

# Auricle

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## Fun facts

### Information Management



EVERY DAY AT BARWON HEALTH, THERE ARE:

**40,000** EMAILS SENT

**30,000** EMAILS RECEIVED

**500** SERVERS RUNNING APPLICATIONS

**14,000** PAGES SCANNED INTO DMR (DIGITAL STORAGE)

**145** CLINICAL SOFTWARE APPLICATIONS

TOTAL STORAGE INCLUDES:

**23,000GB** OF DATA

**10 MILLION** DIGITAL FILES

**30,000** STORAGE BOXES OF PHYSICAL RECORDS

Cover: Dr Rod Fawcett and Professor Brendan Crotty.



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## Message from the CEO

*As cold as the weather has been since I joined Barwon Health in May, I'm pleased to say staff and volunteers have given me a warm welcome. It's been eye-opening to visit so many sites and departments to see first-hand the work we provide to the region, and it's heartening to meet so many passionate staff making it all come together.*

I've truly enjoyed the experience and challenges of my new role and I look forward to seeing what the near-future holds for Barwon Health.

Thanks to everybody who took the time to complete the People Matter Survey, as this initiative is our best opportunity to identify the good and bad in Barwon Health's culture. It also measures how staff opinions and attitudes have changed from year to year and the results will help us identify areas needing improvement, so your responses are vital to create the most positive work environment for everyone.

I'm pleased to announce the appointment of Kate Gillan as Chief Nurse and Midwifery Officer. Kate joins us late in July having previously led Lorne Community Hospital and Otway Health, with past leadership roles at St John of God Health Care.

Our immunisation team has been hard at work administering about 4500 flu shots in the first month of our staff vaccination program, as we strive for a target of 84 per cent. It's encouraging to see so many staff recognising the importance of managing our own health to minimise the risk of spreading influenza to those we care for. Thank you for supporting Barwon Health's efforts to maintain a healthy workplace.

It was great to see our palliative care team showcased during Palliative Care Week in May, as we launched our first podcast series *Room 64* and held several events to highlight the importance of having tough conversations about death and dying. The podcast shines

a light on those who work in end-of-life care, as well as the experiences of carers and relatives of palliative patients. I encourage you to listen to the podcast and share it with your loved ones to help facilitate important conversations about "what matters most".

Congratulations to everyone recognised at our Long Service Awards in May, with hundreds of long-serving staff reaching milestones of 20, 30, 40, and even 50 years with the organisation. You have seen so many changes to Barwon Health over the decades and I hope you're excited by some of the positive developments happening around Geelong in the coming months. We have just opened the new chemotherapy day ward and pharmacy at the Andrew Love Cancer Centre, and it's not long until the completion of Barwon Health North and all the benefits that will bring to the community.

I was thrilled to see the Geelong Advertiser come on board as the major sponsor of Run4Geelong, and we can look forward to the region's biggest fun run taking place in November. This has been a major fundraiser for the Barwon Health Foundation over recent years and I hope to see the community continue to embrace it. Unlike previous years, runners and walkers will be able to nominate the department they want their entry fee to support, so I encourage staff to get involved and spread the word.

Frances Diver | CEO

## IDAHOBIT EVENT EMPOWERS COMMUNITY

*International Day Against Homophobia, Biphobia, Interphobia and Transphobia (IDAHOBIT) was celebrated at WorkSafe Victoria on 17 May, featuring an insightful address from keynote speaker Hannah Mouncey.*

Now celebrated in 130 countries worldwide, the event raises awareness about steps being taken locally and globally to empower the

LGBTIQ community, and was organised by a committee representing Barwon Health, the City of Greater Geelong, WorkSafe Victoria and Geelong Rainbow Inc.

Transgender woman and athlete Hannah Mouncey spoke about regional areas leading the way in inclusivity, the importance of being welcoming in the workplace, and educating GPs on transgender issues.



*Hannah Mouncey represented Australia as a handball player, and was the subject of controversy, withdrawing from the AFLW draft last year due to the league's treatment in her quest to play at the highest level of women's football.*



## DELIRIUM CARE PROJECT LAUNCH

*The first phase of Barwon Health's new Delirium Care pathway launched in Baxter 7 in early June.*

It is estimated that 30 to 40 per cent of all cases of hospital-acquired delirium are preventable and the new Delirium Management Procedure Manual will provide a framework for clinical staff to deliver the best practice to prevent, identify, assess and manage delirium within Barwon Health.

As part of this pathway, staff are now administering the quick and easy 4AT *Delirium Assessment Tool* on every patient admitted to Baxter 7.

Staff have also replaced the current electronic admission risk assessments with a trial paper-based integrated risk assessment designed for general medicine patients.

The Delirium Management Procedure Manual and the Behaviour Chart guideline can both be found on PROMPT.

## ENCOURAGING INNOVATION IN THE NORTH

*The Primary Care team at Corio Community Health Centre held its inaugural Innovation Day event in March, prompted by staff feedback about the importance of innovation at work.*

Team members identified and analysed a current "problem" impacting the service and community, with the goal of developing a project idea to address it. The

event ended with a presentation morning to share ideas, which was also a timely opportunity to spark further innovative thinking around the Barwon Health North development and challenges in the community.

Some of these innovation proposals included better use of technology across our newly arrived groups, improving health literacy, better wayfinding and use of personal technology for chronic condition self-management.

## CANCER NURSE ASSESSMENT CLINIC

*A cancer nurse assessment clinic launched at Barwon Health's Andrew Love Cancer Centre in June, as part of the redeveloped chemotherapy day ward and pharmacy.*

The clinic aims to empower patients and alleviate anxiety through education sessions delivered on a day separate to treatment. These sessions will provide a thorough discussion of treatments and potential side effects, as well as addressing any individual concerns a patient or their family may have in a dedicated and private space.

The assessment clinic will also provide phone counselling and triaging for patients with any questions regarding symptom management and control and any treatment concerns or issues.

## SUCCESS WITH SEPSIS IMPROVEMENT PROJECT

*Barwon Health is participating in a state-wide project improving outcomes for patients diagnosed with sepsis.*

The "Think Sepsis, Act Fast!" campaign is using early identification and management by applying a paper-based sepsis clinical pathway, introduced at Barwon Health in late 2018.

There have been remarkable outcome improvements so far, with mortality reduced by seven per cent, length of hospital stay reduced by 0.42 days, and overall average time to antibiotics dropping from 77 minutes to 61.

As a part of the Sepsis Scaling Collaboration, Barwon Health has helped demonstrate that the implementation of the sepsis pathway improves patient clinical outcomes. Future areas for inclusion in the sepsis procedure include maternity, paediatrics and aged care.

