

incentral

June 2016

EPAS
GOING
LIVE AT
TQEH



Government
of South Australia

SA Health

CEO Message

Welcome to the June edition of InCentral!

With winter now upon us and flu season starting to ramp up, I'm pleased to announce that more than 8360 flu vaccinations have been administered to CALHN staff since the vaccination program began in April 2016. Vaccination is the most effective method of preventing influenza, and I urge any staff who have not yet had a flu vaccination to take the opportunity to protect themselves, their patients and their family from the flu this year. Contact the CALHN Clinical Worker Health Service (RAH 8222 5278 or TQEH 8222 7642) if you haven't received your flu vaccination to make a time for you to attend the clinic.

As I write this message we are working on our operational plan for 2016/17. The next year will be critical for our communities, staff and services and provides an enormous opportunity to make substantial improvements in care, effectiveness and efficiency.

A tranche of clinical pathways are nearing completion by clinicians from within CALHN and across SA Health as part of the Transforming Health program. Once the work

has been done through the groups operating under the stewardship of the Ministers Clinical Advisory Group (MCAG) then they will move through to implementation. Local Health Networks will be required to operate these evidence based pathways.

In addition we are seeing efficiencies in care provided which means that patients are able to be treated in shorter timescales than before. We know that treating suitable patients in the most timely way possible is good clinical care. The operational plan for 2016/17 will match the activity commissioned for our communities with the resources available at an efficient price. We know that timely care is good care and we will be working to make the necessary changes to meet the challenges moving forward.

The service model for The Queen Elizabeth Hospital and its future role in supporting our new Royal Adelaide Hospital is being worked through well ahead of the move into the new hospital and the first of the service transfers of services for Northern suburb residents will be implemented in the next few weeks and months.

A successful move into the new Royal Adelaide, operating new and evidence based care pathways which are clinically effective and cost efficient is a key requirement during the next financial year. While much work is going on we need to finalise our service models and resource requirements very soon. Where possible new service models will move into the new hospital

rather than old models which will need to be changed after the move.

Lastly we will be ending the financial year in a slightly better place than expected. I would like to thank staff and all of our multi-disciplinary teams for focusing on making sure that our performance improves. There is a very long way to go. The commitment of CALHN's teams makes real our aspiration for

- > great clinical outcomes,
- > efficient use of all resources (people, buildings, equipment)
- > a better patient experience and
- > for our services to be valued and trusted by our communities

Julia Squire
Chief Executive Officer
Central Adelaide Local
Health Network



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How to contribute to InCentral

Do you have an announcement, achievement or update you want to share with staff?

Contributions to *InCentral* are always welcome.

Tips for contributing to *InCentral*:

- > notify the Media and Communications unit of your intention to submit an article
- > articles must be less than 150 words
- > include details of a contact person
- > take photos using the highest resolution setting available on your camera.

Text and photos can be emailed to HealthCALHNCommunications@sa.gov.au or phone 8222 0813.

Please note: this newsletter is provided for information only. Some web links included relate to intranet sites so may not function external to Central Adelaide LHN.



TQEH staff can practice their skills in the EPAS Skills Centre with the EPAS Team support.

Final site preparations for EPAS 'Go-Live' at TQEH

TQEH will be the first CALHN site to implement EPAS on Wednesday 29 June and final preparations for 'Go-Live' are well underway.

Since the beginning of the year, TQEH staff, in conjunction with the EPAS Team, have been busy with site preparation activities such as training, discussions to understand the workflow changes that may apply to staff members' day-to-day work, as well as installing and configuring devices and the EPAS applications across the hospital.

With only a week before 'Go-Live', staff are strongly encouraged to keep practicing their EPAS skills and consolidating their learnings by visiting

the EPAS Skills Centre (Level 5A, Tower Block) or using the EPAS Play and Learn workstations located throughout ward areas.

In addition, adjustments of the hospital's activity have been planned to enable a smooth transition of TQEH patients onto EPAS at 'Go-Live'.

The final approval for EPAS to 'Go-Live' at TQEH will be subject to a series of checkpoint reviews on the hospital's readiness and the decision will be then communicated to staff.

Vanessa our Aboriginal Nurse of the Year

Congratulations to Mental Health Directorate's Vanessa Browne for winning the 2016 Nursing Excellence Award of Aboriginal Nurse of the Year.

While Vanessa is primarily employed through Country Health SA Local Health Network, she has more recently been working within CALHN under Clinical Nurse Portfolio funding in a part time capacity to complete a cultural audit across the Mental Health Directorate.

