We would like to acknowledge the traditional owners of the land covering Hunter New England Local Health District and remind people that we live and work on Aboriginal land.

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FRONT COVER
Dr Erika Chapman-Burgess.
Photo: University of Newcastle

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A MESSAGE FROM MICHAEL

Welcome to the Winter edition of Health Matters, which highlights the dedication and commitment of our people.

I enjoyed reading the feature stories about Marcia Ingles (p4) and Dr Erika Chapman-Burgess (p8) which explore the personal motivations that have inspired their chosen paths in health.

Marcia has been a committed champion of sepsis awareness within the emergency department at Belmont Hospital, after her father had a close call with sepsis.

Erika is a member of Australia’s first set of Indigenous quintuplets and is the first Indigenous doctor from her home town of Glen Innes. Erika is passionate about Aboriginal Health and closing the gap in health and life expectancy for Indigenous people.

There is a great story about Emma Dykes, who is a Registered Nurse at Inverell Hospital (p16). Emma has released her debut country music album. She is inspired by her nursing career, which has taken her around the country and provided the inspiration for many of her songs.

I also enjoyed reading about various patient-centred care projects that are improving mental health care (p14), how our patient safety officers are applying a human factors approach to improving patient care and safety (p22) and how child life therapists are helping distract young patients during treatment (p12).

As the temperature drops, it’s also not too late to have a simple influenza vaccination that protects yourself, your family and your patients. All Hunter New England Health staff and volunteers can be vaccinated at their Staff Health Unit (or delegate) for free. The vaccine is generally effective in preventing influenza in most people and if people are infected, their illness is usually less severe.

I hope you enjoy this edition.

Michael DiRienzo,
Chief Executive
Michael Bromilow was at home recovering from a biopsy for prostate cancer. He had a high temperature, was feeling hot and cold and told his wife Neta that something wasn’t right.

“He was feeling very unwell,” recalled Neta, a retired psychiatric nurse.

Michael’s surgeon had warned them of the possibility of infection after surgery.

Neta took him to the emergency department at Belmont Hospital where, thankfully, he was quickly diagnosed and treated for sepsis – one of the world’s most prevalent but misdiagnosed and deadly diseases.

Around the world there are an estimated 31 million cases of community- and healthcare-acquired sepsis each year, according to latest figures from the World Health Organisation, which in May established sepsis as a global health priority.

Even more staggering are the number of deaths – estimated at six million each year.

Sepsis is the body’s response to infection and can result in rapid deterioration and organ failure.

“We called it blood poisoning in my day,” said Neta. “But we didn’t know too much about it – we didn’t recognise it as much then.

“It can happen very quickly though.”

Michael’s brush with ill health began in 2010. Nowadays, when they aren’t babysitting one or more of their six grandchildren, the retired Lake Macquarie couple have become grey nomads, travelling the countryside in their motorhome.

Michael was one of the lucky ones, says daughter Marcia Ingles, a Clinical Nurse Specialist at Belmont Hospital.

Marcia admits that she didn’t know that much about sepsis at the time either.

“Sepsis is the biggest killer nobody’s heard of,” says Marcia. “Yet it kills more people than breast cancer, bowel cancer, HIV and prostate cancer combined. And every hour that we delay that initial dose of antibiotics, the risk goes up.”

Marcia wasn’t on duty that day and wasn’t involved in her father’s care, but his experience made her want to learn more. This led to “an accidental quality improvement project” that has increased awareness and recognition of sepsis among her colleagues and dramatically improved the time taken to provide vital antibiotic treatment.

Her outstanding efforts have been recognised not only within Hunter New England Health, but internationally by the Global Sepsis Alliance. Marcia travelled to Paris late last year to accept her award for individual achievement in the fight against sepsis – six years after her father’s brush with the deadly condition.

“Sepsis isn’t the infection – it is the body’s reaction to the infection. It’s an over-reaction,” Marcia explains.

“You can see people become unwell in a matter days or even hours. It goes from being a localised infection to being systemic and the risk of not getting to treatment in time is that it can start to shut down your organs.

