dollars*.

donations and always made time to visit patients during her visits home.

"This latest gesture of support for Kaleidoscope has not only generated vital funds for our service, it has also raised the profile of who we are and what we do for our community," Professor Davidson said.

"We extend our sincere thanks to Sarah for being the beautiful person that she is and sharing

tonight with us, to her fiancé Dan and her family and friends for supporting her wishes to help our charities," she said.

Thank you also to Greater Union Cinema King Street, Louise Gleeson, Bimbadgen Estate Wines, Woolworths, Corporate Express, Gallerie Fine Jewellery, Newcastle City Council, Dendy Films, Film Hunter, Qantas, Mark Wells and Steve McNally for helping us help Hunter kids.

Hunter community HELPS kids with cancer

Dr Frank Alvaro



The Paediatric Oncology Unit has changed markedly since I started in January 1999. A further enhancement to the service commenced in May of this year when Dr Janis Chamberlain joined us as our second Paediatric Oncologist/Haematologist. The team extends a warm welcome to Janis - she brings with her experience not only in the treatment of childhood cancers, but also in the management of paediatric haematology.

A generous \$20,000 donation raised through the 2004 Morpeth Medicine Ride has allowed us to appoint part time Play Specialist Veronica Oakley to work specifically with oncology patients. This has allowed our patients to have Veronica's expertise not only in the area of play therapy but also diversional therapy. It is another enhancement to the service we can provide to our patients,

particularly those who spend many weeks in hospital.

Staff and patrons from the Great Northern Hotel Teralba have kindly agreed to fund the Play program's set up costs using around \$6000 they have pooled through a weekly raffle. The play needs of the oncology patients are quite specific and we are delighted that the team from Teralba are willing to help us fund the project. The JHCH Kids Club also agreed to provide \$200 each month for any consumables the Oncology Play program may need. Thank you to these three community groups for helping us to deliver this valuable service to our patients.

Oncology Clinical Nurse Specialist Bill Byrnes not only cares for cancer patients at the John Hunter Children's Hospital, he also raises money to help parents cope with their child's illness. Over the last two years, Bill and his sister Cherie (above

right) have raised \$105,860 through a charity golf day to help improve the family room on the oncology ward.

The family room will provide a 'time out' space for parents and gives them peace of mind knowing that they are still close to their child. For some families, the ward becomes a home away from home. Our aim is to improve the amenities for these families who are doing it tough. We are hopeful work will commence soon on this area. It will be enlarged from its current size and have an outlook over the Fairy Sparkle Forest Garden currently in construction. A big thank you Bill and Cherie for their fantastic fundraising efforts that have allowed us to fast track these improvements.

The oncology team are also establishing a cooking program

for patients in conjunction with the Occupational therapy / dietetic teams. Chemotherapy often affects fine motor skills and appetite - the cooking class is a creative way to encourage the children to move their hands and fingers while playing with the cooking mix. It will also entice them to eat their handiwork! The JHCH Kids Club kindly agreed to provide \$2000 to help purchase a trolley, blender and cooking ingredients to get the program up and running and we thank them for their support.

Salvaging coins from scrap metal

Have you ever wondered what happened to the dollar coin that slipped out of your pocket and down the back seat of your car?

Chances are it ended up on the sorting belt at the Smorgon Steel Recycling Plant Hexham, to be picked out by employees in support of Kaleidoscope's Child and Family Health Nurses.

Over a two-year period, employees from Smorgon Steel Recycling salvaged \$5,148 to help the Child and Family Health nurses replace equipment used to detect hearing problems in children aged 3 to 18 years.

Child and Family Health Nursing Manager Trish Hannan said the money donated by Smorgon Steel Recycling helped purchase essential hearing devices including an Audiometer PA 5,

an auroscope and a tympanometer.

Ms Hannan said Hunter children will benefit enormously from this new equipment.