## MEMORY SKILLS GROUP

*The first six-week memory skills program was recently run for patients recovering from brain injuries, teaching strategies to help manage memory difficulties.*

Memory complaints are very common following brain injuries, such as stroke, with clients often struggling to learn names, forgetting where they left the keys or to attend appointments.

This new McKellar Centre program, run by Dr Sarah Price, Dr Mistral Foster-Owens and Elissa Pasula, is Barwon Health's first

initiative addressing Australia's unmet long-term need to provide cognitive rehabilitation supporting memory change amongst stroke survivors.

The group setting of the program encourages patients to share their lived experience with each other, through sessions focusing on psychoeducation, internal and external strategies, and lifestyle issues that impact memory.

The group is also contributing to a research study for adults who have experienced a change in their memory after an acquired brain injury.

## GEM AT HOME

*A new community nursing program has launched to care for people over 65 who have come out of hospital and need support as they settle back into their homes.*

A skilled team of doctors, nurses and allied health practitioners will deliver at least one visit to a patient's home per day as part of the GEM at Home program.

The team will also help those in the community who are deteriorating and becoming increasingly frail, to build their

strength, assess their homes for safety, and check them out medically to avoid an admission to the McKellar Centre or University Hospital Geelong.

An inpatient substitution model of care allows the multidisciplinary staff to duplicate the usual total assessment and goal-centred care patients receive, as closely as possible.

Each patient in the program receives at least one visit per day, focused on holistic care aiming to strengthen the body and confidence.

## WINDOWS 10 IS LIVE

*The Windows 10 operating system update has arrived to Barwon Health with several improvements, including:*

- Faster performance for basic Windows/Office applications and web
- Modern desktop look (familiar to those using Windows 10 at home)
- Up-to-date internet browser versions
- More consistent connections/mobility if logging onto different workstations
- Failover capacity so major connection issues will not affect all sites



## MCKELLAR CENTRE HYDROTHERAPY REFURBISHMENT

*The McKellar Centre's hydrotherapy pool was reopened on 27 May after three months of refurbishments.*

Safety improvements were made to the pool deck and change room floors, as well as a new ceiling above the pool, painting throughout, updates to essential services, a new office space, and a front reception makeover.

# Behind the door of Room 64

Barwon Health has released a new podcast series to break down the conversational barriers around dying, terminal illness, and palliative care.

*Room 64 – A Palliative Care Podcast* launched on 20 May to coincide with Palliative Care Week, featuring interviews with a wife and daughter of terminal patients at the McKellar Centre, as well as clinical staff working in end-of-life care.

The podcast is named after the room where Anglesea centenarian Evelyn Brooks spent the final three weeks of her life last year, and was the idea of her daughter Christine.

Christine said she wanted people to gain a better understanding of palliative care experiences, including the way people discuss the challenging topic of dying and death.

“While I was sitting in Room 64 hanging out with Mum, I thought ‘how come I don’t know about any of this stuff, and it’s all new to me?’,” she said.

“I was very impressed with the professionalism and care provided by the staff and doctors, from cleaners right to the senior doctors.

“That room has happy times, sad times, lots of love and laughter, and lots of stories to tell.

“It’s more than just a medical room – it’s a place people go at the end of their life and I wanted to reflect that in a meaningful way.

“That whole discussion around palliative care doesn’t happen and my mum certainly didn’t want to talk about death.

“This podcast is trying to encourage conversation through lived experience. It’s important for other members of the community to hear about these experiences. We want people to see it’s not just about old people dying.



Evelyn Brooks (pictured) was a patient in Room 64 and is the inspiration behind Barwon Health’s palliative care podcast.

“After doing this series, I’m in a better place and I’ve learnt a lot about myself, but more importantly, I think we’ve added to the conversation about palliative care, death, and dying.

“If *Room 64* can make even a sliver of difference to the conversations going on in families, with people in communities, about death and dying and the resource of palliative care, we’ll have done a great job.”

Former BBC documentary producer and Barwon Health volunteer Dominic Black hosted and produced the podcast series with Christine after he learnt about the Dignity Therapy program for terminal patients at the McKellar Centre.

“I wanted to help tell some personal stories with some perspective from people in the field,” he said.

“The podcast is aimed at anybody who will listen and I think it’s a good entry point into the topic of death and dying, and being able to hear some stories that make it easier to approach.

“There’s a lot of very valuable, enriching conversations that can be had around something that’s not very pleasant to think about. The one thing in life you can never do is stop people from dying eventually.

“The thing that comes across from everybody is that palliative care is everybody’s business, and as communities looking forward, you want to grow the capacity for people to engage.”

Other podcast guests include Barwon Health volunteer Sue Ritter, clinical nurse consultant Melanie Davies, and palliative care manager Jacqui White.



**The podcast can be streamed or downloaded at [www.barwonhealth.org.au/podcasts](http://www.barwonhealth.org.au/podcasts), as well as podcast subscription services including iTunes and Spotify.**



Zoe Waters, Roxie Bennett and Chontell Witherden at the Death Over Drinks event.

## A WEEK OF DEATHLY CONVERSATIONS

*The intimate and thought-provoking Death Over Drinks was a highlight of multiple events run during Palliative Care Week.*

The joint Barwon Health and Deakin University event encouraged people to have conversations about the end of life in a social setting rather than in the Intensive Care Unit, when it's too late.

The event was sponsored by the Barwon Health Foundation and facilitated by Rebecca Bartel, with participants invited to share their end-of-life wishes through a series of thought-provoking questions.

Other events were run throughout the week to inspire important conversations about palliative care, with a movie night and library session for young children. Story Time at the Geelong Library introduced the concepts of death and dying to children in an educational and entertaining setting, while a screening of *Last Cab to Darwin* at the Pivotonian Theatre told the story of a taxi driver with a terminal illness crossing the outback to seek euthanasia.



Melanie Davies, Frances Diver and Christine Leahy at the event.

# What's palliative care really about?

### Melanie Davies, clinical nurse consultant

"Palliative care isn't all about dying - it's partly about dying and we need to talk about that more, but it's also about enhancing quality of life for people who have been diagnosed with a life-limiting illness. There are times when death in hospital is the only option, but often I don't think it's the best option. Dying in a four-bed ward is not an ideal situation so I'm motivated to give people the opportunity to die in their place of choice, which is mostly at home. In this role, I'm starting to really see changes in the way our community perceives palliative care. Being part of the *Room 64* podcast was a new thing for me and I was nervous to listen to it, but I think it's another platform to reach people and an opportunity to get them more involved."

