

# ST VINCENT'S Voice

SPRING 2018 – BUMPER EDITION

The latest staff and  
community news from  
ST VINCENT'S HEALTH  
NETWORK SYDNEY

## ST VINCENT'S SYDNEY SHINES AT INNOVATION & EXCELLENCE AWARDS

Inside this edition:

- Prof Ric Day introduces a novel approach to managing gout
- St Joseph's raise record funds for MND
- St Vincent's Heart Lung team perform another world first procedure





**A/PROF  
ANTHONY SCHEMBRI**

**CEO, St Vincent's Health  
Network Sydney**

Some of you might have been present at our recent SVHNS Safety & Quality Forum where I spoke of the importance of viewing each and every patient as an individual rather than defining them by their condition or their bed number. At the heart of our Mission lies our pursuit of responding to the individual needs of our patients.

I'm delighted that when you read through this edition of St Vincent's Voice you really get the sense of our staff's diverse pursuits to make the unique patient experience a better one; from tackling the disease burden of gout with a novel app to the extraordinary projects of our SVHA Innovation & Excellence Awards winners.

Reading through these pages, I find it heartening to see that irrespective of our endeavours – which are particularly broad in this edition – the common thread is treating each and every patient, resident and client as a unique and special person.

# + SHORT SHARP

## *Congrats to Dr Stevens!*

Congratulations to Dr Jennifer Stevens, St Vincent's Anaesthetist on being selected as a finalist in the NSW Health Awards for "Collaborative Leader of the Year". It is a great achievement to be selected as a finalist and wonderful recognition of her work in leading patient safety by tackling the issue of opioid dependence following discharge from hospital. Well done Jenny, whatever the result, we're very proud.



## *Cops are tops!*

St Vincent's Health Network is a proud supporter of the Woolloomooloo Police Community Scholarship Foundation – a program that provides support to local kids to enable the completion of their education, giving them the best chance for successful future.

Superintendent Michael Fitzgerald swung by recently to present a very proud A/Prof Anthony Schembri, CEO with a certificate of appreciation.

## *Welcome to our Aboriginal Nursing Cadets!*

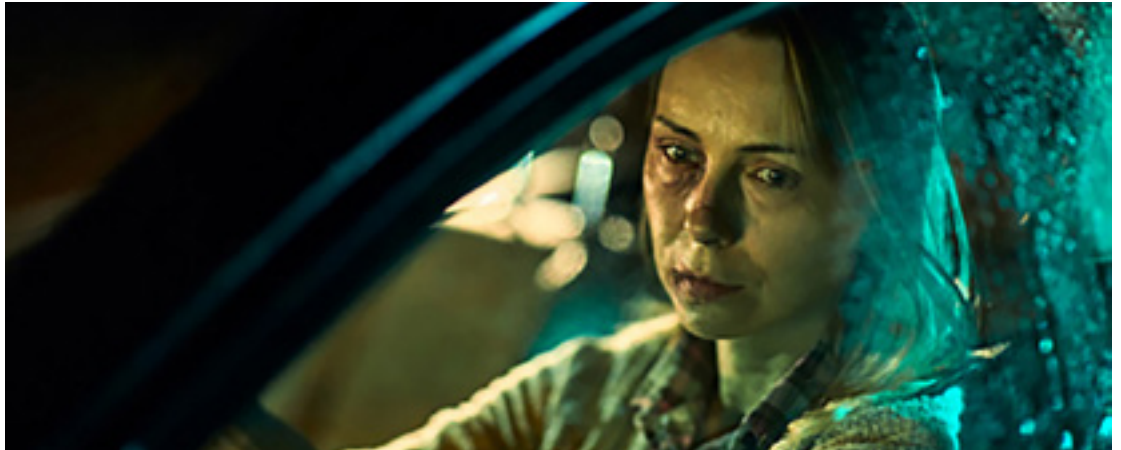
St Vincent's would like to warmly welcome our newest Aboriginal & Torres Strait Islander nursing cadets! We couldn't be more pleased that they've chosen St Vincent's to launch the next stage of their lives. Good luck, and welcome to the family!



StV *Inspired to care*

# Improved Screening Victims of Domestic Violence

Domestic and family violence (DFV) is the leading cause of illness, injury and death for women aged between 16 and 45.



St Vincent's recently participated in a multi-site project aiming to increase the identification of women experiencing domestic violence by asking every woman presenting to the Emergency Department questions about domestic violence, regardless of the reason for their presentation.