The NSW Clinical Excellence Commission has led development of a clinical pathway or diagnostic tool that outlines the possible symptoms and the treatment steps that need to be followed. Its Sepsis Kills program, which has been rolled out in all of Hunter New England Health’s 40-plus hospitals, has demonstrated that early intervention saves lives. The state-wide program has resulted in a marked improvement in the number of sepsis patients who receive antibiotics within the recognised 60-minute benchmark and fewer deaths.

In public hospitals across NSW, sepsis is part of an early warning system to identify deteriorating patients – known in health circles as “between the flags”. It is a concept
Marcia Ingles triages patients at Belmont Hospital. Setting up to deliver antibiotics.
adapted from the well-known and readily identifiable red and yellow flags used by Australia’s surf lifesavers to help keep swimmers safe.

Nurses, who maintain more regular contact with patients, are the main lifeguards.

“About 30 per cent of patients in hospital who have clinical deterioration will be septic, so it is really important that as soon as patients’ clinical signs are starting to trend upwards or downwards (moving outside the clinical flags) that we start that pathway.”

Concerted, focused education has been the key for the huge improvements and sustainable change made at Belmont, which now consistently sits below the recognised time period to first treatment. That was down to 36 minutes at last audit.

“Four years ago when I started triaging, I had a vague recollection of the sepsis pathway. I definitely didn’t know as much about it as I know now and I think that is probably the same for a lot of my colleagues,” Marcia said.

“One of the focuses of the education here at Belmont has been getting the triage nurse to recognise it as soon as possible ... We are looking at having every patient suspected of having sepsis allocated a triage category 2 so that within 10 minutes either a senior nurse or doctor is getting the ball rolling.

“It has been a collaborative effort among clinicians and it has put sepsis on their radar.

“Sepsis is a bit of an impersonator. It can parade as any number of conditions – it can be confusion or fever, or aches and pains, that sort of thing.

“Early recognition and treatment has come from the clinicians paying attention to the alarm bells ringing in their head.”

Being on the radar is vital, says Mary Bond, Manager of Health Systems Improvement for Hunter New England Health.

“Sepsis is a silent killer – sometimes by the time it is recognised it’s too late,” says the former paediatric nurse.

“That is why it is important to recognise the sometimes subtle symptoms, and for our staff to ‘think sepsis’, to ask themselves if this could be sepsis and then act quickly.”

As well as watching for signs, emergency department staff and those on the wards at Belmont Hospital are listening.

“It is about nurses and doctors listening to the patients when they say they don’t feel right, and listening to the relatives when they say that something doesn’t seem quite right,” says Marcia. “For our paediatric patients it’s that parental concern – parents know their kids better than anybody and so it is very much working with the patients and their families as well.”

The conversation about sepsis is now global ...

The solution is local.
"If you work hard and dream big, you will receive."

"I have a calling to work in Medicine, this is my fate and this is where I am meant to be."

Dr Erika Chapman-Burgess had never met an Aboriginal doctor before coming to Newcastle.

As one of Australia’s only set of Indigenous quintuplets, she recently graduated from the University of Newcastle and became the first Indigenous doctor from her home town of Glen Innes.

Erika has always been interested in health and dreamed from a young age of studying medicine and one day becoming a doctor.

"A lot of people were shocked when I got into medicine. I didn’t tell a lot of people at first because I was scared of failure," Erika said.

However she was driven to make a difference because as a child, she attended a lot of funerals and was left wondering, why?

"I have experienced the burden of chronic illness in the Indigenous population, having lost family members at unexpected stages of life and unfortunately the struggle remains. My passion for the Indigenous community and people is ultimately why I chose the path to becoming a doctor," she said.

Erika believes it is important for Indigenous people to take initiative and obtain qualifications as health practitioners and workers so there is the connection between Indigenous people and mainstream health services.

"It’s a privilege and an honour to work with Aboriginal people and I definitely have a connection with Aboriginal patients. As soon as they’re aware I’m Aboriginal, the whole process changes," Erika said.

"By practicing not only as a doctor but as an Indigenous doctor, I have the ability to connect to the community and close the gap in health and life expectancy."

Erika went through the Joint Medical Program and is currently a first-year intern on rotation in emergency and general medicine at Calvary Mater Newcastle. After that stint, she will move on to surgery and then maternity and gynaecology at John Hunter Hospital.