The Mental Health Directorate has benefited from her skill, knowledge and attitude in undertaking this significant piece of work which, in turn, will benefit our communities, consumers and staff.

Vanessa Brown was awarded the 2016 Nursing Excellence Award Aboriginal Nurse of the Year.



Moving forward with BIRCH



Don Angel first started with the Brain Injury Rehabilitation Community and Home (BIRCH) Service after suffering a stroke in 2004. After some weeks in the Modbury Hospital and then at Hampstead Rehabilitation Centre, he was discharged home.

His stroke left him with significant problems, particularly with speech. Having aphasia (a problem with language) meant difficulties reading, writing and communicating.

Don also had muscle tone issues and suffered from fatigue and cognitive overload.

Don worked intensively with therapists for 10 months and during this time gradually regained speech and language skills enabling him to return to work. He credits BIRCH with enabling him to lead a happy, fulfilling and interesting life.

Don is still with BIRCH, but is now a volunteer on the Consumer Advisory Group (CAG).

In this capacity he provides important insights about the program and also undertakes an individual supporting role. Recently the CAG decided to have a volunteer available to answer questions and support people on a Friday and Don was one of the first to volunteer to assist.

"I wish to help people through their journey at BIRCH, to help them achieve increasing independence and quality of life," he said.

BIRCH is fortunate to have volunteers such as Don still involved in the program and values the difference they can make to our service.

[Volunteer Don Angel on a recent trip to South America.](#)



Hannah excels in Clinical Practice

Congratulations to Registered Nurse and Glenside Campus employee Hannah Albanese on receiving the Australian College of Mental Health Nurses Award for Excellence in Clinical Practice.

The award is an annual event recognising outstanding clinical performance as a

postgraduate student in mental health nursing at the University of South Australia.

Hannah currently works in Cedars Acute Inpatient Unit at Glenside Health Services, and said the award came as a surprise.

"It was a bit of a surprise and also very rewarding to be the recipient of this award," she said.

"In a way it has assured me that I have found my passion in nursing and that I have grown in my nursing skills over the past year during my graduate studies to be able to receive this award.

"As a mental health nurse you are able to care for and support consumers and their families during times of acute illness, whether it is a relapse or a first presentation. Not only do you provide immediate nursing care, but you're able to be their advocate, provide reassurance and ongoing psycho-education as a part of both the consumer and their family's journey to achieving recovery and well-being through a holistic approach."

UniSA's Professor Nicholas Procter, Chair Mental Health Nursing, presents Hannah with her award certificate and one year's membership to the College.

Awards for Respiratory staff at TSANZ conference

The annual scientific meeting for the Thoracic Society of Australia and New Zealand was convened on 1 – 6 April 2016 in Perth, showcasing a full program of exceptional basic science and clinical practice research carefully selected from hundreds of submissions.

Researchers and PhD candidates from the Clinical Practice Unit/ Respiratory



Medicine Department (under the directorship of Professor Brian Smith) had a very successful trip.

Dr Kristin Carson won the prestigious Ann Woolcock Young Investigator Award, while PhD candidate Zoe Kopsaftis won the best oral presentation award in the Evidence Based Medicine special interest group.

Fellow PhD candidate and research assistant Harshani Jayasinghe was awarded an NHMRC CRE Cochrane

scholarship through the Australian Cochrane Airways Group.

To round out a successful trip, researcher Joseph van Agteren was named poster finalist in the chronic obstructive pulmonary disease special interest group. Congratulations to all four on their TSANZ success.

(L-R) Dr Kristin Carson, Harshani Jayasinghe, Professor Brian Smith (Director Respiratory Medicine and Clinical Practice Unit, TQEH), Joseph van Agteren and Zoe Kopsaftis celebrate their TSANZ success.

Get involved in DonateLife Week 2016

DonateLife Week is the national awareness week to promote organ and tissue donation in Australia. It will be held from Sunday 31 July to Sunday 7 August and everyone is invited to get involved – in workplaces, schools and the community.

This year the focus is on encouraging more Australians to join the Australian Organ Donor Register online, and to share their decision with family and friends.

While the majority (81%) of Australians view registration of donation decisions as important, less than a third have signed up to the national Register.

DonateLife Week provides a timely reminder to all Australians of the need to discuss their donation decision with loved ones, and to ask and know their donation decisions. It's a week dedicated to having the chat that saves lives.

Family discussion and knowledge of donation decisions is vital. The majority of families say that having discussed and knowing the donation decision of their loved one made it much easier to support donation proceeding. Rarely does a family decline donation if they know the deceased's wishes.

