



Acknowledgement of Country

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.

Year at a Glance

The Cessnock/Kurri Kurri Health Committee is pleased to present to the community the 2018 Health Report for Cessnock incorporating Cessnock Hospital, Kurri Kurri Hospital and Cessnock and Kurri Kurri Community Health Service.

Cessnock surgical activity has increased in the past 12 months, with further planned increases into the future. We have completed some upgrades to our operating theatres and further works are planned to support the increased surgery activity.

The multidisciplinary team at Cessnock Hospital work hard to deliver safe, appropriate health care for our patients. Throughout the past year, Excellence in care for every patient, every time has been a focus for Cessnock Hospital.

One aspect of Excellence in care is follow-up phone calls to patients after they have gone home from hospital. This has been a priority and patients have provided valuable information that has helped us further improve our services. The many compliments received are passed on to our staff.

Cessnock-Kurri Kurri Health Committee has also been working on a Hunter New England Health health literacy project to provide consumer input into information provided to our patients when they go home.

Accreditation success

Cessnock Hospital, Kurri Kurri Hospital and Cessnock/Kurri Kurri Community Health form a part of Hunter New England Health's Lower Hunter Sector of health services, which also includes Maitland and Dungog hospitals.

In May, the Sector successfully completed an accreditation survey by the Australian Council on Healthcare Standards. It was a rigorous assessment against the 208 individual criteria in the National Safety and Quality Health Service Standards and all of our hospitals were accredited to continue to provide health services for the next three years.

The survey team commented on a number of aspects, including consumer participation and were impressed with how far we have come as an organisation. They also acknowledged the professionalism and hospitality of all staff during the survey week.

Our Health Committee

Cessnock/Kurri Kurri Health Committee consists of seven community members and five local hospital and health representatives.



*Cessnock/Kurri Kurri Health Committee,
(Standing) Alan Gray, Vanessa Fellows, Fred Krausert, Anne Sander, Kim Simpson, Darrin Gray
(Seated) Kaye Carver, Alec Horne, Jennifer Whiting*

Community Representatives

Mr Fred Krausert – Chair, Community Representative
 Mr Darrin Gray, Cessnock City Council Representative
 Ms Anne Sander, Cessnock City Council Representative
 Mr Peter and Mrs Kaye Carver, Community Representatives, involvement 20 years
 Mr Alec Horne, Community Representative
 Mr Alan Gray, Community Representative

Hunter New England Representatives

Ms Di Peers, General Manager, Lower Hunter Sector
 Ms Jennifer Whiting, Site Nurse Manager, Cessnock Hospital
 Ms Vanessa Fellows, Site Nurse Manager, Kurri Kurri Hospital
 Ms Kim Simpson, Volunteer and Community Participation Coordinator, Lower Hunter Sector

The Cessnock/Kurri Kurri Health Committee meets second-monthly and is a forum for information exchange between committee members as representatives of the community, and hospital representatives.

Representatives of the Cessnock/Kurri Kurri Health Committee are also involved with other community organisations and groups, include Cessnock City Council and the Retired Mine Workers, This enables discussion surrounding key focus areas for the community and feedback regarding health issues to their relevant groups.

A key focus for our committee was taking part in a special health literacy project to support patients who are being discharged from hospital.

Our priorities for the past year have included support with providing and promoting appropriate health services in the Cessnock Local Government Area; and communication to community groups regarding health services and promoting health programs.

Profile: Chairman, Fred Krausert



Fred Krausert has been involved with the Cessnock/Kurri Kurri Health Committee since 2001 and Chairman since 2005.

This came about due to restructures within the hospital at that time with relocation of some services. Having been involved in other areas such as patient transport, structural enhancement and the union movements, Fred had a strong interest in helping to support health enhancements to service the people of this region.

During his time with the Health Committee, Fred has seen many changes in the region with the population growth. This includes the expansion of Cessnock Corrective Centre and local unemployment and changing employment issues which have all impacted on the health services of the Cessnock LGA. This has inspired the Local Health Committee to continue to move forward.