Every woman who disclosed domestic violence through screening was offered a social work service and interventions, including assessment, counselling and education about their rights and referral options. Further assistance was provided to meet women's immediate needs such as housing, advocacy, child care, legal advice or reporting to police and longer term needs such as counselling, case work and other referrals.

In total, more than 700 women were asked questions about their experiences of intimate partner violence. 106 women disclosed domestic violence from a current or former partner and received

support and counselling from a social worker, including "Claire".

Claire presented to ED with facial injuries. She was screened by the triage nurse upon arrival and referred to the social worker. Claire reported that she had been sleeping rough since fleeing a violent relationship and that she had no address to

**72% of women who presented to an Emergency Department following a domestic violence incident were not identified as victims of DFV without screening.**

be discharged to. She had gone back to her partner as she had "nowhere else to go."

Identifying this the social worker referred Claire to community organisations for temporary accommodation and case management support. She was provided help in obtaining personal

identification documents and also received food vouchers, toiletries, a pre-paid mobile phone, an opal card and weekend phone support from the community organisation.

The early identification by the nurse of the patient's situation enabled the social worker adequate time to refer the patient to appropriate services for immediate support over the weekend as well as ongoing follow-up support.

Studies have shown that up to 72% of women who presented to an Emergency Department following a domestic violence incident were not identified as victims of DFV without screening. Additionally, without screening only 2% of female patients will disclose DFV, while 15% of women disclosed through this screening program.

It is hoped that we can continue screening women for DV in our Emergency Department and that this will be rolled out across NSW health facilities to continue this great work.



# It's cool to be kind

Staff at St Joseph's once again took on the Ice Bucket Challenge and really blitzed it this year, bringing in a cool \$5,140 to go toward research in the fight against Motor Neurone Disease (MND).

Commencing 14 years ago, the St Joseph's MND Service has helped over 400 people living with the disease, through specialist clinics, inpatient care, home visits and telehealth as well as conducting MND research.

Luke Foley, State Member for Auburn attended on the day, though he didn't participate in the challenge, he toured the St Joseph's Campus, taking the time to meet with staff and patients.



David Faktor gets iced!



Luke Foley MP, Prof Abdullah Omari, Matt Kearney, John Geoghegan, Julie Labra, Dominic Le Levre & Prof Anthony Schembri Luke Foley MP, Prof Abdullah Omari, Matt Kearney, John Geoghegan, Julie Labra, Dominic Le Levre & Prof Anthony Schembri



# St Vincent's Heart Failure Service

*“We educate the patients on how to self-monitor their condition and pick up on symptoms earlier, and we support the clinical staff with our expertise”*

Together, Nurse Practitioners Carol Whitfield and Kimberley Bardsley lead the St Vincent's Heart Failure Service, providing clinical care and support as well as education and information to people living with heart failure.

Having heart failure in its most basic terms means that the heart isn't able to pump enough blood to meet the body's needs. Typical symptoms include shortness of breath, tiredness and swollen ankles.

Heart Failure, as it sounds, is a serious condition that requires daily monitoring and comprehensive treatment. Offering a vital service to our community, this team provide care both in St Vincent's Hospital, in outpatient clinics and in the patients' home.

The Heart Failure Service provide a full clinical assessment, refer for diagnostic tests, prescribe medications and provide treatment, education, counselling, support with individualised care plans for each patient.

Additionally, the team refer to other supporting services including Occupational Therapy, Podiatry, Physiotherapy, and Dietetics to provide advice on how best to manage healthy eating and exercise when living with heart failure. Typically, the Heart Failure service sees patients of and advanced age and comorbidities ranging from diabetes, cancer and arthritis, meaning the Heart Failure Service works closely with those teams to provide a whole of health care plan.

Day-to-day the team see patients in their own homes, ensuring they receive evidenced based care to optimise their prognosis and outcomes. Importantly, they educate patients and their carers on what symptoms to look out



Carol and Kimberley head out into the community

for, intervention strategies and when to seek help, meaning their condition is better managed, their symptoms remain stable, and the need to be hospitalised is significantly reduced.

As well as seeing patients in their homes, Carol and Kim provide care for those who are homeless. Every month they set up a clinic at Mathew Talbot Hostel, a local accommodation and support service for men who are homeless or at risk of homelessness. As Nurse Practitioners, they are able to manage and prescribe patients' medication, help them to understand the warning signs and how to avoid and manage cardiac conditions. “We educate the patients on how to self-monitor their condition and pick up on symptoms earlier, and we support the clinical staff with our expertise”, said Carol.

