

southern health news

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PAGES

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Enquire, learn
and be inspired.
Our special
SALHN Research
Week edition



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The Southern Adelaide Local Health Network (SALHN) provides care for approximately 370,000 people living in the southern metropolitan area of Adelaide, as well as providing a number of statewide services, and services to those in regional areas. More than 7,000 skilled staff provide high quality patient care, education, research and health promoting services.

Health services which form the Southern Adelaide Local Health Network include:

- > Flinders Medical Centre; Noarlunga Hospital and the Repat Health Precinct.
- > Intermediate Care Services provided at GP Plus Super Clinic Noarlunga and GP Plus Health Care Centres at Marion and Aldinga, in addition to Aboriginal health services and Aboriginal family clinics, health services in people's homes and the Aged Care Assessment Team (ACAT).
- > Southern Mental Health inpatient services at Flinders Medical Centre, Noarlunga Hospital and Jamie Larcombe Centre, including specialised services for eating disorders, veterans' mental health and problem gambling. Community based mental health services include the Adaire Community Mental Health Centre at Noarlunga, the Inner South Community Mental Health Centre (co-located with GP Plus Marion), and the Southern Intermediate Care Centre and Trevor Parry Centre, which are both located at Noarlunga.

For more information about our services visit www.sahealth.sa.gov.au/SALHN

Southern Health News is generously supported by The Volunteer Service for Flinders Medical Centre Inc.

COVER: Young and emerging researcher Dr Alyce Martin will have her research showcased at SALHN Research Week.

From the Interim Chief Executive Officer



I hope to get to know many of you over the coming months and look forward to working with you.

While COVID-19 has dominated many of our health priorities in recent months, I am proud of the way that SALHN has evolved and adapted to protect our community, our patients and our staff.

Our operating principle – To Listen, Act, Make Better, Together – guides our determination to build a system that means that each of our consumers, staff, partners and community members prosper, grow and feel safe in their healthcare journey through the southern health system.

The SALHN community has not been immune to the challenges faced across the entire healthcare system in recent months, with increased patient presentations to acute services, the increased workload and logistics of COVID-19 Testing and Vaccination Clinics, and the rapid growth in requirements for digital healthcare delivery.

Instinctively, and true to form, our SALHN community has banded together and is rising to the challenge.

In fact, it gives me great pleasure to announce that SALHN has now administered over 100,000 COVID-19 vaccination doses to both our staff and the southern community – what an incredible achievement for everyone involved! To everyone who has rolled up at the Noarlunga Centre COVID-19 Vaccination Clinic, thank you for playing your part in the fight against COVID-19. I would like to recognise and thank the vaccination team - and indeed all SALHN staff - for their hardwork and dedication in protecting the health of our community during this challenging time. Without you this would not be possible.

This edition showcases how we are delivering on local and State priorities such as the completion of the Southern Health Expansion Plan (see story Page 4), ongoing White Ribbon Australia accreditation (Page 12) and the new CARE service initiative (Page 3). We also feature a lift-out on SALHN Research Week, which highlights SALHN's excellence in enquiry and research (see pages 6-8).

I hope you enjoy reading this edition and look forward to bringing you more news in the coming months.

Hello and welcome to this edition of Southern Health News – my first edition as Interim Chief Executive Officer of SALHN.

Wayne Gadd

We would like to acknowledge that this land we meet on today is the traditional land of the Kurna people, and that we respect their spiritual relationship with their country.

We also acknowledge that the Kurna people are the custodians of the Kurna land, and that their cultural and heritage beliefs are still important to the living Kurna people today.

We also pay respect to the cultural authority of Aboriginal and Torres Strait Island people visiting and attending our SALHN sites from other areas of South Australia/Australia.

Caring for our older Southern Adelaide patients

Southern Adelaide residents will benefit from an innovative new state-first service that will transform how non-emergency care is delivered to older people and help to ease pressure on emergency departments (EDs).

SALHN's new Complex And Restorative (CARE) service, staffed by specialist geriatric, nursing and allied health staff, has been designed to improve care for older patients by providing alternative treatment pathways to EDs where emergency care is not required.