For more information about DonateLife Week and how to get involved, see your CALHN DonateLife SA Donation Specialist Nursing Coordinators Merridy Baylis, Philippa Jones and Alison Hodak, or check out <http://www.donatelife.gov.au/donatelife-week-0>.

What are you waiting for?

Join the Australian Organ Donor Register online today | donatelife.gov.au



DonateLife Week 2016

SUNDAY 31 JULY – SUNDAY 7 AUGUST



Staphylococcus aureus decolonisation is used to reduce transmission and prevent disease in carriers. Both methicillin-susceptible and methicillin-resistant strains of *S. aureus* account for more healthcare associated infections (HAIs) than any other pathogen¹. Universal decolonisation is a strategy that targets a patient population that is susceptible to infections from *S. aureus* and other pathogens, such as intensive care patients who often have multiple invasive devices or lower immunity. Universal decolonisation involves a multiday regimen of chlorhexidine washcloth bathing and intranasal mupirocin.

Aim

To implement and evaluate universal decolonisation for patients in an Australian quaternary intensive care unit (ICU) in an effort to reduce HAIs, specifically blood stream infections (BSI) and methicillin-resistant *S. aureus* (MRSA) acquisitions* and infections.

Project description

The Royal Adelaide Hospital ICU admits medical, surgical, cardiothoracic, trauma, neurosurgical, spinal injury and burn injured patients with over 3500 admissions per year across 32 ICU and 10 flexible ICU/HDU beds. Prior to 2014, the ICU was experiencing stagnating healthcare associated BSI rates and in 2012 an increase was detected in healthcare associated multi-resistant organisms (MRO) acquisition rates despite the implementation of quality improvement initiatives. Commencing September 2014, all intensive care patients were washed with 2% chlorhexidine gluconate impregnated disposable washcloths for the duration of their ICU stay, coupled with the application of 2% mupirocin intranasal antibiotic ointment twice daily for the first 5 days. The project included practice change from traditional chlorhexidine soap and water patient washes to primary use of the chlorhexidine washcloths. Routine screening procedures for MRSA and Vancomycin-resistant enterococci (VRE) remained the same (admission and weekly screening). The project outcome data was evaluated one year after implementation.

Project outcomes

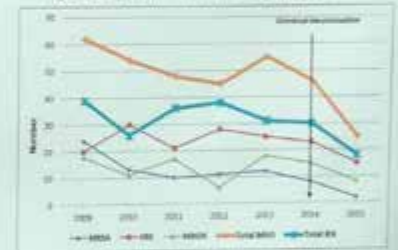
Twelve months post implementation, universal decolonisation was effective in reducing healthcare associated acquisition and infection rates (refer to table 1). This equated to the prevention of 12 BSIs, 3 MRO infections and 19 MRO acquisitions. Figure 1 shows the numbers of healthcare associated (HCA) BSI and MRO acquisitions at the RAH for the past seven years.

Table 1: Decrease in HCA infection and acquisition rates one year post project

		% Variation
Total BSI (including 8 deaths)		41%
<i>S. aureus</i> BSI		481%
Total MRO	Infections	120%
	Acquisitions	442%
MRSA	Infections	128%
	Acquisitions	158%
VRE	Infections	136%
	Acquisitions	143%
MRGN	Infections	113%
	Acquisitions	124%

rates per 1000 ICU occupied bed days

Figure 1: 2009-2015 - Number of BSI and MRO Acquisitions



Six months prior to the implementation of universal decolonisation, two other quality improvement initiatives to reduce BSIs were commenced. These being: S.A.N.D (site, age, need, dressing - assessment criteria tool for invasive devices) and Scrub The Hub (15 second alcohol scrub & antiseptic drying time prior to accessing IV ports). These quality improvements may have assisted with the overall reduction in the line associated BSI rate of 20%.

Summary

Implementation of universal decolonisation in an Australian quaternary ICU contributed to a reduction in healthcare associated BSI and MRO acquisition rates. The cost of introducing the chlorhexidine washcloths was offset by a reduction in some linen expenses. The benefit in patient safety through prevention of HAIs was the primary achievement, with a reduction in the costs associated with treating and managing patients with MRO acquisitions being a secondary benefit. Our next step is the introduction of universal decolonisation for emergency patients in the ICU.