Since retirement, Fred has taken the role of National Secretary of the Maritime Veterans which covers the whole of Australia and includes overseas commitments. Fred continually visits other states and looks at their systems to gain knowledge of betterment of our system. Fred considers that the Hunter New England Health service is one of the best in the world.

Before retiring, Fred was a merchant seaman trading overseas as well as the Australian coast. He also had periods in construction in the offshore oil and gas industry for approximately 40 years. But his love was always the deep sea.

Our Health Service

Hunter New England Local Health District





Cessnock District Hospital is a 63-bed acute hospital. Our catchment is the Cessnock Local Government Area and we provide the following services to our local community and surrounds:

- General surgery
- General medicine
- Orthopaedics
- Urology
- Gynaecology
- Postnatal care
- Minor paediatrics
- Palliative care
- Community health
- 24-hour Emergency Department

Visiting specialist services include:

- Women’s health
- Paediatrics
- Antenatal
- Neurology
- Cardiology
- Gynaecology,
- General medicine
- Geriatrics, and
- Mental health.

Specialist clinics are held for liver, respiratory, osteoporosis and drug and alcohol conditions.

Cessnock Hospital has had several expansions and upgrades to existing services in the past year. These include a second operating theatre, safe mental health room, Ambulance offload bay, and sterilizing department.

Telehealth is saving precious time

Hunter New England Health, including Kurri Kurri Health Service, is using telehealth to save patients and their families

precious time and ensure the best care possible for our patients and clients.

Where clinically appropriate, health care staff are able to offer patients the opportunity to receive some of their healthcare at or close to home through telehealth.

We use a secure, encrypted videoconference connection that allows patients to have a telehealth consultation with their doctor or clinician on their home computer, device or smartphone.

Alternatively, patients can arrange to use a designated, private space at any of our health facilities.



Patients can also attend a telehealth appointment at their General Practitioners (GP) rooms, either using the equipment themselves or having their GP or practice nurse present.

Outpatient, community and home care services in Hunter New England Health are increasingly offering telehealth services. This includes fracture clinics, cardiac coaching, grief counselling, occupational therapy and speech pathology. Adult and paediatric outpatient services include neurology, cardiology, endocrinology, diabetes, respiratory, palliative care, pain, oncology and surgical follow up.

Telehealth is also used in child and adolescent, adult, and older adult mental health services including for clinical consultations, case reviews, clinical supervision and prescriber clinics.

Call us to find out more.

REACH out for help

Have you been to Cessnock Hospital and seen the REACH posters or received information in your admissions pack?

REACH is a patient and family activated program developed by the NSW Clinical Excellence Commission that alerts patients and carers if they see a deterioration in their loved one.

REACH was devised with significant input from patients, families and carers. It is designed to improve early recognition and response to clinical deterioration.

REACH empowers patients and families to escalate care if they are concerned about their clinical condition or deterioration or of a loved one. It provides a graded approach to patient and family activated escalation.

First talking to staff at the bedside.

Are you worried

about a recent **change** in your **condition** or that of your loved one?

If yes... REACH out.

WHAT IS REACH ABOUT?

R You may recognise a worrying change in your condition or in the person you care for.

E 1 Engage (talk) with the nurse or doctor. Tell them your concerns.

A 2 Ask the nurse in charge for a "Clinical Review". This should occur within 30 minutes.

C 3 If you are still worried call REACH. You can use your bedside phone or ask for a ward phone.

H Call REACH on Help is on its way.

Speak to your nurse or doctor first. They may be able to help with your concerns.

If your concerns are not addressed, asking the nurse in-charge for a clinical review

If you are still concerned make a "REACH Call" by dialing the dedicated number on the poster near your bedside to speak with a REACH responder.

REACH helps to 'cast the safety net further' and conveys an important message that patients, family and carers are valued as partners in improving safety and quality.

REACH is available in all Hunter New England Health hospitals. You can find out more on the Local Health District's website at <http://www.hnehealth.nsw.gov.au/Feedback/Pages/REACH-patient-and-family-activated-escalation.aspx>

Occupational therapy assists NDIS clients

Occupational therapy (or OT as it is often referred to) is an allied health profession that works with people of all ages to enhance their engagement in meaningful activities of daily life. This can include aspects such as self-care skills, education, work, or social interaction.

