

# News

Welcome to the fifth edition of Transforming Health News for 2016.

This publication will keep you up-to-date on the progress of Transforming Health and provides further information about key milestones.

If you have any Transforming Health stories you would like to share or questions you would like answered, please email [health.transforminghealth@sa.gov.au](mailto:health.transforminghealth@sa.gov.au)



## Services move to the North

More patients in the North and North east now have improved access to orthopaedics, renal and vascular services at the Lyell McEwin Hospital, marking the first stage of service transfers from CALHN hospitals to NALHN.

The transfer of these services forms part of a key milestone for Transforming Health – identifying activity undertaken by CALHN relating to North and North eastern residents and moving this activity to NALHN.

Additional facilities are being built at both the Lyell McEwin and Modbury hospitals, along with increased services, recognising the significant growth in population and demand for services in the North. These changes will also enable the Lyell McEwin Hospital to develop into the major tertiary hospital for the North and North east.

Further services are scheduled to be moved to the hospital by March 2017, including oncology, cardiology, stroke and ear, nose and throat.

Other services, including urology, breast endocrine, upper gastrointestinal services, medical oncology, haematology and endocrinology will be relocated in stages over the next four months.

Interim Chief Executive Vickie Kaminski said the transfer of services from CALHN to NALHN would allow more North and North eastern residents to receive excellent specialist services closer to home. Currently only 54 per cent of North and North eastern residents are treated within NALHN hospitals, compared with 90 per cent of residents in the South and central Adelaide.

“Under Transforming Health we’re investing in infrastructure and realigning services so patients have greater access to the right care straight away, improving outcomes for patients and overall efficiency across our health system,” Ms Kaminski said.



# Length of stay times over the decades

South Australians are spending significantly less time in hospital for a wide range of conditions and procedures compared to 40 years ago.

Medical advancements and clinical innovation have drastically improved the length of time South Australians are staying in hospital, freeing up staff and beds for other patients.

During the '70s having an appendix removed meant a six day hospital stay. Today, the average stay is two nights.

Treatment of a hernia in 1975 would require a week in hospital, compared with only three nights in 2016.

The average length of stay for stroke patients in 1975 was 34 days. In 2015-16 the average length of stay for stroke patients was 10 days.

SA Health's Chief Medical Officer Professor Paddy Phillips said tools available to clinicians and treatment methods used were continually changing.

"When I was a medical student patients were admitted to hospital for six weeks to undergo a milk diet to treat ulcers because there was no other treatment available," Professor Phillips said.

"We now know that ulcers are caused by bacteria and are treatable by antibiotics, which can be taken at home.

"Patients who suffered a heart attack would stay in hospital for long periods of time after a clot blocked an artery and damaged their heart muscle. We now have clot busting drugs and stents that allow clinicians to treat patients quickly leading to shorter stays in hospital and better patient outcomes, including a reduction in damage to the heart.

"Decades ago when people went to hospital to have their gall bladder removed, they would stay for a week and be left with a 20 centimetre scar on their abdomen; now they can go home the same day after receiving a few small nicks in their belly with key hole surgery."

Professor Phillips said SA Health and all South Australian clinicians needed to learn from internationally recognised evidence-based research to improve patient outcomes into the future.

"We need to embrace best practice for the future health of our community. This includes improving what we do and using our health funding wisely."

Interim Chief Executive Vickie Kaminski said clinical evidence showed that if a patient is in hospital longer than they need it can be detrimental as there is a higher risk of contracting infections the longer a patient remains in the hospital environment.

Improvements to patient care being implemented through Transforming Health will continue to see patients move faster through the hospital system.

This includes changes made in NALHN to emergency orthopaedic trauma surgery, which has resulted in most surgeries done within 24 hours regardless of arrival time, compared to an average wait of up to 150 hours for patients who arrived on a Friday night. "When it is clinically safe to do so our hospitals are undertaking procedures that were previously provided as overnight or multi-day surgery, as day cases, ensuring our patients are not in hospital for longer than they need," Ms Kaminski said.