"We know our hospitals are experiencing an increase in demand and this is predicted to grow over the coming years alongside an aging demographic in the South," said David Morris, SALHN Executive Director.

"With this in mind, the CARE service will provide patient centred and flexible treatment options for some of the most vulnerable members of our community, provide additional care options at home and at the Repat, and assist with easing pressure on our acute hospital services."

Southern Adelaide Local Health Network's Clinical Director of Rehabilitation, Aged Care and Palliative Care, Associate Prof Craig Whitehead said the proportion of people aged 70 years and older across Southern Adelaide is projected to increase at a greater rate than for the rest of the Adelaide metropolitan region, the state and Australia as a whole.

"Our data show frail, elderly and complex patients without emergency requirements are arriving at EDs each day and admitted to hospital because alternative, more appropriate treatment pathways are not readily available," said Assoc Professor Craig Whitehead.

"The CARE service provides additional options for older patients with the aim of improving patient care and experience at home or in the CARE centre. The program will also take advantage of the latest digital enhancements in health care, and provide greater connectivity and engagement with health service providers.

"The service will be supported by a Command Centre that will be digitally enabled and allow collaborative triage and prioritisation between SAAS (SA Ambulance Service) and SALHN to support patient care in the most appropriate and timely place.

"One of the alternative treatment pathways through the CARE will be the Eyes on Scene outreach team who will deliver a combination of telehealth and in-home speciality care to patients, where appropriate. Delivering the care a patient needs in their home, or Residential Aged Care Facility, will help reduce SAAS transport requirements and demand on our EDs.

"The CARE Centre and diagnostic hub, located at the Repat will initially operate with six treatment spaces to support older people requiring more comprehensive assessment and treatment to receive care in an alternative environment to the ED.

"We are confident this service will help to increase service options, improve the care delivered to older people and reduce queues and delays, leading to improved health outcomes for our older patients, as well diverting some of the demand on the ambulance service and our ED."

The CARE service will initially provide services between 9am – 5pm Monday to Friday.

The service will be staffed by a multi-disciplinary team, including specialist doctors, nurses, physiotherapists, occupational therapists, social workers and administration support.

We are confident this service will help to increase service options, reduce queues and delays, leading to improved health outcomes for our older patients.

Associate Prof Craig Whitehead
Clinical Director of Rehabilitation
Aged Care and Palliative Care

CARE
LOUNGE



For more information scan the QR code.



Southern Health Expansion Plan complete

The landmark \$86 million Southern Health Expansion Plan has now been achieved with the completion of the expansion of Flinders Medical Centre's (FMC) Emergency Department.

The Southern Health Expansion Plan (SHEP) was a series of service moves aimed at boosting health services in Southern Adelaide.

Its aim is to increase emergency treatment spaces at FMC, create a new acute facility for people with dementia and complex care needs at the Repat Health Precinct and enhance acute capacity in Noarlunga Hospital.

Clinical Director of Emergency Services SALHN, Dr Andrew Blyth, said the SHEP has helped to increase the accessibility of local health services for the southern Adelaide community.

"The FMC ED remains the busiest ED in the state and we are happy to see the completion of the works for additional treatment spaces, resuscitation bay and expansion of the short stay unit," he said.

Works on the SHEP commenced in February 2020 for the purpose-built 12 bed Specialised Advanced Dementia Unit (SADU) at the Repat site for patients with dementia and complex care needs previously treated at Noarlunga

Hospital's Myles Ward. The SADU was completed in August 2020, followed by the opening of the general medical ward at Noarlunga Hospital in September 2020.

The expansion of the FMC ED started in February 2021 and was carried out in a staged approach so the ED could remain operational throughout the construction period.

The final step of the plan has now been completed with works finalised on the expansion of FMC's ED with up to an additional 30 treatment spaces to better equip the hospital to meet growing demand.

"The completion of SHEP is a great achievement for SALHN and I would like to thank all staff involved and impacted by the project for their ongoing commitment to delivering high-quality care to our patients," said Interim SALHN Chief Executive Officer, Wayne Gadd.