Illness or disease can affect people's abilities to be independent with these activities and OTs work with people to help their relearn these skills, or find a different way of doing them.

Increasing collaboration with nursing and other allied health colleagues to get this important job done has been a key focus for the Kurri Kurri Occupational Therapy Service. Our OTs are part of multidisciplinary case conferences where the healthcare team works together to achieve the best possible outcomes for hospital and community clients.

In particular this teamwork has never been more important as we navigate the National Disability Insurance Scheme (NDIS) to safely transition people from hospital into suitable accommodation in the community. The service will continue in the coming year to share its knowledge with colleagues to achieve the best level of care, equipment and accommodation for NDIS participants.

Speech pathology improvements to help children

Our speech pathologists have been working on redesigning services to improve access and equity for people across the Lower Hunter Sector.

Paediatric speech pathology services have been redesigned to amalgamate outpatient services for children across Kurri Kurri, East Maitland, Dungog and Cessnock.

This has standardised services across sites, resulting in improved access to appointments for families and more equitable wait times.

The new amalgamated service has replaced contacting families by mail with text messaging, which has significantly increased the uptake of appointments.

The team has also run four successful sessions of an intensive early intervention program that trains parents to be able to help their child's language development.

The evidence-based Hanen It Takes Two to Talk @ program has benefitted the increasing number of children under 3 years old who are referred to speech pathology services.

Hospital-based speech pathology services across the Sector have also been working on strategies to improve the equity, timeliness and quality of services for inpatients.

Staff across sites have engaged in clinical development and training to upskill and build capacity in providing a range of generalist and more specialist inpatient services, including training in specialist areas relevant to intensive care, rehabilitation, and inpatient paediatric feeding.

Partnering with Our Community

Lower Hunter Sector General Manager Di Peers and Cessnock Hospital Site Nurse Manager Jenny Whiting took part in community consultation with Cessnock Corrective Centre regarding the planning of Cessnock's new prison.

The Hunter Correctional Centre opened mid 2018.



The new Hunter Corrections Centre near Cessnock

The expansion to more than 2100 beds and increased inmate population means increased use of health services in the Lower Hunter Sector and directly impacts Cessnock Hospital.

The centre's medical team has met with us to discuss appropriate models of care for their prisoners who may need hospital care.

A single lockable room has been completed in Cessnock Hospital's Emergency Department, which is used whenever possible to accommodate inmates from Cessnock Corrective Centre. On arrival, they are moved to this area as quickly as possible. This ensures privacy and dignity for the inmates and helps to prevent undue angst for other patients and visitors in the public waiting rooms.

All people who come to our emergency department are treated according to the urgency of their need, and the custodial patients are treated no differently.

Telehealth is increasingly used as an option for providing many health services and consultations with inmates and in-house clinicians at Cessnock Corrective Centre. Planning is also underway for using Emergency Department telehealth consultations for non-urgent conditions.

Celebrating Aboriginal culture and events

The Lower Hunter Sector's Aboriginal Significant Event Committee and our social work team work closely to ensure Aboriginal events are well celebrated, and there were some great events held during 2018.

In February, we celebrated the 10-year anniversary of the national apology to the Stolen Generation.

This was supported by a grant from the Healing Foundation and made possible by the hard work of Cathy Sinclair. The highlight of the day was the boys from The Glenn Rehabilitation Centre who performed traditional dances.

Cessnock Hospital participated in the 2018 NAIDOC Celebrations - with the theme 'Because of Her We Can'. This theme acknowledging the Aboriginal Culture during this week and the significance of the female.

We joined a yarning gathering at the Mindaribba Local Aboriginal Lands Council centre in Maitland where we discussed how we could better connect with the Aboriginal

community. Lower Hunter Sector General Manager Di Peers and staff in the health van also attended Cessnock Council NAIDOC celebrations.



