

WE ARE

Issue 8 | WINTER 2023 | FREE

Southern

Excellence in Care



Life-changing support
for older people

In this issue:

- More than morning sickness
- Busting breast cancer screening myths
- Sexual health clinics here to help everyone
- Telestroke a local lifesaver



Southern NSW
Local Health District

We've got you covered.

Our Sexual Health Service welcomes people of all genders, sexual orientations and backgrounds and are committed to providing free, confidential care.

We offer:

- Comprehensive sexually transmitted infection (STI) testing
- Contraceptive options
- Sexual health counselling
- Mpox vaccination
- Hepatitis A, B & C support
- HIV testing and support



Scan QR for clinics in:

Albury
Griffith
Wagga Wagga



Scan QR for clinics in:

Batemans Bay Moruya
Bega Narooma
Eden Pambula
Goulburn Queanbeyan

Working in the Hospital

A bush change in Bombala.



Left: Jarda Kyril has made the move to Bombala. Middle: Jarda Kyril helps resident Ruth Allan-Meyer with her eyeglasses. Right: Bombala Multipurpose Service

After working in some of Sydney's biggest hospitals, including a stint at the COVID-19 vaccination centre at Homebush, Registered Nurse Jarda Kyril is enjoying the change of pace in Bombala.

"It's been wonderful exploring this part of the country - there are some wonderful walks, and there's always someone ready for a chat. It's just a different pace of life here."

After leaving Sydney for Prague, and the European summer, Jarda realised that he wanted a slower pace, and a cooler climate, on his return to Australia.

"Particularly after the craziness of COVID, I really enjoy working in a place where I have more time to focus on the things that really matter."

Jarda joined Southern in 2022 on a short-term placement at Delegate Multipurpose Service and has recently commenced full-time at Bombala Multipurpose Service.

Jarda said he has enjoyed exploring the area, and has enjoyed building connections with residents, patients and the community.

"At Bombala, we have both aged care residents, and an acute ward. One of the main benefits of working as a nurse in a rural town is the opportunity to build strong relationships with patients," said Jarda.

"It's not only the aged care residents who live at the MPS. In a small community like Bombala or Delegate, patients get to know their nurse on a personal level. I've had some great advice about local walks and towns to discover."

Jarda has enjoyed attending community events such as the Delegate Show, Bombala Bike Show and Bombala Show, and recommends them as a way to join the community as a newcomer.

In addition to enjoying what the region has to offer, Jarda said working as a nurse in Bombala can also provide a unique opportunity to develop a diverse set of skills.

Nurses at Multipurpose Services in rural areas have to be able to work in a variety of different settings, from emergency rooms to aged care. For those willing to take on these challenges, the experience can make a meaningful impact on the lives of their patients.

"We work as a team - the nursing team will work through clinical scenarios to ensure we're prepared for anyone and anything," Jarda said.

"Across both Bombala and Delegate, though, everyone contributes - the medical staff, nurses, hotel services, handymen, paramedics and admin all work together as a team."

Bombala Multipurpose Service is part of the Monaro Network of Southern NSW Local Health District. Support is available through strong connections with nearby hospitals, including Cooma District Hospital and South East Regional Hospital.

Jarda's advice for anyone considering a move to Bombala is to give it a go.

"It can be a highly rewarding experience for nurses who are willing to embrace the challenges and opportunities that come with it."





Message from our Chief Executive

Welcome to our Winter edition of We Are Southern.

Our people are at the heart of what we do. This edition features several stories of our staff working to keep our community safe and well. Our cover features Kirstie Gilmour, part of Southern's aged care team, supporting older people to recover at home after being in hospital. In this edition, we also welcome our graduate nurses and midwives who have chosen to begin their careers with us.

I'm pleased to also share several updates on the Eurobodalla Regional Hospital in this edition, including welcoming NSW Premier Chris Minns to the hospital site to see progress on the archaeological works; the announcement of Multiplex as the building contractor, and an agreement with Carers Accommodation Eurobodalla Regional Hospital (CAERH) to progress on-site accommodation for families and carers.

This edition also includes stories of digital innovation, helping Southern to deliver on our promise that you and your family will receive high quality care, wherever you are. We share Frank Munda's experience with the NSW Telestroke Service and reveal how a new partnership with Western NSW Local Health District will increase access to medical expertise at our smaller facilities.

It's an exciting time to be in Southern, and I couldn't be prouder of our people.

Margaret Bennett

MARGARET BENNETT OAM
CHIEF EXECUTIVE

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Southern NSW
Local Health District



Moruya midwife Lynette Munro, and her dog Bob, are the stars of Southern's overseas recruitment campaign.

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Meet the chickens protecting our community

Goulburn's newest public health recruits are egg-straordinary

Southern NSW Local Health District acknowledges and pays respect to the Traditional Custodians of the lands within its boundaries, the Gundungurra, Ngambri, Ngarigo, Ngunnawal and Yuin peoples.

We acknowledge Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to society and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

On the cover

Allied Health Assistant Kirstie Gilmour works with the Transitional Aged Care Program in the Eurobodalla.
Photo by Kyal Dorsett

Virtual Rural Generalist Service comes to Southern



A model for timely access to expert rural generalist doctors 24/7, offering high-quality and safe care in rural and remote areas is being introduced at Southern.



Nursing staff support the delivery of care and work closely with VRGS doctors.



Braidwood Multipurpose Service is one of the sites participating in the VRGS pilot project.

The Virtual Rural Generalist Service (VRGS) model was first developed by Western NSW Local Health District to support local medical and nursing staff to deliver safe and high-quality care to rural and remote communities.

VRGS delivers a comprehensive virtual service, with doctors working both virtually and in person to provide rural generalist medical coverage for hospitals and multipurpose services (MPS). They also support fatigue management when a local visiting medical officer (VMO) is not available or needs a break (including overnight and on weekends).

VRGS doctors complete 25% of shifts onsite in communities with specific medical workforce challenges. This helps the district to provide a high-quality medical workforce with greater continuity of care than locum services.

“Like many rural regions, Southern experiences significant challenges in recruiting a specialist rural workforce to support the needs of its communities,” said Summa Stephens, Southern’s Manager Innovative Models of Care.

“This challenge is compounded by a decreasing number of GP trainees Australia-wide and an ageing medical workforce. As a result, there are difficulties in ensuring consistent medical coverage to provide care for people in rural and remote areas.”