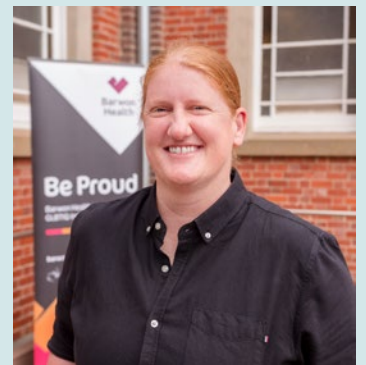
### Jacqui White, palliative care program manager

"We need to have a much greater role in terms of working with our community, engaging everybody in the conversations around end-of-life care. The community has been disengaged with death and dying, and the language around it is another way that we keep it at arm's length. We create euphemisms and protections because as a community we're not comfortable with the concepts of death and dying - probably

because we're all going to do it, and for many of us it's very scary. At the moment, palliative care literally is the way to stop a conversation. People don't know what to say when I tell them I work in palliative care, or they say 'that must be so sad', or they turn heel and walk away. Engaging more people in conversation around death and dying is something the community should be invited and encouraged to be involved in, so it doesn't sit solely with a specialist palliative care service."

### Jen Walsh, palliative care volunteer coordinator

"Working in palliative care is an absolute privilege. Most people avoid talking about death and dying at all cost, but I feel like the palliative care team works with so much compassion and empathy that it's impossible to not enjoy working in this space. It is incredibly challenging knowing that our patients have life-limiting illness, but it is incredibly rewarding to know that we can improve their quality of life at such an important time. We are all going to face our own mortality someday, so for me there's something really incredible about building a volunteer program that I would confidently refer my loved ones to someday. We work really hard to break through the taboo of talking about the d-word, 'death,' and helping people have the best quality of life possible."



Left: Melanie Davies and Jacqui White. Right: Jen Walsh.



EDITORIAL

# PALLIATIVE CARE NOT A DISCUSSION TO BE FEARED

*“Palliative care” is a term most people hope that they won’t hear. When doctors start talking about palliative care, someone has an advanced illness that is becoming less likely to be cured or controlled, and the possibility of death is increasing. That is why most people associate palliative care with death and dying, which is a topic that usually causes anxiety and even fear.*

DR IAN GRANT | PALLIATIVE CARE SPECIALIST

However, the concept of palliative care has evolved to focus on how we can improve life and living, and reduce anxiety and fear, even when death cannot be prevented. We don’t want to pretend that death isn’t part of palliative care, but we’ve learned that we can achieve more by meeting people earlier in their illness to ensure they live the best life they can for as long as possible.

Our model of care has moved far beyond the dated concept of just giving people a nice place to die. We have a much broader vision of helping people with a life-limiting illness remain where they want to be, doing as many things as they can, and reducing

the impact of their illness on them and their families. This can start very soon after diagnosis, and it’s not just the elderly but people of all ages who need to face the reality of death.

Regardless of their age, the majority of people are unprepared for the concepts of death and dying, and even doctors try to avoid thinking about that reality until it feels inevitable – but the honest truth is that we’re all going to die. During Palliative Care Week, and through our new palliative care podcast *Room 64*, Barwon Health has encouraged people to have these tough conversations now to make life easier when you eventually are forced to face your

own mortality. Often, having conversations about what matters the most in life will help people make choices that determine where they are and the treatment they receive in their final months. Knowing the choices you want to make leading up to death ultimately gives you more control if and when you find yourself facing an anxious and difficult experience of illness.

Research has shown that people with a diagnosis of inoperable lung cancer have a better quality of life with less anxiety when they meet with a palliative care expert soon after their diagnosis, even living over two months longer than patients who didn’t





*At any one time, more than*

**200 people**

*are registered with Barwon Health's  
palliative care service in Geelong.*

engage with palliative care services. When palliative care can reduce pain and distress, people are often more relaxed, using less energy, eating better, staying active, and able to live longer. Early conversations around death and dying make it easier to understand that death is an unavoidable part of life that we must be prepared for. The angst often comes from thinking about the time leading up to death and this drives people to make choices in their treatment that don't always benefit them, sometimes increasing suffering. When people can embrace their end-of-life reality, and understand that no one lives forever, it not only improves their own experience and enriches the rest of their interactions with family and friends, but it helps the health system function better.

At any one time, more than 200 people are registered with Barwon Health's palliative care service in Geelong. Most are in their own homes, with regular nurse visits, telephone support and emergency nurse availability 24 hours a day, seven days a week. Some people are in residential care facilities, while others are at University Hospital Geelong, or the 16 bed inpatient palliative care ward at the McKellar Centre. Geelong residents are also fortunate to have access to the day respite services at Anam Cara House, a charity which is independent from Barwon Health, providing activities and socialisation, while ensuring extra support for carers. We know there is always room for improvement in palliative care, and recent additional Victorian Government funding will increase the availability of our specialist palliative care nurses, with boosted in-home care and more staff to visit people choosing to die in their own homes.

It takes courage and determination to start these difficult discussions with family, friends and health professionals, but it's an important step in the process. Our palliative care team is available to directly discuss our services with you or your loved ones, with contact details on the Barwon Health website.



# Data sharing innovation

Radiation therapist Phillip Moloney has come up with a new platform to share radiation therapy treatment data between Victorian hospitals.

*A new innovation in sharing previous radiation therapy treatment data will be implemented across Victoria, thanks to planning services leader Phillip Moloney.*

The radiation therapist has created a new method of sharing data between radiotherapy centres, which has received the backing of the Victorian Government.

People often receive radiation treatment at different hospitals, which makes the accurate sharing of previous treatment information important for ongoing patient care and safety.

Treatment sheets have previously been photocopied and then faxed or scanned, with differing protocols and image quality making interpretation difficult.

Phillip had the idea for a cloud-based sharing platform after discussing the issue during a meeting with the Victorian Public Services Rapid Plan Group.

"I realised we needed a cloud-based sharing platform that maintains patient information security, while sharing anatomical and dosimetric data through the right format on a cloud server," he said.

"We were sending previous treatment information via fax or email, which was fine 15 or 20 years ago, but now we have 3D data using more detailed medical imaging, so this system allows us to do a big data export from our system so other hospitals can see exactly where the previous radiation treatment was delivered.

"I initially approached Google, Dropbox and Microsoft, and Microsoft proposed we could use their Azure platform, which ticked all of the security aspects of sharing confidential information. They were really excited about it and set up some meetings.

**"This is the first of its kind in Victoria for radiation therapy, so we submitted a proposal on behalf of all public departments to the DHHS and they funded the first iteration of the software development."**

"This is the first of its kind in Victoria for radiation therapy, so we submitted a proposal on behalf of all public departments to the DHHS and they funded the first iteration of the software development.