"We are very grateful to the team from Smorgon Steel Recycling Plant for the work they have done to help us improve the service we offer to Hunter children and their families," Ms Hannan said.



Trish Hannan and CFH nurses help Smorgon employees sort coins at the plant

Community NOTICEBOARD

Kaleidoscope relies on the generosity of partnerships formed with the Hunter community to provide the highest standard of care to our patients. We are indebted to the many wonderful groups and individuals who work on our behalf, raising funds for vital equipment and promoting the work we do in the wider community. We'd particularly like to thank the following groups for their support...

PARTNERSHIP IN FULL FLIGHT

Over the last 12 months, we have been delighted to work in partnership with the **McDonald's Hunter Jaegers**. We sincerely appreciate the team's willingness to help brighten the stay of our patients with a special visit or tickets to a home game. We also thank them for their recent **\$1,200 donation to Kaleidoscope** raised at their presentation night.



Patient Kelly McNeill accepts cheque on behalf of Kaleidoscope from Jaegers Jane Menzies and Kimberlee Gilmour.

YOUNG DIABETIC ON A MISSION

Fifteen year old patient **Aaron Moase raised \$7,500** through his annual ride for diabetes last September, in support of the Department of Paediatric Endocrinology and Diabetes at the John Hunter Children's Hospital. Funds will be used to support the clinic and research into type one diabetes. We are indebted to Aaron, his mum Cathy and their dedicated band of volunteers for the funds they secure on our behalf, and for the health messages they help reinforce in their local community.

FAMILY DONATION COMPLETES CIRCLE

We would also like to extend our sincere thanks to the family of the late **Iris Gibson** who made a donation to the John Hunter Children's Hospital **Orthopaedic Department** in her memory. The **\$1,270** donation helped Dr Ho and the team secure equipment used to treat babies with hip dysplasia, (an underdeveloped hip) and a training tool used to examine a newborn's hip. The donation represents the family coming full circle, as Iris' grandson Lewis was once a patient of Dr Ho's and received treatment for hip dysplasia. A big thank you to Joanne, Sue, Lewis, Kevin and family.

JHCH KIDS CLUB MAKE WISHES COME TRUE

The **JHCH Kids Club** have been busy in 2005 with **\$21,657** worth of equipment approved for purchase from our Wishlist. **The Hunter Orthopaedic School** received **three variable tilt tables** at a total cost of **\$14,910** for 'standing' programs to help disabled children move to an upright position. The tables help with stretching and weight-bearing programs for wheelchair bound patients. Kids Club also provided **educational software \$1,577** for students at the school to stimulate and teach the children at various developmental levels. The **Child and Family Health Nursing Team** received **\$5,170** worth of equipment used in the early detection and intervention of hearing disorders in children. We are sincerely grateful for the wonderful work our Kids Club do on our behalf... this group of volunteers work tirelessly to raise funds and forge relationships in the Hunter community of behalf of our patients. A big thank you to the entire team!!

CHARITABLE SPELL CAST ON AUDIENCE

Hypnotist **Steven Spellmaster and his team** have been staunch supporters of the **JHCH oncology** unit since 2001, when they began raising funds on our behalf through their 'Club Challenge.' As part of this fundraiser, 30 clubs and hotels in the region installed collection tins for donations from patrons, to see how much money they could raise in 14 days. \$15,000 was raised, but Steven and the team didn't stop there... they have continued to collect donations from the audience and contributed themselves, culminating in more than \$63,000 for our oncology unit!! Steven has set a **new goal of \$100,000** and we extend a huge thank you him and his crew for their ongoing support.