"Running my own clinic and working as a GP and perhaps specialising in obstetrics and gynaecology is where I’d like to take my career," said Erika.

Her most memorable experience as a student doctor was in her fourth year of studies, when she got the opportunity to fly to Moree with Dr Henry Murray and the Maternal and Foetal Medicine team.

"It really was a life-changing experience to see first-hand how the outreach program works," Erica said.

"Moree is a place that’s really familiar to me as I have relatives there. The consultations involved mostly young Aboriginal women who needed specialist input during their pregnancy and many of the women had complications during their pregnancies.

"It was during this first trip with the team that I had this sense of belonging to this speciality. It felt like a true calling. I had never felt so passionate and interested in something in my life.

"I loved working with the patients and being able to provide the type of care that was desperately needed," said Erika.

"I went home that day knowing where my career was headed and I’m committed to working hard to fulfil a dream of working in rural and remote communities with Aboriginal women."

Erika said there needed to be more Indigenous doctors to help close the gap for Aboriginal people.

"Regardless of who you are or where you come from, if you are an Aboriginal patient and you have an Aboriginal doctor there’s an instant connection and it’s relatable," Erika said.

By far her biggest inspiration and role model is her mother Adele. Having taken 10 years off to raise the quintuplets, Adele went back
Erika (centre) with siblings Georgia, Jack, Louis and India.

Dr Erika Chapman-Burgess at John Hunter Hospital.

Photo: University of Newcastle
to university at the age of 40 and graduated
with a Bachelor of Education.

“She is a very well-respected Aboriginal
Elder and is an active promoter of Aboriginal
education and culture. Mum was always
encouraging us to do our best,” Erica said.

It’s probably no surprise that Erika has
become a role model for other young people in
regional areas, particularly Indigenous children.

In fact, her mother has already booked Erika
and her siblings Georgia, Jack, Louis and India
to return to Glen Innes High School to deliver
an address at the Year 12 speech night.

The 24-year-old, whose language group
is Nurrabul, is extremely proud of her
background and heritage. As a proud member
of the Kamilaroi Nation, her childhood growing
up in the country was really special.

“I grew up in a small rural town with a
population of about 8000 people. It was very
close knit community where everyone knew
everyone.

“When I moved to Newcastle it was very
difficult at first. I didn’t know anyone else
except for my brother who also moved down
with me. We had never driven on roads where
there was more than one lane or had to deal
with traffic lights!”

Taking on medical school was one of the
hardest things Erika has done.

“It truly defines you. Getting in was hard in
itself, but then being able to study full-time,
attend full-time placement and then live in a
semi-metropolitan area, was really out of my
comfort zone,” said Erika.

“I had to work a part-time job to support
myself while studying medicine, which
essentially put my social life on hold for the
past six years.”

Erika spent her final year of Medical School
at John Hunter and Calvary Mater Newcastle
hospitals.

“It’s extremely daunting and scary to be in
this big and unfamiliar hospital, but there was
always somebody to help with directions or
point you in the direction of where you need
to go.

“John Hunter and Calvary Mater Newcastle
are great teaching hospitals, and most
students in my cohort would agree that John
Hunter Hospital is possibly one of the best
education-based teaching hospitals in NSW.

“You get a warm friendly vibe, and you are
genuinely looked after. There were some bad
days, but everyone has those, and the good
always outweigh the bad,” said Erika.

On reflection, Erika said she would do it all
again if she had to.

“It’s all I’ve thought about for the past six
years,” she said.

“Working with people who have health issues
also makes you realise that if you are healthy
and have a great life, you should be grateful
for that.”
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LPHNE
On average, a child will have more than 400 procedures during their cancer treatment. Child Life Therapists help to distract a child from the anxiety, pain and trauma of cancer treatment. They use play and coping strategies to help kids face their procedures.

Having access to Child Life Therapy has assisted Liam to express his fears and in the process, supported his whole family.

Liam’s mum Kim knew instinctively something was wrong with her five-year-old son. When she and husband Dean rushed Liam to emergency her fears were confirmed with a diagnosis of leukaemia.

But as treatment progressed, Kim still felt something was amiss. After two rounds of chemotherapy, it was discovered treatment wasn’t working for their little boy and the family had to make the difficult decision for Liam to have a bone marrow transplant in Sydney.

