



# HOPE

HOPE HEALTHCARE Newsletter

A ministry of the Anglican Deaconess Institution Sydney

Thirteenth Edition

## Palliative care expertise extended to Sydney's northern beaches

*Northern Beaches Palliative Care Service formally came under Hope Healthcare management in December 2002.*

The move represented the culmination of a great deal of detail planning after first being announced in 1999 as part of an agreement with Northern Sydney Health for Hope Healthcare to manage all palliative care services across the northern Sydney area.

The Service is now part of Hope Healthcare North's operational management structure.

The Community Service operates out of a cottage on the Mona Vale Hospital campus and provides services throughout the municipalities of Pittwater, Manly and Warringah. Four beds in Mona Vale Hospital are available to patients who require inpatient admission.

Dr Deborah Campbell, Area Director of Palliative Care Services Hope Healthcare North/Northern Sydney Health said that the transfer enables the service to provide the full spectrum of specialist



*The Northern Beaches palliative care team (from left), Dr Ruth Powys, Clinical Nurse Specialists Gerry Dixon and Marian Cuneen, Relaxation Therapist Christine Holbert, Technical Aid Henk Jansen, Social Worker Maree McCausland, Occupational Therapist Sarah Fox, and Administrative Secretary Sue Clain.*

palliative care to all the residents of Northern Sydney Health. "It will do much to ensure the highest quality service is available to all, through continuity of care."

In welcoming the move, Hope Healthcare Chief Executive Officer Tim Philips said Hope Healthcare's long history and expertise in provision of care and compassion for those with life threatening illness would benefit all residents along the northern beaches.

## Expanding mental health care for older people

*A new multidisciplinary team to deliver care into the community in the south-west.*

Mental health problems affect one in five Australians. Mental health has traditionally been a 'hidden' health problem.

Braeside Hospital has been successful in securing recurrent funding of approximately \$340,000 from NSW Health to expand the Aged Care Psychiatry community team to help address the issue amongst older people in the local area.

The community team of health professionals to be known as Braeside Hospital Older Persons Mental Health Ambulatory Care includes a psychogeriatrician, a community social worker, a Clinical Nurse Consultant (who will act as clinical

team leader), a registrar, a clinical psychologist, two Registered Nurses and other support people.

Braeside Hospital's Director of Aged Care Psychiatry, Dr Rod McKay, said the initiative offered positive benefits for the community.

"The enhancements will allow Braeside to provide a multidisciplinary community team to manage older people with mental health problems in the community. This includes some people who we would not previously have been able to offer a service to, and others who may have previously required admission into the hospital."

He said it is also expected to allow



*Dr Rod McKay, Director of Aged Care Psychiatry, Braeside Hospital. Braeside to provide a shorter response time to referrals from the community.*

# Thanks to supporters of Greenwich

*Small function sees meaningful addition to the gardens at Greenwich Hospital.*

Greenwich Hospital's supporters, including both Volunteers and donors, were invited to a morning tea held in the Gazebo at Greenwich in November. The function was held as a thank-you for their ongoing generous support.

During the morning tea, long-time Volunteer Roz Stampfli (remembered by many for her much loved visiting dog, Sebastian) revealed her skills as a sculptor with the donation of her sculpture *Nurture*.

Roz Stampfli, who has been a sculptor for over 15 years, said she had been motivated to create something that embodied the essence of Greenwich Hospital.

"I see this representing the nurturing and caring spirit that is so much part of the love and support at Greenwich."

*The quite special figure Nurture is sited adjacent to the rose garden near the gazebo at the back of the hospital and is well worth a visit.*



# Working in the community, not just hospitals

*Across Hope Healthcare more and more of our services are being delivered to our patients or clients in their own home. We look at a day at work of a team member of our oldest community service.*

Delivery of care in the home is especially the mainstay of our Community and Aged Services, which while it includes the Greenwich Day Centre and the Tom O'Neill Centre under its umbrella, provides a wide range of other services, delivered predominantly in the home. These aim to provide continuity of care typically in the form of assistance and flexible support for people with disabilities and to older people and their carers, helping to maintain their independence and quality of life. All basically to give more options.