VRGS helps to address these challenges by:

- supporting hospital staff in communities where permanent GP VMOs have retired or relocated (including while recruitment efforts take place).

- supporting fatigue management of GP VMOs in towns with only one or two VMOs locally.
- supporting gaps in rosters in towns where hospitals would otherwise be without medical coverage.

“The VRGS model has been designed to provide solutions to challenges associated with short term locum placement,” added Ms Stephens.

“For example, VRGS doctors build relationships with local communities, local staff and have a thorough understanding of Southern’s systems and processes, helping to improve continuity of care.”

VRGS will be piloted at Bombala, Delegate, Yass, Braidwood and Crookwell from July 2023.

Premier tours Eurobodalla Regional Hospital site

We were delighted to welcome NSW Premier Chris Minns along with community members, Aboriginal Elders, and other dignitaries to the Eurobodalla Regional Hospital in April, to see first-hand the progress on the site.

Member for Bega, Dr Michael Holland, the new Member for the South Coast, Liza Butler, Health Infrastructure Chief Executive, Rebecca Wark, and Southern NSW Local Health District Chief Executive Margaret Bennett joined the Premier on site.

The Premier was eager to hear about the progress of the new hospital and spoke with the archaeologists and Aboriginal community members about the archaeological salvage.

The archaeological process seeks to identify any Aboriginal

objects or artefacts, ahead of construction commencing.

It’s an exciting time for the new hospital project with the first stage of construction expected to commence in coming months, following the completion of the archaeological work.

The development includes a new emergency department, intensive care unit, operating theatres, paediatric and maternity beds and mental health facilities providing local residents with access to expanded health services closer to home.



For more information and to follow the progress of the development, visit: <https://www.eurobodallahs.health.nsw.gov.au>

Multiplex appointed to Eurobodalla Regional Hospital

Construction company Multiplex has been appointed to finalise the design and planning for the new hospital, in preparation for construction.

Multiplex were engaged following a competitive tender process to work on the detailed design for the redevelopment, representing a major step forward for the hospital project.

Multiplex have worked on several Health Infrastructure projects in recent years including the South East Regional Hospital in Bega and the new Maitland Hospital in the Hunter Valley, and have recently been engaged to construct the new John Hunter Health and Innovation Precinct.



Partnership brings clinical trials to Southern

Nicola Yates is Southern's Director Project Management & Service Commissioning.



A new partnership will bring together the expertise of the Local Health District, universities, industry partners and local communities to advance medical research and provide new treatment options to patients in our region.

The partnership and investment are a significant boost to medical research in the region. It will provide funding for research projects, infrastructure, and equipment, as well as support for the recruitment and training of research staff.

Clinical trials are research studies that involve human participants to test the safety and effectiveness of new drugs, devices, or therapies. These trials are essential for bringing new treatments to market and improving patient outcomes. However, conducting clinical trials can be challenging, especially in regional areas, due to the limited resources and access to expertise.

The new partnership aims to address these challenges by providing funding and support for clinical trials in Southern.

The partnership will be led by a central Clinical Trial Support Unit, which will work closely with universities and industry partners to identify and prioritise research areas that will have the greatest impact on patient outcomes.

“One of the key benefits of the partnership is that it will provide patients in the region with access to cutting-edge treatments that they may not have otherwise been able to receive,” said Nicola Yates, Southern’s Director Project Management & Service Commissioning.

“By participating in clinical trials, patients can access new therapies that are not yet available on the market, giving them access to potentially life-saving treatments before they are widely available.”

Medical Director for NSW Health’s Rural, Regional, and Remote Clinical Trial Enabling Program, Dr John Lawson said the program will fund infrastructure initiatives, to address the barriers to research in rural areas, such as geographic isolation, lack of clinical trials workforce, and clinical skills and capacity.

“The program will be incredibly beneficial to patients and ensures rural and regional communities will have access to the latest clinical developments usually only available in metropolitan sites,” Dr Lawson said.

“In addition, it will increase options through a model which brings clinical trials closer to the rural community.”

“With this significant investment for innovative approaches to healthcare, we are ensuring equitable access to care for our communities in the bush and improving their health outcomes and quality of life by enabling earlier access to new treatments and therapies.”

“These clinical trial support units and improved infrastructure will address the particular health needs of rural people and will provide really valuable evidence to contribute to future medical research.”

“Another benefit of the partnership is that it will help to build research capacity in the region,” added Ms Yates.

“By bringing together researchers, healthcare professionals, and industry partners, the partnership will provide opportunities for collaboration and knowledge-sharing, which will help to build expertise in our region and improve the quality of research conducted in our District.”

The Australian Government’s Medical Research Future Fund, Rural Regional and Remote Clinical Trial Enabling Infrastructure Fund has invested \$30.6 million, over five years to improve access to innovative healthcare in NSW and ACT to support rural Local Health Districts, Canberra Health Services and other partners.

Patients in Southern will soon have better access to clinical trials.



Life-changing support for older people

Southern’s Transitional Aged Care Program (TACP) has undergone significant changes that have really helped people in the local area.

TACP supports older people to get back to doing the things that are important to them after a hospital stay. It provides people with a package of clinical and non- clinical services to maintain their physical and cognitive health, ultimately keeping people in their homes longer.

In 2021, a team of four Southern staff used the ACI Healthcare Redesign methodology to understand how TACP could be made more efficient and effective. They looked at what could be improved, including how staff were trained, how resources were shared, and how they could personalise care plans.



Physiotherapist Nikkei Simon (left)

The team worked with past participants of the program, clinicians and managers to come up with a plan that has recently been rolled out. The changes include a new orientation guide for patients, a training program for new staff, and a new guiding framework that outlines the philosophy of the program. They are trialling a new role called a “community linker” to help people connect with others in their community. They made a video, brochures and a website to explain the program better. Finally, they set up a system to measure how well everything was being implemented.

And it worked! People who use TACP say they are much happier and feel like they can do more. More than 50% of people using the community linker report an improvement in their home life and community connections, up from 7%. Hospital readmissions are also down as people are recovering at home more successfully.



Allied Health Assistant Kirstie Gilmour (right)



Social Worker Kathie Blankley (right)

The TACP program now matches staff training with patients’ needs. All people on the program receive the same access to resources, and staff are better equipped to do their jobs right.

