

*South West*

# THRIVE

*COVID-19 special edition*

## **Respond**

Taking action

## **Transform**

Care evolves

## **Together**

Kindness unites

**More news inside**



# Contents

- 03 **Swift response**
- 04 **COVID-19 testing: what happens next**
- 06 **Disease detectives**
- 07 **Health frontiers**
- 09 **Team work**
- 10 **Critical care**
- 11 **Spick and span**
- 12 **Inquiring minds**
- 13 **Common goal**
- 15 **Tech savvy**
- 16 **Adapting rapidly**
- 18 **Central hub**
- 18 **Generosity shines**
- 20 **Get to know our staff**

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ISSN 2652-1512 (Online)  
ISSN 2652-1504 (Print)



# CE message

Now is a good time to reflect on COVID-19 and just how far we have come as a local health district. When transmission began occurring in south western Sydney, our team sprung in to action. We now have the capability for a swabbing team to be up and running in 24 hours.

Our Public Health Unit worked around the clock to provide test results and support to COVID-positive residents. Our teams have adapted. Staff members were redeployed, clinicians have been upskilled and our models of care look different now.

Our respiratory teams stepped up and became our COVID-positive ward and were there when patients couldn't have loved ones visit. Our critical care team was among the first to respond to the pandemic and our hospital assistants did a wonderful job keeping our facilities clean.

Telehealth has been embraced as a way of remaining connected with our community and we have seen some remarkable research ideas.

Overarching this was the backing from the south western Sydney community, who kept delivering meals and care packages to frontline staff. This sense of community is something I am really proud to experience. The message from these trying times is that we continue to support one another and be kind.

I want to thank each and every one of you. This edition of Thrive is a salute to all involved during the pandemic.

**Amanda Larkin**  
**Chief Executive**  
**South Western Sydney Local Health District**



Michael Suman (centre) and the team at Prestons drive-through testing.

# Swift response

**The District is rapidly responding to the needs of south western Sydney during the COVID-19 pandemic.**

Testing and ongoing community support are just some of the ways the District has taken action.

There has been ongoing proactive testing blitzes of health workers and aged care facility staff members as well as being able to continue to swiftly respond to clusters in the community.

District teams continue to spend more time connecting with multicultural residents, and understanding the best way to communicate important health messages.

South Western Sydney Local Health District Chief Executive Amanda Larkin said this hard work had resulted in churches and religious organisations opening their doors to our swabbing teams.

"And, we've worked closely with aged care facilities so our most vulnerable residents remain protected and safe," Ms Larkin said.



**COVID-19 hasn't stopped people from visiting loved ones in aged care facilities. Aged care residents and their loved one enter a pod (pictured) and can connect with a clear screen between them.**

**“Building trust and engagement in our community is really important so we can get through this together.”**

# COVID-19 testing: what happens next

Anyone with respiratory symptoms (such as cough, sore/scratchy throat, runny nose, shortness of breath or loss of taste or smell) or unexplained fever should be tested for COVID-19. Here's what happens when you arrive at one of our testing clinics.

The team at NSW Health Pathology, responsible for processing swabs, consists of medical laboratory assistants, medical laboratory officers, medical laboratory scientists and senior hospital scientists that all work together with the District in providing accurate COVID-19 results.



# 1

Testing is free, easy and quick. Once you arrive at our testing clinic, staff will be wearing masks, gowns, gloves and face shields and will ask you about your symptoms. Once the checks are completed the swabbing begins.



# 2

Swabs are taken from inside your nose, gently inserted and rotated in the nostril for 10 to 15 seconds, and also taken from your throat. The swab tube has the patient's name, date of birth, collection date and specimen site details and is ready to be transferred to the virology laboratory for testing.



# 4

The testing is done by molecular methods and polymerase chain reaction testing that we use to describe the way we detect the virus genetic material in the swab, as scientists need to purify and extract what they need to detect COVID-19 using specialised equipment.



# 3

The COVID-19 test request will be examined to ensure the details match the request form. Any inconsistencies will prompt the laboratory to request a possible recollection.



# 5

The laboratory tests the sample and a result will be released as to whether the virus is there or not. The team can test up to 96 samples at a time!



# 6

Results are entered manually, and during this step it is important the laboratory checks for possible errors.



# 7

COVID-19 results are available immediately after verification. The NSW Health Pathology messaging system is prompted to send patient's their results through a SMS alert.



# 8

If the patient has tested positive, the laboratory notifies the Public Health Unit and will then contact the patient and perform contact-tracing and ensure they isolate for 14 days.



# Disease detectives

**Shalin Kumar, whose role is to support the Whole of Hospital Program at Fairfield Hospital, has been redeployed to the District's Public Health Unit.**

With a nursing background and previous work in public health, Miss Kumar said she had built amazing rapport with people she had never met.

The Sustainable Access Manager is often one of the first people a newly diagnosed COVID-

positive patient speaks with. "It can be so overwhelming hearing that you have the virus. Often there is silence on the phone when you first break the news and they are in shock," she said.

"I spend the time finding out the emotions they're feeling and reassure them that we are all in this together.

**"That first phone call is the beginning of the support the health team provides."**

Miss Kumar said she recalls one elderly woman who was living on her own who had her worried.

"Elderly people living on their own are the hardest ones to deliver the news to. You just want to make sure everyone has the support they need," she said.