Additionally, the team travel to Condobolin in Central Western NSW every 6 weeks along with St Vincent's Cardiologists Prof Peter Macdonald or Prof Andrew Jabbour to provide an outreach cardiac clinic at the Aboriginal Medical Service, providing care for the local Indigenous community.

“We can manage their medication and anticipate when things are escalating. We also encourage them to make healthy lifestyle changes, stay active, and maintain their regular medical appointments and support better lifestyle choices such as smoking cessation and weight management”, Kim said.

For more information on Heart Failure including details on interventions and treatments, see <https://www.svhhearthealth.com.au/conditions/heart-failure>

# St Vincent's Novel Gout App Study



“We are very excited about this app, it provides a personalised addition to treatment to help people manage their gout”

**S**ticking to daily medication can be a challenge, but people with gout may soon have an app to help manage their condition and prevent a painful gout attack. A research team led by Professor Ric Day, has developed a smartphone application to help people with gout.

Gout is a common inflammatory arthritis that is caused by deposits of uric acid in the joints. Uric acid forms when our cells, DNA, and the food and drinks we consume are broken down. It is normally found in the blood. In individuals with gout, uric acid is not excreted quickly enough by the kidneys or too much is produced. This excess uric acid can form deposits, or crystals, in the joint and cause recurrent attacks of extreme pain and swelling, and eventually irreversible damage to the joints.

“We know that if you reduce the elevated level of uric acid – for



Professor Ric Day

instance with medication such as allopurinol or febuxostat – then a painful gout attack can be prevented,” says Professor Day.

“Our work over the last 30 years has been very much focused on trying to understand gout and developing a therapy. But to make a difference on a large scale, it was time to get our research out in the community”.

“We are very excited about this app, it provides a personalised addition to treatment to help people manage their gout,” said Prof Day.

The app was designed in collaboration with GPs and people with gout, and has been successfully tested in a pilot study. Its effectiveness is now being tested in a large clinical research study.

“We will evaluate whether the app helps people manage their gout and prevent a painful attack,” says Professor Day. “If the app is effective,

then we would like to roll it out on a national scale. This could then be a very cost-effective public health intervention to reduce the rate of gout.”

The St Vincent's gout app study is part of a National Health & Medical Research Council partnership. The team includes researchers from UNSW, the George Institute, University of Wollongong Australia, Western Sydney University, Macquarie University, University of Sydney and University of South Australia.

For more information or to take part in the gout app study, people can call 1800 931 544, email med.gout.app@unsw.edu.au or go to [mygoutapp.com](http://mygoutapp.com).



 *Inspired to care*

## St Vincent's Performs World-First Angiogram on Single Heart Prior to Transplantation



Members of the transplant team watch on as angiogram is performed

**“This milestone, now takes us one step further in our work to reduce this disparity.”**

**T**he St Vincent's Heart Lung Transplant Unit has carried out the world's first angiogram on an ex vivo DCD heart to assess its coronary arteries, ensuring viability prior to successfully transplanting it into patient, Mr Alan Crawford.

In late 2014 St Vincent's performed the world's first circulatory death (DCD) heart transplant, an innovation possible by pioneering research conducted here on the St Vincent's Campus. The research involved the development of a special preservation solution that together with the use of a novel portable console to house, resuscitate and transport donor hearts, made this milestone achievable.

The ex vivo Organ Care System involves the Transplant retrieval team connecting the donor heart to a sterile circuit where it is kept beating and warm. Once housed inside the portable device, the heart is reanimated, preserved and able to be functionally assessed until it is ready to be placed inside the recipient.

In this case, the Transplant team retrieved a heart where the donor had a family history of coronary artery disease.

In any other case throughout the world, the heart would have had to be rejected for transplantation. However, for the first time, the Transplant surgeons teamed up with their Interventional Cardiology colleagues to perform an angiogram – the gold standard diagnostic procedure for assessing coronary arteries, whilst the heart was on the Organ Care System, outside of the human body.

The angiogram demonstrated the arteries of the heart to be disease free, thus permitting the transplantation to proceed.

In acknowledging this milestone, St Vincent's Heart Lung Transplant Unit Director, Dr Paul Jansz said, “The biggest mitigating factor in our heart transplant endeavors is the significant disparity that remains between the increasing number of patients with end-stage heart failure on the transplant waiting list and the number of suitable donor-hearts that are available. This milestone, now takes us one step further in our work to reduce this disparity.”