All in all, the TACP facelift has helped people to regain their independence. The changes have been put in place wherever TACP is offered, meaning that people in Bega Valley, Queanbeyan, Cooma, Goulburn, and Eurobodalla can all benefit from it.

Now older people who have been in hospital can get the care they need to recover, stay at home, and enjoy their lives.

Delivering on our vision



Members of Southern's Board and Executive help to launch Pride in Southern in February 2023.

Southern's Board have recently progressed initiatives on Aboriginal health and wellbeing, LGBTIQ-inclusivity, and environmental sustainability, to help us deliver on our vision to be a recognised leader in rural health care.

"Southern faces many challenges, now and in the years ahead, including those related to a changing climate and the need to provide a more sustainable health service," said Board Chair, Ms Beth Hoskins.

"At our April Board meeting, we had an inspiring presentation from Dr Ramsey Awad on the work being undertaken at Hunter New England Local Health District to drive their green vision, a framework that is leading the LHD towards a more environmentally sustainable healthcare model. Learning from other health services here and overseas helps inform how we progress Southern's environmental journey."

Members of the Board recently joined Southern team members at the 'Closing the Gap in Southern' Forum at Batemans Bay.

"It was great to be a part of the highly engaged group attending this important event as we all work together towards closing the gap in healthcare at Southern," said Ms Hoskins.

Board Member Jennie Gordon presented to staff on her experience, and the Uluru Statement from the Heart. Southern's Board is committed to ensuring that the Closing the Gap vision remains strong and a key focus area.

Board members were also pleased to be involved in Southern's recent 'Pride in Southern' launch, marking the start of a three-year journey towards achieving Rainbow Tick Accreditation. The Board is supportive of the work being done as we strive to become a more inclusive and safer workplace and service provider for our LGBTIQ+ staff, volunteers and community members.

"These initiatives are an important part of the work being done by members of our LHD towards our commitment to building a stronger and more vibrant culture that demonstrates our values in action," added Ms Hoskins.

The role of Southern NSW Local Health District's Board is to lead, direct and monitor the activities of the District and drive overall performance.

FreshOut and ready to celebrate

Southern's Sexual Health team took to Canberra's FreshOut Fair Day to share information about Southern's programs and services for LGBTIQ+ communities.

"FreshOut is a day for our communities to celebrate our strength and pride with our loved ones, friends, and biological and chosen families," said Phillipa Moss of Meridian, organisers of the event.

"Fair Day is a well-loved event that has been bringing the community together to celebrate Pride and build community cohesion across our region for over 20 years," added Kevin Schamburg, HIV and Related Programs Manager for Southern and Murrumbidgee Local Health Districts.

"What started as a small gathering to raise awareness about sexual health back in 1996 has evolved and grown into the flagship event of the SpringOUT Pride Festival.

"Attending events such as FreshOut offer us the opportunity to ensure our services are suitable for individuals and groups who may otherwise be marginalised."



Southern's sexual health team attended the region's largest celebration of the LGBTIQ+ community.



Left to right: David Gibson, Peter Smith, Margaret Bennett, John Nader, Leslie Crompton, Steph Carter, Rob Pollock, Steven Young, Brad Rossiter.

Margaret Bennett and Rob Pollock sign the Heads of Agreement

Agreement to move ahead with plans for carers accommodation



The provision of carers accommodation at the new Eurobodalla Regional Hospital has taken another step forward with an agreement signed between Southern and Carers Accommodation Eurobodalla Regional Hospital (CAERH).

Local community members and groups including the Eurobodalla Community Consultative Committee, Rotary and Lions established CAERH in 2022 to progress work on an accommodation facility for carers and relatives on the new Hospital site.

On Friday 14 April, representatives from CAERH joined Chief Executive, Margaret Bennett OAM to sign a Heads of Agreement. The document sets out the 'in principle' agreement to assist the parties to move forward with the

planning for the on-site carer accommodation.

Rob Pollock, President of CAERH said there is a need for affordable, safe, and accessible on-site accommodation for carers and relatives at the new hospital, particularly for those who have a long distance to travel or who need to be close to their loved ones.

"With the agreement now in place, we can continue working with the community to raise the funds required to plan, design and construct the new carers accommodation, which will make a real difference to families and carers looking after sick or injured loved ones," Mr Pollock said.

Ms Bennett praised the commitment and hard work that has already been undertaken by CAERH to get to this stage.

"This is a wonderful example of what can happen when a group of passionate and dedicated community members work together for a shared outcome," Ms Bennett said.

"This is a project that will have long-lasting benefits for the entire Eurobodalla community, and we look forward to continuing to work closely with CAERH as they progress their planning for the project and their fundraising efforts."

Statement of Commitment launched



Southern's Aboriginal Health team with the 'Strengthening Community' artwork.

At March's Closing the Gap Forum, Southern's Integrated Care and Allied Health Directorate launched a Statement of Commitment to ensure our services are culturally safe for Aboriginal and Torres Strait Islander peoples.

In a first for Southern, the Statement outlines the Directorate's commitment to reconciliation between Indigenous and non-Indigenous Australians through several key areas including cultural awareness, community involvement, cross agency-involvement and consultation.

'Strengthening Community', a painting telling the story of the development of the Statement, was commissioned from two Directorate staff, Skyan Fernando and Joe Stewart.

The development of the Statement is part the Directorate's ongoing cultural journey, and includes transforming the way the Directorate works in genuine partnership with Aboriginal and Torres Strait Islander peoples in Southern NSW Local Health District.

Cultural visibility improved in Queanbeyan

Karabar Community Health Centre and Queanbeyan Maternity Unit have recently installed artworks by Wayne Williams and Deb Stiles as part of their strategies to be more culturally welcoming for Aboriginal people.

The artworks encourage patients, staff and visitors to reflect on what each one represents and most importantly, to help Aboriginal people feel welcome in our health facilities.

"We want Aboriginal people who come into our facilities to see the beautiful artworks and to feel safe in our care," explained Skyan Fernando, Senior Aboriginal Health Promotion Officer.



Queanbeyan Maternity Unit have recently had artwork by Deb Stiles installed across the department.

"Our goal is to provide a welcoming, culturally suitable space that is welcoming to all mothers and families, but particularly Aboriginal mothers and families."