Our oldest and most comprehensive in-home service is based at Neringah Hospital and that's our Neringah Palliative Care Community Service providing care in the Hornsby and Ku-ring-gai areas. They typically have 120 patients on their books at any one time.

A multi-disciplinary team, including nurses, physiotherapists, occupational therapists, social workers and bereavement support share patient care. Volunteers are an important contributing element.

Together with the palliative care team, medical care continues to be provided by the patient's own GP and where daily nursing is needed, referral is generally made to the Northern Sydney Home Nursing Service which works in close consultation with the Neringah team.

Clinical Nurse Specialist Barbara Cloonan has been a member of Neringah's palliative care team for 14 years, with three years in the community service. Her day begins with a short familiarisation meeting with fellow team members, looking at who will be visited, what will be needed and issues that

will be faced over the day. Barbara would normally have responsibility for 30 to 40 patients and she aims to see two patients in the morning and two after lunch. Most new patients are referred by their own GP or their treating oncologist. In the initial consultation Barbara would normally introduce the service and set out to explain what is provided and ensure that comprehensive patient information is gathered. This covers areas such as pain and symptom control, personal or financial needs (which may later involve a social worker), home safety issues (which could necessitate a visit by an occupational therapist) and mobility (a possible visit by a physiotherapist). Issues relating to pain control and medication could involve consultation with the patient's GP and a medical specialist from Neringah as well as the specialist pharmacists at Neringah. A small number of patients may require admission into the hospital but the majority elect to remain in their own home.

Barbara also visits her patients if they are admitted into the hospital, providing an important familiar face at these difficult times.

In addition to patient visits, Barbara is involved in giving education programs about palliative care to staff in nursing



*Member of the Neringah Palliative Care Community team, Barbara Cloonan*

homes, aged care hostels as well as to the volunteers at Neringah.

When asked what aspect of her work gives her the greatest satisfaction, she said simply getting positive feedback or seeing some benefit from some recommendation or action. "A patient saying they are comfortable and more settled, any benefit whatsoever, whether following advice on medication, discussion with the patient's GP, perhaps involvement of one of the other palliative care team. It makes it all worthwhile."

# Local clubs help people to walk again

*Intensive therapy equipment to practise walking, promises greater improvement in patients with quicker and better long-term health outcomes.*

We have received very generous support of \$10,000 each from the Smithfield RSL and St Johns Park Bowling Club and \$9,000 from the Canley Heights RSL to go towards acquiring a supported walking frame system called Lite Gait. This equipment, which costs \$47,500, assists people to learn to walk again following a traumatic injury or illness.

The Lite Gait is an electrically adjustable frame that supports a patient's body in an upright position in a harness. It especially benefits a broad range of neurological, amputee and orthopaedic patients following stroke, amputation, hip replacement, spinal cord injury as well as the frail aged.

## A living memorial

*A gift in memory celebrates a life and enhances care for others.*

Gifts from the husband, brother and family and friends of a patient at Neringah of over \$11,000 have enabled purchase of three Hovermatts, a type of air mattress with attached air supply, for use in the hospital and the community.

Juliet McLean passed away at Neringah Hospital in October last year after a brave journey with cancer. As Head of Department in the Library at Abbotsleigh School, Juliet was well known to many people in the Wahroonga area.

Her tributes have had a consistent theme in noting her strong commitment to serving her communities of interest, her patience and understanding in dealing with other people's problems and her fairness in dealing with workplace issues. These qualities will be remembered by all who knew her as a person of great compassion.

The equipment purchased from the donations in her memory, make patient transfer easy, with the patient resting comfortably and painlessly when being moved from place to place as they ride on a cushion of air. Even the heaviest of patients can be moved with ease. In addition, we are able to reduce injury risk to nursing staff and carers. A great way to celebrate a life!



*Demonstrating a HoverMatt to staff.*



The Lite Gait system offers significant advantages for physiotherapy. It allows people, who cannot support their own body weight and who would otherwise be unable to attempt

to walk, to practice walking with minimal assistance from physiotherapy staff.

This walking training has an important role in the restoration of gait in patients who cannot walk, and as intensive initial therapy to practise walking much earlier than is otherwise possible.

