

Message from the Chief Executive

Welcome to the first edition of Far West in Focus for 2022.

We have left behind a year that was full of challenges and asked us to deliver time and again when our energies and resolve were put to test. You have not only delivered but exceeded expectations. Your efforts kept us safe and made sure those who needed health services received it when they needed it. You did all this while displaying our CORE values each and every single day. A simple thank you seems to fail to convey the Board and my appreciation of what you have demonstrated throughout 2021.

In November and December we were able to get to every possible site to have an executive-led BBQ with staff to say Merry Christmas and acknowledge the year you have had. I wish I could say that we have left COVID behind in 2021 but the number of cases we still continue to see would quickly dispel that assertion.

If you want to see what work we did in 2021, please get a copy of our Year in Review or go to our intranet site and see the evidence of the busy year we all had.

In order to acknowledge the past year and

your great work we did not want to forego our Annual Health Innovation and Staff Recognition Awards for 2021. It will be held on 23 February 2022, so please make every effort to join to celebrate the achievements of your colleagues and team mates.



Mr Umit Agis

2022 is looking like another busy year. We enter it with the well-founded confidence in the achievements of the past two years and with the knowledge that we have the systems and the staff to overcome any adversity. Our staffing numbers are also showing signs of resurgence and we are planning a number of initiatives to attract, train and retain staff in key clinical and non-clinical areas. In saying this, on behalf of the Board, the executive and myself I want to welcome our new JMOs and graduate nurses. You are in for a fantastic experience in Far West!

— **Umit Agis, Chief Executive**



The newest group of JMOs were pictured during an orientation session to the LHD and BHHS — turn to page 4.

Our three new Interns are also on the job — turn to page 3

Royal Prince Alfred Hospital (RPA) and RPA-Virtual visit to Broken Hill Health Service for eICU implementation

In early December 2021, staff from Royal Prince Alfred Hospital (RPA) and RPA-Virtual hospital visited Broken Hill Health Service as part of a joint project that is underway to establish e-ICU for Broken Hill and Far West.

RPA – Virtual will provide expert care and advice virtually to assist and augment clinical services provided at Broken Hill ICU. The expert Medical and Nursing staff at RPA – Virtual will assist by providing real-time review of

patients via video conferencing to enhance the capabilities of Broken Hill ICU. The service will also be able to review critically ill patients in Emergency when requested to by the local Medical Officers. The aim of this service is to assist in the management of critically unwell patients by providing high level review and advice to the clinicians at Broken Hill.

The proposed go live date for this exciting project is 29 March 2022.



The visit took in the ICU (above) and Emergency Department at BHHS — Pictured at right (from left): Dr Rebecca A Davis, Staff Specialist RPA virtual & ED Staff Specialist RPA Hospital; Dr Owen Hutchings, Clinical Director RPA virtual; Walter Towney, RPA virtual ICT Business Relationships Manager; Janet Masters, CNC Critical Care FWLHD; Anna Simmons, ICU NUM FWLHD; Lisa Nicholson, A/DON RPA virtual; Dr Wojciech Wierzejski, Staff Specialist Anaesthetists FWLHD; Marc Pelusi, Director ICT Digital Transformation Office; Elaine Mc Gloin, IC CNC RPA Hospital and Dr Tim Smart, Director Medical Services FWLHD.



New Interns welcomed on start of their medical careers

The LHD is proudly continuing its role in the training of new junior doctors with three new Interns appointed at Broken Hill Health Service for 2022.

The interns – Dr Pooja Harikumar Nair (Emergency Intern), Dr Thiyasha Wanniarachchi (Medical Intern) and Dr Purshaiyna Thirukumar (Surgical Intern) – will rotate through Medical, Surgical and Emergency Departments in Broken Hill Health Service and Concord Hospital throughout the year.

They were specially recruited to Far West LHD through the Rural Preferential Recruitment Scheme, in which interns choose to undertake the majority of their training in rural hospitals, thus demonstrating an early commitment to rural and non-metropolitan regions. This innovative scheme also helps these committed interns to develop a broad range of skills and enhance the specific skill sets required in rural and remote settings.