Want to see more? Watch the video above, or go to https://www.youtube.com/watch?v=7LY_yLKPku0 to get a glimpse inside the newly expanded FMC ED.

Community Chats

We asked you what is working well at our local health network, and we used this information to put together our Community Engagement Strategy, which is ready to share with you.

Over the next three years, we want to create opportunities for our community to help us plan, deliver, and evaluate our health care and systems. We want to engage about our strategy in a meaningful way.

Let's start by talking and sharing - you are invited to 'Community Chats', your chance over eight weeks to explore the future of healthcare, and digital inclusion, together. Discover how digital innovations to the patient experience is changing the future of healthcare. From October to November, we will talk about how healthcare is changing in and out of the hospital.

We also want to know what type of event you want? We will hold an event in November that you say we should organise. It could be a workshop, listening post, information session – you tell us!

Community Chats will finish November 25 with our Annual Public Meeting. Come along, bring your family and meet our staff and Board.

For more information, visit <https://yoursay.sa.gov.au/salhn-community-engagement-hub>

Julie Gauntlett RN tends to patient David Browne at Noarlunga Hospital.

New SALHN Board Members bring ‘future thinking’ to the southern community



One of my goals as a new member to the SALHN Board is to support SALHN’s vision for a digitally enabled healthcare system.

Dr Terry Sweeney CMG



The need for greater integration stems from the complexity of care provided to many consumers by multiple providers, which means that communication and coordination between those providers is increasingly important.

Dr Tony Sherbon

Two new members to SALHN’s Governing Board bring a wealth of experience and future thinking to the network. We spoke to Dr Tony Sherbon and Dr Terry Sweeney CMG about the challenges facing our health system – and what they aim to bring to SALHN.

Dr Terry Sweeney CMG has helped organisations all over the world leverage digital technology to help improve patient outcomes and improve operational efficiency.

Now the digital technology expert has SALHN in his sights.

“One of my goals as a new member to the SALHN Board is to support SALHN’s vision for a digitally enabled healthcare system,” said Dr Sweeney, the Chief Executive Officer of Digital Health CRC.

Dr Sweeney – also an advisor to the G20 – joins the Board at a time of key challenge for the Australian healthcare system.

He pulls no punches when he says those challenges are “vast and complex.”

“Ageing populations need more effective and efficient care, and we’re expecting a 40 percent growth in the population aged 65 and over from 2014-2030,” Dr Sweeney said.

“Meanwhile, the burden of chronic disease is at an all-time high, with an estimated global economic impact set to hit \$47 trillion by 2030. The complexities of health management are growing, where 50% of a population’s health status is accounted for by social and environmental factors.”

With the rise in use of digital technologies, Dr Sweeney says 75% of all patients in the future will expect to use digital services.

However, he says the challenges are not insurmountable and he can’t wait to roll up his sleeves and get to work helping SALHN in any way.

“I am excited and proud to join such a wonderful health network. My family knows all too well the amazing capability of SALHN, when our son was born at FMC under difficult circumstances. We were in awe of the expertise and first-class service we received and will always have this personal connection to the network. To sit on the SALHN Board is a privilege,” he said.

As the former Chief Executive of SA Health, Dr Tony Sherbon has seen the challenges facing SA’s healthcare system firsthand.

Dr Sherbon has more than thirty years’ experience in planning, leading and implementing change in the health sector. He has led in several Chief Executive roles, including the Independent Hospital Pricing Authority, ACT Health, Illawarra Area Health Service and St Vincent’s Hospital in Sydney.

Now, he brings his expertise to the SALHN Governing Board.

Dr Sherbon said increasing demand, rising consumer expectations, an increased prevalence of multiple chronic disease and the need for greater integration of health services are all challenges facing the wider health population.

“The need for greater integration stems from the complexity of care provided to many consumers by multiple providers, which means that communication and coordination between those providers is increasingly important,” said Dr Sherbon, the principal of Sherbon Consultancy.

“It also underscores the need for better digital interconnectedness within our systems. All of these factors mean that primary care plays a very important role in the health care of all consumers. For this reason, it is very important for hospital-based systems like SALHN to work closely with primary care,” he said.