Traditional dance to mark the 10th anniversary of the national Apology to the Stolen Generation

Orientation and welcome to the team

Education and training support for all staff, volunteers and students who join our team or participate in clinical placement at Cessnock Hospital begins with a comprehensive orientation and welcome.

Offered as a monthly event, these sessions are targeted to a diverse audience and aim to engage our team members in creating a culture of safety and community from the very beginning of their health career journey.

In 2019 a consumer perspective is being added to the orientation agenda. We will have a consumer of our health services come along to share insights of their experiences as a patient in our health service. This addition aims to strengthen our community partnerships and responsiveness to feedback from the patient perspective.

Highlights

Buy a Bale for farmers

Cessnock Hospital staff, along a Lower Hunter Sector, conducted a fundraising day to support the drought stricken farmers of the Hunter Region.

Staff were encouraged to dress as farmers for the day for a gold coin donation and enjoyed a barbecue lunch. This was well attended and lots of fun was had throughout the hospital as all departments participated in dressing up.

We raised \$555 for the 'Buy a Bale' initiative.



Rebecca Fowler (Health Share), Rosemary Threadgate (Health Share), Trish Philpot (Health Share), Michelle Jeans (hospital admissions) and Cessnock Site Nurse Manager Jennifer Whiting.



Lisa Edwards – Day Surgical Ward nurse

Beanies for Brain Cancer

Volunteers within the hospital provided a selection of beanies to support the Mark Hughes Foundation (<https://markhughesfoundation.com.au/>) Beanies for Brain Cancer initiative.

Staff were able to purchase a beanie and raised much needed money to support brain cancer research.

Our Local Volunteers

Cessnock Volunteer Pink Ladies have always provided an excellent service to the patients at the hospital.

We would like to take this opportunity to acknowledge our Volunteer Co-ordinator Lin King-Adams, who has completed 20 years of service to the Cessnock community. This includes fundraising, reading to patients, providing a library, washing patients' laundry, or just sitting with a patient who has no visitors.



Lin King-Adams

A current project being completed within the hospital involving Cessnock Hospital Volunteers and the Cessnock-Kurri Kurri Health Committee is a 'Retreat Room'.

This provides a quiet space for families and friends of patients who are extremely ill. It will have a lounge, tea and coffee making facilities, a television, and reading materials available for time out.

It will also provide a private area for staff and medical officers to discuss patient care and condition with families.

Tonga donation



During the year, Cessnock Hospital donated electric beds, mattresses and wheelchairs to a local hospital in Tonga.

Community Health Highlights

Wound care part of the service

According to Wounds Australia, chronic wounds affect nearly half a million Australians at least once during their lifetime.

Lewis Bennett from Kurri Kurri became a part of those statistics when a small bump to his leg broke down and resulted in a large wound. Lewis and his wife Nola say that they were "dressing the wound themselves" but it wasn't healing, and both became concerned that the wound may never heal.



Lewis Bennett is back on his feet with a little help from community nurses.

Nola contacted Cessnock/Kurri Community Nursing referral service in search of assistance.

“We felt reassured right away by the community nurse,” Nola said. “The nurses assessed the wound, measuring it and taking photos. You could see the difference within days after the first dressing was done.

“They genuinely appeared interested in us,” Nola said. “The nurses would also let us know when they felt that we may need to go back to our GP.”

With the expertise of the community nurses, Lewis’ wound has now completely healed and he is back to his normal activities such as gardening and trips away.

“I really feel like these nurses keep patients out of hospital and it’s great to know that we can call them again if needed,” said Nola, who has since referred a neighbour to the community nursing service.

Ongoing success for Deadly Cooking

Deadly Cooking for Kids was created through a partnership between NSW Health, the Department of Education, Aboriginal Educational Consultative Group, schools, and local Aboriginal families.

The program uses the Walkabout Kitchen, a mobile kitchen trailer, to take healthy eating, cooking and lifestyle messages

to Aboriginal school children in a fun, interactive and culturally sensitive way.

Since it began in 2015, 25 programs have been run in 15 local schools benefitting 299 local Aboriginal children.



