

South West

THRIVE

Leading care, healthier communities

Teamwork

Saving lives

Specialist

Critical care

Training

Next generation

More news inside

 NSW Health
DOCTOR



South Western Sydney Local Health District

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CE message

Whether you arrive by helicopter, road ambulance or a loved one takes you to the Emergency Department (ED), at any time, on any day, our critical care teams are ready to take care of you.

With their skills, access to state-of-the-art facilities, technology and healthcare advancements, we are pushing the boundaries in modern medicine.

Our emergency and intensive care staff are real-life heroes. They know what it takes to save a life.

It is the stories of our patients they care for that continues to inspire us to deliver safe and quality care to the growing south west community.

Also highlighted are those who share their expertise through training and education forming the backbone of everything we do. It is their passion to teach the next generation of healthcare professionals which allows them to make critical decisions at a fast pace to save your life.

Amanda Larkin
Chief Executive
South Western Sydney
Local Health District



Dr Danielle Austin loves the multidisciplinary approach to intensive care.

Pushing the boundaries

ECMO, extracorporeal membrane oxygenation, may just save your life one day.

Dr Danielle Austin, a staff specialist in intensive care at Liverpool and Bankstown-Lidcombe Hospitals, said ECMO was a life support system used for people who were critically unwell.

“ECMO is really pushing the boundaries of modern medicine,” she said.

“ECMO can replace the function of the heart and lungs and is used in situations where a patient would almost certainly die if not treated.

“The purpose of the life support system is to help keep the patient alive until the process that is making them sick is resolved or treated.”

The ECMO circuit involves lines inserted into the major blood vessels, and contains a pump and

a membrane oxygenator for gas exchange. The circuit keeps the patient alive by pumping out the blood, oxygenating and removing the carbon dioxide and returning the blood to the body.

Severe respiratory failure from pneumonia or shock after a heart attack are the main reasons someone might require ECMO.



ECMO saves lives.

Critical care

Common life-threatening emergency department presentations include myocardial infarctions, respiratory distress and sepsis.

There are **five triage categories** to prioritise treatment. These include **resuscitation (T1), emergency (T2), urgent (T3), semi-urgent (T4)** and **non-urgent (T5)**. These can range from people requiring life-saving intervention to simple cuts and abrasions.



300,892

Emergency Department presentations

86,075

ambulance arrivals across south west Sydney

45,214

theatre operations

*2018/19 data

Entering the ED

You can arrive by helicopter, road ambulance or a loved one could drop you off at the Emergency Department. If someone is seriously injured or in need of urgent medical help, call Triple Zero (000).

The Emergency Department is where many people experience their first interaction with a hospital. We help navigate the health system and explain the process a little further.

Triage

No matter how you make your way to our Emergency Departments, the first person you will see is the triage nurse. They will ask for your personal and contact details and your Medicare card.

The triage nurse will assess your condition and sort out the priority of your care.

If your condition is urgent you will be seen by a doctor sooner.

Treatment

If you need more hospital care, the doctor may admit you into the hospital, refer you to community health or be discharged. If you are admitted to hospital, you will be taken to a ward when a bed is available.

Alternatively, you may be transferred by ambulance to another hospital that has the appropriate services to treat your condition.

Next steps

A doctor or nurse will let you know when you are ready to go home. They will also let you know what is happening with your care.

When you are discharged, make sure you understand your treatment and any medications you need to take and know when to see a doctor again.

Real-life heroes

Life is precious but what does it actually take to save a life? And how does it feel to be a real-life hero?

Technology in medicine is advancing and our clinicians and nursing staff are at the helm of state-of-the-art resuscitation equipment for those critical care moments.

Bankstown-Lidcombe Hospital Emergency Department Director Matthew Smith said as the baby boomer generation ages, our hospitals were seeing more complex patients with multiple health needs.

“We often have to make difficult decisions

with patients and their loved ones as to which intervention to help in a life-threatening situation,” he said.

Saving lives is something the emergency department does daily. Dr Smith said it was extremely humbling to be involved with resuscitation where a life is saved.

“It’s a team effort and feels great to be part of a cohesive team that works together to achieve the shared positive outcome,” he said.