References

1. Staphylococcus aureus decolonisation is used to reduce transmission and prevent disease in carriers. Both methicillin-susceptible and methicillin-resistant strains of *S. aureus* account for more healthcare associated infections (HAIs) than any other pathogen¹. Universal decolonisation is a strategy that targets a patient population that is susceptible to infections from *S. aureus* and other pathogens, such as intensive care patients who often have multiple invasive devices or lower immunity. Universal decolonisation involves a multiday regimen of chlorhexidine washcloth bathing and intranasal mupirocin.

Highlighting Universal Decolonisation benefits at World Congress

Congratulations to RAH ICU nurse Jodie Dawkins, who was awarded Best Poster presentation at the recent 12th World Congress of Critical Care Nurses in Brisbane.

"This was the first conference I had ever attended. There were 23 Australian and nine international poster presentations, so I was extremely surprised and honoured to be awarded Best Poster Presentation for Australia," she said.

The focus of Jodie's poster was 'Universal Decolonisation in an Australian Quaternary Intensive Care Unit.'

"Implementation of Universal Decolonisation in ICU during 2014 has resulted in very positive clinical outcomes for our patients," Jodie said.

"I believed our team's effort in rolling out this project deserved to be acknowledged and the results celebrated.

"Post implementation of Universal Decolonisation, the RAH ICU achieved a 41% reduction in blood stream infections, a 68% reduction in methicillin-resistant staphylococcus aureus (MRSA) acquisitions; vancomycin-resistant enterococci (VRE) was reduced

by 43% and multi-resistant gram negative organisms decreased by 24%.

"These outcomes have saved lives, prevented suffering and significantly reduced the financial burden of hospital acquired infection.

"Presenting this project at the conference exposed many ICU clinicians from around Australia and overseas to the improved clinical outcomes provided by this quality improvement. We had several clinicians feedback their interest and admiration in the project outcomes. Those clinicians may now implement Universal Decolonisation within their organisations."

Jodie at the 12th World Congress of Critical Care Nurses with her award winning poster on Universal Decolonisation.

CALHN Basic Life Support Blitz

Central Adelaide Local Health Network Basic Life Support (BLS) Blitz is provided for all Medical, Allied Health and Nursing staff requiring mandatory training and assessment.

Staff undertake a 10 - 15 minute practical assessment by an accredited Basic Life Support Instructor.

The next BLS Blitz at the sites will be held from:

18 – 22 July, RAH

8 – 12 August, TQEH

Please note that these are walk-in BLS assessments – bookings are not required. Attendees will receive a Certificate of Completion available on Learning Central.

Further information can be found on [Learning & Development Events Calendar](#), and BLS resources are available on [Learning Central](#) to enable preparation for assessment. For more information please contact BLS Coordinators at Learning & Development RAH 8222 5107 or Clinical Education Centre TQEH 8222 6000.

[Steve Hannaford Clinical Educator and BLS Instructor at RAH April BLS Blitz.](#)



Encouraging a safety culture within CALHN

RAH Advanced Trainees Dr Greg Dubuc and Dr Toby Gilbert were fortunate enough to take part in an Australian-first Roundtable for Emerging Leaders in Patient Safety. The group was led by international experts, with around 30 doctors, nurses and medical students from around the country attending.

"When considering Quality and Safety, it helps to think of quality as doing the right thing as often as you can and safety as doing the wrong thing as little as possible," said Dr Gilbert.

"Studies in Australia have shown about one in six patients experience a medical error during any given inpatient admission.

"I learned at the roundtable that the institutional response to that error is critical in preventing harm in the future. The system of flagellating the individual, in order to encourage others to be more diligent should be confined to the history books. That way simply encourages staff to cover up errors, instead of learning from them. It leads to blaming the individual's lack of care, rather than focusing on ways to prevent other well-intentioned clinicians from making the same mistakes."

Dr Dubuc agreed, and said that until the roundtable, he had not realised how far staff in hospital medicine had strayed from patient safety.

"Shared decision making with the patient and their loved ones is vital. This includes not only offering various treatment options but also the possibility of 'no treatment', he said.

"Empowering junior colleagues and medical students to speak up if they see something they do not agree with is vital."

Both Dr Dubuc and Dr Gilbert said that following the roundtable, they resolved to implement a safety culture within CALHN for the sake of patients, colleagues and themselves.

"A 'safety culture' means acknowledging that we can't change the human condition, but we can change the conditions under which humans work," Dr Gilbert said.



Trauma Informed Care: The way of the future

Trauma Informed Care is a new mental health in partnership between SA Health's Officer of the Chief Psychiatrist and University of SA's Mental Health and Substance Use Research Group to advance Trauma Informed Practice.