"This is new ground so hopefully it all goes smoothly and eventually the concept expands to become a national initiative."

# ED study measures injury impact of footy

*With record numbers of women and girls playing football, Barwon Health researchers have launched a study into injuries sustained by females playing Australian Rules Football.*

More than 500 football injuries have been recorded in a Barwon Health comparative research study, aiming to better support the record numbers of women and girls playing football.

The Aussie Rules Football Injury Study, believed to be the first of its kind, compares injuries of men and women experienced while playing footy, presenting to University Hospital Geelong or one of 12 other south-western Victoria emergency departments and urgent care centres.

Women make up about 20 per cent of the roughly 500 injuries recorded so far.

The injury prevention study is led by Barwon Health's Dr Stephen Gill, Professor Richard Page and Dr Julian Stella, in partnership with Deakin University and the Barwon Centre for Orthopaedic Research and Education (B-CORE), with support from the Australian Football League Research Board.

Dr Gill said data would be collected throughout the year, with results published early next year.

"Last year, we noticed more females were coming in with AFL football-related injuries and we wondered if what we were noticing anecdotally would be supported by the data," he said.

"We saw the types of injuries they presented with were different to males and research from other sports suggests knee injuries and head injuries might be more common in females.



*Aussie Rules Footy Injury Study team: Emergency Department staff Libby Ellis, Russeen Norman, Stephen Gill, Nicole Lowry, Julian Stella, and Richard Page.*

**"If we can understand who is coming through the door and the injuries they have, we can go back out and seek to implement injury reduction first, and our management techniques can be better from the field all the way to the hospital."**

"We spoke to the AFL about the idea and they agreed it was an important study, so they've been happy to partner with us and Deakin University.

"It's great to see football rising in popularity with girls and women at the local and professional level, so this study is about injury reduction to help these athletes avoid harm.

Dr Gill said the research team was made up of a physiotherapist, an orthopaedic surgeon, nurses, GPs, a health agronomist, and the former President of the AFL Doctors Association.

"We all bring a different perspective to how we interpret the data," he said.

"That's the benefit of having a diverse team and analysing what the data means and how we can respond to it."



Hope administration officer Wendy Leigh and Alison Marchant present the donated Heartfelt Project Book to Birth Suite nurse unit manager Michelle Harding (centre).



Genevieve Dalling and David Meade look through photos and stories in a Heartfelt Project Book. They used the Heartfelt photo service after the stillbirth of their son Percy in 2017.

## Heartfelt donation to maternity ward

*Barwon Health's maternity ward has received a donated Heartfelt Book to help support families and make them feel less alone while experiencing the grief of a stillbirth.*

The book will be used as a resource for social workers, midwives and carers to gently support families to make an informed choice about whether to request Heartfelt's free photography services.

Heartfelt is a volunteer organisation of professional photographers in Australia and New Zealand dedicated to creating photographic memories for families who have experienced stillbirths, premature births or have children with serious and terminal illnesses.

When baby Georgia was born sleeping in 2008, the shock and whirlwind of grief took hold of her parents Alison and Damien Marchant.

The couple used the support services of Hope Bereavement Care to help with information, support and counselling, while also being helped with grief and loss packages and memory boxes donated to the hospital.

One thing missing was a lasting photo of Georgia, which inspired Alison to make sure Geelong parents always had the option of receiving the gift of photographic keepsakes. When Alison saw a new Heartfelt Book Project, she knew she wanted a book in every Geelong hospital.

After calling out for donations on social media, families and friends of Hope Bereavement Care donated and purchased books for each of Geelong's four hospitals.

"I really hope that this book will allow parents in that moment of grief to see they are not alone and that photos can be a private yet beautiful keepsake," she said.

"I only have one photo, which was taken on a very old phone camera. They didn't have smart phones back then and I only wish I was able to access services like Heartfelt."

Newtown residents Genevieve Dalling and David Meade had a Heartfelt family photo session after the stillbirth of their son Percy in 2017.

Genevieve said it was difficult to appreciate in the moment, but the photos soon became cherished items.

"In the blur, you don't notice things you want to remember, like what our baby looked like and those little details, but we've got that now with the photos and having our family involved was really special," she said.

"Now our boys can look at photos of their brother on the fridge every day.

"I was really nervous about the whole situation, because a photo shoot isn't something we would normally do, but being able to flip through this book makes it less overwhelming."

David said the volunteer photo service was available at any time of the day in Geelong.

"You appreciate it more as time goes and I can't imagine not having the photos now," he said.

"When the photographer comes in, you don't really notice they're there. They're just capturing moments as they're happening."



# CENTRAL STERILISING UNIT

*The Central Sterilising Unit (CRU) celebrated World Sterilisation Day in April to raise awareness for the role staff play in keeping the community healthy.*

Every month, the CRU at University Hospital Geelong sterilises more than 6000 surgical kits and 4000 single instruments, using 450 litres of detergent, and machines operating at 134 degrees Celsius – all to ensure that Barwon Health procedures are performed with sterile and safe reprocessed instruments.

Nurse unit manager Elaine Jose said the science of sterilising was continually evolving as Barwon Health introduced more complex equipment and procedures, including robotic surgeries.

“Within hospital organisations, there’s very little awareness about sterilisation and the importance of the role our department plays,” she said.

“This is still very much a developing science. Reprocessing medical instruments has only

become a specialist area in the past 25 to 30 years, after nurses had been processing it themselves.

“There’s been a big movement towards single use items, with disposable instruments reducing the need for us to clean minor items like suture kits. There’s increased complexity from the operating room, so things like robotics and advances in laparoscopic surgery, minimally invasive surgeries requiring far more complex and time consuming instruments to sterilise.

“That’s all been centralised and brought into specialists, so my technicians are trained and skilled in this as a specific science.

“We now sterilise about 12,000 trays a month, and each tray can hold 50 to 60 instruments that also go through here.”



*The Central Sterilisation Unit provides an essential service to keeping patients safe.*

# Flu myths

If you read or hear any of these myths about the flu, here's everything you need to know to set the record straight!

## MYTH 1 – THE FLU IS JUST A BAD COLD.

Influenza is different from the common cold, typically causing fever and body aches that begin abruptly. The common cold usually does not cause fever and body aches, but rather starts with gradual onset of a sore throat or runny nose. The common cold causes prominent nasal symptoms (runny or blocked nose), but is rarely severe, and people can continue with their daily activities. However, influenza causes severe illness where bedrest, at least initially, is required.

