

Snapshot

Annual summary 2019-20

Shaping the future of health with
world-class care and world-class research

We acknowledge and respect the traditional custodians on whose ancestral land the Central Adelaide LHN (CALHN) provides services.

We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander peoples to Country.

The network also acknowledges the traditional owners and custodians of the many lands our Aboriginal and Torres Strait Islander consumers travel from to use services.

In the spirit of reconciliation, we also acknowledge the non-Aboriginal people who contribute to our reconciliation journey of improving Aboriginal health outcomes.

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A message from the Governing Board



Raymond Spencer

Chair, Central Adelaide LHN Governing Board

Although the CALHN Governing Board formally commenced on 1 July 2019, board members have been working together as a transition board since the end of 2018. Our task was to oversee the organisational change program following KordaMentha's diagnostic review into the network's finances and operations.

As Board Chair, I've had a unique opportunity to observe, learn and understand the challenges of healthcare delivery in the current environment.

The past 12 months within CALHN have been marked with change and hard work. One of the highlights has been the collaboration and teamwork I have witnessed, which is nothing short of phenomenal. It is now a very different organisation compared with former years.

The new CALHN leadership team worked seamlessly with KordaMentha executives to implement reforms. This team is amongst the very best I have worked with in more than 40 years of leading organisations and 30 years of chairing boards.

When CALHN moved into an emergency response mode in mid-March 2020, administrators KordaMentha (KM) and the South Australian Government agreed to pause the recovery program. Since then, the board and the CALHN leadership team have continued to focus on the network's recovery, through strong governance and financial sustainability.

This governance through a contemporary executive and broader organisational structure – that brings together medical, nursing, allied healthcare and business leads – is driving the network in the right direction. It is critical that operational decision making is closer to the patient.

I am confident that we will continue in this direction and build a culture that can sustain excellence and innovation, accountability and ongoing transformation, helping us to deliver sustainable, world-class care to all South Australians.

On 3 April this year, unfortunately board member Naomi James resigned to relocate overseas to take up a career opportunity.

While we will miss her expertise and input, we are fortunate to be joined by Jane Yuile, who was appointed from 29 May 2020.

On 4 December 2019 we held our first annual meeting, which was the ideal opportunity for us to celebrate the network's achievements. At that time, we released our first Annual Snapshot publication, and shared CALHN's vision statements and future plans.

I would also like to recognise and thank the outstanding efforts of the CALHN workforce over the past 12 months. Thank you for being there every day for our patients and our community, and for embracing the opportunity to change the future of CALHN.

Thank you also to my colleagues on the board for their ongoing efforts to shepherd the network to greater success.

I look forward to a positive future for the network.



A message from the Chief Executive Officer



Lesley Dwyer

Chief Executive Officer, Central Adelaide LHN

If there is a silver lining to the COVID-19 crisis for the Central Adelaide Local Health Network (CALHN), it may well be the rebirth of our organisation's relationship with the community.

As our journey of financial and organisational recovery continued in 2019-20, the pandemic suddenly hit Australia, and we were required to assume our key role in the SA Health system. The Royal Adelaide Hospital (RAH) became the adult COVID-19 testing and receiving hospital.

Our network's response to this crisis has been nothing short of outstanding, including:

- establishing South Australia's first COVID-19 testing clinic
- processing 144,705 COVID-19 tests
- implementing a command structure
- decanting services across our sites
- providing care to COVID-19 patients in the hospital.

CALHN's staff met these challenges following a wholesale systemic reform – one of the biggest changes our network has experienced – a new clinical program leadership structure, starting from October 2019. The new clinical program model places decision-making closer to where care is provided. It enables greater accountability through budgets based on activity.

As well as implementing structural changes, we revisited our ways of working.

The organisation conducted a process with staff and the community to define, consult and agree on our organisational values. These were then launched in March 2020.

We also purposefully included our workforce and community when we developed our 'strategic ambitions'. These will help steer CALHN as we work towards our vision for shaping the future of health with world-class care and world-class research.

The CALHN Board and leadership team have continued their focus on the network's recovery with strong governance and financial sustainability.

During the year, we focused on positioning ourselves to better respond to surges in demand in the same way that hospitals around Australia and the world operate every single day. We have seen the positive impact this is having on the way CALHN operates and patients experience care.

The Queen Elizabeth Hospital's (TQEH) \$264-million redevelopment continued this year. A new multi-deck, five-storey car park opened, paving the way for the new Clinical Services building.

Our Statewide Clinical Support Services, (including BreastScreen SA, SA Medical Imaging, SA Pathology and SA Pharmacy), each had significant achievements this year.

SA Pathology achieved cost improvements while also maintaining or improving its service levels. The service delivered on its cost reduction target of \$7.3 million and in April 2020, the South Australian Government announced the organisation would remain in public ownership.

In May 2020, the state government announced South Australia Medical Imaging (SAMI) will also remain in public ownership. Like SA Pathology, the service met its saving targets for the past two years, while providing more efficient and improved experiences for patients and local health networks.

BreastScreen SA marked three decades of service and support to South Australian women, providing more than 1.9 million screening mammograms to over 350,000 individual women. In March 2020, the service achieved five years' accreditation following a comprehensive site visit in November 2019.

SA Dental service launched the South Australian Oral Health Plan (2019-2026), setting out priorities to improve the oral health of South Australians, particularly those most at risk of poor oral health.

CALHN's overarching consumer strategy and framework was released after public and consumer consultation in 2019. It articulates the needs of our consumers, community and stakeholders across the community. The strategy also explains our approach to partnering with consumers and engaging with the community for best health outcomes.

Our strategy's Consumer Experience Framework details how we partner with our consumers and how we connect to our purpose.

On 1 July 2019, the CALHN Governing Board assumed full responsibility for the network's strategic direction, governance and performance. The board has provided valuable leadership and guidance on our recovery and organisational support for our COVID-19 response.

In December 2019, at our first annual public meeting, we announced a landmark memorandum of understanding with one of the top health networks in the world, Canada's University Health Network. The partnership focuses on clinical, education and research opportunities.

I also announced a new CALHN CEO Clinical Rapid Implementation Project Scheme (CRIPS). This will stimulate research in our network to help us achieve our strategic priorities and improve health service delivery.

The arrival of COVID-19 has given us the opportunity to re-set. While there is still uncertainty about what the pandemic means for health services in the long term, we now have the impetus to do things differently to meet community needs.

There is still much work to be done so that we can reach our full potential and meet budget forecasts. We remain strongly committed to achieving our vision for CALHN to be in the top 5 health services in Australia, and in the top 50 in the world.

About us

The Central Adelaide LHN plays an important role for the health and wellbeing of South Australians by delivering integrated healthcare through general and quaternary* hospital services.

We aspire to be world class, working closely with diverse partners and leading researchers so our patients have access to the latest treatments, leading to better care.

Our services and locations

Central Adelaide LHN operates:

- The Royal Adelaide Hospital (RAH) as a major quaternary* facility
- The Queen Elizabeth Hospital (TQEH) as a general hospital
- Hampstead Rehabilitation Centre (HRC)
- St Margaret's Hospital (SMH)
- Glenside Health Services for acute and community mental health rehabilitation.