## CHANGES IN SURGERY LENGTH OF STAY IN DAYS



	1985	TODAY
BIRTHS	5.5	2.1
MASTECTOMY	10.1	3.6
STROKE	20.2	10.9
HERNIA	5.8	3
PROSTATE	11	2.7
APPENDECTOMY	5.6	2.6

# Emergency surgery improvements in NALHN

Northern residents are benefiting from faster access to emergency orthopaedic trauma surgery following an expansion of the orthopaedic service at Lyell McEwin Hospital.

Since the expanded service was introduced in November 2015, the 24/7 emergency orthopaedic service has treated more local residents, with an increase of almost 40 per cent in patients from the North and North east receiving emergency orthopaedic trauma surgery at NALHN.

Providing this important service locally means the majority of patients can now receive round-the-clock orthopaedic trauma surgery at Lyell McEwin Hospital, rather than being transferred to another hospital.

This is particularly important for patients requiring emergency surgery because delays can potentially cause serious adverse outcomes.

Fairview Park resident Andrew Thornton said he was grateful for service changes under Transforming Health, including access to 24/7 emergency orthopaedic surgery.

Mr Thornton was involved in a serious water skiing accident in February 2016, which almost resulted in him losing a leg.

“I was taken to Lyell McEwin Hospital via ambulance because I broke my leg but I was also diagnosed with compartment syndrome, which could have killed off my leg completely,” Mr Thornton said.

“They started emergency surgery soon after my arrival and opened up my leg to release the pressure for the nerve.

“The staff and surgeons were amazing and if I hadn’t had that surgery within that short period of time, I wouldn’t have that leg today.”

In addition, there has been a 12 per cent increase in the amount of emergency surgeries performed within NALHN since March 2016 compared to previous years.

The increase in the amount of emergency surgeries being performed equates to more than 500 patients a year receiving emergency surgery within NALHN.

Improvements such as this are critical to ensure improved health outcomes for South Australians.

## Nursing and midwifery future workforce update

Significant changes are taking place at LHNs to support the education and preparation of SA Health’s future nursing and midwifery workforce.

Rostering students on overnight and weekend shifts are among the changes.

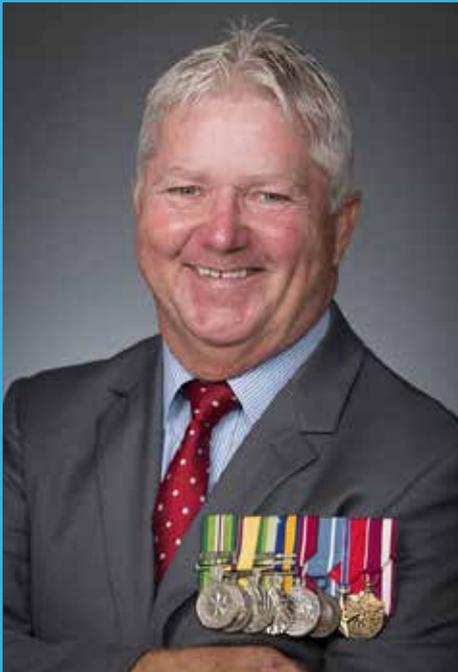
The changes are part of a commitment to support the education and preparation of SA Health’s future nursing and midwifery workforce.

Clinical placements are now provided across a longer period throughout the year, commencing in early January until late December.

SA Health will again be providing over 1.3 million hours of clinical placement training to nursing and midwifery students in 2017. The number of students on placement at any one time has increased over the past four years.

SA Health is working with education providers such as universities to make sure that the future workforce is ready to work in a complex, changing and challenging environment where it is important to provide the best care to South Australians.

# Opinions:



## Colonel (Ret.) Robert Manton

Since Federation more than 102,000 Australian servicemen and women have paid the ultimate sacrifice in theatres of operation around the world. Many others returned wounded, either physically or emotionally, from their exposure to war.

During World War I, Sister Rachael Pratt survived horrific shrapnel wounds to her back and lungs, when her casualty clearing station was attacked. She was awarded the Military Medal for conspicuous gallantry under fire, but never recovered from her injuries, suffering chronic bronchitis. The trauma took its toll and she was admitted to a hospital for the insane and died in Heidelberg Repatriation Hospital in 1954.