Karabar Community Health Centre is the home of Queanbeyan's child and family health services, and hosts the local Tresillian in Southern service.

The foyer of Karabar Community Health Centre is undergoing a makeover to increase the visibility of Aboriginal culture at the service. Artist: Wayne Williams



Graduates begin their careers at Southern

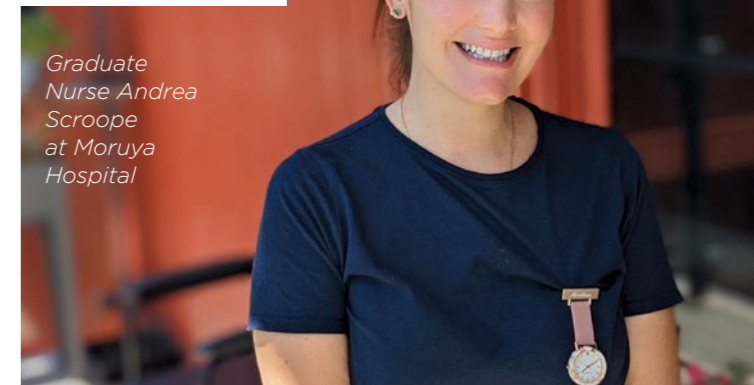
In January we welcomed 56 nurses and midwives from our graduate program, who have now started work in facilities across Southern.

Overall, 118 graduate nurses and midwives have accepted an offer to start working across Southern in 2023, with some still completing the recruitment process.

This is great news for our District and represents the largest graduate intake we've had in a number of years. Importantly, it's crucial step in ensuring a steady pipeline of staff for the ongoing strength and sustainability of our future Southern health workforce.

State-wide, more than 3,600 graduate nurses and midwives will begin their career across 130 NSW public hospitals and health services in 2023.

Throughout their first year, our graduates are given opportunities to work across a variety of clinical settings to gain a range of experience and consolidate the skills and knowledge developed at university. They'll work alongside our experienced nursing and midwifery workforce and be guided by our team of Clinical Nurse Consultants, Clinical Nurse Educators, and Nurse Unit Managers.



Graduate Nurse Andrea Scroope at Moruya Hospital



Queanbeyan

Yass



South East Regional Hospital



Goulburn



Left to right: Graduate Coordinator Amy Bennett; Aboriginal Cadets Kayla Crofts and Briony Ferris; Acting Director of Nursing and Midwifery Susan Rowley.

Busting breast cancer screening myths



Having a breast screen every two years is one of the most important things a woman aged 50-74 can do for her health. Yet, about 2,400 eligible women in Queanbeyan have never screened and a further 1,600 are overdue.

Queanbeyan's Helen Ferguson and Anne Pratt are the faces of a campaign busting myths and misconceptions that might prevent women from booking a free 20-minute mammogram.

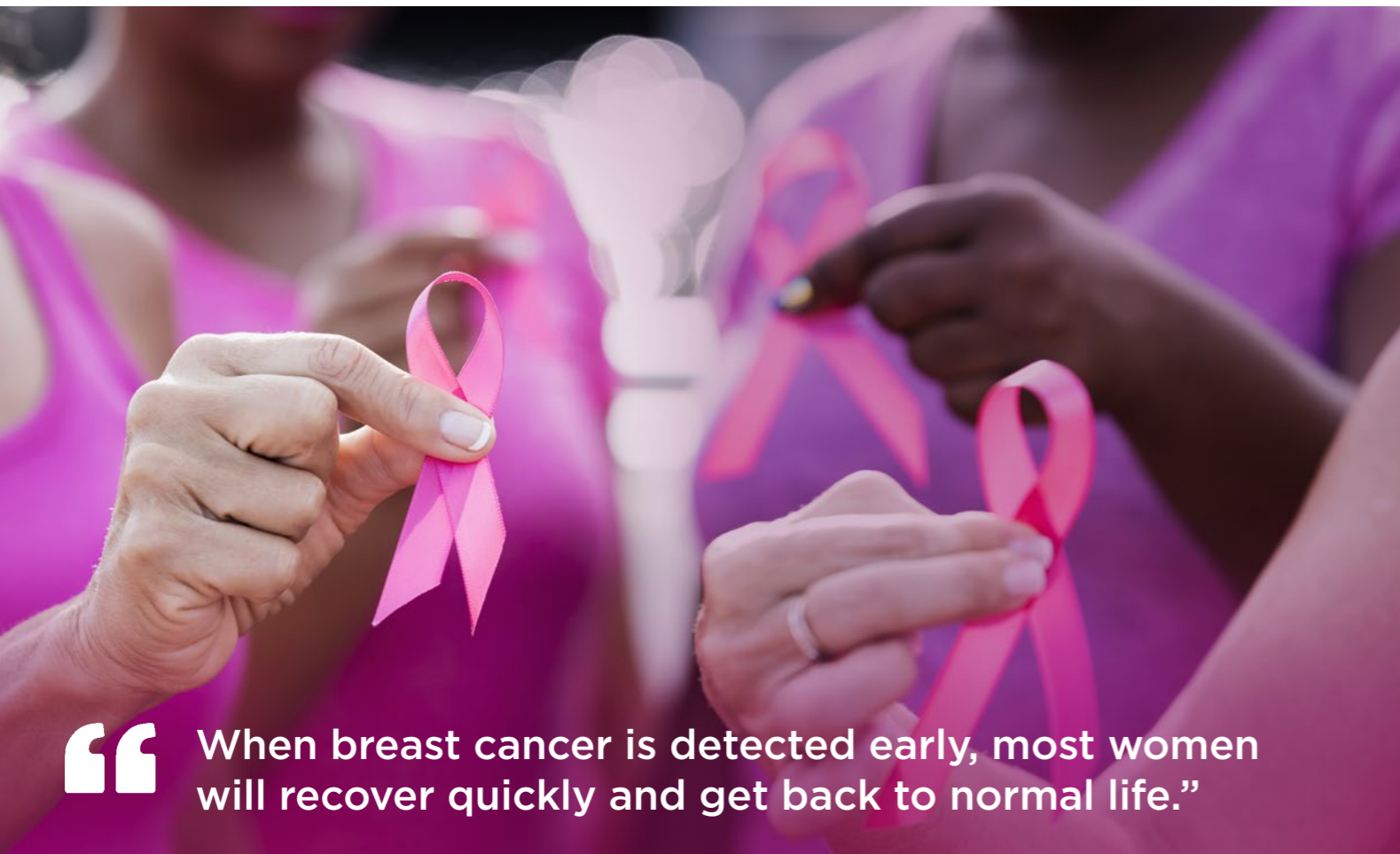
One in seven women in NSW will develop breast cancer in their lifetime, with more than 75% of breast cancers occurring in women older than 50.