Diary Dates

If you would like tickets/more information about these events supporting JHCH please contact the Fundraising unit on 4921 3844

Hunter Children's Research Foundation Ball 007 theme \$90 ticket
July 16 Wests Leagues Club

NSW Firefighters' Ball July 23 Ticket sales \$50. Ph: 49272500

Bluey Day head shave raising funds for life limiting illnesses
August 13. Log onto www.blueyday.net for more information

Hunter Woodworking and Craft Expo August 12, 13, 14 at
the Newcastle Entertainment Centre proceeds to the JHCH
Kids Club

Morpeth Medicine Ride Saddle up August 6 to support JHCH
Oncology Unit. Please call 0438 223 670

World Festival of Magic October 6 Civic Theatre, Newcastle.
Some tickets have been set aside for Kaleidoscope patients to
attend for free. Please advise fundraising team of nominations.

A Ward for GRANNY

Kaleidoscope's longest serving ward grandparent Joan James was recently honoured by AWCH (Association for the Welfare of Child Health) at a ceremony in Sydney for her *outstanding service to children*,



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

young people and their families within the Australian healthcare system.

Ward grandparent coordinator for JHCH Jo Oliver said she nominated Joan for her nine-year record of being a consistent, reliable and a dependable force.

"Joan has demonstrated a very strong commitment to the Ward Grandparents Scheme, and loves being a ward granny. She has maintained a very strong child centred focus, which has been demonstrated in both her thoughts and actions," Jo said.

"She is flexible in her approach to the changing focus of the program, which has grown over the years to embrace the needs

of siblings as well as the sick child.

"Joan has a belief that the needs of siblings are as great or at times greater than those of the sick child. Her willingness to also care for siblings has really taken pressure of parents and staff.

"Families have really appreciated getting a well-deserved break, being able to attend to pressing work and/or personal matters with the knowledge that their child is getting individual attention from a devoted ward granny," she said.

Joan also has a great reputation amongst the staff. As the fairly new Ward Granny Co-ordinator at JHCH, Jo has found Joan to be very supportive.

"Joan has maintained a professional approach to her work. She communicates well, is very punctual (despite having to catch two buses!) and has demonstrated a clear understanding of her role and boundaries as a Ward Grandparent," Jo said.

We're delighted that AWCH has recognised Joan's contribution to our service, and we recently celebrated Joan's success at a morning tea hosted by the Executive. Joan's family, colleagues and a very special patient Joan cared for some time ago were able to share the day with her and thank her personally for her efforts.

Pumping pedals for play program

COORDINATOR'S REPORT
Alan Beard - Rotary Club of Warners Bay

Loop the Lake 2005 was a resounding success, with 1775 cyclists registered to ride the 80km track (or part there off!) producing a near record field.

This year the total raised for local charities was \$61,000!

For the last nine years, the Play program at the John Hunter Children's Hospital has been the major beneficiary of Loop the Lake.

All sponsor money and general donations go directly to the John Hunter Children's Hospital as well as some of the funds from left over from entry fees after event expenses have been paid. The remaining funds go to other Rotary charities.

This year we were delighted to be able to donate \$33,550 to the Play Program. This money is used to help employ a Play Specialist, who aims to ease the high levels of stress, confusion and boredom a child can experience when they are in hospital.

The most successful fundraiser for the Play Program this year was Rod Lawson, who collected \$1768 in sponsorship. Rod was the coordinator of the NRMA team, and was able to pull together over 60 colleagues for the challenge.

The team challenge is our focus for next year's ride and we will be approaching other companies in the Hunter to pull teams together as a way of building staff camaraderie and

keeping fit - all in the name of charity!

The Rotary Clubs of Lake Macquarie are delighted to be able to continue this partnership with John Hunter Children's Hospital, and the many other local charities who benefit from the ride.

Thank you to all those involved in making the event come to fruition.

Photos from top to bottom:

NRMA team player Rod Lawson meets patient Caitlyn in the lead up to the race

Play specialist Florence Ross spends some quality play time with patient Willis

1775 cyclists pushed off from the 2005 Loop the Lake start



Collaborating for Consistency

Louise Evans – Project Officer, Area Guidelines, Standards and Protocols

From the General Manager's desk

Children's services in the Upper Hunter are very busy, with the speech department resuming a collaborative teaching program with the infants departments at two local primary schools.