“We see a plethora of presentations, from neonates to centenarians.

“Within our District, emergency teams have access to the latest in acute medical treatment including endovascular clot retrieval for acute stroke, hybrid theatres for trauma and advanced cardiac catheter labs for patients with myocardial infarction.”

Dr Smith said the common life-threatening presentations included myocardial infarctions, respiratory distress, intracerebral haemorrhage, acute abdomens and sepsis.

“We have a structured approach to resuscitation with clear medical and nursing role delineation.

“The team consists of a medical and nursing team leader, airway doctor and nurse, and procedure doctor and nurse.”

This is backed up with regular multidisciplinary simulation training for resuscitation.

“The training not only involves clinicians from within the emergency department, but also our colleagues who visit the ED,” Dr Smith said.

This can include surgeons, paediatricians, intensivists and anaesthetists.

“It’s really important we have regular simulation training. There is good evidence that translates into safer patient care.”

“After each simulation we debrief and learn how the teamwork can be improved for the next resuscitation as well as clinical learnings from the case.”

Bankstown-Lidcombe Hospital Registrar, Dr Omar Albayati.

Loving the pace

“It’s busy in here, but I love it.”

Bankstown-Lidcombe Hospital Registrar, Dr Omar Albayati said he loves working in the emergency department team. It’s something he has always wanted to do.

Dr Albayati has been in Australia for four years, having studied medicine and practising back in Iraq.

“Emergency medicine is something I always wanted to do. Much of my work in Iraq was in emergency,” he said.

“But, we were dealing with bombing victims and mental health was not something that was considered or identified. It was just physical injuries.

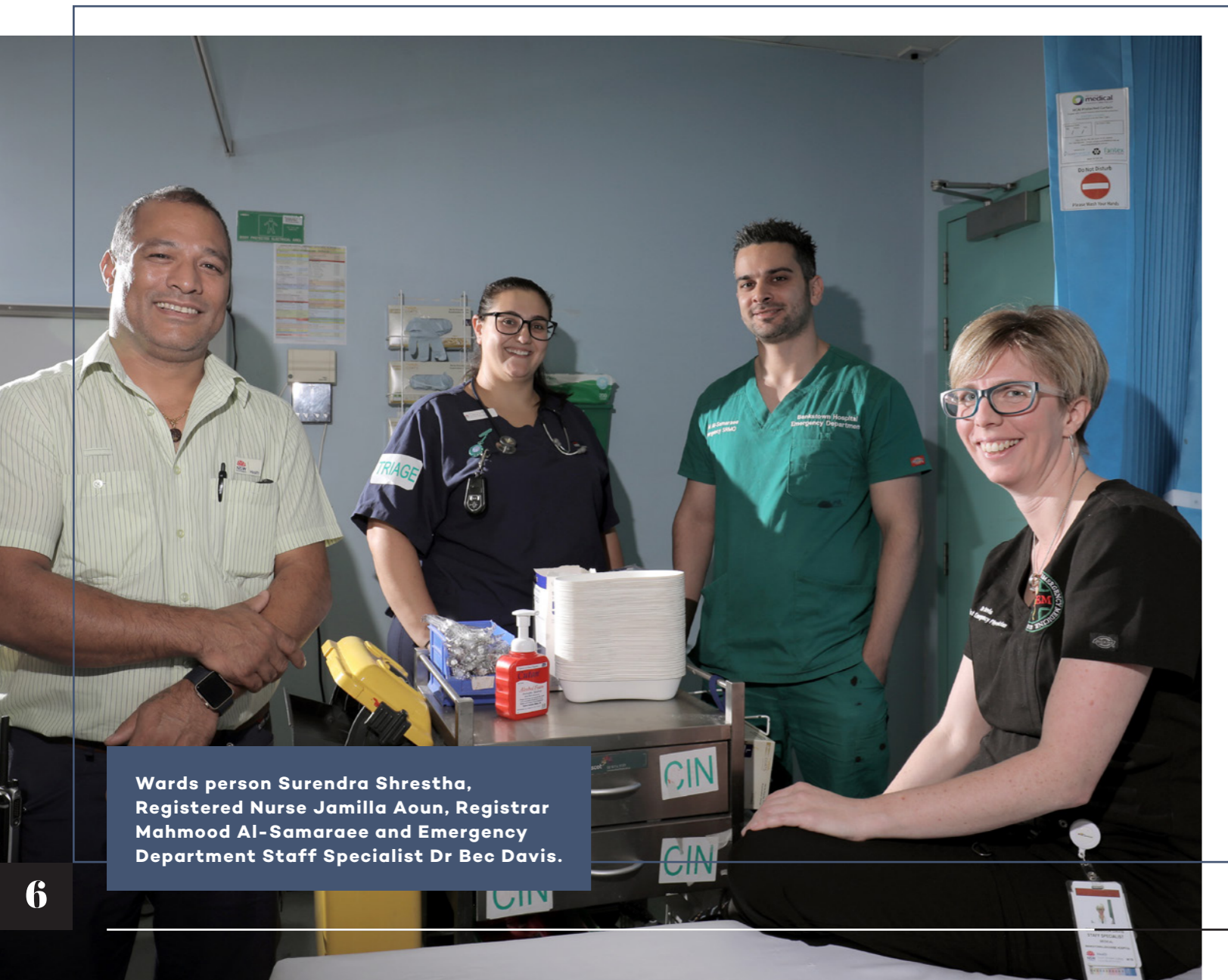
“It was a very different system. The doctor was the first point of contact when a patient arrived for care.”