Queanbeyan's BreastScreen NSW Director, Veronica Scriven, says many women think they're not at risk of breast cancer because no relatives have had the disease. However, about nine out of 10 women diagnosed with breast cancer have no family history.

"For women aged 50-74, a mammogram is the most effective way of finding breast cancer early - when it's so small it can't be seen or felt.

"When breast cancer is detected early, most women will recover quickly and get back to normal life."

"We are a well-women's screening service, so we know that most people who see us will never have a breast cancer diagnosis. The thing to remember is that if you do have breast cancer, it is better to catch it early. So, if you've have been screened, please call 13 20 50 to book and speak to one of our friendly staff."



“When breast cancer is detected early, most women will recover quickly and get back to normal life.”



Helen's Story

The first time I had a breast screen at the Queanbeyan clinic, I got a call to say I needed to come back in. It didn't mean that I had cancer, but they needed to take another look, because they didn't have a past history of images they could check mine against.

That was a bit anxiety provoking - I thought, 'I hope everything is alright'. But it was good to know they were thorough. Double checking is a good thing and I appreciated that they weren't taking my results lightly.

I got the all clear and I'm back to having a breast screen every two years. Getting my results letter in the mail gives me a sense of security, knowing medical experts have had a good look and there's nothing there.

I think it's a really good service, and it's free, which is great. Booking an appointment is very straightforward and the Queanbeyan clinic is a nice space. I was never concerned about it being painful. It's a bit of pressure for a few seconds and that doesn't worry me. It's really not that bad.

I think early detection of any form of cancer is pretty important if you want to get on top of it. It's quick and free, so I don't really understand why women don't do it.

If you're hesitating, remember, it's important to look after yourself. Book an appointment. It could save your life.

Helen Ferguson
Owner, Queanbeyan Hive gallery space
Founder, Create Collaborate Collective Inc
Proud mother of two teenage daughters

Anne's Story

As you get older, you tend to worry that something could go wrong with your health. I've found having a breast screen every two years helps to put my mind at ease.

It's not a big thing to go through and the women at the Queanbeyan clinic are just so good. They make you feel comfortable and relaxed.

I've been having them for 15 years and I'm always grateful for BreastScreen NSW's reminders when it's time to go in again.

If you're over 50 and have never had one, don't put it off. We all get busy and it's easy to focus on doing the right thing by other people. Do the right thing by yourself. Book a breast screen.

Anne Pratt
Manager, HOME (supported accommodation for people living with a mental illness).



To book your free breast screen call 13 20 50 or visit <https://book.breastscreen.nsw.gov.au/>



Hands-on simulation tests Bega staff and students

A recent multiagency training exercise at South East Regional Hospital has given staff and medical students an unforgettable learning experience.



First year medical students from Australian National University, in Bega for a week-long rural practice immersion program, joined forces with a staff professional development program on trauma management combines to participate in a simulated trauma exercise, involving a multi-vehicle accident and fire scenario.

Cars were placed in the grounds of South East Regional Hospital, positioned to replicate a major traffic incident. With the support of NSW State Emergency Services, Rural Fire Service, Fire and Rescue, the Volunteer Rescue Association, and NSW Ambulance, the 'patients' were extricated from their vehicles, triaged, stabilised at the scene, and then transported to the

hospital, where staff received them and ran a simulation, based on the outdoor event.

The realism experienced within this simulated emergency scenario provides hands-on training in a safe environment yet still evoked a sense of urgency and aims to better prepare responders for action in a real-life emergency situation, and help hospital staff to understand what happens before the patients come to hospital.

"One of the interesting things when you work in the hospital is that we tend to work in a very confined environment, and we only see what happens within the walls of the hospital," explained Dr Nathan Oates, South East Regional Hospital, and coordinator of the exercise.

"We look after people that come in from the outside all the time, but most of the time we don't get to see what happens at the roadside. And some of the things that happen at the roadside are really important to understand, to know why we see things in a particular way in the hospital."

The organisers created a complete hands-on training environment through the multiple casualty scenario, combining realistic trauma wounds and injuries, applied to manikins and live role players, with other props to create a realistic scene.

Simulation provides learners with a library of experience to draw upon so that when specific situations are encountered during real-time patient care, those times are not the first experience the learner has regarding that same situation.

"Today is really providing an opportunity for interaction between the hospital staff and the emergency services for actually two-way observation and dialogue, so that we can see what they do at the roadside and also to give them an idea of what happens when they bring their patients into the emergency department and we then look after them," added Dr Oates.

Canberra Health Services Emergency Physician Dr Shakeeb Bani Yaseen echoed the importance of training partnerships in ensuring good outcomes for trauma patients.

"Going out to regional and remote areas is quite important, to make sure

that we standardise the care of patients anywhere they are - whether they're in metropolitan Sydney, Melbourne, Canberra or Bega, you should be receiving the best possible care, with the most up-to-date practices," he said.

Professor Sally Hall Dykgraaf, from the Australian National University Rural Clinical School said that the simulation gave medical students and hospital staff the opportunity to witness how first responders react in times when critical decisions are imperative.

"It gives these guys an idea of how a whole range of services that exist in the community link with what goes on in the

hospital...they don't always have the same kinds of medical training that these guys will one day have, but they're all there at the same time - a really critical part of the system."

Dr Oates said that he hoped the exercise would help students think about living and working in the country as an option for when they graduate.

"I know when I was a student and participated in an emergency scenario, I found it very stimulating and memorable. I hope the students who participate in the emergency services exercise also have this experience and, ultimately, the insights they gain from today will help some of them consider a career in a rural or regional environment."



Dr Oates said that he hoped the exercise would help students think about living and working in the country as an option for when they graduate."