We also deliver diverse specialised community and clinical health services across the state. These community health services include:

- SA Dental Service
- SA Prison Health
- DonateLife SA
- Intermediary Care.

Our other statewide clinical support services include:

- SA Pathology
- SA Medical Imaging
- SA Pharmacy
- BreastScreen SA.

We use the term 'quaternary care' to be inclusive of medical treatment that is also highly specialised, not widely accessed, experimental or uncommon in the form of medical diagnostic or surgical procedures.

New visual branding launched to support our vision and identity

In May 2020, we launched CALHN's new branding, including a new positioning statement 'Shaping the future of health with world-class care and world-class research'.

The strong visual identity appropriately portrays the direction of our organisation, and the new multifaceted brand presents the network as a progressive, collaborative and connected centre of innovation.

New strategic ambitions guide our network

This year, we started work on CALHN's strategic ambitions and strategic framework.

Our engagement process began with the CEO instigating the development of the strategic ambitions through an executive 90-day forum. During this process, we also conducted an analysis of the political, economic, social, technological, environmental and legal external organisational influences on our network.

This was followed by various forms of staff engagement including through medical, nursing and allied health leads, a consumer forum, and formal announcements at the 're-set' roadshows held on 22 June. These were to make sure our strategic ambitions would be truly representative and meaningful to everyone who is part of CALHN.

We will be working further on developing our strategic framework, which will be launched in the next financial year.

New values define our network

The new organisational values were released this year, in consultation with the CALHN Executive, Program Leadership Team, Leaders Within group, CALHN staff and consumers.

Values are important to define what is meaningful to CALHN and how they link with our strategic planning and progress towards systemic improvement.

Organisational values describe the core ethics or principles that guide our work. They inspire our people's best efforts, and also constrain our actions. Clearly articulated values are a true reflection of our aspirations for appropriate workplace behaviour. They play an important role in building a positive culture, creating a solid foundation for employment policies.

The board and executive were keen for all staff to give input into the broad, living values and behaviours of our network.

This feedback capturing the spirit of CALHN helped the final values to be solidified, so they can inspire and guide each and every one of us.

The new values and corporate behaviours were also developed through several forms of consultation with staff and consumers. This involved online engagement, on-site conversations and displays, as well as workshop events.

The new CALHN values are:

- people first
- ideas driven
- future focused
- community minded.

Look out for statements about our values and behaviours as they are woven into our communications, human resources and planning.



A year across the network

Our people



15,612
Staff



577
Volunteers



6,115
Nursing staff



2,023
Medical professionals



2,358
Allied Health professionals

In our hospitals



126,936
Emergency department presentations



59,444
Ambulance arrivals



75,968
People who went home on the same day



2,937
Mental health patients discharged



60,619
Inpatients discharged



54,808
Outpatient appointments



44,052
Surgeries

Across the state

517 Rehab in the home patients

1,784 Hospital in the Home admissions

13,683 Refugee Health Service services

204,301 Community mental health contacts

SA Dental

132,218 children and **182,508** adults visited a SA Dental Service

133 Aboriginal children and **114** Aboriginal adults accessed rural dental services

5 Aboriginal patients visited oral surgery specialist clinics

SA Prison Health Services

704,389 nurse, **14,007** medical and **880** video conferencing consults by prison Health

207 Aboriginal adults accessed Prison Health Services

BreastScreen SA

74,381 screening mammograms

510 preliminary screen detected breast cancers identified by BreastScreen SA

SA Pathology

3,548,627 SA Pathology requests ordered by CALHN

15,118,408 SA Pathology tests conducted

SA Pharmacy

1,130,904 items dispensed by SA Pharmacy

SA Medical Imaging

313,697 x-rays

31,536 MRIs

4,795 PET scans

Research

576 Sponsored clinical trials

485 clinical research trials

747 publications

COVID-19

106 COVID-19 inpatients

7,343 people tested for COVID-19

18 COVID-19 patients treated in ICU

4 deaths caused by COVID-19

118 Hospital in the Home patients

Responding to COVID-19



On 16 March 2020, our state declared a public health emergency due to the Covid-19 pandemic

Prior to this major announcement, a command centre had already been established, with Dr Kathryn Zeitz appointed as the Incident Commander. The Royal Adelaide Hospital became the designated receiving hospital for COVID-19 patients.

To bolster our response measures, we were fortunate to be joined by Australian Defence Personnel (ADF) Major Timothy Rowe and Captain Michael O'Callaghan in late March. They provided valuable assistance to the Command Centre and logistical guidance to the network.

March saw our first critically ill patient admitted to the RAH's Intensive Care Unit with 17 more admitted during the following 20 days.

As at 30 June, 106 people had been treated as inpatients at the RAH, with another 118 patients cared for through our Hospital in the Home program. Despite the best efforts of our staff, four patients sadly passed away.

Due to the nature of restrictions across our sites and as a safety measure we had to temporarily say goodbye to our volunteers, Their absence was felt and with National Volunteers Week falling during in this period, CALHN celebrated in spirit and sent a token of our appreciation to our volunteers for all they do and contribute to our network.

Increased Aboriginal Community Council engagement

The health and wellbeing of our Aboriginal and Torres Strait Islander communities is a priority for the network. We take our responsibility to plan for and meet the specific needs of our Aboriginal patients very seriously.

When the pandemic was declared, we redirected internal resources to meet COVID-19 biosecurity measures and to provide greater support to this community after hospital discharge.

We consulted with Aboriginal and Torres Strait Islander communities and Aboriginal organisations to help make informed and culturally appropriate decisions about how we could better minimise community risks, making sure these patients had access to vital treatments and inpatient care.

This consultation also informed how our staff could best provide culturally specific education about COVID-19 and how to prevent the spread.

ADF joins in CALHN's response

Representatives from the Australian Defence Force assisted CALHN's Network Incident Management Team in the early months of our COVID-19 response. They began with reviewing incident management arrangements so that effective planning and information processes were established between CALHN and State Health Command.

They both provided steady, calm advice to help us navigate this difficult period. Their advice covered patient and workforce planning as well as regular 'gate' reviews. They added a new level of rigour and were instrumental in ensuring visibility of personal protective equipment, for extra confidence in protecting ourselves and our patients.

COVID-19 miracle survivor, Paul Faraguna



Adelaide man, Paul Faraguna spent four difficult weeks in ICU at the RAH after contracting COVID-19 on a cruise ship. After a challenging two-month stint in hospital, he was the final patient to be discharged from the hospital when he was well enough to leave.

Many of the staff who cared for Paul gave the 68-year-old a special send off in the form of an emotional guard of honour as he left the hospital for further rehabilitation.

Although he has little to no memory of the ordeal, Paul says after awakening from a coma, doctors and nurses consistently said his recovery was a miracle.

'When I was in the ICU, my wife Robyn got to know the nurses and doctors very well and she cannot praise them highly enough,' he said.