Other benefits include re-learning standing and walking skills safely without fear of falling, achieving more walking practice than is currently possible because patients can remain in the harness for much longer periods, better monitoring and assessment of a patient's progress, greater improvement in patients with quicker and better long-term health outcomes.

We are dependant on our friends and supporters to provide funds to purchase additional equipment and for enhancement of our services.

## CAN YOU PLEASE HELP?

DONATIONS ARE TAX DEDUCTIBLE

Yes, I would like to make a donation of \$ 135  45  95  Other \$  (write amount)

I enclose my cheque/money order (payable to Hope Healthcare)

OR, once only, debit my credit card (details below)

OR I pledge a regular credit card donation of \$  (write amount)  
Monthly  3 monthly  6 monthly  Yearly   
until I advise otherwise, commencing from  (write date)

Please debit my: Bankcard  Mastercard  Visa

Card No.

Expiry date  Signature

Mr/Mrs/Miss/Ms/Dr/Rev

Address

Postcode

Telephone  Email

Mail to Hope Healthcare, Reply Paid 42, Wahroonga NSW 2076

THERE ARE MANY OTHER WAYS YOU CAN HELP US

I would like information about becoming a Friend of Neringah/  
Greenwich/Braeside (circle hospital you wish to support)

I would like information about being a Volunteer

Please send me, in confidence, information on how I can help Hope Healthcare through my Will

# Wide study looks at nutritional support

*Nutritional support is commonly given in hospitals to acutely ill patients, in addition to or in place of the eating of foods where there is already evidence of malnourishment or a risk of it developing.*

Braeside Hospital is participating in a study across a wide range of hospitals in Australia and New Zealand, designed to accumulate data on current nutritional support practices. Nutritional support is typically provided intravenously or via a tube because many seriously ill patients are unable to eat adequate levels of food to give them sufficient nutrition.

The study will collect data from patients over a nominated 24-hour period in up to 50 hospitals in the two countries.

It is anticipated that when all data is gathered and analysed, this epidemiological study will give researchers detailed information including the prevalence of nutritional support, the variety of nutritional support methods and the adequacy and barriers to successful nutritional support.

Previously accumulated scientific evidence leaves many questions about dietary support

unanswered. These include what main nutritional support method is superior, the amount of support needed in particular cases and the appropriate mix of nutrients such as carbohydrates, fat and protein that should be included.

Dietition Dean Mercurio will be supervising the data collection at Braeside Hospital. He said that gathering this data is only the beginning of benefits that potentially will flow from this work, "This study lays the groundwork for a wide range of future research with potential to speed patient recovery and provide better health outcomes."

*Good nutrition at all stages of an acute illness is essential for recovery.*



# New Saturday program for dementia affected

*Horizons - providing stimulating activities for people with early-stage dementia as well as respite for carers.*

The Tom O'Neill Dementia Specific Day Centre at North Sydney has extended its Monday to Friday services to include a Saturday program. The aim was to provide an innovative program that would differ in focus from the Monday to Friday Day Centre services. Clients for the Saturday program have to be transported and collected at the Day Centre by their family or carer, as this enables more quality time to deliver an innovative six-hour program for the dementia clients.

The new Saturday program, called *Horizons*, began in February. The program is aimed at people with early onset or early stage dementia who are physically mobile and well.

The program is designed to stimulate, motivate and encourage social interaction and physical exercise, humour and choice making. The goal is to achieve individual validation and enjoyment.

The activity for the first Saturday Program involved a trip to Bradleys Head and focussed on the Harbour. There was group discussion about Manly Ferries, ships, submarines, fishing boats and yachts using Sydney Harbour. This included the yachts



*Sydney Harbour from Bradleys Head - the site of Horizon's initial excursion.*

raced in the Sydney to Hobart Yacht race.

John Masefield's famous poem *Sea Fever* was played on audiotape "I must go down to the seas again, to the lonely sea and the sky..."

Following this, a bush walk from Bradleys Head around towards Taronga Zoo was undertaken, observing the boats

on the Harbour, then a tasty picnic lunch before returning to the Day Centre for afternoon tea and a video of Sydney Harbour. Clients were collected by their family at 4 pm.

## **Hope Healthcare Limited**

- a not-for-profit provider of specialised public health services

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