Hunter New England Health staff Emily Reibel, Alison Hopkins and Kirilee Ford in the Walkabout Kitchen

The program is highly regarded in our local area. Evaluation shows high participant satisfaction and benefit. Participants are able to demonstrate improved healthy eating knowledge, increased confidence in cooking and enhanced cultural connectivity.

The Deadly Cooking program received recognition during 2018 by being awarded first place in the in the category of Keeping People Healthy in the Lower Hunter Sector Excellence Awards. It was also a finalist in the Hunter New England Excellence Awards and was accepted for an oral presentation at The Aboriginal Chronic Conditions Network Conference in Sydney.

The success of the program continues due to the partnerships between the supporting organisations, all of whom value its contribution towards closing the gap for Aboriginal children and families this area.

During 2017-18 we employed an Aboriginal School Based Trainee to assist with the program. We also support fourth-year university student placements each year.

Plans for 2019 are to include high school students in Deadly Cooking and to continue to look for new ways to enhance both the program’s reach and impact.

OTs come together

Lower Hunter Sector occupational therapists took the opportunity at their annual planning day to connect with colleagues old and new, prioritise educational needs for the year, and discuss key issues impacting on their clinical practice.



Occupational therapists from around the Sector came together for their annual planning day

This included how clients are referred for home modifications, equipment prescription options, and updating their patient publications.

They also celebrated Dr Janet Frith's work in completing her PhD - entitled *Shifting Gears: Return to Driving after Stroke*.

Our Medical Leaders

A new approach in our ED

We have introduced a new approach to assist us in managing the increasing workload in our busy Emergency Department.

Visiting Medical Officers from among our local GP workforce have traditionally provided medical services to our ED. But with more than 17,000 patient visits the previous year, it was decided that the ED was becoming too busy to continue to try and sustain that approach during regular business hours.

Now, a Staff Specialist provides coverage for the emergency department between 8am and 6pm, Monday to Friday.

Having the Medical Officer on site during these hours has improved waiting time for treatment for high priority patients, and that patients no longer need to be admitted to the hospital wards while waiting the results of imaging or pathology tests to aid their diagnosis.

Our local GP Visiting Medical Officers continue to provide their same high level of care for patients after hours.

Visiting Medical Officers

Visiting Medical Officers who have provided service to patients at Cessnock Hospital in the past year include:

- Dr Kenneth Dobler
- Dr Mir Nawaz Khan
- Dr David McQueen
- Dr James Lin
- Dr Carmen Buchanan
- Dr William Redmayne
- Dr Erek Malate
- Dr Wala Marjen

- Dr Anecito Mantilla
- Dr Alfred Oringo
- Dr Yang Wang
- Dr Jay Wilmer
- Dr Rafei Ahmad
- Dr Olakunle Fowosere
- Dr Maham Khan, and
- Dr John Holly.

Expert guidance

Guidance and support for the team comes from Associate Professor Pooshan Navathe, who is the Director of Medical Services for Kurri Kurri and health services in the Lower Hunter Sector.



Dr Navathe describes his role as that of a senior staff specialist in safety, quality and system integrity. His special interests are safety and governance, the education and mentoring of health professionals, implementing change and enabling colleagues to attain professional excellence in their practice.

He has for many years also been a practising clinician specialising in occupational and aviation medicine and is internationally respected as a thought leader in evidence-based aeromedical decision making.

Ongoing education for doctors

Cessnock Hospital medical officers participate in onsite education sessions throughout the year. In 2018 this included an advanced life support training session for all of our medical officers.

Medical Staff Council meetings are held every second month and also include education sessions, as well as discussions, clinical information reviews, and guest speakers.

Hand hygiene is an important part of the care provided at Cessnock Hospital. All our medical officers have received training in the correct protocols and are part of the quarterly audit process.