# Innovation & Excellence Awards 2018

The SVHA Innovation & Excellence Awards are an annual event that celebrates the wonderful work that our staff, and that of our interstate colleagues, undertake every day across the various St Vincent's services.

We're pleased to share that this year St Vincent's Sydney took home four of the seven categorised awards. Having been selected from more than 100 entries from across each St Vincent's facility, this was a marvellous demonstration of the hard work and dedication of our people. As the winning projects demonstrate, our mission in service to the vulnerable and our commitment to clinical excellence is as strong today as it ever has been. Congratulations to all of our winners and finalists.



L-R: A/Prof Patricia O'Rourke, A/Prof Anthony Schembri, Robyn & Julie (Biography Service), Mark Zacka

## Winners

### Leaders in Healthcare & Service to the Poor

#### *Sacred Heart Biography Service*

The Sacred Heart Biography Services offers clients the opportunity to reflect on their lives and leave a legacy for their family and carers. Trained volunteers are matched with clients to facilitate the challenging process of life review at a most vulnerable time in their lives. This service allows them to have their story witnessed and helps them make meaning of their life, while leaving a beautiful memory for their loved ones.



Julie & Robyn Swanson



## Leading Reputation

*“Look, Listen and Learn” - A collaborative approach to improve the heart health in Aboriginal people*

In 2016, the St Vincent’s Heart Health team saw a need to develop a culturally appropriate, engaging and accessible resource to improve education & awareness about the no.1 killer for Aboriginal people - cardiovascular disease.



L-R Pauline Deweerd, A/Prof Anthony Schembri, Tamra Langley

## Group & Divisional CEO’s Excellence Award for Individuals

*Bob Morris*

This award recognises individuals who go above & beyond their job description to influence leadership, excellence, mission and values of our organisation in their day-to-day work. Bob’s commitment to ensuring our patients get home safe, wherever in the world that may be, is outstanding.



Bob Morris with A/Prof Patricia O'Rourke

## Growth & Sustainability

*“Capturing Clinical Complexity”*

A process review in the Thoracic Medicine Department resulted in significantly reduced length of stay for admitted patients when benchmarked against MoH targets. Ultimately, Thoracic Medicine became the 2nd best performing hospital department.



Rochelle Crowley & Mark Benzimra with Anthony Schembri

## Finalists

### Stepping into better health

In 2016 a foot care program in collaboration with the Podiatry Department was introduced within the Renal Ambulatory Care (RAC) unit focusing on 3 key areas: development of a foot screening tool, referral pathway for the high-risk foot and staff and patient education.

### Sacred Heart Health Service

Proactive Rehabilitation Screening Service (PReSS) The St Vincent’s Rehabilitation Consult Service have devised and implemented a novel method of hospital-wide, proactive, rehabilitation screening, called PReSS. Here, a simple 5-item questionnaire is used to screen the medical record of all admitted patients and calculate a score indicating their level of rehabilitation need. This score is used to trigger proactive rehabilitation interventions as needed. PReSS has been successfully implemented since May 2017, with more than 2000 patients being screened. Results show it is feasible and sensitive: correctly identifying patients in need of rehabilitation, improving patient access to early rehabilitation, reducing delays to treatment and resulting in benefits to the patient and health care system.

### Caritas 3pm Rapid Round

Between July 2015 and June 2016, 101 patients waited in SVHS emergency department (ED) more than 24 hours for an inpatient Mental Health (MH) bed. Evidence shows long ED stays lead to poorer outcomes. Using Lean Six Sigma approach the objectives were to: reduce MH patients in ED greater than 24 hours; Increase discharges before 11am; Improve admitted Emergency Treatment Performance (ETP) for MH patients. Introduction of a 3pm rapid round resulted in: admitted MH patients in ED greater than 24 hours reduced by 43%; discharge by 11am rate increased by 10 percentage points; admitted ETP improved by 4.7 percentage points.

## St Vincent's to deliver correctional health to Parklea Prison



*“ We will also provide access to emergency care including triage, referral and coordination of care for inpatient admission where required.”*

St Vincent's is thrilled to have been selected as the new primary care service for Parklea Prison. As a service of SVHNS, St Vincent's Hospital Correctional Health (SVHCH) will deliver primary health care, primary mental health and drug/alcohol care, dental and allied health services to the Parklea Correctional Complex. In doing so, we will provide a 24/7 model of care to ensure the health needs of the inmate population can be responded to in a timely and compassionate manner.