Dr Albayati said there was no triage. “I was responsible for managing the care of each patient and, on a busy day, could see up to 300 patients over a 10-hour shift.”

The main reason for such high numbers of patients was because there were not many GPs or hospitals. “Even to get a prescription people would present at the emergency department,” he said.

“Here at Bankstown-Lidcombe Hospital, we work as a team to provide our patients with the best care possible.

“I love working here. We all feel like a family.”



Wards person Surendra Shrestha, Registered Nurse Jamilla Aoun, Registrar Mahmood Al-Samarrae and Emergency Department Staff Specialist Dr Bec Davis.



Elena Cotto
with Simulation
Program Manager,
Christy Griffith.

Hands-on training

“Caring for our newest and smallest patients is a huge responsibility for our nurses, doctors and staff in south west Sydney.”

The Centre for Education and Workplace Development Senior Technical Officer – Simulation, Elena Cotto, said the more realistic the simulation, the better the outcomes can be from the training.

Simulation training tests the skills of experienced practitioners, including midwives, nurses, special care staff and paediatricians, to ensure they are ready for any health situation they may be faced with when caring for newborns.

The neonatal resuscitation simulation training was piloted late last year, ahead of

the first official group undergoing training in 2020 at the Ngara Education Centre.

“Being able to equip our staff with new skills, tools and knowledge is why we provide simulation training,” Ms Cotto said.

“The key part of these training sessions is the team interaction, the role everyone plays in the care of a patient and being able to work together under pressure.”

Simulation training gives staff the chance to work together and get hands-on practice of their technical, teamwork and communication skills in a safe environment that simulates real-life situations they could encounter.

“This kind of learning is immersive and experiential and further develops skills and knowledge. We hope it will help save lives.”

Supportive role

“I want all of our staff to be able to step in and say, ‘yes, I can save this baby’s life’.”

Liverpool Hospital Neonatal Intensive Care Unit Clinical Nurse Educator Sara Wilson works with our smallest patients as well as the staff that care for them to ensure they receive the best care.

“We really are one big NICU family – the parents, babies and staff. We work together to nurture our patients.”

“In my role I provide the foundation for safe quality care, I provide education to new graduates and current staff in the unit.”

For the past five years, Mrs Wilson has collaborated with medical staff to run neonatal resuscitation courses for junior medical officers, anaesthetists and nursing staff.

“Seeing staff build their confidence and become competent senior nurses is rewarding,” she said.

“People have this perception that you feed and cuddle babies all day long. A lot of the babies are born critically ill and require ventilation support as well as providing around-the-clock care.

“Babies really are the best patients. They just want to get better. I often tell parents to stop and look into their baby’s face and trust that they’re doing their very best to grow and go home.”