Dr Sherbon said he was excited to join the SALHN Board and hoped his experience working in four different systems within the public health sector across Australia would be put to good use to benefit the southern community.

“I think it is very important that our healthcare systems are well governed by people committed to getting the best results for their local community. The SALHN Board has achieved a lot in recent years and I am very keen to help play a role in fostering that continued success,” he said.

The Chair of the SALHN Board, Mark Butcher, said Dr Sweeney and Dr Sherbon brought a wealth of experience and future thinking to the network.

“Their combined expertise will benefit SALHN as we continue to progress our strategic priorities and I join with current Board Members Associate Professor Tamara Mackean, Ms Julie Mitchell, Ms Jenny Richter AM, Ms Jill Noble and Ms Virginia Hickey in warmly welcoming them to SALHN.”

Dr Alyce Martin is investigating how the gut microbiome communicates with serotonin-producing cells in the intestine to impact our metabolism and fat storage.

Enquire, learn and be inspired: Research Week's four fields of enquiry



SALHN RESEARCH WEEK 20-24 September 2021

Acknowledging our history and our partners. Discovering the future.

SALHN Research Week – September 20-24 – is an opportunity to showcase SALHN's excellence in enquiry and research, alongside key partners such as Flinders University and Flinders Foundation.

"Not only does Research Week increase awareness of research and enquiry activity across SALHN, but it provides an opportunity to recognise research excellence," said Professor Andrew Bersten, Executive Director of Research Strategy and Clinical Director, Medicine, Cardiac and Critical Care SALHN.

"Importantly, it also increases staff and consumer engagement with research and enquiry across SALHN."

The theme for Research Week 2021 is based on the SALHN Four Fields of Enquiry, with a day being dedicated

to each of the Four Fields: Discovery Science, Clinical Trials, Health Services Research and Continuous Improvement / Implementation Science.

The Four Fields of Enquiry aims to drive a culture of questioning and capability in research and continuous improvement at SALHN through an enquiry framework.

Discover some of the inspiring and ground-breaking research that is being undertaken at SALHN in this special edition lift-out.

For more information and to register, see the SALHN Research Week Program. Or, view the program at https://whova.com/web/https1_202109/

Nation first app to immerse in research

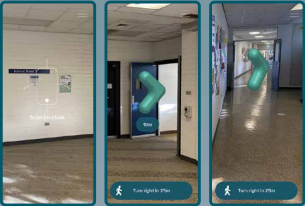
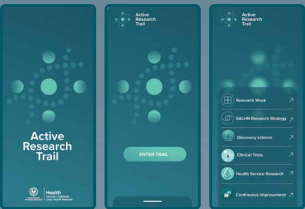
Have you ever wondered what scientists do in the lab or how surgical-led review systems can be used in Emergency or in an ethics committee?

SALHN will give you an insight into how asking questions and seeing opportunities can transform the way we care and collaborate.

One of the highlights of the week will be the launch of the Active Research Trail – a first for Australia.

This SALHN designed interactive Web App will engage our staff and community taking them into labs, wards and clinics using Augmented Reality.

This communication tool uses the camera on a smartphone to enable logos to trigger programmed icons.



Download the app using this QR code

Serotonin much more than the 'happy hormone'

Most people know serotonin as 'the happy hormone' that is made by the brain to impact our mood and sleep, but did you know that almost all the serotonin in our body is made by special cells scattered throughout our gut?

"Serotonin is so much more than a happy hormone," said Dr Alyce Martin, Research Fellow in Molecular Biosciences (FHMRI) and the College of Medicine and Public Health. "It helps our gut function properly and makes our blood form clots, and we now know that it influences our metabolism."

"Our gut is an amazing 'portal' between our external environment and our body, as it is constantly exposed to different nutrients, chemicals and bacteria. Serotonin-producing cells reside in the lining of our gut and are also immediately exposed to this gut environment."

Dr Martin's research – to be showcased in the Flinders Foundation Young and Upcoming Researchers session on Tuesday 21 September – focusses on how serotonin-producing cells interact and sense this environment – particularly how they detect nutrients and gut bacteria (our gut microbiome).