Lance Corporal Harold Candy returned from the battlefields of France, tormented by his physical and mental scars. In 1921, three years after the war, he took his own life.

Since 1999 the Australian Defence Force has conducted more than 80,000 deployments and around 3,000 servicemen and women are now living with Post-Traumatic Stress. Our modern day soldiers face a more lethal and unpredictable combat environment than their predecessors. Our health system needs to adapt and assist young veterans to be productive contributors in the community.

When Rachael and Harold returned home we didn't know much about Post-Traumatic Stress, or shell shock as it was known then. We now embrace our mentally ill, but there is still much we need to learn. Now is the time to strengthen our capability to care for servicemen and women for the next 50 years.

The new Veterans' Mental Health Precinct to be built at Glenside will include world-class infrastructure, innovative research and leading medical services. Importantly, it will retain the expertise, dedication, culture and traditions of the existing Repatriation General Hospital's Ward 17.

We have come a long way in Veterans' mental health care; but our best years are ahead.

**Colonel (Ret.) Robert Manton**  
Director Veterans SA



## Associate Professor Craig Whitehead

I love the Repatriation General Hospital. I have spent almost my entire professional career there, starting as a student in 1987. It is where I learnt to be a geriatrician and now train the next generation of staff in the care of the older person.

When the decision was made to close the Repat, I had two choices. To resist change and be obstructive, or to ensure that the clinical services and things that make the Repat special are preserved. I chose the latter, because I truly care about the Repat, its patients and its staff.

Closing the Repat and accommodating its clinical services in new and improved facilities at Flinders Medical Centre will achieve significant improvements in rehabilitation, older peoples' mental health and palliative care. While specialist veterans' mental health services will be strengthened and located in a world class facility at Glenside.

This integration of health care services at single sites will improve patient outcomes. While clinician led strategies are already reducing the time patients spend in hospitals and helping to free up beds.

Often changes to health services prompt people to focus on beds. Some may say that 'the number of beds equals the investment in health care' or 'the fewer beds in the system means cuts to health'. We need to debunk these myths. Modern day health care is not just about providing care in a hospital bed and a hospital is not always the best place for patients to be.

While there will always be people who criticise health system reforms, there is one thing clinicians can all agree on – patient care comes first. This is why I support Transforming Health.

**Associate Professor Craig Whitehead**  
Director of Rehabilitation and Aged Care  
Southern Adelaide Local Health Network



## Jason Killens

I've worked in some of the busiest ambulance services the world over. Each has been integral to the success of a high performing health system and that is why in South Australia we are building a responsive ambulance service for the future.

We have just inducted our biggest group of interns in a decade, who will hit the road alongside highly skilled and experienced paramedics as the new health system's front line.

The passion for providing excellence in patient care that these newly graduated, degree-educated paramedics have, together with our skilled and experienced workforce means they are our most valuable asset. It is their dedication that will drive much needed changes to the way we respond to calls for help and provide treatment.

We are strengthening our ability to provide care to patients with less serious conditions from the moment they call triple 000, so our clinicians can provide advice over the phone treating patients in the community and reducing the need for an ambulance to respond; while the sickest patients will be conveyed to specialist centres.

This new model of patient care will provide us with greater capacity to quickly respond to legitimate emergencies in the community.

The SA Ambulance Service is evolving into a dynamic healthcare provider, supported by the single biggest investment in metropolitan frontline services. We're employing another 70 full-time paramedics and support staff, adding 12 emergency ambulances to our fleet and will soon open two state-of-the-art ambulance stations.

South Australians will benefit from new infrastructure, more paramedics with better knowledge and skills, advanced technology and innovative service delivery.

It is an exciting time to be involved in the health system and I'm proud to be at the helm of the State's Ambulance Service.

**Jason Killens**  
Chief Executive Officer, SA Ambulance Service

# Infrastructure updates



## Modbury Hospital

Modbury Hospital's new Rehabilitation Centre is in the final stages of construction.