Child and Family Health Nurses are running New Parent Groups which run for six weeks and cover:

- the birth and parenting experience
- crying and settling
- feeding your baby (including introduction of solids)
- growth and development
- safety and immunisation
- caring for yourself

They continue to screen for domestic violence.

The community nursing, occupational therapy and speech pathology departments have joined with two local

community groups (the Upper Hunter Neighborhood Service, and Rural Families Project) to provide health services to disadvantaged children.

This project sees community nurses screening targeted children for vision, speech, hearing and occupational therapy. The speech and OT departments provide inservices to schools, preschools and daycare centres to ensure appropriate children are screened. The community groups provide assistance to parents to ensure appointments for assessment and treatment are attended. Aides within the schools assist these children in the classroom.

This project is funded by Families First and is an excellent example of how government and non-government services can work together to improve the health of our community.

The first four of the 12 guidelines released by NSW Health in December 2004 have been introduced at Hunter pilot sites and these relate to asthma, fever, gastroenteritis and recognition of a sick child. We will shortly be introducing clinical pathways for croup, bronchiolitis, bacterial meningitis, seizure and otitis media.

We encourage emergency department staff to use the pathways and give feedback about their usefulness to the working party. After incorporating staff feedback we will once again liaise with the forms working party. Hard copies are available in each ED as well as on the Kaleidoscope website.

Baseline and post implementation audits have identified the areas in which we are doing well, and where we need to improve. With regards to gastroenteritis, we are doing well with oral feeding, using appropriate IV fluids and carrying out appropriate investigations. However, we need to improve the documentation of the severity of gastroenteritis and ensure that all parents receive discharge information (and document that this has been done).

Fever presentations are being given appropriate treatment but we need to document the method used for temperature taking and the axilla method is recommended for those under 3 years of age.

For asthma we are doing well with appropriate use of steroids but we need to ensure that a written asthma plan is given and document that this has been done.

Any queries or comments about guideline implementation can be directed to either Mark Lee (JHH ED) or Rhonda Winskill (ext 52469).

A fact sheet committee has been formed with Mark Lee, Rhonda Winskill, Liz Newham and Colleen Crowe as members. They collaborate with representatives from Sydney Children's Hospital Randwick and The Children's Hospital at Westmead to help standardise information provided to parents. The committee request that all staff contact them prior to developing or reviewing fact sheets (or parent information/brochures) to ensure consistency and effective collaboration with our Sydney partners.

Prof. Vimpani appointed to *CHILDREN'S HEALTH TASKFORCE...*

Kaleidoscope's Professor Graham Vimpani has been appointed co-chair of the NSW Government Children's Health Priority Taskforce and named a member of the NSW Health Care Advisory Council.

The Health Priority Taskforce will provide advice to the State Health Care Advisory Council and will report directly to the Director General of NSW Health and the Minister for Health.

"It is a real honour to be entrusted with this challenging

role," said Clinical Chair of Kaleidoscope GNS, Professor Vimpani.

"This is the first time that an advisory structure has been established in the NSW public health system that has been asked to examine all children's health issues and advise on key priorities for action," he said.

Until now, priorities for acute hospital-based paediatric services have been looked at in isolation from preventive

services that are largely based outside of the big institutions.

Many community-based initiatives are driven by different sections within NSW Health, which poses a real challenge for ensuring a coordinated approach by the Department.

"That coordination works as well as it does and is a tribute to the hard work of Departmental officers," Professor Vimpani said.

"We also need to see a more coordinated approach between

hospital outreach services for children and young people with chronic illness and disability and existing community-based services," he said.

Professor Vimpani's appointment is for two years. Within that time, an important part of the Taskforce's agenda-setting process and formulation of priorities, will be the consultation with regional and rural groups of staff, parents and young people – as well as those living in Sydney, Newcastle and Wollongong.