"We know already that diet and the gut microbiome have huge effects on our health, in particular our metabolism and fat levels. The interaction between our diet, gut microbiome, and serotonin is incredibly complex. My research program aims to better understand how diet and gut bacteria directly interact with serotonin-producing cells in the gut, to regulate blood glucose control and fat storage."

"Obesity and metabolic diseases such as type 2 diabetes pose huge burdens on people's quality of life and on our healthcare system. Having a better understanding of how these diseases develop is therefore of vital importance."

Dr Martin said her research had the potential to identify new therapeutic targets, and to highlight how we can better harness our diet and microbiome to prevent and treat diseases such as obesity and type 2 diabetes.

Dr Martin was recently awarded a prestigious Discovery Early Career Research Award (DECRA) Fellowship from the Australian Research Council, to help her further her research.

Associate Professor Michael Michael, head of the Gene Expression Laboratory, based in the Flinders Centre for Innovation in Cancer, said it was increasingly appreciated that one of our greatest resources was the talent of our early career researchers, such as Dr Martin.

"Watching them achieve their potential is particularly satisfying. Alyce is a shining example of a curious young investigator, intent on solving important problems."

Dr Gabb said Francois' cooperation and contribution was central to helping identify the genetic condition affecting him.

The lifesaving power of cooperation

A recent study has shown the lifesaving power of a co-operative working relationship between doctors and consumers. The study's lead author, Dr Genevieve Gabb – Senior Staff Specialist in the SALHN Cardiology Department – will present her findings at SALHN Research Week.

When 57-year-old Francois presented to doctors with a very damaged abdominal aorta, it seemed an open and shut medical case.

Francois underwent immediate surgery to repair his aorta, which is the largest artery in the body that carries blood from the heart to the body, and all seemed okay – at first.

However, over the next two decades doctors discovered a much more complex medical issue at play and, with the cooperation of Francois, were able to make a discovery leading to positive change for both him and his extended family overseas.

Dr Gabb said Francois' cooperation and contribution was central to helping identify the genetic condition affecting him – and eventually 15 other members of his family.

"Francois is a very engaged health care consumer, bringing curiosity and scientific skills (he has a background as a non-medical scientist), together with a capacity to make observations and ask questions of his health care.

"He was willing to go along with what was suggested, and also

was absolutely key to getting the relevant information through to his extended family overseas."

Many years after the abdominal aortic problem, Francois developed enlargement of the thoracic aorta, the part in his chest. His aorta continued to dilate – eventually requiring surgery in his 70s. Genetic testing revealed a novel variant in the fibrillin gene that had never been found previously in any person, or animal. Fibrillin is an important component of connective tissue.

With Francois' assistance, doctors were able to implement genetic testing for Francois' extended family overseas – eventually resulting in 15 other family members being identified with the genetic variant, four of whom had enlarged aorta's needing urgent surgical repair. The genetic information and pattern of vascular disease in the family allowed a diagnosis of Marfan Syndrome.

"This study shows that medicine and health care can benefit enormously from co-operative working relationships with health care consumers," Dr Gabb said.

"It is important for patients to ask questions of their health care providers, and to inform themselves, so they can work together with their health care providers to answer questions of relevance and importance."

"In medicine we have relatively standard approaches to common conditions, but when problems are less common things are often less certain, so there is opportunity for investigation and discovery.

"Health care providers don't have all the answers, but if we are able to ask the right questions, which can be informed by patients, we can make progress in expanding the field of discovery."



Improving health outcomes for First Nation's people

How can research be used to support the improvement of health care services and health care outcomes for First Nation's people?

That's the question a panel will discuss at a SALHN Research Week session entitled:

Aboriginal and Torres Strait Islander Research – 'Ways of Knowing, Ways of Being and Ways of Doing'.

"It is broadly recognised across the organisation '**why**' it is important to conduct Aboriginal & Torres Strait Islander Research. However, it is the '**how**' that often brings people unstuck," said Jessica Stott, Advanced Research Coordinator, SALHN Aboriginal Health.