During the first week of May, more than 130 people – including consumers, carers and clinicians from SA Health, as well as staff from SAPOL, SAAS, and Corrections – joined together to participate in a week of outstanding training focusing on trauma, its impact upon our community and how to build a sustainable Trauma Informed Sensitive Organisation.

The initiative was spearheaded by SA's Chief Psychiatrist, Dr Aaron Groves, who working closely with Professor Nicholas Procter, Chair: Mental Health Nursing brought Dr Brian Sims (psychiatrist) and Mr Raul Almazar (mental health nurse) from the Substance Abuse and Mental Health Services Association (US) to explain and apply trauma informed approaches in practice.

The key learning objectives across the four days were to ensure a shared understanding of the nature, scope and consequences of trauma, its identification and ways that healing can happen. The

trainers also shared expert know how on how individuals and organisations can move in new ways to ensure trauma informed practice is embedded in everyday service culture.

The experiences, signs and consequences of trauma shared by the two international experts will now be added to the program of workshops provided by the CALHN Learning Centre.

The Learning Centre is committed to providing education for South Australia's health care workers by continuing to deliver workshops addressing this complex area. The next two-day Trauma Informed Care and Practice Workshop will be held on 29 and 30 June. Registrations are essential. Further information is available from Jill.Millburn@sa.gov.au

Trauma Informed Care presentation: Presenters Raul Almazar (left) and Dr Brian Sims.



the hospital
research foundation
finding cures improving care

James Stewart (L) and Joseph van Agteren (R) accepting their \$25,000 award at THRF's 50th Anniversary Celebration in September 2015.



Do you want to Kick It?

How much do you want to help the community kick the smoking habit?

Last year Joseph van Agteren was the recipient of one of two \$25,000 grants in The Hospital Research Foundation's (THRF) 50th Anniversary Awards.

Joseph's exciting research is helping Australians empower themselves to quit

smoking with the support of a mobile application, Kick.it.

The start-up application, Kick.it, was founded by New Zealand born, now Adelaide-based, James Stewart and will launch later in 2016. Joseph has been the research lead on the project, providing the scientific foundation and validity required to develop the app ensuring Kick.it will be the best available 'go-to' app in the marketplace.

With user testing starting soon, the team is still searching for current smokers who are interested in being a volunteer

participant in a Kick.it focus group or an interview, helping to base the app on real people and their behaviour patterns.

"The results have been quite variable so we really want to get more people involved. We would love to see the community get involved and play a key role in developing this hopefully life-changing app," Joseph said.

If you're interested in volunteering to be interviewed as part of this research, informing all the science behind the Kick.it application, please contact Joseph via email: research@kick.it or phone (08) 8133 4015.

RAH Research Fund gets a new look

The Royal Adelaide Hospital Research Fund has a new look.

Check out their new visual brand (right) and website at www.rahresearchfund.com.au.

The website features all the latest medical research news, patient and supporter stories and details on how you can give back to lifesaving research at the Royal Adelaide Hospital.



The Hospital Research Foundation 2016 Grants announced

Each year The Hospital Research Foundation (THRF) proudly provides financial support to vital medical and clinical research teams and individuals whose endeavours translate into improved treatments and healthcare outcomes for the Australian community.

We are delighted to announce the recipients of THRF's Grant Funding for 2016 at the Basil Hetzel Institute for Translational Health Research (BHI) and The Queen Elizabeth Hospital (TQEH).

Dr Isuru Ranasinghe is the recipient of THRF Mid-Career Fellowship. Dr Ranasinghe's project is looking at reducing unwanted variation in early complications after cardiac pacemaker and defibrillator implantation among Australian hospitals.

THRF are also proud to award three outstanding researchers and their teams with Research Grants for 2016:

- > Professor John Beltrame who is investigating Coronary Haemodynamic Indices and their clinical usefulness for predicting



Thanks to community donors and support THRF is proud to announce the four recipients of Grand Funding for 2016.

persistent symptoms in patients with chest pain and non-obstructive coronary arteries.

- > Professor Eric Gowans and his team are looking to develop a DNA vaccine to induce protective neutralizing antibodies to the HIV Tat protein.
- > Associate Professor Wendy Ingman is exploring the impact of menstrual

cycling on personalised medicine for premenopausal breast cancer patients.

These grants are only made possible through the generous donor and community support we continue to receive. We are looking forward to bringing you more exciting news about these inspiring researchers and their projects throughout 2016.