Newly appointed Director of Prevocational Education and Training (DPET) Dr Aravind Suppiah welcomed the new junior doctors to the Far West and Broken Hill Health Service.

The DPET is responsible for the planning, delivery and evaluation of the prevocational training program at the facility and to ensure JMO wellbeing.

“We are very pleased to see such new enthusiastic and committed interns take up their positions at Broken Hill Health Service, and to be in position to support them in



Our new Interns for 2022 (from left) Dr Purshaiyna Thirukumar (Surgical Intern), Dr Pooja Harikumar Nair (Emergency Intern) and Dr Thiyasha Wanniarachchi (Medical Intern) with Dr Aravind Suppiah (far left), the newly appointed Director of Prevocational Education and Training (DPET) at Far West LHD.

their rural commitment, helping them gain confidence and ability in a diverse range of clinical presentations,” said Dr Suppiah.

The new Interns are also the first intake that Dr Suppiah will supervise as the new DPET for Far West LHD. He took over the role from Dr Sarah Wenham. “I welcome the challenges of this new role, and the training and employment of interns, to help improve access to a range of health services in rural areas.”

The Far West LHD expressed its sincere appreciation to Dr Sarah Wenham, for her outstanding dedication and commitment to the DPET over the last 4 years. Dr Wenham played a major role in building enthusiasm for rural medicine programs, in addition to her full-time practice of developing and strengthening palliative care in the Far West.



Have you ever said to yourself, “If they just changed this and did it this way, it would be much better”?

Well, now you have a quick and easy way to suggest your ideas!

Scan the QR code or go to <https://www.surveymonkey.com/r/WBHNSHZ> if you have ideas for change; for service improvement, better patient and staff experiences, or any burning project proposals you might have. We want to make sure that any of our staff with ideas for projects, innovations or change have a platform to submit their ideas and have a chance to talk about them.

The Project Management Office (PMO), located at the CHC in Broken Hill, will receive your ideas through the portal and explore opportunities to convert these into projects.



Welcome to our JMOs!

The LHD extends a warm welcome to our Term 1 JMOs.

Our latest JMOs are on the job following orientation including meeting the FWLHD Executive and Managers, and touring the hospital and departments where they will be working. They were introduced to the operational procedures in the LHD and BHHS, and the administrative support and resources available to them during their training.

We are sure they will all enjoy their time in the Far West and wish them the very best!

From left: Dr Jessica Huang – Psychiatry RMO, Dr Emilia Anderson – Medical RMO, Dr Jun Young (Charlie) Jeong – Medical RMO, Dr Michael Hong -Medical SRMO, Dr Vishal Patel– Medical SRMO, Dr Senali Wanniarachchi - Paediatric RMO and Dr Thomas Estephan – Palliative Care RMO. Absent: Dr Jonathan Raffla- Emergency RMO.



In December 2021, the Clinical Nurse Educator for Critical Care, Kahlia Hickey, rolled out 'Summer of Paediatrics' across the Emergency Department and Intensive Care Unit. As we headed into the warmer months, Kahlia provided Critical Care Paediatric education focusing on drowning, snakebites, bicycle/scooter injuries and playground injuries. All staff that attended were treated to an ice-block to enjoy!

ED staff pictured following the education session enjoying their ice-blocks (from left) Dr Eric Zhu, Junior MO; Emma Crawford, Senior ED RN; Dr Michael Burrows, Senior EDMO; Dr David Lincoln, Senior EDMO; Dr Helen Zhang, Junior MO; Kahlia Hickey, Clinical Nurse Educator for Critical Care; Jane Cain, ASET RN and D. Devindah Arangala, Senior EDMO.



Far West Kids in Focus

Smilescopes® for kinder and safer procedural care

Many aspects of being unwell or injured and needing hospital care are frightening for children and young people (and indeed many adults). Needing to have procedures that feel threatening or painful can make the experience traumatic.