Clinical Nurse Educator Sara Wilson.

Top. Lieske Vrachnos watches on as new dad Huy Pham has cuddles with baby Alina.

Opposite. Lieske Vrachnos said she has the best job in the world.



24-hour watch

Among the babies Lieske Vrachnos has cared for in her time is baby Alina, born at 27 weeks, weighing 1100 grams on 7 January.

In those first two weeks of life, baby Alina was on C-PAP (continuous positive airway pressure therapy), a type of respiratory support or mechanical ventilation to help the air sacs in the lungs stay open.



Precious life

Lieske Vrachnos, a Neonatal Intensive Care Unit Clinical Nurse Specialist, said there was nothing more precious than the first cuddles a parent has with their newborn.

"Kangaroo cuddles are some of the best times here in the unit," she said.

"Nothing trumps that first cuddle a parent has with their little one and, it is equally as important for both mum and dad to have that skin-to-skin contact.

"There is the added benefit for mothers because it can help with milk production."

Ms Vrachnos has worked at Liverpool

Hospital NICU since November 1993 after entering the nursing profession in 1980.

Ms Vrachnos said kangaroo cuddles were introduced to babies in their unit once less-invasive medical support became available. Before then it was too risky.

"Cuddles help regulate breathing, heart rate and temperature in babies. Seeing parents have that connection with their newborn is one of the most satisfying things," she said.

"It can be a bit of a teary moment."



Gift of life

“We help make sure the decision that is made is right for the family and one they will be comfortable with for years to come.”

South Western Sydney Local Health District Donation Specialist Nurse, Vanessa Palmer, said it was a much easier conversation to have with families if they knew their loved one’s wishes.

“What is really important is giving loved ones the time to come to terms with what’s happening,” she said.

“A donation specialist nurse is brought in for support for the families and we stay with them, regardless of their decision.”

One organ and tissue donor can save the lives of up to 10 people and there are around 1400 people on waiting lists at any one time.

“Organ and tissue donation may feel like a difficult topic to raise with your family but talking about it is really important.”

“There is a whole team of us here with specialised training to provide the support and care families need in this really difficult situations.

“It is an extremely rewarding role to be in. I feel very privileged to work in this field.”

The District is seen as being a leader in the field of organ and tissue donation best practice and, Liverpool Hospital is the largest referral centre in NSW that is not a transplant centre.

Left. Donation specialist nurse Vanessa Palmer.

Meeting demand

Someone needs blood every three seconds.

“We know that one in 10 people admitted to hospital will need blood,” the District’s Haemovigilance Clinical Practice Manager Lenore Knapman said.

“What we’re doing in south west Sydney is making sure every drop counts.”

One such initiative is the use of extended life plasma. It is thawed fresh frozen plasma that, if not used for initial treatment, can be stored for up to five days.

“Having this five-day window provides our teams with an opportunity to use the blood

product beyond the 24-hour timeframe,” Ms Knapman said.

Liverpool Hospital Patient Blood Management Clinical Nurse Consultant Louise Tran said the benefits of having a blood product immediately available had shown to improve survival rates in patients.

“The initiative’s success at Liverpool Hospital means extended life plasma will soon be offered at both Bankstown-Lidcombe Hospital and Campbelltown Hospitals,” she said.

Last financial year, there were more than 77,000 blood products used across south western Sydney.

How your blood is used Across Australia:

- 34 per cent to help treat patients with cancer and blood diseases
- 19 per cent for other causes of anaemia
- 18 per cent for surgical patients including open heart surgery and burns
- 13 per cent for other medical problems including heart, stomach and kidney disease
- 10 per cent for orthopaedic patients including fractures and joint replacements
- 4 per cent obstetrics including pregnant women, new mothers and young children
- 2 per cent trauma including road accidents

LOOKING FOR A SMART INVESTMENT FOR YOUR PRACTICE?

TRN House is the first A-Grade office space offered for sale or lease in Oran Park Town.

With medical imaging already taking the ground floor, join other medical and allied health professionals who are making Oran Park Town a medical hub of SW Sydney.