Quest on Franklin providing accommodation for RAH visitors

The Royal Adelaide Hospital (RAH) Research Fund is very excited to announce a partnership with Quest on

Franklin. The popular hotel has generously offered discounted accommodation for any patient or visitor of the RAH. In support of continued research and patient care at the RAH, Quest will also be directing three percent of every booking from a RAH patient or visitor to the RAH Research Fund.

RAH Research Fund would like to extend a big thank you to Quest for their support. If you would like more information please contact us on contactus@rahresearchfund.com.au or call (08) 8222 5281.

Why Jenni says 'fork you' to cancer

2016 Longest Table Ambassador

Jenni Eyles would love nothing more than to #forkcancer once and for all. Calling herself a Cancer Thriver, Jenni won the fight against breast cancer a few years ago.

"My world was tipped upside down, when at 41, I was diagnosed with breast cancer," she said.

"Suddenly I was sucked into the vortex of a cancer diagnosis and it wasn't pretty; I had nine surgeries, 16 rounds of chemotherapy, 32 sessions of radiotherapy and now there's ongoing hormone therapy."

Thanks to research Jenni was one of the lucky ones, and through The Longest Table is determined to see a future free of breast cancer for other women and families.

Join Jenni in the fight against cancer by hosting your very own Longest Table with



family and friends to raise vital funds for lifesaving research. You can host your dinner (or lunch, it's entirely up to you) any time up until the end of July.

"There are lots I'd like to forget about cancer treatment but also plenty I want to share," she said.

"When people raise their voice and communicate it helps, which is why I'm

proud to be an Ambassador for The Longest Table this year.

"Thanks for joining me in the fight."

It's fun, simple and lifesaving. Visit the website today to register or simply make a donation - www.thelongesttable.com.au

Join Longest Table Ambassador Jenni and raise much needed funds for cancer research.

2016/17 Entertainment Books available now

Support the RAH Research Fund and purchase your 2016/2017 Entertainment™ Membership now.

The 2016-17 Entertainment™ Book and digital subscription is here. Selling for \$65,

the Entertainment Membership offers over \$20,000 worth of deals including 50% off and 2-for-1 offers that are guaranteed to peak your interest.

For every Entertainment membership sold, 20% of funds will directly support Royal Adelaide Hospital researchers,

doctors and nurses as they continue to save lives.

Purchase your copy today by phoning 8222 5281 or by visiting this link: www.entertainmentbook.com.au/orderbooks/160x892



New RAH Update

JUNE 2016



Government
of South Australia

SA Health

Better care for burns victims

The opening of the new Royal Adelaide Hospital (RAH) heralds a quantum leap for burns care in South Australia, increasing capacity to deal with mass casualties and the complex needs of burn-injured people.

The new Burns Unit is larger than that at the current RAH, with capacity to care for up to 15 patients during periods of high demand such as bushfires or other disasters.

Medical Director of the RAH's Burns Unit and 2016 South Australian of the Year, Associate Professor **John Greenwood**, said the growth came at a critical time, with annual adult burns admissions rising from 100 to 450 over the past 16 years.

Continued page 2



Medical Director of the Royal Adelaide Hospital Burns Unit and 2016 South Australian of the Year, A/Prof John Greenwood, pictured at the new RAH.



The new Burns Unit, located on Level 7.

INSET: The unit incorporates single ensuite rooms, each with a visitor bed if required by a loved one or carer. Dr Greenwood pictured in the Burns Unit's rooftop garden at the new RAH.

"In 2004 I acted to counter the rise by changing the way burns were managed, which reduced length of stay and allowed us to cope with greater numbers with our existing eight beds," A/Prof Greenwood said.

"But as admissions continued to rise and stressors such as the Eyre Peninsula bushfires in 2005 and the Pinery fires of 2015 caused necessary but significant bed-blocks, we began to struggle.

"When discussions regarding a new Royal Adelaide Hospital started to firm up, we pinned our hopes on it to solve these issues.

"As we began to be involved in the new unit's design, we realised that it would represent a leap in care provided to burns-affected people in our vast catchment area, extending across South Australia, the Northern Territory and western parts of NSW and Victoria."

A/Prof Greenwood said the new Burns Unit was significantly bigger than at the current RAH and far better equipped to deal with influxes of patients after disasters like the Bali bombings or Pinery fires which cause large numbers of severe burn injuries.

"All of a sudden we have people who need to be in these beds for months on end, which only leaves two or three beds for our ordinary intake," he said. "This results in burns patients being cared for in different areas across the hospital making it hard for us to oversee their infection risk or nursing care.