To help make such procedures kinder and safer, the Far West now has a Smilescope® in each of the facilities that treat children. These virtual reality headsets have programs suitable for children, teens, and adults and are designed to assist with distraction from procedures, immunisations, and high anxiety situations.

The Smilescopes® have made a huge difference to children who require frequent painful procedures, such as dressing changes or blood collection. They choose the setting they like and experience a virtual world of activities such as swimming with whale sharks or dolphins, diving with fish, or playing with kittens while the procedure is done. Parents have noticed a marked decrease in their child's anxiety about attending these appointments, and the nurses and doctors have felt much better about being supported to provide care that is safe and less distressing.

The creator of Smilescope® is an Australian doctor, Dr Evelyn Chan, who has agreed to create an Indigenous program to better serve Aboriginal and Torres Strait Islander children. Corina Kemp - Executive Manager Aboriginal Health and Community Relations for Far West is working with the Smilescope® team to identify local advisors and narrators to assist with this important work.



Jaz is a 10 year old Menindee girl who has previously had severe anxiety about having injections or blood taken, but now with the Smilescope® she manages really well and is not anxious about coming into the Menindee Health Centre for care, or during the procedures themselves. These are wonderful outcomes for Jaz — pictured here enjoying the undersea world. [Barb Turner – Health Service Manager of Menindee Health Service]

Family Suite donation

The Palliative Care Family Suite at the Broken Hill Health Service received a welcome donation of a coffee machine and coffee pods from Mr Andrew Gosling.

Andrew's father Max was a patient in the palliative care suite, and Andrew wanted to give back to the service for the care his father received, also knowing that it would be great benefit for other family members to be able to have access to a nice coffee when needed, at any time of the day or night.

Reanne Greenaway, in-patient Palliative Care Clinical Nurse Specialist thanked Andrew for his generous donation on behalf of the ward and palliative care service.



Pictured is Andrew Gosling, Caroline Clements (Nurse Unit Manager Medcalf Ward) and Reanne Greenaway, Palliative Care Nurse.

Aged Care Corner...

Mild Cognitive Impairment

Memory loss has long been accepted as a normal part of ageing.

Cognitive impairment is a strong predictor of functional disability and the need for care among older people. Cognitive deficits can also be caused by medication side effects, vascular disease, sleep disorders or certain psychiatric disorders.



It's important to rule out other underlying causes, especially since problems like medication interactions or obstructive sleep apnoea are treatable.

Impairment in cognitive function may be determined by using the Abbreviated Mental Test Score (AMTS) on EMR.

Recently there has been increasing recognition that some people experience a level of memory loss greater than that usually experienced with ageing, but without other signs of dementia. This has been termed Mild Cognitive Impairment (MCI).

Mild cognitive impairment is a condition in which a person experiences a slight – but noticeable – decline in mental abilities (memory and thinking skills) compared with others of the same age. The minor

decline in abilities is noticeable by the person experiencing them or by others who interact with the person, but the changes are not severe enough to interfere with normal daily life and activities.

In normal aging, a person may occasionally forget names and words and misplace things. With MCI, the person frequently forgets conversations and information that one would ordinarily remember such as appointments and other planned events.

In contrast to Alzheimer's disease (AD) where other cognitive skills and the ability to live independently are affected, MCI is defined by deficits in memory that do not significantly impact daily functioning. Memory problems may be minimal to mild and hardly noticeable to the individual.

Experts classify mild cognitive impairment based on the thinking skills affected:

Amnesic MCI is memory-specific and is marked by signs like forgetting conversations and misplacing items.

Non-amnesic MCI involves changes in other brain activities regardless of whether you have memory loss. It may show up as problems with language (you lose your train of thought during a conversation), attention (you have a hard time accomplishing tasks like bill paying), or spatial sense (you can't find your way around a familiar place).

So not all MCI is early dementia. Some people with MCI never seem to get much worse, and some even seem to get better. Individuals who have been diagnosed with MCI should be re-evaluated every six months to determine if symptoms have progressed.