Pat's Pen: Director KGNS

The Winter season is upon us – again promising a challenging time for health care workers. May I take this opportunity to thank staff for their attendance at Staff Health clinics for Boostrix (pertussis) vaccinations. The available clinical evidence strongly supports this proactive strategy in reducing the transmission of whooping cough and your contribution is greatly appreciated. In preparation for what is predicted to be a Winter of new influenza strains, I am also encouraged by the take up rate by staff receiving Fluvax – well done to all those who already have.

In addition to championing the safety of our patients and their families, I and the KGNS Executive team am adamant that our staff will be afforded a safe working environment. I encourage staff – particularly those on the wards – to raise any concerns they have with their team leaders or managers regarding safety.

The enjoyment experienced at the wonderful lunchtime event

held on International Nurses Day on 12 May reached me in New Zealand!

Although I was unable to be present on the day, I was delighted that the significant contributions of Kaleidoscope nurses: Bill Byrnes, Mary Wagner, Jen Wendtman and Bev Cooney, were celebrated during festivities and in the local media.

The individual contribution of these nurses is a tremendous example of the calibre of nursing staff that I both personally and professionally feel privileged to have as part of our team.

Thanks also to Lynn Walker for representing me at the event and particularly for the support she provides in her 'new' role as Operations Manager in helping me manage the provision of nursing services in GNS.

Attending the Children's Hospitals Australasia meeting in New Zealand, we had the opportunity to network with colleagues at similar facilities across Australasia. Presentations



Kaleidoscope nurses Jen Wendtman, Mary Wagner and Bill Byrnes were acknowledged at International Nurses Day celebrations

and conversations acknowledged that we provide a level of care equal to our international colleagues. It is especially rewarding to report that our model of service is being replicated in a variety of places. This indeed is a testament to the hard work and dedication of all our dedicated staff, committed to delivering quality child health care.

In case your were wondering... Sooooo we will have fairies in our garden! Stage 1 – turning that rubble ground into a flat working surface, an engineering feat in itself – was completed on time thanks to the amazing efforts of the Daracon Engineering team. Although it

was originally intended that planting would commence immediately following completion of stage 1, this delay prior to planting is providing a good opportunity for the site to settle and landscaping plans to be finalised. The arrival of an 80-year-old Frangipani tree via overhead crane will be the next exciting instalment. Team this with the arrival by train of all the other plants and we've got a great media event in the making... details advised shortly!

Patricia M Marks

Pat Marks
Director of Kaleidoscope KGNS
Director of Nursing KGNS

APPOINTMENTS

for clerical teams Karen Dixon – Administrative Manager GNS

Jennene Baily has joined us as secretary to Hunter Child Protection and Family Counselling Service (Jennene is replacing Lynette Visoiu who has gone to Norfolk Island for 3 years). Jennene comes to Kaleidoscope from the CARE Network.

Rhonda Spaan is now assisting Jan Bransgrove and the Child & Family Health Nursing team. Rhonda was previously our immunisation clerk working with the community nurses.

Debbie Torok joined our clerical team as a casual. Debbie is

currently assisting with immunisation clinics and admin with the Child & Family Health Nursing team.

Lisa Lansdown is Dr Trish Crock's new secretary. Lisa will be working in Paediatric CSU.

Maureen Finney and Jodi Cummings are the newest members of our clerical team. Maureen is joining the First Steps Parenting Service to job share with Maree McLaren and Jodi has joined our casual pool. We hope they both enjoy their new roles.

FAREWELLS

Karen Dixon – Administrative Manager GNS

Very sadly, and after 23 years in Health, Leana Palmieri most recently, one of our NICU secretaries, decided to try something new in the Education field. Leana is certainly going to be missed by us all, but we might still see her around as she has remained on our casual pool in case we need her invaluable services (availability permitting).