More than morning sickness

Natania Copp, Senior Health Promotion Officer at Southern, was diagnosed with Hyperemesis Gravidarum (HG) during both of her pregnancies.

"I was always a small-framed person. So, when I started losing weight during pregnancy due to nonstop nausea, vomiting and an inability to keep any food down my health team started to worry. I remember being three months pregnant with my first baby and weighing only 41kgs," she said.

Natania experienced a combination of severe gastro and motion sickness. Her symptoms felt like a constant hangover that continued for months. "At least with gastro it goes away after a few days, but not HG. No, no, no. HG goes on for months. Months of feeling extremely ill. Months of nausea and not stop of vomiting. Just thinking about the feeling of HG, makes me feel ill in the stomach."

Defined as an extreme form of nausea and vomiting experienced during pregnancy, Hyperemesis Gravidarum causes emotional, psychological, physical, and financial distress for many pregnant women and their families. In NSW, nausea and vomiting is experienced by 65,000 women each year, and a further 1,045 women experience the most severe form of HG.

However, recognising HG as a disease is only a new concept. Claudia Stevenson, Clinical Midwifery Consultant and Hyperemesis Gravidarum Project Lead at Southern, said the disease has often been dismissed as morning sickness in the past. "It's only recently that scientists have discovered

that the gene GDF15 is present in high levels in the placenta and this gene inhibits messages to the brain that affect appetite."

A lot of women, including Natania, have never heard of HG until they receive their diagnosis. "I just assumed that I had extremely bad all day morning sickness. My symptoms occurred quite early on in my pregnancy, and I was vomiting and had nausea from as early as 6 weeks. Around the 8 weeks mark, it was 24 hours a day of being extremely ill," she said.

Because she had never heard of HG, Natania continued to "soldier on".

"It was not until my 12-week appointment that my doctor realised I was extremely ill when I turned up to my appointment with a vomit bag looking extremely thin and pale. She then diagnosed me with HG."

She now looks back on that diagnosis as a moment of relief. "I cried. Cried in relief that I was not just being "dramatic". I was extremely lucky to have an amazing and supportive GP that really encouraged me to be kind to myself."

Now that clinicians and GPs are becoming more aware of HG, there is more information and new guidelines available for treatment.

In 2022, NSW Health launched evidenced-based guidance to support the diagnosis and management of nausea and vomiting and Hyperemesis Gravidarum.

"Up until now, there's been no guidelines to provide consistency for care amongst clinicians or for women to know what to do," said Claudia.

The guidelines have introduced the Pregnancy-Unique Quantification of Emesis tool, which helps people assess the severity of nausea and vomiting in pregnancy by asking three simple questions.

"It's not just for diagnosis as to the patient's classification, it's also used for monitoring and the effectiveness of the treatment that we're providing women," Claudia explained.

Both of Natania's babies were born healthy with minimal complications. But other challenges arose post-partum.

"I was diagnosed with diastasis recti and multiple hernias from the forcefulness of vomiting, and straining from constipation from months of dehydration," she said.

She wants other women experiencing HG to remember that it will end. "It will not last forever even though it feels like you cannot imagine not feeling ill. Focus on the fact that HG means you have strong pregnancy hormones, which means a healthy baby is in your tummy."

Any women experiencing severe nausea and vomiting should seek help early.

"Be kind to yourself. Take any leave you have available to rest and take care of yourself. Just know, you are not alone, and you are not being dramatic. You have a serious medical condition," Natania said.

"The Australian Guide to Healthy Eating has recommendations for healthy eating during pregnancy. Park these guidelines and just eat whatever you can hold down even if it is a cheeseburger or hot chips and gravy. Focus on the guidelines once you get relief from HG," she added.

“

Any women experiencing severe nausea and vomiting should seek help early.”

Where can I get help?

If you are suffering from nausea and vomiting in pregnancy or think you may have Hyperemesis Gravidarum, you should see your pregnancy care provider, such as your midwife, family doctor or obstetrician. If you are feeling very unwell you should go to the Emergency Department at your local hospital for advice and help.

Symptoms of nausea and vomiting can become harder to control the longer you are suffering. We encourage you to see your pregnancy care provider as soon as possible when you feel that:

- you are having difficulty eating or drinking because of the nausea and or vomiting
- you are not able to cope alone at home.

Unfortunately, Hyperemesis Gravidarum is often not always recognised quickly, so don't be afraid to ask any questions about your health during pregnancy.

Sexual health clinics here to help everyone



When it comes to sexual health, it is important that we take responsibility and care of our bodies to keep our communities safe. Part of this is increased knowledge and testing, which is why sexual health clinics play an important role, particularly in regional areas.

Southern has eight sexual health clinics across the region that provide confidential support to anyone seeking guidance or testing.

“Our whole purpose is to be a service in the community that reduces stigma around sexual health and wellbeing and promotes access to sexual healthcare that people might find hard to get elsewhere,” explained Renae Peereboom, Sexual Health Nurse at Southern.

“Some of the people we see have symptoms and don’t feel comfortable going to their GP or can’t afford to,” she added.

The stigma surrounding sexual health continues to reduce rates of access to responsible healthcare in Australia. Southern’s sexual health clinics offer a non-judgemental and completely confidential service. The service even operates from a separate database, so details aren’t shared across

departments or with other local health services.

At a sexual health clinic, people can be screened for blood borne viruses like HIV and Hepatitis A, B and C, as well as sexually transmitted infections. Ongoing treatment and referral is available to anyone who tests positive. Sexual Health Clinics also have social workers and sexual assault counsellors available to anyone who needs them.



Everything that we discuss, any testing that we do, any results that we get, it’s all confidential.”

Sexual Health Nurses Renae Peereboom and Fiona McKenna

TAKE CARE OF YOUR SEXUAL HEALTH

Sexually Transmissible Infections
Hepatitis • HIV

We are a free sexual health service and understand the importance of privacy and confidentiality.
We offer a safe setting in which sexual health concerns can be discussed with caring health professionals.



“A lot of people don’t really know that this kind of specialist service exists,” said Renae. “We support everyone, but particularly groups who have a higher risk in their communities.”

This includes men who have sex with men, sex industry workers, and people who have multiple sexual partners. The clinic also offers culturally safe support to Aboriginal and Torres Strait Islander communities.