For more information: <https://www.dementia.org.au/>



My Health Learning
Differentiating Dementias
No 372460168

2022 Enrolled Nurse Scholarships — apply before 10 Feb 2022

NSW Health is offering scholarships for the 2022 Diploma of Nursing program, in partnership with TAFE NSW and Far West Local Health District.

The Scholarships include course fees for the Diploma of Nursing and the offer of employment in a Far West LHD facility upon successful completion of the Diploma and registration as an Enrolled Nurse (pending satisfactory employment checks).

Enrolled nurses are valued members of the health team, providing compassionate and skilled care across a range of clinical and community environments. Come and join the team and enjoy a rewarding and diverse career in nursing.

Applicants must: be an Australian citizen or permanent resident; live in NSW; meet English language skill standards; and

have completed HSC or Certificate III qualification (or equivalent).

Successful applicants will also be required to meet NSW Health immunisation requirements for work placement and subsequent offers of employment.

NSW Health is committed to growing our Aboriginal workforce and Aboriginal people are encouraged to apply.

If you are interested in applying, applications close at 11:59pm, on 10 February 2022.

To view the Applicant Information Package and apply, visit: www.health.nsw.gov.au/enrollednurse

For general enquiries about the Enrolled Nurse Scholarships, please contact Chelsea Anderson via email on Chelsea.Anderson@health.nsw.gov.au

COLLABORATION | OPENNESS

BRILLIANCE
Nominations

RESPECT | EMPOWERMENT



CONGRATULATIONS

Congratulations to the following staff for receiving a Brilliance Nomination in **January 2022**:

- | | | |
|---------------------|-------------------------------|-------------------------|
| Alexis Lenton | Janet Daley | Samantha Elliot |
| Angela Harvey | Jenna Muscat | Sandra Smith |
| Ansu Paul | Joe Worgan | Tanyia Brown |
| Babette Cruickshank | Kathleen Prime | Tegan Gray |
| Benjamin Bloomfield | Kavya Gopinath | Telicia Nicholls |
| Briony Reed | Kristy Kelly | Threatre Team |
| Caroline Anderson | Lesley Thwaites | Tori McManus |
| Carolyn Williams | Louise Heffernan | Tracey Hansen |
| Chloe Lingard | Mark Thomas | Trudy Rennie |
| Colby Nejaim | Meg Austin | Vickie Fraser |
| Creina Vlatko | Naomi Marks | Whitney Smith |
| Donna Gers | Nicholas Minns | Nurse Educators - Pam |
| Emma Crawford | Nicole Hall & Sharon Honson | Stuchbery, Lucy Geyer & |
| Erica Bartlet | Paediatric Unit | Megan Frankenfeld |
| Erin Rowbotham | Pathology Team | Heba Day |
| Evelyn Kelly | Paul Hanford | Tracy Munro |
| Glenys Dayman | Pamela Illingworth | Ron Clemens |
| Grace Matthews | Pete Schindler & Stores staff | Vanessa Smith |
| Helen Hayes | Rebecca Howse | Barbara Costello |
| Jade Standley | Ruskina Bhandari | Jan Martin |

The Brilliance Nominations are a great way to share positive feedback with your peers for the great work they are doing. All Brilliance Nominations are logged in a register for the Annual FWLHD Health Staff Awards and then forwarded to the nominated staff member via email. **Scan the QR Code to nominate or go to www.surveymonkey.com/r/JNQK8D5**

Annual FWLHD Health Innovation Awards

The FWLHD is dedicated to recognise and award great achievements of our project teams every year internally as well as nominate them to other state-wide awards.

To this end, the 2021 Health Awards will be held in on **23 February 2022 at 2.30pm to 4pm EST.**

The awards were postponed last year due to our resources focused on the COVID-19 response, and this year will be a small virtual ceremony.

The ceremony will be streamed live via PEXIP: 4930647.