She said there were different barriers and enablers for rigorous Aboriginal and Torres Strait Islander research which would be addressed through this session.

Some of the key barriers include

- > Fear of offending or doing the wrong thing
- > Research context and ethics is too complex to navigate or don't know how
- > Aboriginal & Torres Strait Islander Researchers are best equipped and therefore should be the ones doing the research
- > Aboriginal population within the area of interest is too small.

"Key enablers include existing relationships with community and stakeholders, using Indigenous research methodologies; and privileging Aboriginal and Torres Strait Islander knowledges and voices," Jessica said.

Jessica said the panel members would draw on their individual perspectives, experiences and expertise to support people's learning and understanding of how research can be used to support the improvement of health care services and health care outcomes for First Nation's people.

"People who attend the session will be provided with a greater understanding of the importance of valuing and appreciating Indigenous knowledge systems and '**how**' purposeful decolonisation approaches can be integrated in the design, development and delivery of models of care and approaches to research. Applied examples will also be shared so that people can gain an appreciation of '**how**' this looks in practice," she said.

"Conducting work in this space as a non-indigenous researcher will be discussed and creating successful 'Communities of Practice' will be explored as a potential intervention to develop capability. The interpretation of information within data registries and crucial elements to consider in relation to utilisation of such data to inform health service improvement will also be discussed," Jessica said.

The session will also include experiences of working within the health system through the lens of a Medical Practitioner and processes that are working well in the Ethics and Governance space will be shared.

Grace, justice and determination the driving force for Rosalie

Associate Professor Rosalie Grivell was once asked what three words best described her life.

The words she chose were grace, justice and determination.

"I think of grace as common grace; the kindness and benevolence of just being alive in the universe and being open to receiving from others without a need for being worthy," said Associate Professor Grivell, Consultant Obstetrician and Maternal Fetal Medicine subspecialist at Flinders Medical Centre and Matthew Flinders Fellow and MD (Doctor of Medicine) Course Director at Flinders University.

"I am guided by a strong sense of social justice which I see through a lens of human rights, access, participation, and equity - with a very strong emphasis on equity. And I am also very determined; I don't let difficulties get in my way!"

Those three words have played a defining role in Associate Professor Grivell's career path and choices – and were instrumental in the fight for justice that was recently recognised in her receiving the 2021 Australian Medical Association (SA) award for Outstanding Contribution to Medicine.

In making the award, former AMA (SA) President Dr Chris Moy recognised Associate Professor Grivell's 'calm, yet powerful' advocacy of women in overhauling South Australia's abortion laws. Under the changes to the Termination of Pregnancy Bill, abortion is now treated as a healthcare issue – not a criminal one.

Associate Professor Grivell says she had the right skill set at the right time to support the campaign: "I was chair of the local committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and a Maternal Fetal Medicine Subspecialist. It was a perfect combination of having the representative role and also having the clinical and academic expertise to lend to the campaign," she said.

"At the time, I also had the privilege to care for and advocate for many women and families that had been disadvantaged and even harmed by the previous legislative requirements, and it was this that motivated me to contribute to the efforts to change the laws.

"I am also a strong believer in using one's skills and knowledge for the 'greater good' and saw this as an area where I could make a contribution."

Today, Associate Professor Grivell balances teaching, education and training in women's health - from medical students through to specialty and subspecialty trainees. In her role as Director of the MD for Flinders University, she ensures the next generation of doctors are well equipped with the skills and understanding of the importance of social justice and patient self-determination in health interactions and environments.

"I enjoy the blend of both academic and clinical work and how they complement each other. This unique blend has afforded me many opportunities throughout my career and allowed me to excel in both domains."

Associate Professor Grivell says she enjoys the leadership aspect of her joint clinical and academic roles.

"Two aspects sustain my everyday leadership journey. Firstly, the belief that I am doing small things that will make a difference to the community we serve, and, secondly, the encouragement and support of the multi-disciplinary leadership team I work with in the hospital and university setting."

I am guided by a strong sense of social justice which I see through a lens of human rights, access, participation, and equity - with a very strong emphasis on equity.