One of the challenges for Liam was being in isolation.

Kylie, the Sydney Children’s Hospital Child Life Therapist, met Liam during this time. She would bring him activities and they would play together. Once they got back to Newcastle, Kylie exchanged notes with Veronica, the Child Life Therapist at John Hunter Children’s Hospital.

As Veronica formed a bond with Liam through play, his fears began to surface.

Liam had a lot of worries.

He worried he was going to die; he worried about his family; he worried about his appearance and his hair and that the other kids would pick on him. He was worried about all the medical procedures he would have to go through and about taking medications.

Through his medical play he was able to talk about these and Veronica, in conjunction with the Psychologist and Social Worker, was able to make a plan to help.

Together they provided the family with books about death and taught Liam’s parents ways to talk about it with Liam that would help him cope. Veronica supported this by suggesting ways of communicating with Liam which would alleviate his fears about their relationship.

“She never did it in a medical way,” Dean says. “She did it as a person. These are things he
is saying to me and these would be good options to do.”

Veronica was also able to help Liam, who often had to take over 15 medicines a day, to think about the medication in a way that wasn’t distressing.

She assisted in getting the tube out of his nose by helping him learn to take tablets. She talked him through his disinterest in food after six months of being fed by a tube, and taught him breathing techniques to cope with the procedures and dressings he had found so upsetting.

“If she told him it needs to be done, he would try,” Dean says.

“Veronica had built that relationship and trust with him. She helped in every single way with everything.”

Having a Child Life Therapist as part of their allied health team has definitely been of benefit to Kim and Dean, who felt they could ‘let their guard down a little’ with Liam in Veronica’s capable hands.

They had also gained more knowledge about how to talk to him about everything he had kept bottled up.

“Veronica has made such an impact on Liam’s life to help him get to where he is now,” Dean says.

“He has grown up as a child in hospital and I think she’s one of those major people that have helped. She has kept him level headed and helped us keep level headed in the process.”

Liam’s treatment is ongoing.

Time in isolation at John Hunter Children’s Hospital is still a regular part of his life. But so is Veronica, helping him and his family cope with their cancer experience - and ensuring Liam still has fun and keeps a positive attitude.

Article written by Camp Quality.

Over the last three years, Camp Quality and The Greater Charitable Foundation in Newcastle has committed to supporting Child Life Therapy services. Camp Quality’s goal is to fund Child Life Therapy positions in every paediatric hospital right throughout Australia, to help more kids like Liam believe that the world is a great place, even while receiving hospital treatment.

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Picture this.
You or a family member are experiencing a mental health concern after-hours. You live an hour or more from the nearest emergency department.

If this was you, would you appreciate the opportunity to be assessed by a mental health professional from home?

This option is now available to people living in Port Stephens, after Hunter New England Health’s mental health service joined forces with NSW Police and NSW Ambulance to improve the assessment of people experiencing a mental health concern.

The initiative is known as PAEAMHATH (Police Ambulance Early Access to Mental Health Assessment via Telehealth). It’s seeing ambulance paramedics and police use Telehealth technology to link the person they’re considering transferring to hospital for triage, with a mental health clinician at the Mental Health Contact Centre in Newcastle.

General Manager of Hunter New England Mental Health Service Leanne Johnson said if clinically appropriate to do so, the clinician triages the client via Telehealth and advises whether it is necessary to transfer the person to hospital.

“Previously someone would be automatically transferred to hospital for assessment, even if it was unnecessary, so this is saving lot of distress for the person and their families,” Leanne said.

While it is still early days, feedback from patients and all three services involved in PAEAMHATH has been very positive.

“Since the initiative was launched in April, nine patients have been assessed and all were able to stay in their home,” Leanne said.

“They were all followed up by Newcastle’s Community Mental Health Team within 48 hours.

“Three patients have been deemed appropriate for Telehealth assessment but were transferred to hospital at their request.”

Inspector Tony Townsend from the Port Stephens Local Area Command said the initiative is achieving its aim of reducing unnecessary transfers to hospitals.

“As well as providing a better outcome for the patient, the initiative is also freeing up valuable time for police and ambulance who aren’t required to attend to transfer the patient to hospital,” Tony said.