"The new Burns Unit will have enough beds to manage all of our patients in one place and ensure they all receive the same gold standard of care, even during surges."

Being involved in all stages of the unit's design has enabled A/Prof Greenwood and his team to customise it to better meet the needs of patients, particularly those who require prolonged care.

"We created two Intensive Care Unit sized rooms to allow greater space for our most fragile and vulnerable patients, with overhead sky rails to assist in moving them into and out of ensuite bathrooms," he said.

"We built an enormous in-house gymnasium and therapy room, where our occupational therapists and physiotherapists can work with patients who have suffered even the biggest burn injuries.

"The therapy space will enable patients to commence early aggressive rehabilitation therapy, allowing them to return home sooner and potentially bypass inpatient rehabilitation treatment at Hampstead or another facility."

A/Prof Greenwood said while the shift to the new hospital would undoubtedly present some initial challenges, he was far more excited about the move, than worried.

"As the Burns Unit makes the geographical move down the road to the new RAH, there will be a lot of adjustment for staff, but I am confident we will adapt quickly to the new environment and we will continue to deliver excellent care to burn-injured patients," he said.

"I am looking forward to the move and can honestly say that if I had a burn injury I wouldn't want to be treated anywhere else in the world."

“ We realised that it would represent a leap in care provided to burns-affected people in our vast catchment area...”



DID YOU KNOW?

- > The Emergency Department (ED) at the new RAH has 25 per cent more capacity and can respond to major disasters such as chemical spills, with decontamination showers for mass decontamination.
- > Dedicated 'hot lifts' will maximise the speed by which critical areas can be reached from the ED, including operating theatres, the intensive care unit and helipad.
- > The new RAH will have capacity to admit more than 80,000 patients each year and will provide key state-wide services, including major burns, trauma, spinal, renal transplantation, neurosurgery, complex vascular, hyperbaric medicine and craniofacial.
- > The new RAH will be the flagship of the new \$3 billion South Australian Health and Biomedical Research Precinct – the largest precinct of its kind in the southern hemisphere.
- > Bringing together health care, education and research, the precinct will incorporate the new RAH, South Australian Health and Medical Research Institute (SAHMRI), the University of Adelaide Medical and Nursing School and the University of South Australia Centre for Cancer Biology.
- > The new RAH includes 1.6 hectares of internal green space, including more than 70 courtyards, terraces, gardens and sky gardens.



New RAH partnership creates disability jobs



Bedford Group employee Belinda Jenkins speaking with media about her new RAH work.



Anna Marino, Peter Latzel, Belinda Jenkins and Stephen Leonard packaging supplies in a purpose-built clean room.



Bedford employee Peter Latzel pictured in Bedford's Torrensville warehouse.

A new partnership with leading South Australian disability services provider Bedford Group will deliver critical supplies to the new Royal Adelaide Hospital (RAH) and create up to 60 jobs for people living with disability.

The State Government has contracted Bedford to pick, pack and deliver medical supplies in the lead up to the hospital's opening, and to replenish stock during its first 12 months of operation.

Work is already underway at Bedford's Torrensville site, with an initial 20-strong team packaging 5000 product lines for delivery throughout the new RAH.

Minister for Disability **Leesa Vlahos** said the State Government was committed to supporting and empowering South Australians living with disability, and the partnership was a great way of achieving this goal.

"Not only is Bedford's commitment to delivering tangible outcomes for the community an excellent fit for SA Health, they are passionate about what they do, and they do it well," Minister Vlahos said.

"Bedford's employees will be providing a vital service to the new Royal Adelaide Hospital, packaging up tens of thousands of medical supplies so they are ready for use by our doctors, nurses and allied health staff.

"This is a true community partnership on all levels and the State Government is proud to be working with Bedford in the opening of the new Royal Adelaide Hospital."

Bedford Group Chief Executive **Sally Powell** said there was a real sense of excitement among staff about being involved in such a significant project for the state.

"It is a responsibility we take very seriously and we are committed to supporting the South Australian Government to deliver world class healthcare," she said.

"This partnership also enables us to become the country's first disability provider to offer cleanroom packaging of sterile medical products.

"It's a specialised service that is in high demand and it represents a significant opportunity for Bedford to support more South Australians living with disability."

Bedford is Australia's second largest disability enterprise, providing employment to more than 1200 people living with disability across 19 sites.

For more information about the new RAH:

Visit the website: newrah.sa.gov.au

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Staff Publications List

The following is a list of the latest staff publications. To request an article please email TQEH: qehlibrarymail@sa.gov.au or RAH: health.library@sa.gov.au

Title: A golden experience: Fifty years of experience managing the frontal sinus.