“We are a free service, and you don’t need Medicare to come here,” Renae added. “Everything that we discuss, any testing that we do, any results that we get, it’s all confidential.”

Renae often sees patients who are simply unaware of safe sex practices and harm minimisation due to poor sexual health education. She encourages anyone with

questions or concerns to make an appointment.

“Here in the regional areas really anybody that has any questions, concerns, wants more education with or without symptoms, they can come and see us,” she said. “There’s a much bigger support network than people realise because there is so much stigma associated with talking about sex.”

What happens at a sexual health check-up?

A sexual health check-up is an opportunity for you to discuss any sexual health concerns you may have, including concerns about STIs and HIV.

If you are sexually active having a regular sexual health check-up is always a good idea. You don’t need to have physical symptoms to undergo a sexual health check-up.

A standard sexual health check-up will involve:

- sexual history
- examination and tests
- follow up and
- may involve informing your partners.



Telestroke a local lifesaver for Frank



Franco “Frank” Munda feared the worst when he suddenly started experiencing stroke symptoms while watching TV one night in January at home in Bingi.



Frank and Hetty Munda speak with Professor Ken Butcher, Director of the New South Wales Telestroke Service

As Frank’s right side started to go numb and his speech slurred, he managed to signal to his wife Hetty that he needed an ambulance.

“He couldn’t even get the entire word ambulance out, so I knew it was serious and dialled 000 immediately. We straight away suspected it was a stroke, so knew time was critical,” said Hetty.

Lucky for Frank and Hetty, their nearest hospital in Moruya is one of 23 hospitals participating in the NSW Telestroke Service. The \$21.7 million service provides 24/7 access to life-saving stroke diagnosis and treatment, connecting patients and local doctors with a network of

specialist stroke physicians via video consultation.

Once the Paramedics arrived, they quickly called ahead to alert the team at Moruya Hospital that Frank was most likely suffering a stroke. At the emergency department, the health care team assessed Frank and connected with the NSW Telestroke on-call specialist neurologist, based in Sydney.

“I remember in the ambulance feeling very worried about what was going to happen to me,” said Frank. “I couldn’t talk and couldn’t move. But when we arrived at Moruya, they were all ready for me and seeing the specialist on the screen gave me hope.”

Hetty recalls driving behind the ambulance, praying that there would be a helicopter available to transfer her husband before it was too late. “I thought they would need a helicopter to take him to Canberra because they wouldn’t be able to treat him here in Moruya. With strokes I knew that time was critical, so it was really scary.”

She describes the relief at arriving at the hospital to see Frank already being assessed by the Telestroke on-call neurologist.

“It was almost a surreal feeling that there was a specialist many kilometres away that was assessing a life-or-death situation. Let alone that in a small regional area we could access this amazing lifesaving help,” said Hetty.

Working with the Telestroke Service, the Moruya medical team were able to successfully treat the clot in Franco’s brain with medication, later transferring him to Canberra for monitoring.

He has since made a remarkable recovery, regaining his speech and limb movement less than 24 hours after the episode.

Frank and Hetty have no doubt that it was the quick access to specialist care and dedication of local health staff that made all the difference.

“We had no idea that Telestroke existed,” said Hetty. “It was just amazing – lifesaving really! Because of this service Frank has made an almost complete recovery and he is improving every day. It is a fantastic outcome.”

“We are both so grateful for Telestroke and to all the staff at Moruya Hospital who were so efficient and kind. We are just glad he’s alive.”

Both Hetty and Frank are eager to share their experience to let others in their community know about the Telestroke service and importance of acting quickly.

“If you are in any doubt always ring an ambulance. Do not wait,” said Hetty.

“It’s something we’ve discussed with friends and family. The longer you leave it to get help, the greater the risk of more permanent damage.”

“Many people in our regional areas don’t know that specialist care can be closer than they think. Telestroke is making a big difference and it certainly made a big difference to us.”

More than 3,000 patients just like Frank have received life-changing treatment from the Telestroke Service.

The 23 hospitals participating in the NSW Telestroke Service are located in: Tweed, Lismore, Grafton, Coffs Harbour, Moree, Armidale, Tamworth, Port Macquarie, Manning, Dubbo, Broken Hill, Orange, Bathurst, Lithgow, Blue Mountains, Goulburn, Cooma, Shoalhaven, Griffith, Wagga Wagga, Deniliquin, Moruya and Bega (South East Regional Hospital).

Implementation of the NSW Telestroke Service is a collaboration between the Prince of Wales Hospital, eHealth NSW, the Agency for Clinical Innovation and the Ministry of Health, with support from the Stroke Foundation.

Moruya Hospital Telestroke patient Frank Munda with wife Hetty Munda and Telestroke Coordinator Emma Turner



How do you know if someone is having a stroke? Think... F.A.S.T.

The Stroke Foundation recommends the F.A.S.T. test as an easy way to remember the most common signs of stroke. Using the F.A.S.T. test involves asking these simple questions:

- **Face** Check their face. Has their mouth drooped?
- **Arms** Can they lift both arms?
- **Speech** Is their speech slurred? Do they understand you?
- **Time** Is critical. If you see any of these signs call 000 straight away.



“Many people in our regional areas don’t know that specialist care can be closer than they think. Telestroke is making a big difference and it certainly made a big difference to us.”

Meet the sentinel chickens protecting our community

When it comes to monitoring outbreaks of mosquito born viruses such as Murray Valley encephalitis (MVE), Japanese encephalitis (JEV), and the Kunjin virus, chickens can save lives.



Surveillance Officer Lisa Clarkson, Manager Infectious Diseases April Roberts-Witteveen and Brad Corby collect a sample from Goulburn's flock.

"Finding virus in mosquitoes tells us the virus is present but doesn't give an idea if there is enough virus present to cause transmission to vertebrates," explained Senior Environmental Health Officer Tony Burns. That's where the chickens come in.

Sentinel chickens, as these well-cared for birds are called, are kept as an early warning system. Because chickens are bitten by mosquitos approximately 1,000 times each night, they are often among the first species to test positive to mosquito born viruses. In other words, when tested, these birds indicate whether these viruses are present in the district.

"Having the chickens in a coop keeps them safe, makes them easy for us to test and ensures we are testing the same bird each week. It also means the birds are available to the mosquitoes 24/7," said Tony. This process is easier and safer than trapping wild birds or animals that could also be tested.