## MYTH 2 - THE FLU VACCINE GIVES YOU THE FLU! PEOPLE ALWAYS GET SICK AFTERWARDS.

The flu vaccine has not been shown to actually cause flu. Sometimes (up to 10 per cent of the time) people experience flu-like symptoms after a vaccination, but the vaccine is not live and cannot cause flu.

## MYTH 3 – IT'S NOT LIKE YOU CAN DIE FROM THE FLU, SO I'LL TAKE MY CHANCES.

Influenza is not an uncommon cause of death. While death in an otherwise healthy young person is rare, it certainly still occurs. The risk of dying from flu or complications from the flu is a reality for people with other medical conditions, as well as the young and elderly.

## MYTH 4 - THE FLU VACCINE ISN'T SAFE, ESPECIALLY FOR CHILDREN.

The flu vaccine is proven to be safe in children.

## MYTH 5 – IF I GET THE FLU, I CAN JUST TREAT IT WITH ANTIBIOTICS.

Influenza is a viral illness and does not respond to antibiotics. It will cause significant illness and place others at risk, requiring time off work or school.

## MYTH 6 - I WON'T GET THE FLU BECAUSE I AVOID PEOPLE WITH COUGHS AND SNEEZES.

Avoiding coughs and sneezes is not guaranteed to prevent the flu entirely, and complete avoidance of other people is largely not possible or practical. Avoiding contact with people who appear to be unwell will help prevent developing viral illnesses, in particular avoiding hand contact, and staying a distance of one metre or more away from sick people will offer some protection.



Midwives Danielle Visnjovski, Andrea Moore and Sally Chirnside helped raise money with the maternity ward's bake sale.

## Celebrating midwives

Barwon Health midwives again were busy in the lead up to International Day of the Midwife as they raised funds for maternity services.

Last year, the team started a new tradition of running a bake sale at University Hospital Geelong, culminating with a bike ride to support their department's efforts to improve birth experiences for Geelong mums.

This year was another overwhelming success, with the group raising more than \$3500 for products that will enhance comfort and relaxation during labour.

Last year's efforts purchased salt therapy lamps, aromatherapies and diffusers, local artworks, reading materials, music speakers and other pieces of equipment to support women during birth and their post-natal care.

Midwives raised

# \$3500

to improve birth experiences for Geelong mums at Barwon Health.



# New fund ensures healthier future for Geelong

*Emma Moore and her son Albie are the faces of the Lasting Legacy Fund launch.*

*The Barwon Health Foundation has launched a Lasting Legacy Fund as an opportunity for families to invest in and improve health services for future generations.*

Growing and enhancing the Barwon Health services is close to the heart of local mum Emma Moore.

Emma's son Albie was born with a number of health complications affecting his major organs, bones, and immune and endocrine function. He requires daily intervention to do basic tasks such as eating, breathing, toileting, communicating and with mobility.

Specialists believe there is a genetic cause for Albie's medical challenges, but tests have failed to identify the exact cause, meaning there is no telling what the future holds for Albie.

Emma's dream is to have access to all the services Albie requires closer to home, without needing to travel to Melbourne for treatment on a regular basis.

"While the future is uncertain for Albie, one thing we know for certain is that he will require medical intervention and hospitalisation throughout his life," she said.

"We are so thankful that some of this can occur in Geelong, with the amazing team at Barwon Health."

The Barwon Health Foundation's vision is to provide all of Albie's care in Geelong, with the community's support of the Living Legacy Fund.

To kick off the fund, the Barwon Health Foundation is appealing for 500 people or families to contribute \$500 to the fund. The fund will be invested, giving back indefinitely to the future generations using Barwon Health's services.

**The Barwon Health Foundation's vision is to provide all of Albie's care in Geelong, with the community's support of the Living Legacy Fund.**

Foundation board chair Dan Simmonds explained their goal was to ensure the community had access to the best possible healthcare, with secure funding for the health needs of tomorrow.

Everyone who makes a donation of \$500 or more will have their name displayed on a mural of the Lasting Legacy tree planted at University Hospital Geelong.





# A legacy of medical education and training

*Dr Rod Fawcett and Professor Brendan Crotty are retiring after several decades influencing a generation of training for Barwon Health medical staff. Dr Fawcett has spent years as 23 years with Barwon Health, most recently as the Medical Education and Training director, while Professor Crotty was instrumental in setting up Deakin University's medical school and has been the Health Faculty Dean since 2011.*

## **Dr Rod Fawcett**

Director of Medical Education and Training

I joined Barwon Health in January 1996 and it's been an interesting ride. Prior to that, I worked in the Royal Australian Air Force in family practice, what is now called aerospace medicine, occupational medicine, public health medicine, management and training. I came here to be a deputy to the then chief medical officer. For over 20 years now, I have had a role in Barwon Health's research ethics committee, bringing my knowledge from aviation and its research processes to how we looked at the ethical processes for research at Barwon Health.

Early on in my time at Barwon Health, I was given a charter to think about a training structure for the then-Geelong Hospital. My previous employment in the Royal Australian Air Force had seen my last six years there as the principal medical officer for their Training Command. This had given me the building blocks and understanding to develop training structures, thus my role became one of guiding Barwon Health in developing into a major medical teaching environment.

I knew I had experience to pass on and give back to the broader medical community, so I changed from working with patients to working with junior medical doctors in training. At the time I arrived, there were some 80 junior medical staff, none of whom could go past the first year of any formal specialty training program. Now we have approximately 400 junior staff and we're involved in virtually every specialty training program, with many able to finish off their specialty training at Barwon Health.

My legacy will be that there are now people working as senior medical staff that primarily did most of their medical training here. It's

very fulfilling to see someone progress in their career and provide a service to a broader range of the community than I could as an individual.

I think it's the responsibility of all medical practitioners to develop the next generation, but we all do it in our own way. Some do it more on the educational front, some do it in research, but it's a balance between the basic pillars of care, education and research.

Now it is time for me to move to the next phase of my career, namely retirement and all that this brings, especially being involved with my grandchildren.

**“I could see there would be a legacy in that there are now people working as senior medical staff that primarily did most of their training here. It's very fulfilling to see someone progress in their career and provide a service to a broader range of the community than I could as an individual.”**

– Dr Rod Fawcett

Opposite: Dr Rod Fawcett.

### **Professor Brendan Crotty**

Former Deakin University Faculty of Health executive dean

I trained as a physician at St Vincent's Hospital and worked in gastroenterology and general medicine at the Austin and Heidelberg Repatriation Hospitals in the early part of my career, where I became increasingly interested in medical education. I was appointed clinical dean at the University of Melbourne's Austin Clinical School in the mid-90s and took on the role of director of physician training at the Repat in the early 90s and later at the Austin.