Authors: Chen P, Wormald P-J, Payne S, Gross W, Gross C.

Source: *Laryngoscope*. 126(4):802-7, 2016 Apr

Title: South Australian hospital libraries 1956–1980: an incomplete history.

Author: Harris L.

Source: *The Australian Library Journal*, 2016 (Eprint before publication)

Title: Effects of postprandial blood pressure on gait parameters in older people.

Authors: Nair S, Visvanathan R, Piscitelli D.

Source: *Nutrients*. 8(4):219, 2016
doi:[10.3390/nu8040219](https://doi.org/10.3390/nu8040219)

Title: Identifying low-value care: the Royal Australasian College of Physicians' EVOLVE initiative.

Authors: Soon J, Buchbinder R, Close J, Hill C, Allan S, Turnour C.

Source: *Medical Journal of Australia*. 204(5): 180-181, 2016 Mar

Title: Survival improvements associated with access to biological agents: Results from the South

Australian (SA) metastatic colorectal cancer (mCRC) registry.

Authors: Tomita Y, Karapetis C, Ullah S, Townsend A, Roder D, Beeke C, Roy A, Padbury R, Price T.

Source: *Acta Oncologica*. 55(4):480-5, 2016 Apr

Title: Association of fat mass and adipokines with foot pain in a community cohort.

Authors: Walsh T, Gill T, Evans A, Yaxley A, Shanahan E, Hill CL.

Source: *Arthritis Care & Research*. 68(4):526-33, 2016 Apr

Title: The association of obstructive sleep apnea (OSA) and nocturnal hypoxemia with the development of abnormal HbA1c in a population cohort of men without diabetes.

Authors: Appleton S, Vakulin A, Wittert G, Martin S, Grant J, Taylor A, McEvoy R, Antic N, Catcheside P, Adams R.

Source: *Diabetes Research & Clinical Practice*. 114:151-9, 2016 Apr

Title: Supplementation with omega-3 fish oil has no effect on bone mineral density in adults with knee osteoarthritis: a 2-year randomized controlled trial.

Authors: Chen J, Hill C, Lester S, Ruediger C, Battersby R, Jones G, Cleland L, March L.

Source: *Osteoporosis International*. 27(5):1897-905, 2016 May

Title: PTPN22 R620W minor allele is a genetic risk factor for giant cell arteritis.

Authors: Lester S, Hewitt A, Ruediger C, Bradbury L, De Smit E, Wiese M, Black R, Harrison A, Jones G, Littlejohn G, Merriman T, Shenstone B, Smith M, Rischmueller M, Brown M, Hill C.

Source: *RMD Open*. 2(1):e000246, 2016

Title: Reply.

Authors: Ranasinghe I, Parzynski C, Searfoss R, Montague J, Lin Z, Allen J, Vender R, Bhat K, Ross J, Bernheim S, Krumholz H, Drye E.

Source: *Gastroenterology*. 150(5):1249-51, 2016 May

Title: Effectiveness of a batteryless and wireless wearable sensor system for identifying bed and chair exits in healthy older people.

Authors: Shinmoto Torres R, Visvanathan R, Hoskins S, van den Hengel A, Ranasinghe D.

Source: *Sensors*. 16(4), 2016
doi:[10.3390/s16040546](https://doi.org/10.3390/s16040546)

Title: Management of arterial injury during endoscopic sinus and skull base surgery.

Authors: Valentine R, Padhye V, Wormald P-J.

Source: *Current Opinion in Otolaryngology & Head & Neck Surgery*. 24(2):170-4, 2016 Apr

Title: Cogan's syndrome and treatment-resistant psychosis.

Authors: Venuti M, Dhillon R, Bastiampillai T, Okungu A, Tibrewal P.

Source: *Australian & New Zealand Journal of Psychiatry*. 50(5):498, 2016 May

Thank yous

A poem to say thank you

To all the lovely people
Who looked after me
I want to thank you very much
You've made my time in here
So sweet
With a lovely caring touch.

You've shown me that it's
Not so bad
Being stuck in here all this time
I thought that I would of gone
completely mad
When in that bed confined.

But you've made me smile
And dried my tears
Supported while
I showed my fears
Held me when I've felt alone
I'm going to miss you all
When I'm going home.

So thanks again, stay sweet and true
The jobs you have are suited to you
You care, you love, you give, you shine
You make it easy to get through tough
times.

*Poem to RAH Spinal Unit nursing staff
from patient.*

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