In the Spotlight



17,600

patients presented at our emergency department



87.3%

of patients presenting to the ED were admitted or discharged within 4 hours*



50,010

patients accessed services (like blood tests, clinics & community nursing) but were not admitted



N/A

Babies were born



1,065

Day only surgical procedure were performed



100%

of Category A patients received their elective surgery within the 30 day timeframe^φ



100%

of Category B patients received their elective surgery within the 90 day timeframe^φ



100%

of Category C patients received their elective surgery within the 365 day timeframe^φ



123.28

Full-time equivalent staff



\$24,831

Expenditure budget[^]

Project focuses on good communication

Cessnock Hospital was invited to be a pilot site for a Hunter New England Health project around health literacy.

Research indicates that up to 80% of patients in hospital have low health literacy and communication with patients when they are preparing to go home from hospital is not designed to meet health literacy needs.

Clinical staff at Cessnock Hospital, Aboriginal staff representatives and volunteers, including members of the Cessnock-Kurri Kurri Health Committee were part of the project, which was supported by the Hunter New England Local Health District Board.

The project aims to increase health professional awareness and responsiveness to patients' health information needs, and ensure that information provided is culturally appropriate for all patients.

Workshops were held to help co-design a "plain English" Going Home Checklist for patients, and staff were trained in the Teach Back communication method.

It has been a valuable journey. Many staff embraced the project and have spoken of how they and others have improved the way their communication with patients.

The project is now being evaluated and we look forward to seeing the results and the next steps in working toward improving health literacy and effective communication for our patients and our staff.



(From left) Gincy Thomas, Denver Campbell, Chair of the Cessnock-Kurri Kurri Health Committee Fred Krausert, and Sheree Hopkins share ideas about what patients want and need to know when they are going home from hospital.



Judy Swan from the Health literacy project (centre) with Cessnock nurses Tracy Dargan (left) and Robyn Johnstone.

Expect a follow up phone call

There is ample medical evidence to prove that making follow up phone calls 24 hours after patients go home from hospital helps with patient outcomes.

The calls allow staff to follow up with patients after their encounter with our health service, check on patient safety, and obtain feedback from patients about their experience of care while they were in our hospital.

A simple call can reduce adverse events and help decrease readmissions to hospital, re-presentations to Emergency Department and subsequent hospital bed days.

They provide staff with an opportunity to clarify patients' or carers' understanding of the discharge plan and medication instructions.

Staff can clarify that patients have the necessary information they need, ensure they have a good understanding of care instructions, and that they are following them.

Staff can check that the patient has filled their medication prescriptions; or made any follow up appointments recommended.

Staff can also address any immediate concerns regarding the patient's experience of the health service or their concerns about new symptoms that may indicate a problem in their recovery.

So next time you or someone you care for has a hospital stay watch out for the follow up phone call and give the caller some valuable feedback about your experience.

Feedback & Acknowledgements

With compliments

Thank you to everyone who takes the time to give your feedback.

We are always heartened to receive compliments and feedback about our services and our staff. 2018 was no exception and the following were just a few.

Via a staff member:

I am writing to advise of a patient who was admitted for an iron infusion. She called on Monday to advise how happy she is with how Cessnock Hospital is running.

She had a follow-up phone call over the weekend checking up on her, and felt really happy knowing how much we cared for her.

She thought all the staff were amazing and had a special mention for the nurse in our day stay ward (Lisa) as she was absolutely wonderful. She couldn't believe how well she worked in such a busy environment.

She was most pleased when she saw how the sling is put over the top of the beds now. It put a smile on her face. She used to be a nurse and it made her happy to see how the hospital operates now.

Also relayed by a staff member:

Today I have had two people ask if I could let management know of the wonderful experiences that they have received from our staff at Cessnock Hospital.

A patient who was admitted a couple of days ago wanted me to thank the staff in Emergency for the wonderful care and treatment he received. He said the staff were all lovely and they were a great help to him. David also wanted me to tell the nurses that he is recovering well, with all thanks for their help.

Another voice of appreciation came from an outpatient who just visited Radiology. He presented back to my counter and asked if I could please thank management for their wonderful services and all of the staff for his great experience here today. He said: "You're all doing a wonderful job. Credit due where credit is earned."

I hope this has warmed your heart and brought a smile to you.