**Associate Professor
Rosalie Grivell**





Sepsis survivor and advocate considers herself one of the lucky ones

Sepsis is the body's overwhelming and life-threatening response to an infection. It is very serious and can happen to anyone, but more commonly it happens to the very old, very young or people that are immunocompromised.

"In my case, I was only 36 years old," says sepsis survivor and advocate Fiona. "I consider myself one of the lucky ones and truly believe I survived for a reason."

Fiona experienced sepsis when her daughter was just 10 months old. In mid- 2015, Fiona was settling her baby in the middle of the night and banged her elbow on the cot, and hours later presented to Flinders Medical Centre (FMC) Emergency Department in incredible pain.

A whirlwind 12 hours later, Fiona was in septic shock and in FMC's Intensive Care Unit with concern about her increasing heart rate and drop in blood pressure. She was immediately prepped for emergency surgery.

"Everything was going so fast and my health care team told me I was very sick and my condition was serious. Then it hit me, I might not wake up. Luckily I did wake up the following morning and I knew it was time to fight."

Fiona spent another 10 days in hospital before she was discharged. "My experience at FMC was overwhelmingly positive. The nurses and doctors there saved my life and I will be forever grateful. There are names and faces that I will never forget."

What stands out for Fiona the most though is what she experienced post sepsis – including cognitive issues, lack of energy and the inability to get back to normal daily life.

"It took me three months to feel somewhat normal and I still struggled 12 months later – I did not feel like the same person anymore and went searching for answers."

On reviewing her discharge letter, Fiona discovered she had experienced septic shock whilst in hospital – she knew she'd had a serious infection but did not know it was sepsis. "I was relieved when I found out more about septic shock and online support groups echoing what I was feeling and experiencing. I didn't feel so alone and understood what I had been through."

Fiona wants to spread the word about sepsis to ensure more people are aware of what it is and signs to look for – including slurred speech, rapid heart rate, extreme shivering or fever, severe breathlessness and discoloured skin.

My experience at FMC was overwhelmingly positive. The nurses and doctors there saved my life and I will be forever grateful. There are names and faces that I will never forget.

When I experienced sepsis I had never heard of it before. "Sepsis can happen from any infection so in my case it was a bacterial infection, but it can be viral or fungal. If you have any type of infection and it is getting worse, ask your healthcare profession 'could this be sepsis?'

Passionate about advocating for those impacted by sepsis, Fiona is a Consumer Advocate for the Australian Sepsis Network, consumer representative for the Australian Commission on Safety and Quality in Health Care (ACSQHC), and started the Australia and New Zealand Sepsis Support Group Facebook page for survivors and bereaved families.

"I am one of the lucky ones – most survivors I know have lost limbs and many bereaved families have lost children. Sepsis is a medical emergency and can turn your life upside – it really can happen to anyone, it happened to me!"

Find out more about sepsis

www.sahealth.sa.gov.au

www.australiansepsisnetwork.net.au

Australia & NZ Sepsis Support Group
Facebook page

Barbara's living her best life

When Barbara found a lump in an unusual position on her breast back in 2013 she didn't think too much of it, but had a scan just to be on the safe side.

To her complete shock she was diagnosed with Stage I breast cancer.

"I was devastated. I just wasn't expecting to hear this news," said Barbara.

With the support of her husband and two daughters the cancer battle began.

Barbara had her right breast removed (mastectomy) and not long after had her left breast removed to make her feel more comfortable and reduce any further risk of breast cancer.

After nearly two years Barbara decided that she would undergo breast reconstruction surgery.

Breast reconstruction surgery recreates the shape of the breast following a mastectomy. It can be performed at the same time as your surgery or as a delayed procedure at a later time, even many years later. There are many different options available for reconstruction and much to consider so it can seem overwhelming.

"I found the whole process daunting at first, but I was so happy with the end result," said Barbara.

"I would highly recommend to all patients considering this process to talk about all your surgery options and speak to other women that have been through it.

"The more informed you are the better the result and I couldn't be happier."

The Flinders Medical Centre (FMC) Plastic Surgery Department has a dedicated Breast Reconstruction Unit located in the Breast and Endocrine Clinic.