“My staff have reported incidents where patients did not fit the criteria to be scheduled, but as a result of using PAEAMHATH an urgent appointment was arranged for the patient to see a member of the community mental health team.

“The process is also giving police a good indication as to what action they can take when dealing with people who have a mental health concern.”

The initiative is being trialled in the Nelson Bay area. If successful, it may be rolled out to other areas within the District.

“We chose to trial this initiative in the Nelson Bay area because of the one hour distance from the Mater Mental Health Centre in Newcastle and it should result in improved experienced for people requiring mental health support,” Leanne said.
PAEAMHATH stands for Police Ambulance Early Access to Mental Health Assessment via Telehealth.
Emma Dykes is a registered nurse in the emergency department at Inverell Hospital. She released her debut country music album 'Pay it Forward' in January 2017.

Emma’s nursing career has taken her around the country and has provided the inspiration for many of her songs. Dubbed ‘the storybook of my life’, each song has a tale attached and represents specific people, lessons, experiences and feelings.

A graduate of the CMAA Academy of Country Music, Emma has had two songs in the semi-finals of the UK Songwriting Contest and one in the Top 30 of the Australian Songwriting Contest.

Here, Emma shares her story with Health Matters.

Nursing has taken me to some amazing communities where I have met a huge range of people and learned a lot of life’s lessons.

Most of the songs on my debut album Pay It Forward are based around those experiences.

‘Meant To Be’, written with Luke O’Shea, is specifically about an experience I had as a new grad here in Inverell that showed me the importance of trusting that you are exactly where you are meant to be at that particular time.

Nursing definitely helps with the song-writing because it exposes me to different people who all have interesting bits of advice or stories to share.

I guess it allows me to speak for more than just myself in my song-writing, confidentially of course.

I used to play for the people in the aged care residence at the hospital up in Cape York. It was amazing to see the responses from them. Dementia patients would light up when they heard the music. They would tap their feet and dance along and it wasn’t even in their own native language or style.

That’s why I am going to apply for the course that gets artists into the hospitals for music therapy. It’s a two-day course in Parkes run by Arts Out West. A beautiful combination of both my careers.

I like the detective-like investigations and piecing the puzzle together in emergency nursing. I think that’s why I enjoy working in the emergency department as opposed to on the ward.

People at gigs often recognise me from work or they recognise me from the media when they come into the emergency department.

I am conscious of trying to keep the two lives fairly separate for safety reasons but all the interactions I have had have been friendly and people seem quite excited for me.

Nursing is a great career. There are always jobs available and it can take you so many places. But it certainly has its days.

Sometimes it can be quite intense, draining and stressful. But then you go full circle and are involved in saving a life and helping someone and you remember the good feelings associated with the job.

Saving lives sounds so clichéd but in the emergency department sometimes that is exactly what you do!

Having someone’s heart restart under your hands is quiet an amazing thing to comprehend.

It is also important to remember to take time out to refresh and recoup. We all need a recharge sometimes.

In 10 years’ time I would like to have a family. I would also love to see how far me; it is a very exciting ride.

I would love to play on a big stage with the band behind me and the crowd singing along. But hey, I know it’s a long shot and honestly I’m happy with how far I’ve come already.

Nursing is of course a skill that I plan to keep developing.
Pay it Forward is Emma’s debut album.

Emma at work in the Inverell Hospital Emergency Department.
Small acts of kindness come in all sorts of packages, but each one means so much.

Sometimes it is our staff members who go out of their way to help patients (or each other) ... and sometimes it is our patients and communities who find different ways to show their thanks and kindness to staff.

The Ray of Sunshine Quilt Project is helping to brighten the difficult last days for palliative patients and their families at Manning Hospital.

Clinical Nurse Specialist at the Manning Cancer and Palliative Care Service Sally Drury said the project started about 18 months ago.

“We found it was a lovely way to personalise the rooms of our patients, as well as providing comfort,” Sally said.

Sally approached the Taree Craft Centre, which was thrilled to coordinate the project. The centre called it the ‘Ray of Sunshine Quilt Project’ and put a call out to the quilting community to get involved.

According to Project Coordinator Pam Eyb, from Taree Craft Centre, the response was quite overwhelming.