In 2006, I put my hand up to be the head of the new School of Medicine at Deakin and I spent the next five years working with university colleagues, regional doctors and health service administrators to develop the Deakin medical course in Geelong and Western Victoria. We enrolled our first students in February 2008 and they graduated in December 2011. Right from the beginning, we had wonderful collaboration from doctors and senior health service staff at Barwon Health and throughout the region. I think it's fair to say that the course and our graduates developed a strong reputation very quickly. We have certainly had very positive feedback on our graduates from employers right from the first cohort.

Towards the end of 2011, I moved to a new job as Dean of the Health Faculty, with responsibility for five schools (Medicine, Nursing and Midwifery, Exercise and Nutrition Sciences, Health and Social Development, and Psychology) and a much broader range of clinical health and campus-based courses. The School of Medicine and the Faculty of Health have grown significantly over the last 12 years. The faculty has more than doubled in size and now has about 14,000 students enrolled in its courses.

In 2017, I joined the Barwon Health Board and I hope I can make a contribution to consolidate and strengthen teaching, training and research at the health services. Clinicians who are involved in teaching and research are always comparing their work to the world's best and this is tremendously important for the quality of care we deliver. Institutions with good training and strong research programs attract the brightest students and if we look after them and challenge them to become the best they can be, they will choose to work with us after they graduate.

Barwon Health has always been the most important training site for our medical students, so it's been absolutely critical for the medical course. The health service is also a major training site for most of the faculty's courses in nursing and a range of allied health disciplines, so good access to high quality clinical teaching and dedicated clinical teachers at Barwon Health has been a significant part of the faculty's success. The relationship between the university and the health service has matured and the way teaching and training is embedded in the hospital is much stronger than when I arrived. There has also been a very significant growth in joint research activity, which I think has been of great benefit to both organisations.

The medical school was established to address medical workforce shortages in regional and rural Australia. We've had a great deal of success, particularly in Geelong, but there are still significant barriers for graduates who want to work outside the

**“It's a fantastic feeling to have been part of the education and training of so many young health professionals during my time at Deakin. There's nothing like seeing talented people doing a great job and thinking you might have had a part in their development.”** – Professor Brendan Crotty

capital cities. Many of our graduates are forced to move to Melbourne or other capital cities for selection into postgraduate training programs in their chosen specialty, and they often put down roots there so coming back to regional and rural practice can be very challenging. I have been working with colleagues in Geelong, Warrnambool, Ballarat and some smaller centres to develop the West Victorian Regional Training Hub, which is aiming to offer full training programs in a range of specialties in our region, including general practice. I hope to continue my involvement in the hub into my retirement, as I believe the workforce shortages won't be resolved until our graduates can complete most or all their postgraduate training in Geelong and Western Victoria.

It's a fantastic feeling to have been part of the education and training of so many young health professionals during my time at Deakin. There's nothing like seeing talented people doing a great job and thinking you might have had a part in their development.

*Opposite: Professor Brendan Crotty.*



# LIVED EXPERIENCE IS CHANGING MENTAL HEALTH CARE

*The model of care for mental health has evolved beyond recognition over the past century. It is heartening to see such an interest in continuing this progress with the Royal Commission into Mental Health. One of the most recent changes this decade is the shift towards lived experience support, which allows people like me to use personal experiences in the mental health system to improve the quality of care that consumers and their family members receive.*

**DONNA MATTHEWS** | MENTAL HEALTH, DRUGS AND ALCOHOL SERVICES LIVED EXPERIENCE MANAGER

I remember 12 years ago after a suicide attempt, all these medical people rescued my physical body and carted me off to hospital, but it felt like they didn't know what to do with me afterwards. Ambulance staff then took me to a mental health unit several suburbs away and just left me in the lounge room with staff who were in short supply and under stress. When I found out I had to share a room with a stranger, I freaked out because of all the stereotypes I'd heard about mental health asylums. I ended up terrified and crouched under the bench at the nurses' station. There were no peer workers

when I was in the system to calm me down, and no one to relate to my distress. I needed someone to sit with me and explain that I would survive this and it would be all right.

I worked as a radiographer for 20 years but about five years ago I heard about lived experience work. It's an amazing field to be in because your life experiences count for something. Our lived experience of the mental health system is our PhD. More and more, the experiences of clients or family members are being gathered to shape the direction of health care services. There's

no point having the most brilliant medical service in the world if it's not meeting the needs of the people who are meant to use it. A shortage of mental health professionals in Geelong means those working in the system are under the pump, trying to provide the best care possible for people in a system that needs reform. Lived experience workers have time to sit with consumers and family members, hear their stories and concerns, demystify the mental health system, and link them into peer support groups and other organisations in the community.

*“There will be tailored clinical care for consumers and their family members, including consumer and carer peer workers providing lived experience support to patients and their families.”*

Health systems are very complex organisations that can be confusing and scary for anyone not feeling well, but if you’ve got mental distress on top of that, it can make it even more terrifying. With the construction of Barwon Health’s Mental Health, Alcohol and Other Drugs Hub in the Emergency Department, there will be tailored clinical care for consumers and their family members, including consumer and carer peer workers providing lived experience support to patients and their families. This will ensure a smoother, more personalised experience of care.

We’ve come a long way in mental health, from the barbaric treatment of the past that made people outcasts from society, sent to live in an asylum out on the edge of the city. We now recognise that mental health is a continuum. At some point in our lives, we all experience mental distress, whether it is formally diagnosed or not. Mental health care is now better placed in the community, rather than in a clinical setting or the ‘asylum on the hill.’ There’s still a long way to go, but by listening to the voice of consumers and carers we can make systemic changes to ensure the mental health service better fits the community’s needs. Part of the lived experience role is to empower consumers to take control of their own recovery journeys, so that they can live meaningful lives and be active members of their communities.



*Mental Health, Drugs and Alcohol Services lived experience manager Donna Matthews*

In the past year, the Mental Health, Drugs and Alcohol Service at Barwon Health has set up seven advisory committees and working groups where consumers and carers from the community provide feedback and advice about how our service can improve. It’s amazing to see their energy and enthusiasm about getting involved and making a difference. Their voices haven’t been heard for a long time, but now there are so many opportunities to get involved. It’s not tokenistic – their opinions really matter and do influence improvements to our service. For example, we have a Community Consultation group for the redevelopment of the Swanston Centre mental health unit, with 12 consumers and carers prioritising

how the State Government funding should be spent. Two key recommendations are to build a high care section on the unit for highly distressed consumers, plus a visitors room where family and friends can meet quietly with their loved one.