'She has told me they are very caring and dedicated professionals.'

'In the 6G ward...I have gotten to know the nursing staff and doctors very well. I believe they are a major factor in my rapid recovery,' Paul said.

'I would like to say how fortunate I feel to live in Adelaide and to be cared for at the RAH.'

The staff and facilities are excellent. I can't imagine there are many places in the world that could match this standard.

Paul will be missed at the RAH, but his nurses and treating medical staff are thrilled by his release, and happy he has left to begin his journey to recovery in the community.

International Year of the Nurse and

The World Health Organisation declared 2020 as International Year of the Nurse and Midwife to acknowledge and honour the vital role nurses and midwives play in providing health services to the community.

They give life-saving health treatment, advice and care to people from all ages and walks of life. We have over 6,000 nurses and midwives at CALHN who work across diverse specialties, across all programs and services.

They work tirelessly to improve the health and wellbeing of our community by providing quality and compassionate health care to those most at need from the beginning to the end of life.

Thank you to our extraordinary nurses and midwives for making a difference each and every day!

CALHN nurses and midwives celebrated at launch event

To kick off celebrations, on 4 February 2020, CALHN held a special event hosted from the RAH and live-streamed across the network's various sites.

Rebecca Badcock, our Executive of Nursing and Patient and Experience, spoke about the importance and evolution of modern-day nursing and Florence Nightingale.

Our Chief Executive Officer, Lesley Dwyer, gave a speech about the difference nurses and midwives make in our community. She also told a personal story about her experiences of being a nurse and midwife.

'You combine your expert knowledge and experience, with empathy and skill, to provide comfort and stability for patients. This relationship is vital to ensuring people experience the best possible health outcomes,' she said.

Professor Brian Dolan, co-author of the Last 1000 Days website, presented on the topic of patients' time – the most valuable currency in healthcare – at the celebratory live video event.

A full house of staff gathered at the RAH to listen to Brian's fascinating insights about the #EndPJPparalysis Challenge, which aims to save a million days of patient time in Britain's NHS by getting patients up, dressed and moving while in hospital.

The Last 1000 days project aims to draw attention to where patient time is wasted, what could be done differently and to share some examples of successes in the hospital system.

Brian talked to CALHN staff about change starting out small, usually through one person, and then the next, making a stand on something they have influence over.

'All it takes is for each of us to be brave enough to make a stand about the things that matter to us. The TODAY model has been created to help you to make that stand.'



Brian Farmer - 2019 CRIPS Grant recipient

Brian Farmer has been a nurse within CALHN since 2014 and during this time, has been a driving force behind an initiative to improve care for Aboriginal and Torres Strait Islander consumers; a key priority for the network.

He was one of the successful 2019 CRIPS Grant recipients, securing a \$200,000 grant to pilot an initiative providing access to out of hospital dialysis care. Allowing renal patients to receive treatment in a culturally safe environment at accommodation and health service facility, Kangawodli (meaning Caring House).

The pilot service was co-designed with Aboriginal and Torres Strait Islander consumers and stakeholders and involved training Aboriginal Health Practitioners in haemodialysis, with the support of dialysis skilled nursing staff.

'We acknowledge that Aboriginal people have deep feelings of attachment and relationship to country however 58% of all Aboriginal dialysis patients clinically cared for by the CNARTS team are dislocated from home, country and community,' Brian said.



Having dialysis available at Kangawodli gives our patients an easily accessible, culturally safe space to dialyse.

'We hope it will really improve their experience and engagement with the health system.'

Brian's dedication will have great benefits for our consumers. One of his long term career goals is to win a senior position so he has the opportunity to support, mentor and maximise the potential of those around him to provide the highest standard of care possible to our consumer group.

Celebrating in spirit rather than in person

A number of celebrations to champion our nursing and midwifery staff were planned for the year at CALHN. The COVID-19 pandemic, however, meant we had to reimagine different ways we could acknowledge and honour these essential staff, without celebrating together face to face.









The first six months of 2020 were filled with video profiles of our extraordinary nurses from all areas across the network to showcase the varied and life-saving work they do every day.

These capture each nurse and midwife's story, including why they specialise in their field, the most extraordinary aspects of their careers and why they are so passionate about what they do.

On 12 May, we celebrated International Nurses Day. Our executives visited many areas across CALHN to hand-deliver gift baskets and thank you cards to acknowledge in person the tireless work of our nursing staff.

This year has thrown us many challenges. Frontline nursing staff have continued to serve as one of the most public faces of our health system.

Key highlights

				CALHN Research Week 		
	Governing Board officially commenced 		 2nd birthday of Royal Adelaide Hospital	Oral Health Plan launched Aboriginal Health Forum First Leadership Lab held	White Ribbon Equality and Respect Plan published 	 Mental Health CORE program began
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
			2019			
		Clinical Practice Improvement Leadership Graduation 		New clinical program structure implemented BreastScreen SA 30 year anniversary 		First Annual Public Meeting held TQEH multi story car park opened 

	<p>International Year of the Nurse Launch</p>  <p>CRIPS grant recipients announced</p> <p>Launch of Clinical Practice Improvement Leadership program</p>		<p>SA Pathology announced as staying in government</p> 	<p>New CALHN brand launched</p> <p>150 years of Glenside</p> <p>Workplace Giving program launched</p> 	<p>Consumer Partnering and Community Engagement Framework released</p> <p>CALHN re-set roadshows</p> <p>Clinical Council 'Clinician Engagement' Framework released</p>
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
			2020		
	<p>Inaugural Clinical Council</p> <p>Nursing and Midwife Awards finalists announced</p> <p>CALHN organisational values launched</p> <p>Received first COVID-19 patient</p> 	 <p>RAH COVID-19 clinic opened</p>		<p>Last COVID-19 patient left RAH</p>  <p>SA Medical Imaging announced as staying in government</p>	

People first

Transition to Professional Practice Program for registered nurses

Creating opportunities for staff development is an important aspect of living our values.

CALHN is committed to education for our nursing staff that supports best practice, including through the Transition to Professional Practice Program (TPPP), which provides further educational and career opportunities.

This 12-month temporary registered nurse 1 (RN1) contract is designed for university graduates to help transition them from a university training environment into an acute clinical environment.

Graduates work across CALHN, where they consolidate their skills and knowledge in a clinical setting. This gives them the opportunity to further develop their confidence and competence across different clinical areas.

Trainee Medical Officer forum gives staff a voice

To empower junior medical officers and give them greater opportunity for their voices to be heard, we launched the Trainee Medical Officer forum, open to any medical officers below consultant level.

Through this group, trainee medical officers can give and discuss feedback on systemic issues affecting their ability to care for patients, and can garner executive support to solve those issues.

This representative body in CALHN aims to improve two-way communication with trainee medical officers and to promote clinical leadership.

SA Prison Health Services Aboriginal Model of Care puts people first

Since the person-centric Model of Care for Aboriginal Prisoner Health and Wellbeing for South Australia was developed in 2017, CALHN has delivered ongoing cultural awareness and cultural competency training for all South Australian Prison Health Services (SAPHS) staff in state prison facilities.