“Quilts flowed in from all over the region and from as far away as South West Rocks,” Pam said.

It had initially seemed like a daunting project but Pam says that many wonderful quilters have become involved, dedicating their time and talent to this important project.

“Three quilting groups have been our main supporters - Midcoast Community Quilters of Belbora, Town & Country Quilters of Taree and Dolphin Quilters of Old Bar,” Pam said.

“Midcoast Community Quilters has made a commitment to supply 100 quilts each year, and this means that the project can continue into the future.

“We are really grateful to everyone who has supported this project so far.”

About 180 quilts each year have been made and given to patients and their families.

“We started hearing feedback from families that had lost their loved ones that the quilts gave them something tangible to remember their loved one,” Sally said.

“We know of one local grandmother who passed away, and the quilt now wraps up her newborn grandchild.”

The project has also inspired conversations between nurses and patients, with the colourful range of quilts a popular talking point on the ward.

“As a palliative care nurse, this project has meant a great deal to all of the nurses here. The patients are deeply touched that somebody they don’t know has made a quilt for them,” Sally said.

“It’s something to keep them warm and loved when times are tough. And it makes us feel better too.”
SENSORY GARDEN BLOOMS

A dinosaur dig, trickling water and fragrant herbs – they’re not the sights, sounds and smells you naturally associate with a hospital. But they’re providing peace and tranquility as part of Maitland Hospital’s new Sensory Garden.

The Sensory Garden opened earlier this year and is designed to stimulate all of the senses.

Maitland Hospital’s Volunteers Coordinator Kim Simpson said the space is a true community effort.

“Our dedicated hospital volunteers have spent four years and $65,000 building the garden and have created a truly amazing space,” Ms Simpson said.

“Staff, visitors to the hospital, the Country Women’s Association at Paterson, Kiwanis and other community members have assisted in the project.

“One community member, Ben Graham, held a coffee club in his workplace to raise $3,500 for the large tortoise and giraffe statues.”

The Sensory Garden is built on the concept that time spent in natural environments can provide a range of emotional and physical health benefits, including reduced stress and lowered blood pressure.

“The space is a real pick-me-up for patients and their families, many of whom have spent weeks or months in hospital.

“Young patients as well as children and grandchildren of patients love spending time out here, but it’s not just a space for kids – the garden’s peacefulness is also attracting our older patients, their families and visitors,” Ms Simpson said.

Twelve-year-old Memphis Mitchell-McGrail (pictured) is one of the many paediatric patients who have enjoyed the colourful space.

“The garden has such a variety of colours and when the sun is shining it feels so bright and warm,” Memphis said.

“The hospital is a stressful and busy place with lots of people running around so it’s nice to just come out here and relax.”

Memphis’s mum Tenneil Mitchell appreciated the escape the garden provided her and Memphis during her daughter’s recent hospital stay.

“It’s like a little retreat for the patient or the parent of someone who is in hospital,” Ms Mitchell said.

A staff competition was held to name the animals of the sensory garden, with the giraffe becoming known as Orana George, the Tortoise as Mawarra Thomas and the elephant as Badu Lizzie.

“Both the Aboriginal and English names have historical significance and were very well researched,” Ms Simpson.

The Maitland Hospital Sensory Garden is located on the ground floor of the hospital (level 1) and is open from dawn until dusk.

The Maitland Hospital Sensory Garden is located on the ground floor of the hospital (level 1).
A bush tucker feast of kangaroo meat, lemon myrtle and tasty bush spices isn’t something you would traditionally find on a primary school lunch menu.

But that’s what students in the Cessnock and Kurri Kurri areas have been cooking up on a weekly basis for the past few years.

It’s all part of a unique initiative between Hunter New England Health and the Korreil Wonnai Aboriginal Educational Consultative Group that aims to promote the importance of healthy eating and chronic disease prevention in the Aboriginal community.

The magic happens in the Walkabout Kitchen, a mobile kitchen trailer that incorporates the Deadly Cooking program.

Over five weeks, students get the opportunity to cook meals that incorporate traditional indigenous ingredients that look good, are healthy, don’t cost a fortune and are made from easily obtained ingredients.

The recipes include traditional spices like lemon myrtle and kangaroo meat. Students also take the recipes home to share with their families.