Also, Tara Dawson-Coyne has moved on to a contract with area headquarters. Tara was seconded to several roles within

Kaleidoscope over the past 18 months and we wish Tara good luck in her new endeavours at area.

And we said farewell to our wonderful permanent reliever Kasey Muir. Kasey and her partner Gary moved to Melbourne in June. Kasey has been an invaluable member of our team working across all our teams and we wish Kasey and Gary all the very best in their new home. Hope to see her back her sometime in the not too distant future.

NBN Telethon Children's Cancer Research Fellow appointed

As a result of the Hunter community's generosity, research into children's cancer will be significantly enhanced with the recent appointment of internationally renowned senior cancer researcher, Professor Rodney Scott.

Professor Scott's appointment as the NBN Telethon Children's Cancer Research Fellow will enhance the health outcomes for young cancer patients in the region.

Professor Scott brings valuable skills and knowledge in relation to looking at how DNA plays a role in childhood cancer, as well as other factors that contribute to childhood cancer.

The aim of 1997 NBN Telethon was to develop a children's cancer service right here in the Hunter. Kaleidoscope Area Director, Professor Trish Davidson said major attention was focused on identifying the areas of need to deliver an effective use of such valuable community funding.

A coordinated roll out of funds has resulted in the delivery of children's oncology care, the establishment of infrastructure to support this delivery of care and defining a research focus. Professor Scott's appointment will lead this research program forward.

"Thanks to NBN and the community, we have built our oncology service to a capacity where children now receive treatment locally by two

excellent paediatric oncologists. The quality of this service will now be complemented with the appointment of a renowned senior cancer researcher," said Professor Davidson, Area Director for Kaleidoscope.

"With his own equipment and salary funded by Hunter New England Health and the University of Newcastle, Professor Scott's appointment allows us to direct the NBN Telethon Children's Cancer Research Fellow funds directly to building research capacity in paediatric oncology and funding projects in children's cancer," Professor Davidson said.

Oncology services are best implemented as a team based approach and Prof Scott said he was looking forward to building a strong research team and establishing a research laboratory focusing on research into children's cancer

"My research aims will be directed towards how and why childhood cancer develops and better understanding the influence of genetic factors," Professor Scott said.

"I will be working across disciplines to provide advice and resources to those conducting basic scientific and clinical research into children's cancer. I will also focus on securing independent research funding to ensure the program's continuity beyond five years," Professor Scott said.

Maternity payment having a **MAJOR IMPACT** in some areas

Denis Moulds – Service Manager,
Child and Adolescent and Family
Services. Lower Mid North Coast Cluster

It is now 12 months since the Community Liaison position commenced in the maternity unit at Manning Base Hospital in Taree. The position, which is funded through Families First for two days a week, was developed to provide a psychosocial assessment incorporating Domestic Violence screening for all women booking-in for birthing. The objective of the screening process was to identify those women who have high needs and/or seen as high risk, both socially and psychologically.

Using a clearly defined criteria these identified women are then provided with support and referred to both government and non-government agencies which may assist them.

With an average of approximately 44 women being booked in per month, 25-27 per cent of women were identified as being high risk or high need. Nine months following the announcement by the government of the introduction of the Maternity Payment, booking rates have soared by up to 50 per cent with the 'at risk/high need' women now reaching 37-40 per cent. Contrary to popular belief, teenage pregnancy rates have remained stable at between 3-7 per cent.

While this is having an immediate impact on services in the acute setting such as the lack of bed vacancies and workloads on maternity staff and the child and family health nurses, the long term impact has yet to be realised. If an increase of such proportion is to be maintained, there will be major implications for preschool placements, school entry numbers in five years, the greater need for Department of Community Services involvement and substantial increases in the need for Paediatric services in both the Acute and Community services.

The Community liaison position has been invaluable not only for the women of the area but also in raising an awareness of the circumstances in which families in this area live on a day-to-day basis. We commonly provide services through our health system with very little knowledge of the environment in which our families exist.