The service’s lived experience team will expand over the coming months, as our executive team becomes increasingly aware of the positive effects of peer support. A current priority is to gather feedback from those who have had recent contact with the service. Surveys are available at local community mental health sites for current clients or family members of current clients. Ask about the survey today. We’re listening.



## AVENGERS: ENDGAME

Rated M. Starring Robert Downey Jr., Chris Hemsworth, Scarlett Johansson, Mark Ruffalo, Jeremy Renner

### The plot

In *Avengers: Endgame*, we see a cast of a thousand Avengers assemble for one last battle to undo the devastating events left by Thanos in *Avengers: Infinity War* (released last year). This is the final Marvel movie in the cycle of 22 films and they have pulled out all the stops to keep all the superfans satisfied. Look out for one final glimpse of comic book legend Stan Lee in what may be his final cameo appearance since his passing. If you have missed the previous 21 movies, you can binge them on your streaming service (most are available on Stan) to make sure you're ready for the post-cinema release in August this year. *Endgame* is truly a MARVELous film for all the family.

### Best bits

The return of key characters from the Marvel Cinematic Universe, including one last scene to reflect on your favourite superhero's journey.

### Favourite characters

Post-*Infinity War* Thor.

### Any weak bits?

There are no real weak spots in this film other than the three hours in length. Complete your bathroom breaks before the action begins as it does not stop until the closing credits.

### Hit or miss?

Superhero hit.

### Rating (1-5)



**Sam Napier is a Barwon Health Clinical Application Specialist, Staff Activities Club treasurer, and movie buff.**



Nurse educator Georgie Richardson ran an emergency resuscitation simulation with students including Dylan, Sher Leh and Michael.

## Hands-on experience for local Year 10 students

A work experience program in May brought 20 students to Barwon Health for a week immersed in different clinical settings.

The year 10 students were selected from more than 150 applicants wanting to learn about the many career choices in healthcare.

Program organiser Nikki Lyons said the hands-on experience had opened the students' eyes to the huge variety of careers beyond nursing and medicine.

"Many students assume that a job in health means being a nurse or a doctor," Nikki said.

"We aim to expose the students to a wide variety of health related jobs, such as physiotherapy, occupational therapy, speech pathology, psychology, medical imaging, social work, podiatry, prosthetics and orthotics, nutrition and dietetics, and allied health.

"In collaboration with the Geelong Region Local Learning and Employment Network (GRLEN), we deliberately selected students who may not have had previous exposure to a career in health."

**Nikki said the feedback from this year's students was overwhelmingly positive, with some saying they were now considering a career in health, and one calling the week "the best experience of my life".**

## ESOPHAGOGASTRIC CANCER SERVICE REDESIGN PROJECT

*Optimal Care Pathways (OCPs) have been established as a framework for consistent, safe, high-quality and evidence-based care for people with cancer.*

The Department of Health and Human Services (DHHS)-funded Oesophagogastric Cancer Service Redesign Project focused on creating improvements in timelines from the point of referral to the start of treatment, while increasing multidisciplinary meeting (MDM) presentation rates for oesophageal and stomach cancer patients.

Data analysis and clinician input identified issues and prioritised solutions, after collaboration between oncologists, gastroenterologists, surgeons, a consumer representative, palliative care clinicians, Barwon South West Region Integrated Cancer Service, and the colonoscopy/gastroscopy project team.

The project initiatives included:

- Improving collaboration between Barwon Health's Andrew Love Cancer Centre and Outpatients, Perioperative Services, Elective Surgery Access Unit, the General Practice Liaison Unit and HMOs;
- Improving GP referral templates;
- A new fast track process for referrals with oesophagogastric cancer red flags to surgical consultation and endoscopy;
- A new consumer resource, My Cancer Record, for storage of health information;
- Health Direct video conferencing piloted linking regional clinicians with MDM discussions; and
- Upper GI MDM Terms of Reference reviewed, with a MDM Chairs Committee established to implement an overarching MDM framework.

The initiative concluded in June, with initiatives monitoring to continue.



*(Left to right) Associate Professor Ana Malfitano, David Meade, Dr Nerida Hyett, Nikki Lyons and Dr Robert Pereira were involved in Barwon Health's forum on social inclusion in healthcare.*

## Bringing social inclusion to healthcare settings

***In March, Barwon Health Clinical Education and Training hosted an Inter-professional International Academic Forum on community-level approaches to social inclusion and participation.***

The forum aimed to share diverse perspectives on community wellbeing and social inclusion by learning from academics and clinicians about community-based approaches for wellbeing and social inclusion.

A contrast of regional Victorian and Brazilian perspectives was shared, with presenters including Brazilian public health expert Associate Professor Ana Malfitano, occupational therapy academic Dr Nerida Hyett, and Barwon Health Hospital Admission Risk Program (HARP) team leader Dr Robert Pereira.

David Meade, Allied Health director and Community Health, Rehabilitation and Palliative Care co-director, opened the forum by highlighting some innovative programs in Geelong that focus on social inclusion and marginalised groups, including adolescents, people sleeping rough, and older residents experiencing loneliness and social isolation.

Forum attendee Kate Georges said the presentation had given an insight into adopting an inclusive lens, especially when considering the social wellbeing of others.

"At times, this can include progressing our mindsets from viewing some activities, such as questionnaires, to be much more," she said.

"They can become assessments where you look to gain depth and reasoning, to help drive decision making.

"As an attendee, I was able to obtain insights on best practice, as well as enjoy learnings from counterparts with global experiences."

Other issues explored at the forum included grass-roots action to tackle rural health issues, the value of consumer participation and community-centred practice in healthcare, and social systems and policies that could address inclusion and participation for marginalised groups.

The event was also lived streamed, with people participating interstate and internationally, including from Brazil, Trinidad and Tobago.

## SIGNAGE IMPROVES FOOD CHOICES FOR DIABETES PATIENTS

*A dietitian and diabetes educator have developed and trialed a bedside sign to alert key team members to nutritional recommendations for patients with diabetes at the McKellar Centre's Inpatient Rehabilitation Centre (IRC) - South Wing.*

The signage will address dietary inconsistencies and improve glycemic control, reducing the risk of receiving food outside a patient's diet management plan.

The collaborative initiative between the dietitian, patient and diabetes team was trialed for two months and demonstrated an increase in consumer satisfaction and experience, as well as improvements in perceived diabetes control, consumer confidence in the healthcare team, and knowledge of food and beverage choices for diabetes management.

Patient Catherina praised the signage trial and said it had "improved the food choices available for my diabetes management and ensured I maintained a healthy diet during my time in hospital."

The initiative was presented at the Health Round Table Beyond2019 Health Innovation Forum in March and has subsequently been implemented across all McKellar Centre IRC wards.