To better understand the environment that Aboriginal and Torres Strait Islander people experience, we conducted an environmental cultural audit across seven SAPHS sites. We also developed online training resources for these staff to help improve circumstances for Aboriginal and Torres Strait Islanders.

To live and promote our values, we created a SAPHS Aboriginal and Torres Strait Islander health nurse champion role. This role is integral to sensitively implementing the Aboriginal Model of Care and developing Aboriginal culturally competent clinical practices across prison health services.

An implementation committee will work through a gap analysis and action plans for the coming year, along with SAPHS site action plans responding to the audit and gap analysis.

Leaders Within in 2020

Launched in the previous financial year, the Leaders Within program continued to provide great value to current and future leaders across our organisation.

In December 2019, Tim Jarvis joined us to present on his journey and lessons learnt from sailing a small boat 1500kms across the Southern Ocean and his adventure recreating the journey of the polar explorer Sir Ernest Shackleton. He spoke of accountability and the need for honest discussions, of authenticity and the importance of having a vision to motivate us and draw us together in times of change.

Cyprian D'Souza, co-founder of Nucleus Insights and previous Chief People Officer for Capgemini's Financial Services, gave an insightful presentation on 19 February about how to create a powerful leadership presence.

One point that really resonated with those present was the idea that leaders and teams need to create their own story and create the future of where they want to go, in order to achieve success. The energy in the room when he had staff interacting with each other was testament to the good work that we have all done so far to bring staff together for a common goal.

At the same session, Gerry O'Callaghan, Executive Director Medical Services, also presented the proposed CALHN professional standards and the CALHN clinical commitment.

The professional standards set key timelines and benchmarks for the management of patients presenting to our services. They are based on similar standards used across health services Australia-wide, reflecting the minimum best-practice. The standards exemplify CALHN's commitment to putting people first and improving our services.

Despite the limitations of COVID-19 restrictions, a second Leaders Within session was successfully held on 4 June. It was an excellent example of our agility under challenging circumstances, as we worked within the social distancing limitations to revise the format for attendees.

This event was a timely opportunity to examine global and local lessons learned from COVID-19, the CALHN journey and the learnings throughout this period. It showcased our responsive leadership and exemplified how we came together as an organisation to achieve a common goal during COVID-19, and our strategic reset post-peak pandemic.



Delivering culturally appropriate care

CALHN is dedicated to improving the outcomes of our Aboriginal and Torres Strait Islander patients and reducing health disparities. In another step towards equality in healthcare services, we are in the process of developing learning tools to support frontline staff in asking every patient one simple question, 'Are you of Aboriginal or Torres Strait Islander origin?', irrespective of patient appearance.

Designed by the Australian Institute of Health and Welfare, the campaign aims to accurately identify the Indigenous status of patients nationally.

Through CALHN identifying whether patients are from an Aboriginal or Torres Strait Islander background, it will help:

- 'close the gap' between health outcomes for Indigenous compared with non-Indigenous people
- improve access to existing health services
- ongoing planning and service delivery for all South Australians
- monitor changes to the health and wellbeing of Aboriginal and Torres Strait Islander people over time.

Staff awards and recognition



Australian of the Year

Congratulations to Dr James Muecke, AM, eye surgeon and blindness prevention pioneer, announced as Australian for the Year for 2020.

Since starting his medical career in Kenya, James has been passionate about fighting blindness, turning his attention now to the leading cause of adult blindness – type 2 diabetes. As the fastest growing cause of vision loss in Aboriginal people and the sixth-biggest killer in Australia, James regards sugar as a critical educational issue for its impact on developing type 2 diabetes.

Two decades ago, James co-founded Vision Myanmar at the South Australian Institute of Ophthalmology. He also co-founded Sight For All, a social impact organisation. With 80% of world blindness avoidable – and almost 90% in poor countries – James regards blindness as a human rights issue.

Australia Day Honours

Congratulations to the three CALHN staff who were recipients of these prestigious annual announcements:

- Dr Mitra Guha RAH (member [AM] in the general division of the Order of Australia for significant service to medicine and medical education)
- Dr Helen McLean SADS (member [AM] in the general division of the Order of Australia for significant service to dentistry, and to professional associations)
- Former CEO Jenny Richter (member [AM] in the general division of the Order of Australia for significant service to medial administration, and to community health).

Queen's Birthday Honours

Congratulations to the two CALHN staff who were recipients of this prominent award:

- Dr Gabrielle Cehic (member [AM] in the general division for significant service to medicine, to nuclear oncology and to professional medical groups)
- Dr Joseph Montarello (medal [OAM] in the general division of the Order of Australia for his service to medicine, particularly to cardiology).



Stroke Foundation President's Achievement Award 2020

Congratulations to Associate Professor Tim Kleinig, Head of Neurology, who was awarded the Stroke Foundation President's Achievement Award in May. This accolade acknowledges exceptional individuals who have made a significant contribution to the Stroke Foundation.

A/Prof Kleinig was awarded this for his integral role in improving the care of South Australians suffering from stroke. His achievements include implementing the highly successful South Australian Telestroke Service, which also won the 2019 SA Health Chief Executive's Imitation Award.

Bryan Hudson Medal

Congratulations to Christopher Belder, one of our third-year physician trainees, for receiving the Bryan Hudson Medal.

The medal is awarded to the trainee with the highest aggregate combined percentage in the RACP written and clinical examinations in adult medicine.

This is the second year in a row that one of our trainees has won this award! Christopher is a well-deserving winner, known as smart, committed, supportive of his juniors and prepared to go the extra mile.

SA Nursing and Midwifery Awards finalists

Congratulations to all of CALHN's talented and dedicated nursing and midwifery award finalists:

- Marilyn Thomas for the Mary Buskin Excellence in Practice Award
- Peta Sutton for Excellence in Practice
- Kristian Sanchez for Excellence in Leadership
- Mandy Kocher for Consumer Appreciation
- Karen Royals for Excellence in Research and Knowledge Translation
- Mikaela Canfield for Excellence in Practice
- Tayla Antiuschka for the Early Career Nurse/ Midwife of the Year
- Sophie Dohnt for the Humanitarian Award.

2019 SA Health Awards

The SA Health Awards is an annual award which recognises and rewards individuals, teams, programs or projects that have significantly improved the delivery of health services to the South Australian community.

VariantGrid / Shariant Software Team, SA Pathology, CALHN

Winner of the Minister's Research and Innovation Award

Congratulations to our network's David Lawrence and team, who developed software called VariantGrid, part of the introduction of genomic technologies into SA Health. VariantGrid efficiently analyses prodigious amounts of genomic data, supporting healthcare decisions.

Its offshoot, Shariant, provides national infrastructure to share data between participating diagnostic services across Australia. It won a national tender from Australian Genomics for the successful translation of research into clinical practice, benefiting health services across Australia.