During October, mechanical and lighting systems were brought online and architectural finishes, painting and landscaping continued to progress well.

Demolition and structural work occurred in the level three ward in preparation for the refit.



*The new rehabilitation pool at Modbury Hospital*



*Construction of a courtyard in the new Rehabilitation Centre*

## Veterans' Mental Health Precinct

Work has begun at the new \$15 million Veterans' Mental Health Precinct at Glenside Health Service Campus.

Builders moved on to the site in mid-November.

The precinct, named The Jamie Larcombe Centre in honour of local hero Jamie Larcombe, who was killed while on operations in Afghanistan, will include an acute inpatient unit, outpatient services, specialist services for Post-Traumatic Stress Disorder, teaching and research spaces. It will also include a gymnasium, group rooms and shared spaces as well as gardens, areas for reflection and more private areas for Veterans to spend time with their families including children.

The precinct is expected to be completed by late 2017.



*Concept image for the new Jamie Larcombe Centre*



# Flinders Medical Centre

The foundations for the additional floors of the multi-storey car park have now been poured.

The 540 additional car parking spaces will increase the multi-storey car park from five levels to seven, with a total of 1,780 spaces – 1,220 more parking spaces than currently exist.

Slabs, structure and half of the roofing has now been completed in the 30-bed Older Persons' Mental Health Unit.

The new buildings are due to be completed by late 2017.



*The new multi-storey car park*



*The new Older Persons' Mental Health Facility*



# Infrastructure updates continued

## Update on the new rehabilitation facility at Flinders Medical Centre

Consultation with consumers from the south has emphasised the importance of patients and their families having access to outside spaces while receiving rehabilitation care in the new rehabilitation facility being built at Flinders Medical Centre (FMC).

The new building will have balconies and courtyards in the rehabilitation wards, providing relaxing gardens and a healing environment for patients who are recovering from conditions such as stroke, brain injury and amputation. On the top floor, rehabilitation patients, palliative care patients and their families will have access to a large roof top garden.

On the two rehabilitation floors, all patients will have their own room, families can stay overnight and windows can be opened to access fresh air. In addition, there will be a coffee shop to allow families and patients to relax together. The new FMC rehabilitation wards, which are co-located with acute neurosurgical and stroke wards, have been designed to incorporate the latest research ideas from neuro-recovery into the

design. Research suggests recovery is promoted by providing an enriched environment, opportunities for connection and promoting patient choice.

While the new building will have televisions in each patient room, there are other spaces intended to offer an active alternative for patients and to expand options for recovery. There will also be opportunities to engage, connect and socialise and to explore outside areas. Gyms will be accessible to inpatients seven days a week to allow extra practice. The emphasis in the design is to promote activities which are meaningful to each patient.

Flinders University researchers have developed an interview protocol to evaluate the health effects of the new building on rehabilitation patients' recoveries. Together researchers and consumers have co-designed a questionnaire for rehab patients, families and staff. Interviews will also be held with consumers receiving care in current rehabilitation buildings to understand what aspects are valued in the existing buildings. The findings will inform future health buildings in South Australia and across Australia.

Construction is underway on the 55-bed rehabilitation facility with concrete slabs now complete in the top floor. Structural steelwork has been erected and roofing has commenced.



*The new rehabilitation facility at Flinders Medical Centre*

# Hampstead to TQEH update

Under Transforming Health, rehabilitation services currently provided at Hampstead Rehabilitation Centre (HRC) will be integrated into metropolitan hospitals so rehabilitation can start sooner and patients can have better health outcomes.



In the first phase, general rehabilitation services currently provided at HRC for patients living in and close to the NALHN catchment area will transfer to Modbury Hospital. The majority of HRC's general rehabilitation services (incorporating stroke, orthopaedics, amputees and burns and general rehabilitation) will move to the The Queen Elizabeth Hospital (TQEH), which under Transforming Health will specialise in a number of services including rehabilitation.

Services for patients with a brain or spinal cord injury who require specialised rehabilitation will remain at HRC and transfer to TQEH at a later phase.