“A balanced diet consisting of fresh fruit and vegetables and limited processed food is closely linked to the prevention of obesity and chronic disease including heart disease and diabetes,” HNE Health Community Dietitian Carmen Burgess said.

Sonia Sharpe, President of Cessnock and Kurri Kurri Local Aboriginal Education Consultative Group and Department of Education Aboriginal Community Liaison Officer, said the Walkabout Kitchen had been a great asset for those who have trouble accessing transport.

“We would like our families to learn healthy eating and to be able to give their children healthy lunchboxes. Healthier children means better attendance and concentration levels at school,” she said.

Sonia said it was important to make healthy food that appealed as much as the food served in fast food outlets,” she said.

“The program encourages children to ‘eat a rainbow,’ to eat healthily. By eating five serves of vegetables and two serves of fruit each day children can live a healthier life,” Sonia said.

The feedback from Cessnock West Year 6 students has been overwhelmingly positive.

“I really like cooking and this has taught me how to cook properly,” student Juliarna Motum said.

Classmate Ebony Markwort said she had learned a lot about good nutrition.

“I have learnt about how many pieces of fruit and vegetables you are meant to be having each day,” she said.

Sonia said the Walkabout Kitchen trailer enabled the program to be delivered in a culturally appropriate environment.

“By taking the program to the community, we hope to increase access and participation so more Aboriginal people are educated about the importance of healthy eating in the prevention and management of chronic disease,” she said.

Students learn a variety of health and cultural messages in each Deadly Cooking class.

“By teaching Aboriginal students healthy food habits, there is a hope that they will be healthy in the future as adults. They will know what are the best foods to eat and how to stay fit,” Sonia said.

The project is part of HNE Health’s effort to Close the Gap in health outcomes between Aboriginal and non-Aboriginal Australians.

“We are running the program in Cessnock because the Aboriginal population is almost double that of the NSW state average,” Sonia said.
The Walkabout Kitchen, is a mobile kitchen trailer that incorporates the Deadly Cooking program.

Emily Reibel, Alison Hopkins and Kirrilee Ford at the Koori Cook Off at Kurri Hospital.
If you were told “90 per cent of patients survive this treatment”, you’d probably be feeling fairly optimistic.

But how would you feel if you were told “10 per cent of patients will die as a result of this treatment”?

Undoubtedly, presenting the same information in different ways influences how we perceive and respond to it.

Perception and other human capabilities such as attention and memory also affect how we perform at work. So much so, there’s a science dedicated to examining the relationship between humans, the equipment and systems they use at work, and the workplace itself.

Patient Safety Officer Tracey Medhurst is fascinated with this science, known as Human Factors, and its application to improving patient safety.

A key component of Tracey’s role is to lead investigations into adverse events and support investigation teams to make recommendations to minimise the risk of a recurrence.

“I see first-hand how human factors contribute to adverse events that have serious and sometimes fatal consequences,” Tracey said.

“It’s about understanding the potential for human error and implementing changes to make our healthcare system safer and prevent the same incident from happening to someone else.”

Tracey recently attended training facilitated by human factors expert, Thom Loveday from the Clinical Excellence Commission, and HNE Simulation Centre Director Dr Cate McIntosh.

The course, held at the HNE Simulation Centre, allowed Patient Safety Officers from across the district to use real incidents and test themselves on the use of tools and techniques for understanding how human factors influences decision making.

“I was particularly interested in ‘thinking errors’ and how they can cloud judgement to the point where staff may accept a diagnosis before it’s been fully verified,” Tracey said.

“The skills and knowledge I gained from the training have been integral to the investigations I’ve since conducted.”

John Hunter Hospital anaesthetist Dr Rhys Thomas is equally fascinated with why humans react and behave in the way they do.

Rhys is in the unique position of being the first and only Human Factors Fellow in Australia, having been employed by the Department of Anaesthesia in a trial role that’s focused on applying a human factors approach to improving patient care and safety.

“No one goes to work to do a bad job,” said Rhys.

“My role is to apply human factors thinking to issues such as variations in equipment safety checks, near-misses, and useability of new clinical equipment, and develop new processes and improvements to make it easier for people to do a good job safely.”
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