The Awards being celebrated are:

- Innovation Projects
- CORE Brilliance Recognitions
- Peer Recognition
- Years of Service (10, 20, 30, and 40 years)



Publicans support Palliative Care

The Outback Publicans have made a generous donation of \$5,196.30 to the Broken Hill Palliative Care Service.

The Outback Publicans have been great supporters of Palliative Care and Cancer Services over many years. Melissa Cumming Program Director Cancer & Palliative Care Services offered her sincere thanks on behalf of the service, as these donations help support Palliative Care patients and their families in the Broken Hill community.

Pictured presenting the donation to Melissa Cumming were (left) Bruce Welburn and Dean Trengrove.

2021 PMES Action Plan

Recommended Key Focus areas
based on feedback from our staff

Recruitment

What we are going to do:

- Research & implement effective recruitment, marketing & retention strategies.
- Managers undertake relevant training for recruitment and are familiar with recruitment policy and procedures.
- Review & update the staff on-boarding & induction processes.
- Trial a centralised recruitment process.

Learning & Development

What we are going to do:

- Learning & Development portfolio to be established withing FWLHD.
- Develop an Organisational Development Framework reflective of FWLHD future strategic plans.
- Develop a learning capabilities framework.
- All staff to have their PDRs entered into the PAT system.
- Staff are supported with meeting their professional goals.
- Manager level positions to have succession plans.

Action on Results

What we are going to do:

- Regular updates on the PMES action plan in the In Focus; Staff Forum; and Executive meetings.
- Mini-pulse survey on the key focus areas to see how we are tracking with improvement.

Grievance Handling

What we are going to do:

- Provide education and support for Managers to use the Managers Portal for Addressing Grievances and Concerns.
- People Management training for leaders.
- Promote and support professional Conduct in the workplace.
- Ways of Working team sessions.
- Promote and support effective communication in the workplace.

Recognition

What we are going to do:

- Staff recognised in Rounding/Supervision.
- Maintain the FWLHD Annual Health Innovation & Staff Recognition Awards.
- Innovation Award recipients are entered in the NSW Health Awards.
- Brilliance Nominations are emailed directly to staff and posted in the monthly Far West In Focus staff newsletter.

Senior Management

What we are going to do:

- Strengthen the relationship between the Executive Leadership Team and staff.
- Executive Leaders regularly attending health service facilities and teams.
- Monthly Accountability Meetings occur as required.
- Executive Leaders role model CORE values.
- Executive Leaders communicate with staff about what is going on in the organisation.

2021 PMES survey results can be found on the NSW Public Service Commission website
<https://www.psc.nsw.gov.au/reports-and-data/people-matter-employee-survey>

Write it Right



A clinical notes review has identified a number of documentation issues:

Contemporaneous writing vs Addendum / Modified / Revised

For documentation to be contemporaneous, a **NEW progress note** must be opened, completed and signed off **every time**.

DO NOT use **Addendum** unless you meet the criteria as defined per MoH PD2012_069 Health Care Records Documentation and Management, p. 6 of 17

- r) **Addendum** – if an entry omits details any additional details must be documented next to the heading 'Addendum', including the date and time of the omitted event and the date and time of the addendum.

For hardcopy records, addendums must be appropriately integrated within the record and not documented on additional papers and / or attached to existing forms.

DO NOT re-open an original progress note and use 'modify' to continue documentation over the course of a shift.

Patient Discharge and Documentation

When a patient is discharged from the health service, be sure to document in **eMR a new progress note**:

- Date and Time when leaving the ward
- Discharge destination i.e. transfer or home
- In company of name person/relationship i.e. Sue – wife or ambulance
- Action plan / follow up / instructions, including giving the patient / carer a copy of their medical discharge summary

Important:

- Nurse In-Charge / Team leader checks that a **Transfer of Care / Discharge Nurse Checklist** (hard copy form) is

completed, signed and dated.

- If a patient is discharged from hospital and then returns to hospital (i.e. due to RFDS flight delayed), a separate / **new episode of care MUST be started** and documentation MUST reflect the reason for their re-admission to hospital. This means a **new medical discharge summary** is also required... no matter the length of time from initial discharge.