Specialist acute brain injury and spinal cord injury services will move into the new Royal Adelaide Hospital. TQEH respiratory and acute interventional cardiac services will also move to the new Royal Adelaide Hospital.

A range of upgrades at TQEH are proposed to support the realignment of services within the site.

Further discussions will take place with the community and users of the centre to determine a future use of the HRC site.

The transfer of services from HRC to TQEH has been the subject of a comprehensive engagement process within CALHN since December 2015. The process included weekly meetings with clinicians from HRC and TQEH, multi-disciplinary teams, service visits, user groups and all staff forums.

A number of alternative options to accommodate these services were canvassed as part of the engagement process. As a result of the responses of staff, unions, and user groups, the original scope for the relocation of rehabilitation services from HRC to TQEH has been modified, leaving some services onsite at HRC. The modified preferred option is now being presented for formal consultation.

Rehabilitation, medical, nursing and allied health professionals, as well as health related unions and key stakeholders are invited to submit formal responses to the preferred option being presented.

The consultation commenced on Friday 25 November and will end on Friday 20 January.

Consultation comments should be sent to Allison Sparke, Project Manager via email [Allison.Sparke@sa.gov.au](mailto:Allison.Sparke@sa.gov.au) or level 3, Margaret Graham Building, Royal Adelaide Hospital, North Terrace, Adelaide SA 5001 by no later than close of business 20 January 2017.

Further details are available at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au).

# New Veterans' Mental Health Precinct, named after digger, Jamie Larcombe



The new \$15 million state-of-the-art Veterans' Mental Health Precinct at Glenside Health Campus will be named in honour of local hero Jamie Larcombe, who was killed while on operations in Afghanistan.

Last month Jamie's parents and three sisters visited the Glenside site and planted a Lone Pine tree, which will be the centre piece of a new Memorial Garden.

The Jamie Larcombe Centre will include an acute inpatient unit, outpatient services, specialist services for Post-Traumatic Stress Disorder, teaching and research spaces.

It will also include a gymnasium, group rooms and shared spaces as well as gardens, areas for reflection and more private areas for Veterans to spend time with their families including children.

Supported by world class infrastructure, training, research and leading medical services, the Jamie Larcombe Centre will retain the expertise, dedication, culture and traditions of the existing Ward 17.

The successful project tender, Schiavello Construction SA, has begun work on the Jamie Larcombe Centre, creating up to 400 direct or indirect jobs through construction.

The precinct is expected to be completed by late 2017.



*Sapper Jamie Larcombe, from Kangaroo Island, who was killed while on operations in Afghanistan in 2011*

# Interim Chief Executive – Transforming Health update

Interim Chief Executive Vickie Kaminski was recently interviewed on Transforming Health for the Sunday Mail's 'The Great Health Debate' lift out. An extract of her responses are below. To read journalist Brad Crouch's full story visit [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au).



Vickie Kaminski,  
Interim Chief Executive

## What are the good things you are starting to see emerging so far from Transforming Health?

Most is in the North where most of the changes so far have happened.

We have seen a reduction in times people are sitting in the Emergency Department in Lyell McEwin Hospital – they are getting in, getting treated and getting out, or are getting to a bed. We've seen some changes in people who have fractured hips, they are now waiting a lot less time, 35 per cent less time to have a hip fracture repaired than before, largely because previously we were having to refer them to Royal Adelaide Hospital. We are now doing it at Lyell McEwin Hospital in a more consistent manner which is really making a difference.

We will begin to see a change in the way we treat medical patients as well so they don't get used to being in a facility. If we admit a patient with a medical condition like stroke or heart failure, you could languish in a bed, we were not really good at ensuring they got up, got dressed, so they got used to being in hospital which meant you lost some mobility and were less able to go home. When looking at geriatric medicine and changed models of care if we get better rehab started faster, we get better mobilisation, a better opportunity to keep you as well as possible and in some case increase mobility so you can go home.

We've seen ambulance stations being built because of Transforming Health.

We've seen infrastructure investments in things like the pool and rehabilitation area at Modbury Hospital. Those are tangible for the patient, tangible good things are going to be slower to manifest because we have to get them fully integrated across the service. But we are seeing significant improvement in stroke care, how long people stay with us and how much better they are when they go home.