Implementation of pharmacy automation at the Royal Adelaide Hospital

Winner Excellence in Non-Clinical Services

Congratulations to staff behind the Royal Adelaide Hospital's award for implementation of pharmacy automation, as one of the largest of its kind in Australia. The RAH has two in-pharmacy robots and 119 ward or theatre-based devices. For this award, the pharmacy automation implementation:

- demonstrated safety and efficiency benefits
- showed a reduction in medication expenditure for inpatients
- produced better data on medication usage
- allowed greater traceability of medications
- resulted in a reduction in the number of pharmacy dispensing selection errors.

SA Pharmacy Medication Profiler Group, SA Pharmacy

Winner Improving Safety and Quality

Congratulations to staff behind this award for improving safety and quality. The SA Pharmacy Medication Profiler was initially developed as an in-house tool by Peter Hill at The Queen Elizabeth Hospital. It is now a program used across SA Health to improve patient understanding of their medication at discharge.

The SA Pharmacy Medication Profiler Group is a team of pharmacists across the state who develop, promote and govern this highly used safety and quality resource to improve patient care in SA.



SA Dental Autism–friendly dental care program

A trip to the dentist can be traumatic at the best of times, let alone for children with complex needs.

SA Dental Service pioneered a new training program 'Creating an Autism–friendly Dental Setting' to improve the experience for patients on the Autism spectrum and reduce the need for general anaesthesia. This is an excellent example of putting people first.

SA Dental Service Executive Director, Mark Chilvers said the program is essential in local dental clinics to ensure all children have access to equal care, regardless of any complex needs.

The program educates dental staff about the sensory challenges children with autism face daily, especially within the dental environment.

'These can cause negative feelings about visiting a dentist and affect their oral health,' Mr Chilvers said.

'The online training uses filmed clinical scenarios to assist dental teams in understanding the complexities of Autism and offer strategies on how to create a more positive experience for young clients with autism.

Parent, Lisa Ruggiero, says it helped overcome anxiety for her son, Ryan. 'He used to scream before he went near a dentist office, he wouldn't even get in the room,' she said.



Future focused



Electronic Medical Records (EMR) system roll out completed

The Sunrise EMR system was introduced across CALHN to replace the need for paper-based records. This new digital form of medical record-keeping will improve consistency, accuracy, safety of care, confidentiality and efficiency. The EMR roll-out was part of our commitment to being 'future focused', including finding better ways to solve problems, provide services, break down barriers and use new technologies.

Despite the impacts of COVID-19, the roll out of the EMR was completed across both the RAH and Sefton Park Intermediary Care centre.

This excellent result was achieved through the hard work of many staff, including Dr Jon Hogan-Doran, Cancer EMR Programme Chair, who shared the below image with the EMR team. It sums up perfectly what a monumental project the EMR was for the RAH and CALHN.

With the transition to electronic medical records now completed, the focus shifts to data usage and data quality.

Revitalising the Repat

In May 2020, plans were finalised for the \$60-million second phase of the Reactivating the Repat redevelopment. This is an exciting part of our 'future-focused' service operations to improve patient options and care.

The Repat houses services designed for a whole spectrum of South Australians, from the drive-through Covid-19 testing clinic and the specialised dementia care unit, through to offices for South Australia Medical Imaging and Orthotics and Prosthetics SA. There is a newly opened hydrotherapy pool and, in the coming months, a 26-bed rehabilitation transition care facility.

In partnership with Hammond Care, there will also be a 78-bed dementia care home.

A ward is being redeveloped to create an 18-bed neurobehavioural unit for people living with dementia whose behavioural and psychological symptoms mean their needs are not met in mainstream residential care.

Building works have already begun on two, 24 bed purpose-built family-centred facilities for Brain Injury Rehabilitation and Spinal Cord Injury Rehabilitation, exercise physiology, wheelchair training and sports gymnasium, Veterans' Wellbeing Centre and Town Square.

The second stage of works will deliver outstanding medical facilities and create jobs.

The Town Square will be a focal point to connect services at the Repat through a central hub, providing spaces for patients to interact with their families and carers in a park-like environment. The square will include a café, activity hub and inclusive playground in open green spaces.

A new Veterans' Wellbeing Centre will help veterans to maintain a strong link with the site through a dedicated space that meets their needs and the needs of their families. The Remembrance Gardens and museum will also be preserved in the redevelopment.

The Older Persons' Mental Health Service relocated to the Repat in May 2019, along with a service for eating disorders.

Telehealth initiative for cystic fibrosis patients

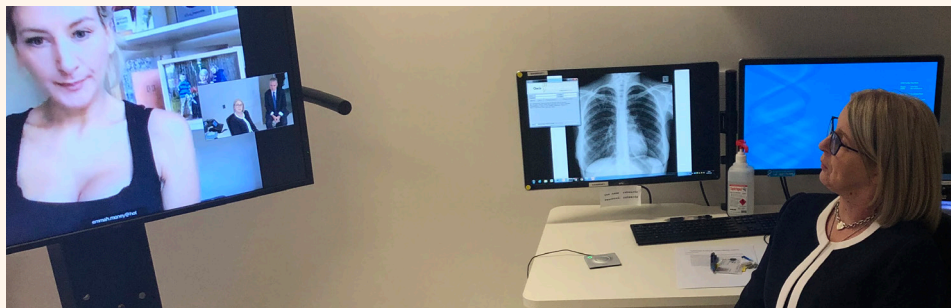
Cystic fibrosis affects around 350 South Australian children and adults, and is Australia's most common life-limiting genetic condition. In March, CALHN ensured the Cystic Fibrosis Unit would continue to function during the pandemic and so that patients would not have to face unnecessary risk.

CALHN's Acting Clinical Lead of the Cystic Fibrosis Unit, Dr Judith Morton was behind our agile approach to minimising the Covid-19 risk in people with cystic fibrosis. Telehealth video consultations were set up from the outset of the pandemic to allow specialists usually based at the Royal Adelaide Hospital to remain at home.

They were able to speak with patients via a webcam on a laptop, as patients accessed their appointments from their own home.

'Funding was used to purchase essential home spirometers so patients can monitor how well their lungs are working and any problems like infections can be detected and relayed back to the specialist,' she said

Post pandemic, the telehealth service will continue to be used to help more patients receive medical care from home. This initiative has paved the way for other outpatient care services to flexibly deliver care to better serve the growing needs of our patients.



Cystic fibrosis telehealth helps patients through COVID-19 risk period

When COVID-19 hit, the Cystic Fibrosis Unit was one of the first to move to telehealth to avoid the risk for vulnerable patients, like Emma Money, from coming to hospital.

CALHN, SA Health and The Hospital Research Foundation each pledged funding to ensure the service could function remotely.

This new telehealth service allowed young mum of two Emma to be treated from the comfort of her own home.

“With telehealth I could see nurses every day, it's really helped me to not allow my illness to not be such a disruption in my life.”

'It is very easy to use, very accessible and I was able to speak to multiple people in my treating team.'

'Managing a condition doesn't mean you need to be seen in person. It has made it a lot easier and made my care routine not so daunting.'