For inquiries call Craig Ramsay or Jeff Webb on 9043 7500 or commercial@greenfields.net.au oranparktown.com.au

Next generation

“I love being able to mentor the next generation of registrars and senior registrars; providing them with the training and structure they need to succeed.”

Associate Professor Deepak Bhonagiri is the District's Critical Care Director and responsible for mentoring the intensive care basic and advanced trainees. He is also a senior examiner for the fellowship exam of the College of Intensive Care Medicine.

“Seeing them get to the stage of becoming a specialist gives me great joy.”

Each year, up to seven advanced trainees work in intensive care at Liverpool Hospital. This training takes up to five years to complete. It includes a year of anaesthetics, internal medicine and another year which includes rural and paediatric training.

“There is a lot of learning on the job. We run regular simulation training, which gives our trainees the chance to work in a multidisciplinary team with nurses and other doctors,” Associate Professor Bhonagiri said.

“It is a long training program so it is important I make sure their wellbeing is looked after and that they have the supports they need to continue.”

There are up to 15 basic trainees completing their two-year training prior to the advanced component.

“Liverpool is a great training ground. Our trainees are exposed to a variety of intensive care health needs and are able to work in a strong team caring for a very diverse community.”



Associate Professor Deepak Bhonagiri (centre) loves being able to teach the next generation of specialists including Warren Wong and Olivia Ward.

Intensive care unit simulation training is a staple on the ward for nursing and medical staff.



Critical moments

Nurses are often the first responders when patients need critical care.

The training provided to nursing and medical staff in the intensive care unit reflects the important role they play in those life-threatening moments.

"I want our staff to be comfortable with the approach of a sick person who has specific needs and, simulation training plays a big role in that," Liverpool Hospital Intensive Care Unit Fellow Dr Wajid Khan said.

At one of the most recent training sessions, nursing and medical staff worked together to clear a blocked tracheostomy, which is the creation of an opening in the neck. A tube is then placed into a person's windpipe and allows air to enter the lungs.

"I wish I had access to this type of training when I was coming through the ranks," Dr Khan said.

"I still remember when I found myself on night shift in those early years as a trainee and this exact thing happened to a patient. This training equips young clinicians with the skills."

Dr Khan said at any point the intensive care unit has a mix of medical and surgical patients. He said it was a great place to continue to retain a lot of your skills learned in the basic and advanced trainee programs.

It allows people to be exposed to various scenarios and practice and improve on their knowledge."

Collaborative medicine

Growing up in Bossley Park, Dr Wajid Khan said it was not a difficult decision to remain in south west Sydney to provide care in his professional career.

"Working in the intensive care unit provides a mix of medical and surgical patients," the Liverpool Hospital Intensive Care Unit Fellow said.

"I like working with the families of patients. That collaborative medicine really appeals to me.

"I chose to do my fellowship at Liverpool Hospital because of the trauma and cardiothoracic patients and completing it in south western Sydney allows me to give back. That has always been important to me."

Dr Khan has completed his training and is now in his transition year before becoming a staff specialist. He chose to focus his efforts on simulation training

"I'm interested in medical education and simulation training. I run a variety of tutorials for staff that rotate through the intensive care unit," he said.

This is definitely an area I am keen to expand on with staff. Being equipped with the right skills for a potentially life-threatening situation is really important.

"The best part about simulation training is that it can work across any discipline."



Intensive care fellow
Dr Wajid Khan.