*Diabetes educator Robyn Boustead, dietitian Maddie Oldfield, and patient Catherina with the bed signage.*



*The Diabetes Referral Centre team includes manager Heather Hart (left), credentialed diabetes educator Kate McMaster (right) and consumer representatives Bruce Timms and Rowan Dowling (not pictured).*

## You're in good hands at the Diabetes Referral Centre

*Survey results show the hard work of specialist health professionals at the Diabetes Referral Centre (DRC) is improving the lives of people living with diabetes.*

A consumer survey was recently completed by 63 patients in the DRC outpatient clinic at University Hospital Geelong, as part of a quality improvement project to better understand the consumer experience.

The project partnered with consumer representatives to allow patients to freely discuss their experience with someone independent of the health service, with results reflecting the hard work done at DRC to support people living with diabetes in the region.

DRC also has outreach services based at Newcomb, Anglesea, and the Wathaurong Co-Op.



**63 patients surveyed**

**93%** received all the information they required before the appointment

**80%** were able to get an appointment on a suitable day and time

**82%** were involved as much as they wanted in decisions about their treatment

**90%** felt heard and understood by the health professional

**95%** felt they could better manage their diabetes after their appointment

**82%** rated their care at the Diabetes Referral Clinic as "very good"



# FISHING FOR BETTER MENTAL HEALTH

Barwon Health's new Jigsaw office is shining a light on local artists to highlight the link between creativity and mental health.

Geelong artist Kimberley Rance made an oil painting for the Jigsaw foyer, which is one of several pieces featured to create a welcoming space for clients.

"I started experimenting with colours and realised I liked the water as the jigsaw, so this idea of 'fish for help' came up," she said.

"I use art as a therapy and adult colouring books have become popular for the same reason.

"Art and mental health have a close connection because they're both tied to emotions and art can be used to express yourself."

The Jigsaw Youth Mental Health, Drugs and Alcohol Service city space on Little Malop Street was opened in March, providing specialised mental health services to young people aged 16 to 25.



Artist Kimberley Rance shows her oil painting Fish For Help, which is on display in Jigsaw's new foyer.



Dr Steve Bolsin with theatre staff.



## STAFF ACKNOWLEDGEMENTS

The Barwon Health Theatre Department has farewelled **Dr Steve Bolsin** after 23 years of service to the Geelong community. Steve has worked at Barwon Health as the Director of the Department of Perioperative Medicine, Anaesthesia and Pain Management and had a pivotal role in the hospital's development of cardiac surgery. We wish him well as he undertakes the medical directorship of St. John of God Health Care Australia.

Congratulations to Barwon Health volunteer **Chon Witherden**, who won the 2019 Minister for Health Volunteer Award - Improving the patient experience. Chon gives her free time to provide comfort and care to patients at end-of-life in our Palliative Care Unit.

**Anne Watson** has retired as one of the longest serving members of the Surf Coast Community Health Centre. Anne worked as a receptionist/administration staff for 28 years and 11 months, finishing on 5 June. Her colleagues thanked her for her untiring dedication to the Surf Coast community for almost 29 years.

On 25 March, ICU nurse and educator **Tania Elderkin** died in ICU following an unexpected illness. Colleagues said Tania had shaped and mentored a generation of critical care nurses, and as a research co-ordinator was driven by the best outcomes for patients. Tania's calmness and wealth of knowledge were an inspiration to ICU staff, and she is sorely missed by those who loved her and worked alongside her.

Right: Vale Tania Elderkin.





# Length of Service



*Congratulations to the following staff who celebrated Length of Service milestones between April and June!*

Peta Kelly  
 Andrea Ella Green  
 Rafael Acosta-Rojas  
 Penelope May Keller  
 Richard Rahdon  
 Sarah Louise Jukes  
 Cassidy Maree Archie  
 Sallyanne Vredembregt  
 Karen Ann Farrar  
 Amanda Lee Popovski  
 Kim Leanne Wallace  
 Karen Anderson  
 Jason Marc Dalton  
 Kerrie Cammaroto  
 Graham William Tomkins  
 Kylie Swindells  
 Samantha Megan Ross  
 Liezl Fallaria  
 Melanie Kate Roberts  
 Kai Hsiang Lee  
 Catherine Ruth McCawley  
 Adele Elise Williams  
 Nicholas David Lewis Calver

Mark Stuart McKenney  
 Sharron McRoe  
 Sherryn Margaret Young  
 Phillip Foxman  
 Caroline Jane Poynder  
 Jennifer Grace D'Arcy  
 Lynette Christine Renden  
 Rebecca Tracey Martin  
 Fay Jennifer Rhodes  
 Glenis Patricia Saunders  
 Vicki Day  
 Lorelle Ann Crosby  
 Carolyn McGrane  
 Tracey Maree Siviter  
 Scott Douglas Randall  
 Jane Leslie Brock  
 Erin Adele O'Shanassy  
 Chin Vun Hiew  
 Christopher Napier  
 Moira Bowman  
 Casey Andrew Merrett  
 John Neil Furness

Please note, names and employment commencement dates are taken from official Barwon Health records. Please contact Workforce to check or update your details - [hrservices@barwonhealth.org.au](mailto:hrservices@barwonhealth.org.au).



years

Jennifer Anne Bond  
 Julianna Maree Hall  
 Michelle Maree Mairos  
 Sharon May Clearwater  
 Jodie Michelle Ringin  
 Kylie Kirwood  
 April Claire Giles  
 Marilyn Umbers  
 Tharien Du Plessis  
 Tung Thanh Nguyen  
 Ann Louise Blake  
 John Joseph Black  
 Maureen Joy Blake

Robert Glynn Dimmick  
 Janice Louise Bennison  
 Leonie Margaret Whitla  
 Bernhard Franke  
 Susan Rowan  
 Josephine Mary Sheehan  
 Heather Fiona Smith  
 Merren Anne Scammell  
 Patricia Louise Grace  
 Laurel Natalie Weaver  
 Susan Johnson  
 Brendan John Mahar



years

Patrick Vincent Lockie  
 Gregory James Neerhut  
 Leanne Mary Morganti  
 Jennifer Mary Eltringham  
 Elizabeth Jane Hutchison  
 Effie Katsilianos  
 Susan Elizabeth Baulch  
 Anne Barbara Jones  
 Dani McNamara  
 Jillian Therese Lamb Jenkins  
 Elaine Patricia Tedesco  
 Dianna Lynn Spork  
 Eve Caroline Guy



years

Jennifer Ruth Maltby  
 Zagorka Arandjelovic



# RUN GEELONG

A RACE 4 BETTER HEALTH

Sunday 17th November

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