The only exception is if the patient left the hospital in the care of hospital transport and they are then returned to hospital by hospital transport. In this situation the patient remains in the care of the health service and their initial episode of care continues with clear documentation in a new progress note for the reason of their return.

Patient Identification – Be sure to check the 3 patient identifiers (AUID, Name, DOB) at all times

Medical records received ECG hard copy records with two (x2) patient names. Following some investigation, it is apparent that a number of errors occurred:

- The ECG machine was not cleared with a previous patient's details before conducting another ECG tracing;
- The printed ECG tracing document was not checked for the three Patient Identifiers and/or corrected prior to placing in the medical record for MO review;
- Other staff didn't see this error until the record reached medical records department for assembly.

Should you have any queries, please contact Eureka Van Der Merwe, Clinical Document Specialist on 1668 or email Eureka.VanDerMerwe@health.nsw.gov.au

Respiratory Fit Testing Fact Sheet

PPE for Airborne Precautions



P2/N95 masks come in different shapes and colours. Local supply and availability may vary.

Note the different mask for droplet and airborne precautions: remember, how transmission or movement of microorganisms occurs?

What differences can you spot between the two masks (surgical and P2/N95 masks)?



Clinical Excellence Commission

Prior to your Fit Test:

1. Completion of My Health Learning Module
 - Donning and Fit Checking of P2/N95 Respirators in NSW HealthCare Settings.
 1. Course Code – 319438161.
 2. Arrive 5 minutes before your booked testing appointment.
 3. Bring PPE (eg eye protection, headwear etc) your usually wear in conjunction with the respirator to the fit testing sessions, Glasses if worn.
 4. You are required to have a **cleanly shaved face** for fit testing.
 5. Wear your hair in your usual style for work.
 6. Do not smoke, eat or drink including chewing gum 30 minutes prior to the fit test session.
 7. You will be required to complete a consent form.
- If you have any concerns, please speak to your manager or your Respiratory Coordinator.

Welcome to Kahlia Hickey, Clinical Nurse Educator — Critical Care

The Nursing & Midwifery Directorate would like to welcome Kahlia Hickey to the role of Clinical Nurse Educator – Critical Care, at Broken Hill Health Service. Kahlia commenced in the role as Clinical Nurse Educator for Critical Care in early November. Prior to this position, Kahlia was a Clinical Nurse Specialist in the Emergency Department & has worked in Emergency Nursing for 7 years.



Kahlia is particularly passionate about Electrical Injuries & Traumatic Airways, with a key collaborative interest in clinical research & policy.

Kahlia runs regular morning & afternoon in-services in the ED & ICU for staff interested in critical care.

Kahlia can be contacted by email: Kahlia.Hickey@health.nsw.gov.au or alternatively by calling (08) 8080 1598.

February WHS Promotion – Manual Tasks

A hazardous manual task refers to any task that requires a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing that involves one or more of the following:

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained or awkward posture
- Exposure to vibration