"The staff at FMC were brilliant from Dr Nicola Dean who performed the surgery to Nurse Practitioner Andrea Smallman.

"Andrea was absolutely wonderful not only post-surgery but with her advice and support," said Barbara.

Andrea has been a Nurse Practitioner/Breast reconstruction at FMC for 10 years, and has nothing but praise for Barbara.

"Following completion of her breast reconstruction, Barbara kindly volunteered to join our Breast Reconstruction Unit Consumer Research Forum where she provides advice and support to other women considering the surgery," said Andrea.

"She also provides our clinician team with helpful feedback on our service from a consumer perspective and has often met with FMC nursing staff to share her personal experience. Nurses reported to back to me that they learned so much about breast cancer and reconstruction from listening to Barbara," said Andrea.

Barbara is now eight years cancer free.

If you would like further information about breast reconstruction the Flinders Medical Centre Breast Reconstruction Unit will be holding a virtual Breast Reconstruction Awareness online forum on Wednesday 20 October 2021.

For more details please contact Andrea Smallman via phone 8204 7184 or email Andrea.Smallman@sa.gov.au for more details.



Andrea Smallman (L)
and Barbara Churchill

By asking questions you may save someone's life, while providing a clear message that violence is never acceptable.

Debbie McCarthy

Team Coordinator Emergency
Department Social Work Service

Debbie reflects on nearly two decades of helping people in need

As Team Coordinator of Flinders Medical Centre's Emergency Department Social Work Service – specialising in trauma and domestic violence – Debbie McCarthy has experienced firsthand the power of a kind word or gesture in situations of trauma and crisis.

"One patient who survived a serious domestic violence assault rang to ask me to tell the Emergency Department staff that helped her that they were angels because they hadn't 'judged' her and were so supportive," said Debbie.

"Another patient returned to the Emergency Department to say thanks for the support we provided to her in a crisis," Debbie recalls. "She said that now, every time she started blame herself for what was happening at home, she remembered that I said that nobody had the right to hurt her or make her afraid, and now she no longer takes responsibility for the perpetrator's behaviour."

SALHN staff have been committed to early intervention and enhancing safety for people in domestic and family violence (DFV) for nearly two decades. In what was believed to be a first of its kind in Australia at the time, DFV screening was

implemented in the FMC Emergency Department in 2006 – creating an important change in practice and increasing awareness of DFV both within the hospital, and throughout the wider community. The tool has since been presented at numerous national and international conferences and is now used across South Australia's major hospitals.

SALHN's commitment to preventing violence against women was recently recognised with White Ribbon Australia accreditation until July 2024.

Debbie works as part of the FMC Emergency Department Social Work service that runs seven days a week, 365 days a year. Its focus is on rapid response and hospital avoidance, based on a trauma informed care model and crisis intervention. The service specialises in trauma and domestic violence, but also works with a wide range of situations.

"I have often gone home and reflected on my day, knowing that we as a team have made a difference in someone's life at a time of trauma and crisis, and have done as much as we can to enhance that person's safety and wellbeing.

"We have achieved this through teamwork and a number of different processes by asking questions, being supportive, liaising with others and seeking information to enhance safety."

The social work service works closely with SAPOL and DFV Gateway for emergency accommodation and referrals to Family Safety Meetings, liaises with key services, establishes safety planning and provides DFV (Domestic and Family Violence) Safety Cards prior to discharge. The cards contain important contact and referral details.

Debbie said healthcare workers were at the heart of our community and played an important role in early intervention; and improving health and wellbeing through enhanced safety.

"This can be achieved through DFV screening, assessing risk, referring to services and providing domestic violence safety care.

"By asking questions you may save someone's life, while providing a clear message that violence is never acceptable."

According to Australian Bureau of Statistics data recorded by SA Police, there was a 7% increase in assaults in 2020. Half of the assaults recorded were related to DFV with almost three quarters of victims of DFV assaults female.

"White Ribbon has an important role in increasing awareness and changing the culture within society and the workplace - with a focus on preventing violence through raising awareness and building respectful relationships," said Debbie.