South Australian Prison Health embraces telehealth

Every month, about 20% of prisoner patients do not attend booked appointments. The adoption of telehealth during COVID-19 turned this around with 100% of patients attending appointments during April 2020.

A telehealth appointment helped uncover a heart condition that required immediate surgery in a prisoner patient.

This is just one example of how invaluable the use of technology has been during the COVID-19 response.

The new telehealth appointments were held for prisoner patients across specialties including cardiology, orthopaedic, rheumatology, renal, neurology, surgery, speech therapy, thoracic medicine and psychiatry – an excellent example of innovation during adversity that will have a lasting impact on the health system.

CALHN Research Week

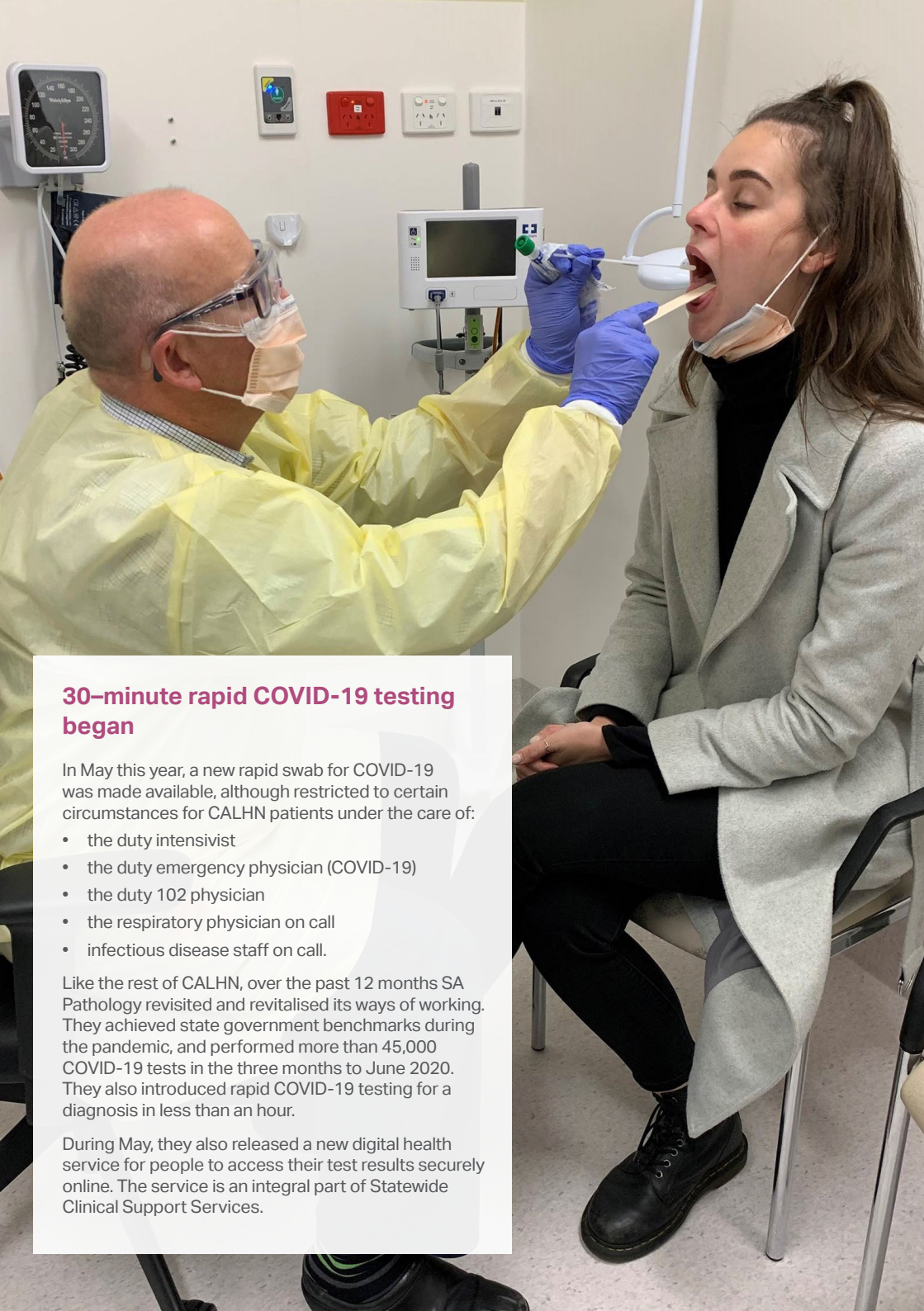
Over three days in October, CALHN's world-class researchers presented, across two events, the latest advancements in medical research.

RAHsearch 2019 complemented the annual TQEH Research Expo that showcases research undertaken at the TQEH and Basil Hetzel Institute for Translational Health Research.

Although linked, the TQEH Expo focused on an audience of emerging researchers and research donors, while RAHsearch targeted the general community.

RAHsearch featured 58 researchers who presented posters in the public foyer and were on-hand for Q&As. A series of short and engaging presentations were also held in the lecture theatre.





30-minute rapid COVID-19 testing began

In May this year, a new rapid swab for COVID-19 was made available, although restricted to certain circumstances for CALHN patients under the care of:

- the duty intensivist
- the duty emergency physician (COVID-19)
- the duty 102 physician
- the respiratory physician on call
- infectious disease staff on call.

Like the rest of CALHN, over the past 12 months SA Pathology revisited and revitalised its ways of working. They achieved state government benchmarks during the pandemic, and performed more than 45,000 COVID-19 tests in the three months to June 2020. They also introduced rapid COVID-19 testing for a diagnosis in less than an hour.

During May, they also released a new digital health service for people to access their test results securely online. The service is an integral part of Statewide Clinical Support Services.



'Vial Hugger' innovation at RAH

Ophthalmology Consultant at the Royal Adelaide Hospital, Dr Weng-Onn Chan, MBBS, inspired by an idea, invented a new medical accessory – a device that conveniently docks with 1.5 mL vials (such as Eylea and Lucentis), locking them into place securely with a simple push.

Following numerous prototype iterations with varying size and weight, the current design was finalised. Consideration was given to aesthetics, safety and practicality. The weighted device allows a single operator to draw up a liquid drug from the vial while maintaining sterility.

Greatly reducing the risk of needlestick injury, the Vial Hugger™ has been extensively tested in clinical practice and is hand-machined from a solid piece of anodised aluminium. It has an adjustable resistance pin in the well for a secure locking mechanism.

E-cigarette research

Researchers at the Royal Adelaide Hospital continued this year to look for ideas and solutions that would have a major impact on the future health of South Australians.

Dr Miranda Ween of the RAH Lung Research Laboratory was concerned about the lack of safety testing in e-cigarettes and e-liquids, and in particular, the dangerous role flavouring had.

'The number of e-cigarette users (vapers) continues to grow. Many young people now use the devices socially. In fact, the Trump Government in the US wants to ban flavoured e-cigarettes to protect the growing number of teenage consumers,' Dr Ween said.

'However, e-cigarette regulation should be based on evidence and include data on what determines the level of risk posed to the user.'