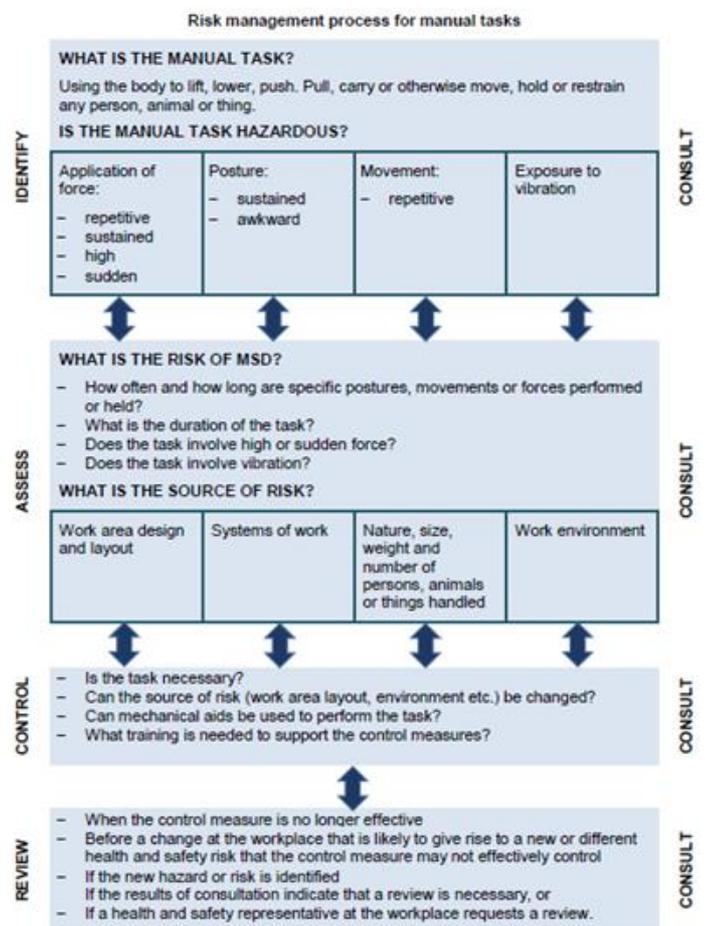
It is the responsibility of all employers and employees to identify and appropriately control the risk of performing hazardous manual tasks.

A Manual Task Risk Assessment can be completed by any staff member in collaboration with your line manager or supervisor. This can then be reviewed by FWLHD Manual Tasks Coordinator and Risk Management Unit to implement appropriate control measures for the task. Control measures may include Elimination, Substitution, Administrative or PPE.

The Manual Task Risk Assessment form can be found on FWLHD intranet - <http://fwlhd.gwahs.nswhealth.net/WorkHealthandSafety/WorkHealthandSafety.php>

Safe Patient Handling Education and Training is available to all clinical and non-clinical staff who are regularly involved in patient handling as part of their role. Please contact FWLHD Manual Tasks Coordinator, Kate Vandenheuvel, on 8080 1222 or via email kate.vandenheuvel@health.nsw.gov.au to organise a session for your department.

Appendix C—The risk management process for manual tasks





SARU ‘Thank you to Staff’ party

In December last year, the SARU staff held their annual “Thank you to the Staff” party.

This also included Allied Health and SARU staff who work down at the Swabbing Drive Through.

In lieu of Secret Santa, staff bring a toy to donate to a charitable group and this year the toys were donated to the ‘Toy Run’ which is organised by the Ulysses Motorbike Club.



Pictured when the toys were presented to the Ulysses Motorbike Club were Rob James (Ulysses), Glenys Dayman (EEN SARU), Ken Cheynoweth (Ulysses), Elaine Fotheringham (NUM SARU) and Susan Peisto (Social Worker).

Policy Watch — PDs available on MOH internet

The following documents have been published on the NSW Ministry of Health internet site <http://www.health.nsw.gov.au/policies>. These documents are official NSW Health policy. Compliance with Policy Directives is **mandatory**.

Title	Document Number	Date Issued
Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics	PD2021_048	21/12/2021
Statewide Protocol for the Supply or Administration of COVID-19 Vaccine	PD2021_049	22/12/2021
Elective Surgery Access	PD2022_001	12/01/2022
Pharmaceutical Charges for Hospital Outpatients and Safety Net Thresholds	IB2022_001	12/01/2022
NSW Health Accounting Policy Manual	IB2022_002	14/01/2022
Rehabilitation, Recovery and Return to Work	PD2022_002	20/01/2022
Retirement of 4 - Digit Health Information Exchange Facility Identifiers	IB2022_003	17/01/2022
New Admitted Patient Master Financial Classes for Non-Hospital Related Accommodation	IB2021_061	10/12/2021
Care Pathway for Women Concerned About Fetal Movements	GL2021_019	07/12/2021
Admitted Patient Election Processes	PD2021_046	03/12/2021