Information such as this must be taken into account when we are planning for the future direction of health services.

Treating the 'special' paediatric patient

Philip Hazell – Clinical Director, Child & Youth Mental Health Service

Most clinicians experience some anxiety when treating the children of colleagues or dignitaries, children who have survived medical misadventure, and children whose medical problems or circumstances have attracted media attention.

We refer to such children as special patients, because they can cause us to deviate from routine clinical practice. Although well-intentioned, the change in care can lead to serious problems owing to misunderstanding and miscommunication.

Variation in care may fall into the 'too much' or 'too little' category. Too many investigations, too many opinions, too many physicians but no case manager, appointments offered outside usual clinic hours. Too little information provided to the patient and family, too little communication with other health professionals, too little information documented in the file.

The first step to successful management is to recognise when a patient has achieved special status. The second step is to acknowledge one's own

response to the patient.

In treating special patients, clinicians should do as they usually would. Good communication with the patient's family and with other treating professionals is important. Communication should follow the 'usual channels' and be formal rather than informal.

For medical families, do not assume knowledge or understanding of the problem and its treatment. Because we are health professionals, we and our families will be special patients when we need medical

care. This gives us insight into what it would be like to be in the patient's position, but it is important that it does not interfere with clinical objectivity. Probing questions still need to be asked, and uncomfortable examinations still need to be performed.

The management of the special patient can be a cause of clinician stress. The stress can be minimised by recognising the issue, monitoring one's own responses, and following usual clinical procedures. The opportunity to discuss such cases in peer review meetings can also be helpful.

Teaching parents to jump into their baby's world

In a small meeting room at the Morisset Child and Family Health Centre, eight new mums have come to learn about the importance of play in building a bond with their child.

Play Specialist Rebecca Ferbrache from the First Steps Parenting Centre dons her play apron, busts out her toy library and starts singing "Twinkle Twinkle Little Star" with actions.

Around the room eight faces light up with admiration and fear... my god I hope she doesn't expect me to do this in front of the group!

These mums have joined a First Time parent group, which will run over a number of weeks through the Child and Family Health Nursing clinic. Each week, the nurses organise a different topic for parents who are looking for ideas or extra support.

Rebecca has been called in to reinforce the value of play, teach parents affordable ways to engage with their child and also give them an idea of what kind of activities their babies are ready for at each stage of their development.

Rebecca's service is available to all staff in the Kaleidoscope network. She can be called on to run information sessions like these, as well as take referrals for individual consults with patients and staff.

"When I'm working one on one with a parent and child, it's usually because health staff have identified an issue that is affecting their ability to bond," Rebecca said.

"These issues can include anything from depression, a lack of understanding about child development, having unrealistic expectations of their child, drug and alcohol problems, disability (parent or

child), social issues, lifestyle, housing or isolation.

"I work with these families to increase the positive outcome for the child and parent through play intervention, which can take on many different forms," she said.

Engagement between parent and child is promoted through talking, singing, reading, playing imaginary games and using toys. An emphasis is placed on the diversity of play, so as not to make parents feel as though they need to have the latest educational toy in the cupboard.

"If there is a specific toy that would help facilitate interaction between parent and child, I am able to lend them the item through the Toy Library service," she said.

Rebecca also offers advice to health staff about the kinds of toys or play equipment would be most suitable for their facility.



Play specialist Rebecca Ferbrache offers tips, ideas and extra support at a first time parent group.

"If you are considering upgrading any of your play facilities or toys, please don't hesitate to contact me for advice. I can help you match up the needs of your client base with toys that would be most suitable for their developmental stage," Rebecca said.

Rebecca's position is unique in that it is a Families First initiative, allowing many other agencies such as DOCS, DADHC, GPs, education facilities, family support services and health staff to refer into her service at no cost to the patient.

Kaleidoscope staff can access the service through First Steps Parenting on 4985 5150.