Dr Ween's study into e-cigarettes and e-liquids found disturbing evidence that vapours used in one brand caused 60% more cell death when emitted from a different brand of e-cigarette.

This is a similar toxic effect on upper respiratory cells as traditional tobacco smoke.

'Every flavour tested caused some level of lung cell damage, but the level of toxicity varied depending on the flavour.

'For now, e-cigarettes are not going anywhere, so it's vital we study the many devices and flavours to try and make them as safe as possible,' she said.

Dr Ween hopes to conduct more e-cigarette research, comparing effects on young developing lungs against fully developed adult non-smoking lungs.

New cancer drug shows promise

CALHN researcher Timothy Price and his team found that a new anti-cancer drug, which targets a common, specific gene associated with some cancers, has reduced tumour sizes in mouse and human trials.

The team's study found that the drug – called AGM 510 – can reduce or eradicate tumours in mice. It also caused tumours to shrink in two human patients by 34% and 67%.

The drug inhibits a gene called KRAS, associated with many cancers, including lung and bowel cancers when mutated.

The ideas-driven efforts of local researchers led to the discovery of AMG 510, which is suspected to be the first KRAS inhibitor in clinical development.

In preclinical analyses, treatment with AMG 510 led to the regression of these tumours and improved the anti-tumour efficacy of chemotherapy and targeted agents.

The study also revealed that cured mice rejected the growth of isogenic KRASG12D tumours, which suggests adaptive immunity against shared antigens. In clinical trials, AMG 510 also demonstrated anti-tumour activity in the first-dosing cohorts. It represents a potentially transformative therapy for patients and demonstrates the world-class research being conducted across our network.



SA Pathology in breakthrough for breast cancer research

The Centre for Cancer Biology (CCB) has made a critical breakthrough, uncovering how an obscure protein causes breast cancer to develop and grow more quickly.

The CCB is an alliance between SA Pathology and the University of South Australia and has the largest concentration of cancer research in South Australia.

The research is one example of how CALHN is finding new ways to innovate, and as an organisation, is focused on investing in research linked to better patient outcomes.

CCB researchers found that high levels of a protein called Crel2 are linked with the most aggressive types of breast cancer, with lower survival rates in patients.

In a paper published in Nature Cell Biology, our researchers described how aggressive breast cancers produce Crel2, which hijacks healthy cells, to promote tumour progression.

Scientists have been aware of this protein for some time, but up until now, it had not been well studied and its role in breast cancer was not understood.

The team at the CCB is now working on therapies to destroy or block Crel2, with the aim of stopping breast cancers from growing and spreading around the body. Congratulations to the team at CCB for this remarkable discovery

Erector Spinae Plane Block (ESPB) helps minimise opioid use

When patient Tim Wilson fell from a ladder and fractured 11 ribs, the pain was excruciating.

'I've had rib injuries before playing football in the 80s and I'll never forget it, it was probably the worst month of my life I was in a lot of pain,' Tim said.

Thanks to an innovative new technique used to help treat rib fractures, he is among the growing number of patients who are recovering with better care, and with less pain.

The new technique was developed through CALHN's drive for innovation that benefits the health outcomes of South Australians.

'Pain management is vital for a patient's recovery and the Erector Spinae Plane Block (ESPB) technique has been a game changer,' anaesthetist Dr Gilberto Arenas.

'The procedure involves using ultrasound to find the erector spinae muscle, which allows a doctor to inject local anaesthetic directly onto nearby nerves that transmit pain signals from the broken ribs.

It's highly effective and in many patients enables them to breathe easier and gain mobility quicker, minimising the use of opioid painkillers.

Initially Tim was reluctant because the procedure involved an injection, but after feeling nauseous and foggy on the opioid Fentanyl, he opted for the ESPB.

'From then on, all the nausea and unclear head disappeared. It took the pain away straight away,' he said.

'It's not restricting me at all once, I'm on my feet and I'm able to walk around with a bit of pace. It's a lot easier to breathe and a lot more comfortable.'



Research into the link between gut and blood sugar

Dr Tongzhi Wu, Senior Clinical Research Fellow demonstrated this year the value of an ideas-driven culture through his research to help people suffering from type 2 diabetes.

Around 1.7 million Australians have diabetes, a third of whom have not yet been diagnosed. One in every four hospital beds in Australia is occupied by someone with a diabetes-related condition. Disturbingly, South Australia has the highest incidence, with about 5.8% of the population diagnosed with diabetes.

Dr Wu said there is growing recognition that the stomach and intestines are central to the control of blood sugar levels after meals. With a better understanding of how certain nutrients interact with the gut, we can modify this process to advantage.

'My research focused on understanding the mechanisms by which nutrients, bioactive compounds and diabetes drugs interact with the gut,' said Dr Wu.

He explained that the gut 'tastes' contents in a similar manner to the tongue.

Recent evidence suggests that bitter-tasting substances in the gut can reduce appetite and slow the emptying of meals from the stomach, by stimulating gastrointestinal hormone release. This in turn may improve blood glucose control and optimise efficacy of anti-diabetic medicines in people with diabetes.

'We encounter bitter substances every day, not just from plant-based foods, but also from some amino acids, the building blocks of dietary protein, and from bile secreted into the gut,' he said.

In a recent trial, Dr Wu gave diabetic volunteers a bitter compound inside a capsule, so that its taste in the mouth was masked. These volunteers ate substantially less at their next meal than after a 'placebo' capsule.

Du Wu believes that if they can stimulate this gastrointestinal hormone secretion through diet or physiological substances, particularly bitter tasting compounds – either alone or in combination with antidiabetic drugs – the rise in blood glucose after meals can be reduced in people with type 2 diabetes.

Closing the Gap funding used

This year, using funding for 'Closing the Gap' in healthcare outcomes for Aboriginal and Torres Strait Islander peoples, CALHN developed an Aboriginal health champion network.

These champions were placed within program areas such as spinal and brain injury rehabilitation, mental health services and SA Prison Health to promote new ideas, advance understanding and assist with cultural safety through peer education and ongoing support.

As a result, the network has improved pharmaceutical access and medication care for Aboriginal and Torres Strait Islander patients. It will remain a key priority on discharge to the community through education of medical and pharmacy staff to accommodate those who live in remote area. It will also help access targeted funding for eligible patients.

CALHN Closing the Gap funding was also used in 2019–20 for:

- integration of the six Aboriginal health practitioners into acute settings to develop culturally specific resource materials, and to undertake specialised models of care for renal transplant and dialysis, cardiac surgical interventions, cancer patient journeys and emergency department cultural care and responses
- ongoing development and transition of the clinical role and scope of practice of Aboriginal health practitioner roles in the Aboriginal Health and Wellbeing Unit, with Aboriginal Health Council of SA and nurse clinical educators
- production of consent resources in digital visual format for the most common desert languages to help Aboriginal patients to give informed consent for procedures and treatment in cardiac, cancer and emergency.

Community minded



Celebrating 30 years of BreastScreen SA

In October 2019, BreastScreen SA marked three decades of service and support to the women of South Australia. During its time in operation it has conducted more than 1.9 million screening mammograms to more than 350,000 individual women in our community.