## Despite officials repeatedly saying they have consulted, there is ongoing criticism for lack of consultation by some medical groups – why?

Since I've got here I've seen some areas where we seem to have done a better job of consulting and others where we have failed miserably. When we engage a small group of people to do a big job we depend on that small group to spread the word and make sure we are all on the same page and I'm not sure that's been the most effective way for us.

We've got some ideas to change that we are mulling over now, about targeting areas of engagement. Clinicians are really busy, we need to find a way to fit this into their day-to-day activities and keep them informed. A lot is about when we consult – we talked to them two or three years ago and said we are going to look at a whole new road map for care, and everybody probably said 'great idea'. We've considered that consultation an affirmation, then when we get around to doing it and said 'here's the new road map' they say 'who said that, who wants that?' You can't communicate enough and you can never communicate too much.

## The Emergency Departments of the three major metro hospitals are now often overcrowded, sometimes with ambulances ramping – how does downgrading the Emergency Department at Modbury, Noarlunga and The Queen Elizabeth hospitals help that?

We haven't downgraded those Emergency Departments, they are still full, active Emergency Departments and will accept everyone who comes to them. We will, though, be trying with ambulance cases to direct them to the most appropriate place so they don't stop and then get transferred. A lot of the patients we are redirecting from Modbury Hospital are patients that would have gone to Lyell McEwin Hospital anyway, so we are going to get those people directed to the appropriate tertiary site fast. Modbury, Noarlunga and The Queen Elizabeth hospitals will still have Emergency Departments, people will still be able to present and be treated, and get good care, and if necessary be transferred.



# Clinical Ambassador Update

Professor Dorothy Keefe P.S.M. is the Clinical Ambassador for Transforming Health and the Chair of the Ministerial Clinical Advisory Group, which provides clinical leadership on the implementation of Transforming Health projects.



It takes time to achieve vast improvements to healthcare, but we know from our experience in opening the Northern Adelaide Cancer Centre that it is worth it. As an oncologist, I don't just consider a patient's cancer, but the whole patient. Living with cancer and receiving treatment can be painful, exhausting and emotionally taxing for patients. Prior to the Northern Adelaide Cancer Centre opening, more than 400 patients from the North were forced to take the 40-minute trip to hospital and home again each day for their week-long round of treatment.

It has now been two years since we first started reviewing the state of our health system.

The core of the reform is to provide patients with the best quality care, no matter their postcode or socio-economic background.

Through Transforming Health, I believe we will benefit from a healthcare service that is prepared to face new challenges and can adapt to the needs of future generations.

## Clinical service moves in the South

When the Repat closes we have to move services to Flinders Medical Centre and Noarlunga Hospital, which means we have to reconfigure those hospitals to enable the other services to fit. There's been a huge amount of consultation about this and not surprisingly the two major points of feedback have been that services have to retain their high quality and safety for patients, and that the processes we undergo are fair.

Ward 17 at Repat is not moving to either Flinders or Noarlunga, but to the purpose-built precinct at Glenside. The designs for this centre are absolutely beautiful and will ensure modern best-standard care for our Veterans with Post-Traumatic Stress Disorder.

## CALHN to NALHN moves

Recently we've also seen a lot of work happening with service moves from CALHN to NALHN, which will allow patients from the North and North east to be treated closer to home. There are still too many patients from the North who have to come into the central Adelaide area for their care. We are gradually changing that by moving services, staff and resources to the North. Last month we moved orthopaedics, vascular and renal. The transfer went well and we're happy to now be able to offer this care locally for our North and North eastern community.

## Models of care update

A number of expert working groups established under the Ministerial Clinical Advisory Group (MCAG) are continuing to develop and implement new models of care for a range of conditions and specialties.

More information will be provided as work progresses and you are encouraged to regularly check the MCAG page at [www.transforminghealth.sa.gov.au/mcag](http://www.transforminghealth.sa.gov.au/mcag).

## For more information

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Public-I3-A2