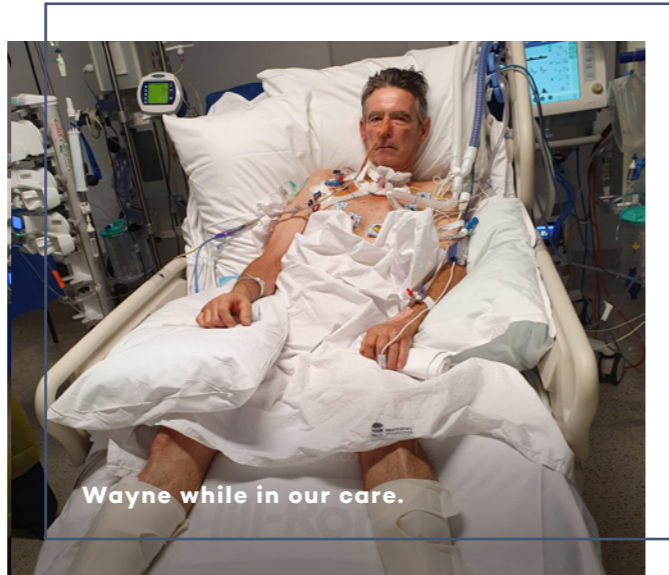
Network of care

It has taken many teams to provide Wayne Field with the care he required. He has spent time at Campbelltown, Liverpool and Camden Hospitals.

Wayne awoke with pins and needles in his feet on 13 September. While having a shower he had the same sensation in his hands.

The Currans Hill 60-year-old wall and floor tiler went to work. He felt a bit off on the way home so decided to see his GP. It wasn't until that night on his way home from a Lee Kernaghan concert when he went to hospital.

"I just made it to emergency. I saw the triage nurse, sat down and couldn't get out of the chair," he said.



Wayne while in our care.

He was sent to Liverpool Hospital for a special blood purification therapy called plasmapheresis, a process in which the liquid part of the blood or plasma is separated from the blood cells then returned to the body.

He was then transferred back to Campbelltown Hospital then to Camden Hospital for rehabilitation.

"I set myself a goal when I got out of hospital. I wanted to be able to walk the block at my home. I can do that now," he said.

"And, it's all thanks to the staff who helped me."

“Eventually, my legs, bladder, lungs and breathing were compromised. I had to go on life support to survive.”

Mr Field was diagnosed with Guillian Barre Syndrome in September, a rare neurological disorder which the body's immune system mistakenly attacks part of the peripheral nervous system.



Wayne Field and his partner Leonie Shilling are thankful for the care they received at Campbelltown, Liverpool and Camden Hospitals.



“I would much rather look after one patient with 10 drips than 10 patients with one drip each.”

Chance career

Greg Harrison was dating in his late teens when his girlfriend at the time decided she wanted to become a nurse.

Being a year ahead of her, he put his name down to see if his school marks would be good enough to get in.

"And, the director of nursing gave me the job," he said. That was back in 1980 where he learned his nursing craft at the hospital.

"I did my training at Liverpool, left for 18 months, came back to the intensive care unit and have stayed ever since.

"I reckon I've done every nursing job in the unit but the best is definitely clinical night shift," he said.

The registered nurse, whose wife is also an ICU nurse, said he wouldn't swap departments for the world.

"What we do as a nurse in the intensive care unit is really important. Nurses are everybody; they do physiotherapy, social work, cleaning, a bit of everything.

"We are there for the patient, we are there for the family and I see my role as one to teach and mentor and help look after my colleagues."

Get to know our staff...



Name:

Karla Lopez

Position:

Liverpool Hospital Intensive Care Unit Clinical Nurse Educator

What is a normal day like for you?

At work I am surrounded by good friends and people who care and work hard at their job, sometimes under stressful conditions. This involves looking after patients and their families during some of the worst times of their life.

What do you love most about your job?

I am so lucky to work at Liverpool Hospital Intensive Care Unit . I say I am lucky because I work with a great team of nurses and doctors.

Why is your role important?

My role is important because I get to influence clinical practice. I train nurses right to the beginning of their career and see them grow into confident critical care nurses and managers.

What made you choose ICU to spend your time as a nurse?

I was attracted to this type of nursing because it allowed me to develop critical care skills that are very important to look after very sick patients

and their families. It is a dynamic environment that supports the learning of different medical conditions and the use of different equipment to improve the outcome for patients.

Really get to know our staff...

How did you find nursing:

Nursing found me by pure chance. It is a profession I have learned to enjoy and cherish.

Who inspires you:

The patients inspire me. I learn from them every day and admire their strength and their fighting spirit.

Any outside interests or hobbies:

I love walking, triathlon and bike riding.

Talent you wish you had:

To be able to speak another language or play the piano.

Tell us something about you that would surprise people:

I wanted to be an archaeologist when I was younger, so I could find dinosaurs.