More than 11,000 breast cancers have been diagnosed over the 30 years. The early detection of breast cancer means improved outcomes and treatment options for these women.

Anniversary celebrations coincided with Breast Cancer Awareness Month in November and were attended by the Hon Minister for Health and Wellbeing Mr Stephen Wade, along with BreastScreen SA ambassadors, dignitaries and VIPs. Many of these people were instrumental in establishing the screening program when it commenced first as a pilot program in 1989.

Disability access and inclusion plan launch

CALHN is committed to engaging and collaborating with diverse internal and external stakeholders to improve efficiencies and provide better or more appropriate care. Being community minded means that we are rethinking how we operate, to better meet the needs of our patients within their communities or the hospital system.

Being aware of how disability impacts people, and the critical importance of inclusion, helps us to understand and meet the needs of our consumers who live with a disability.

CALHN's disability access and inclusion plan, launched in November 2019, helps us to achieve this change for the better. It reflects our continued commitment to upholding the rights of people living with disability to access quality health care.

The plan builds on the interim 2017 plan and involved consultation with some of CALHN's consumers who live with disability and their carers.

It describes the strategies and actions underway that help make sure people living with disability have the same opportunities as others. This includes their right to be included in quality services, events, information, buildings and facilities, consultation, complaints processes and employment.

Next year, we will build on the work we have already done as all staff become familiar with the CALHN plan. We are actively working together to foster a genuinely inclusive environment for all patients, their families and our staff.

Mental health redesign

This year, CALHN's Mental Health directorate redesigned community mental health to provide the best care possible for varied consumers. The new structure places the care in the community where it has improved access and has the greatest impact.

Each of the three phases of the Community Mental Health Redesign Project involved significant consultation with staff, consumers and carers. We gave several opportunities for these stakeholders to be involved in the change process.

Phase 1 of the project involved defining core business and developing a draft model of care.

Phases 2 and 3 will be informed by the outcomes of phase 1 and will include service planning and developing clinical pathways, implementing the outcomes and a formal evaluation of the project.

Improved focus on Aboriginal health across CALHN

For greater direction on how, as a network, we can improve the health of our Aboriginal and Torres Strait Islander consumers, we held an Aboriginal Health forum in October 2019.

Key stakeholders were invited to join us to discuss Aboriginal health priorities and aspects of policy in which we could improve upon including:

- our service level agreement
- SA Health's performance framework
- the CALHN Aboriginal Health Needs and Gaps Report.

It was agreed that the priorities, targets and measures identified at the forum would inform the basis of CALHN's Aboriginal health priorities and strategic deliverables.



Workplace giving helps the homeless

During the COVID-19 pandemic, CALHN received an outpouring of public support through letters, songs, drawings and donated goods.

To 'give back' to the community, in May a Workplace Giving Program was launched to allow staff to make regular donations from their salary to our chosen charity, the Hutt St Centre.

Without a home, it is much more difficult to self-isolate and engage in social distancing, making rough sleepers vulnerable to coronavirus as well as other illnesses and health conditions.

CALHN, after careful consideration, chose to work with the Hutt St Centre.

The Hutt St Centre offers a place of hope and opportunity for people facing homelessness by providing shelter, food, social work and support services, education and legal assistance.

Workplace giving is a simple, yet powerful way to help those who are most vulnerable in our community.

The program was rolled out for a three-month trial across the network with the aim of extending it beyond as a permanent program.

Renal patients take control over their treatment

Empowering patients to take more control over their dialysis treatment is at the core of a revitalised initiative at Hampstead's renal unit.

'Because our patients have to dialyze numerous times a week for up to five hours a day, a lot of patients already participate in their care and share involvement with the nursing team,' explained Home Dialysis Training Nurse Unit Manager, Michelle Ovenden.

Self, shared and home care is really about the consumer driving the care they want. Each involves varying levels of participation, based around the patient's capability and desire to take part.

Jess Schuyt, 28, was diagnosed at 16 with Goodpasture syndrome – a rare disorder where the body mistakenly makes antibodies that attack the lungs and kidneys.

A kidney transplant from her mother lasted 10 years, but unfortunately failed after a medication change. This means Jess is back on dialysis and participating in self-care.

'Knowing my machine, I understand what it's doing how it's filtering and how it makes me feel,' Jess said.

I feel a lot more in control. I come in early and set myself up and am ready to go. It's gotten easier and quicker to do – the process has dropped from 45 to 15 minutes.

About 20% of self-care patients will move onto the home care program, with support just a phone call away and the option for a home visit or to come into the renal unit for respite.

Helping patients to receive the right care, in the right place, at the right time is at the heart of our value of being community minded.



Mental health co-responder project

As a receptive organisation with a focus on caring for the community, CALHN saw a need for specialist mental health staff to work with first responders so that patients receive the best possible care when they most need it.

A collaboration between CALHN and SA Ambulance Service, the innovative program partners specialist mental health staff with paramedics. This has helped divert two-thirds of callouts away from busy emergency departments to more appropriate care.

In six months, the Mental Health Co-Responder (MH CORE) team responded to 139 consumers. Two out of these three people were supported through care in the community.

Without the intervention, 89 of the patients would have been transported to the ED unnecessarily.

Consumer feedback has shown that the MH CORE service improved their quality of their care which is an indication that we are providing the right care, in the right place, at the right time.

Of the 50 consumers taken to hospital during this period, 26 required admission to a mental health ward.

The Co-Responder service also monitors re-presentation within 48 hours to an ED or ambulance call out, and during this period, data showed that 11% of people re-presented.

MH CORE operates in the CALHN catchment in metropolitan Adelaide between 1.00–8.00pm Monday to Friday.



Cardiology care for patients in the APY Lands

Improving the patient experience for people in the APY Lands with cardiac condition Rheumatic Heart Disease is the focus for Associate Professor Chris Zeitz and the cardiology team.

While common cardiac diseases are frequently encountered, there is a particular burden of Rheumatic Heart Disease (RHD) in the APY community that was previously under recognised.

For patients who need to travel to receive cardiac services, it's a three-day roundtrip on a bush bus to Alice Springs. For some patients, the trip isn't possible because of the health risks.

So for two weeks a year, A/Prof Zeitz, a cardiac nurse and a cardiac technician visit the APY Lands to see more than 100 patients and provide a direct link for those who need to come to Adelaide for care.

Known cases of RHD on the Lands have increased from 26 in 2012, to 112 in 2018, with almost half requiring and receiving preventative medication.

This therapy is vital to ensure that repeated episodes of acute rheumatic fever are prevented, as it is these repeated infections that cause permanent damage to heart valves and the need for heart valve surgery.

Since the team began visiting the Lands, compliance with preventative therapy has increased from 19% to 75%. For the remainder, regular monitoring is required to ensure the valve disease is stable.

For the past seven years the team has worked closely with Nganampa Health Council to engage with the local community. The partnership enables regular and routine communication between CALHN, Nganampa and the RHD registry to help manage individual patients.



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