In providing primary health to Parklea, SVHCH will provide a strong focus on immunology, addiction medicine, mental health and general medicine – often via telehealth. We will also provide access to emergency care including triage, referral and coordination of care for inpatient admission where required. Some of these services will involve extending our existing clinical services to Parklea but in many instances we will be establishing new

services and recruiting additional dedicated staff to resource these new services.

While this new role marks a fresh direction for St Vincent's, in truth this new mission at Parklea represents a return to St Vincent's' original work when our five original Sisters in Australia, set about supporting the inmates at the Women's Prison Factory in Parramatta immediately after their arrival on our shores 177 years ago.

Caring for our prison population is one of the key components of St Vincent's Health Australia's EnVision 2025 health and social advocacy objectives. Having long led the way in the other key areas of these objectives, including homelessness, alcohol & drug treatment, mental health, and Closing the Gap, St Vincent's is delighted that we are now taking a leading role in looking after an important component of our prison population in Sydney.

SEV *Inspired to care*

## Inclusive Health Program

Service of people who are poor or vulnerable is central to the Mission of St Vincent's. It was the vision of our founder Mary Aikenhead to give to the poor for love, what the rich can buy for money.

This commitment has continued in the enVision 2025 strategic plan of St Vincent's Health Australia and the St Vincent's Health Network Sydney Clinical Services Strategy.

The Board of St Vincent's Health Australia makes resources available to spur service innovation, research and advocacy projects for vulnerable people, through the Inclusive Health Innovation Fund. These very valuable resources allow St Vincent's staff to seek better ways to respond, particularly to the needs of people who are: Aboriginal and Torres Strait Islanders; in contact with the criminal justice system; experiencing homelessness, addiction or mental health problems. Some projects have also focused on the needs of people experiencing domestic and family violence and elder abuse.

To date, the Inclusive Health Program has enabled significant projects to get started, such as: identifying and responding to people experiencing domestic violence in the emergency department; a lawyer has joined our team to respond to elder abuse; we are seeking to better understand the sources of alcohol related harm and the ways in which we are interacting with people soon after they leave prison, just to name a few.

St Vincent's has a very strong tradition of finding better ways of responding to the needs of vulnerable people. Matthew Kearney (Director of Mission) and Will Tregoning (Senior Researcher, Inclusive Health) look forward to working with more staff who have great ideas that will change lives. As an organisation we also look forward to working with our community partners to develop even more integrated ways to support people who need our assistance.



**St Vincent's has a very strong tradition of finding better ways of responding to the needs of vulnerable people.**



## Feature interview with

# JAMIE DALLIMORE

CLINICAL AND CAPITAL TRANSITION MANAGER



Jamie's job is to work with the staff of St Vincent's to plan and deliver services in redeveloped facilities across the hospital. Primarily this involves thinking about how we can operate differently and improve our services, and ultimately deliver safe and efficient services across our facilities.

### *What major breakthroughs in your field do you think/hope we will see in the future?*

There's lots of ways we can design facilities to better care for people experiencing conditions like dementia. Some hospitals, St Vincent's being one of them, do a good job of creating carefully considered environments to improve the experience of these patients. I'd like to see that continue and be replicated throughout the sector.

### *What are the challenges you see now and in the coming years?*

In clinical planning trying to plan for now as well as 5 and 10 years from now is always a challenge. Thinking about how technology might change and how your unit might work in the future is both scary and exciting.

It's a constant reminder that the job is never done and there is always another project around the corner.

### *What do you love the most about what you do?*

I'd like to think that my work helps clinicians do what they do best – deliver great care to the patients at St Vincent's. I get to meet a lot of people throughout the course of my job and learn lots about how the hospital operates. It's a really encouraging and privileged position to be in.

### *What motivates you on a daily basis?*

I really believe in the St Vincent's mission and have a strong passion for serving the people of Darlinghurst and the surrounding areas. I feel really honoured to be working

here and I want to see the work I'm doing now really add value to the organisation in the months and years to come.

### *Tell us one of your favourite stories during your time at St Vincent's?*

I've only been here a couple of months but in that time I've been really struck by how committed the staff at this hospital are to serving the community. I've spent a lot of time working with different clinical groups and it's great to see their desire to give our patients the best possible care they can.

### *What is your proudest moment, professionally speaking?*

I still look back at the patients I worked with when I was nursing as the most cherished moments.

## FACTS + FIGURES



# \$45.3M

Allocated to care of patients from vulnerable groups

# 48,671

Number of presentations to Emergency in the last financial year



# 60.522

Number of outpatients cared for in the last financial year

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FRONT COVER: 2018 SVHA INNOVATION AWARDS NOMINEES