The sentinel chicken surveillance program began in 1979, with work first undertaken by the University of NSW. In 1986, the program transferred to the Institute of Clinical Pathology and Medical Research (ICPMR). "It has been our responsibility since then," said Tony.

There are currently twelve flocks of sentinel chickens across NSW with fifteen birds in each flock. A new flock has recently been added in the Goulburn area, cared for by Public Health Unit Surveillance Officer Lisa Clarkson.

The birds themselves don't get sick from these viruses, and they can't pass it on. Once bitten, a chicken's health isn't affected but their immune system produces antibodies which can be detected in blood samples.

"When the sentinels trigger, it suggests there is enough virus to transmit to vertebrates. As the birds are outside 24/7 this gives us a couple of weeks' notice that the virus is building up in an area and allows the Ministry of Health through its public health units to act," said Tony.

The Australian banded freshwater mosquito (Culex annulirostris) is a widespread mosquito on mainland Australia that is of significant pest and public health concern. Photo: Cameron Webb



A flock of Isa Brown chickens are our secret weapon against Japanese encephalitis and other diseases.

Mosquitoes are a health hazard

Your best protection against mosquitoes and the diseases they carry is to avoid mosquito bites. Know how to prevent bites – Spray up, Cover up, Clean up, Screen up!

- Mosquitoes can bite through tight clothing. Cover up while outside (wear loose, long-sleeved, light-coloured clothing and covered footwear and socks), particularly at dawn and dusk when mosquitoes are most active.
- Apply mosquito repellent evenly to all areas of exposed skin. The most effective repellents contain picaridin, DEET or oil of lemon eucalyptus. Read the instructions to find out how often you should reapply repellent. Always apply sunscreen first and then apply repellent.
- Mosquito wristbands and patches are not recommended as there is no evidence that these provide good protection against mosquito bites.
- Natural or homemade repellents provide limited protection against mosquitoes.
- Where possible, limit outdoor activity if lots of mosquitoes are about, particularly around areas like swamps and wetlands.



At the end of the season the birds are retired and become part of the handler's flock."

The program has been successful many times in the past, with the sentinels triggering for MVE and Kunjin viruses in the early 2000s. This early detection gave NSW Health time to roll out its key messaging and safeguards to protect the community from a large outbreak, and also time to put local GPs on alert to watch out for symptoms.

Two people died of JEV in NSW last year and, earlier this year, NSW Health issued a pre-Easter warning for MVE after confirming two human infections and a positive sentinel flock in Hay.

All sentinel chicken flocks are subject to animal ethics committee approvals, as well as regular checks by veterinarians to ensure they're properly housed and well cared for.

"If the birds become positive to more than one virus, we may add extra birds to the flock to ensure we can still detect the virus. At the end of the season the birds are retired and become part of the handler's flock," said Tony.

Are mealtimes miserable? Try this.

Health Promotion Officer Chelsea Maxwell offers advice on how to shift conversations about food with children to avoid battles at mealtimes.

As parents, we often worry about our children's eating habits. We want to make sure they are getting enough nutrition to grow and thrive. But what if I told you that children are actually born with the ability to regulate what they eat? This ability is called sDOR, or the "Satter Division of Responsibility in Feeding" style, and it plays a crucial role in a child's long-term health.

Introducing sDOR

sDOR is a way of eating that is based on internal hunger and fullness cues. Children who have sDOR are able to recognise when they are hungry and when they are full, and they eat accordingly. This means they are less likely to overeat or undereat, and they are more likely to have a healthy relationship with food.

sDOR is different from other eating styles, such as emotional eating or external eating. Emotional eating is when a child eats to cope with emotions, while external eating is when a child eats in response to external cues such as the sight or smell of food. These eating styles can lead to overeating and unhealthy food choices.

Why is sDOR important?

sDOR is important because it helps children develop a healthy relationship with food. When children are able to listen to their internal hunger and fullness cues, they are more likely to eat a variety of foods and maintain a healthy weight. Children with sDOR are also less likely to develop disordered eating habits or eating disorders.

How can parents encourage sDOR?

Parents can encourage sDOR by allowing their children to eat when they are hungry and stop when they are full. This means avoiding pressuring children to eat more than they want or using food as a reward or punishment. Parents can also offer a variety of healthy foods and let their children choose what they want to eat. It is however important to note that sDOR is not a "one-size-fits-all" approach. Some children may have medical conditions or other factors that affect their ability to regulate what they eat. In these cases, it's important to work with a healthcare professional to develop an appropriate eating plan.



Health Promotion Officer Chelsea Maxwell, Kin Early Learning Centre Director Steph Selmes and Chef Scott Tait



Kin Early Learning Centre participate in NSW Health's Munch and Move program

sDOR in Southern

With the support of NSW Health's Munch & Move program, Kin Early Learning Centre in Queanbeyan has taken sDOR to the next level in their service by incorporating progressive mealtimes, a garden-to-table program, and the ability for children to see the chef in action.

The centre has a philosophy to provide children with wholesome, nutritious food using only the freshest of ingredients, opting for organic options where possible. Their seasonal menu is designed in accordance with professional nutritional advice and caters for allergies or children's individual needs.

Instead of having set mealtimes, children are offered food throughout the day in a more relaxed and informal setting. This approach allows children to listen to their hunger cues and eat when they are hungry, rather than being forced to eat at set times.

Breakfast is available each morning until 8.30am where children and their families are invited to choose from the breakfast buffet serving fresh fruit, a selection of cereals, and toast.



Jensen Malan picks lettuce from the garden for lunch



Kin Early Learning Centre in Queanbeyan

To further foster children's interest in food, Kin ELC has a garden-to-table program that allows children to participate in growing and harvesting fruits and vegetables. This not only teaches them about where their food comes from, but it also helps them develop a deeper appreciation for healthy food options.

Key tip

Remember when introducing sDOR to your child make sure to listen to your child's internal hunger and fullness cues, offer a variety of healthy foods, and avoid using food as a reward or punishment. With these strategies, your child can learn to regulate what they eat and develop a healthy relationship with food.

Ellyn Satter's Division of Responsibility in Feeding


Parents are responsible for:

- What to feed.
- When to feed.
- Where to feed.

Children are responsible for:

- How much to eat.
- Whether to eat from what the parents offer.

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