**"Nobody wants to feel they are alone during these tough times."**

## COVID-19 testing

When someone is first diagnosed with COVID-19, the first step for the Public Health Unit is to start case investigation and contact tracing. The unit receives lab results and the case is assigned to a staff member who will call the patient to inform of the result.

This is often the first call the case receives. The case investigator will then do a thorough risk assessment which includes building a timeline to trace back their steps.

This helps in identifying possible places where the infection was acquired and others who have possibly been in contact with the confirmed case.

The team provides instructions for self-isolation to the COVID-positive patient as well as quarantine instructions for close contacts and refers them to relevant teams for clinical care and welfare checks during the recovery period.

Empathy and ongoing support are a critical part of the team's training and ongoing duties throughout the contact tracing process.

Each case is treated individually. Someone may need assistance with groceries while another might need further one-on-one phone conversations with a trained mental health professional.

**Shalin Kumar was seconded to the District's Public Health Unit.**



The Public Health Unit team.

# Health frontiers

**"It has been really interesting being part of a new and emerging infection. It's so impactful being able to help."**

"This is the busiest I've been in my 35-year career."

South Western Sydney Local Health District Public Health Unit Director Dr Naru Pal said his team began monitoring COVID-19 from afar at the beginning of January.

"But it wasn't until the week of 25 March when the figures began consistently reaching 20 new cases a day," he said.

Dr Pal said the public health unit's role, particularly because it is a new virus with no known treatment or vaccine, is to minimise the risk of transmission and flatten the curve.

"We do that by early identification and isolation of cases, identifying contacts and quarantining them with appropriate clinical and public health advice.

"The team has been working around the clock completing case interviews, contact tracing, follow-up of cases and contacts, and responding to different queries."

At its peak, the public health unit was fielding up to 250 phone calls a day responding to different queries related to COVID-19.

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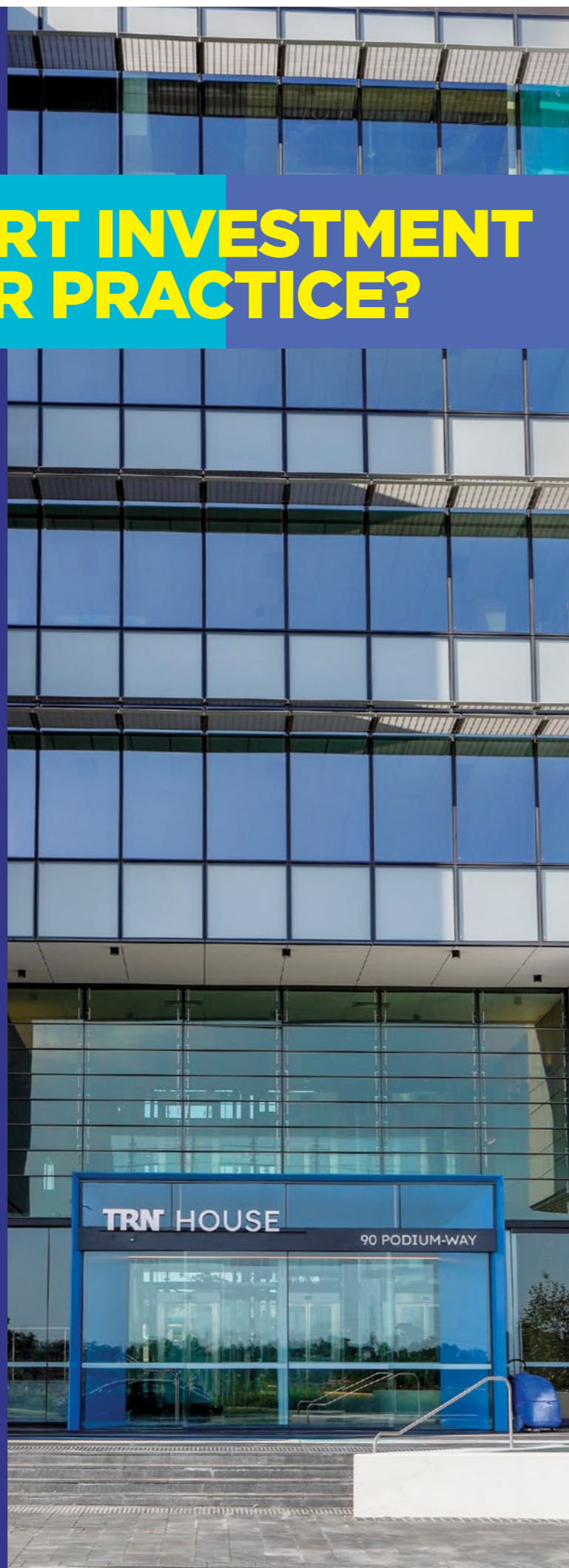
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Nurse unit manager Jenny Wallace (right) with some of the team.



## Team work

**In the early days of COVID-19 in south western Sydney, the changes were varied and rapid.**

None knew that better than the team at Liverpool Hospital caring for our COVID-positive patients.

Nurse unit manager Jenny Wallace said the pandemic had strengthened the team, "because we needed each other to get through it".

"It is something none of us can escape. We are living it at work and going home and living it," she said.

Mrs Wallace said they spent time strategising to anticipate any problems and get ahead.

"When we have a COVID-positive patient on the ward we change the way we provide care. It is bundled care, allowing the nurse to deliver meals on a disposable tray, take their observations and provide medication, all at the same time," she said.

**“The team really has taken it in their stride. They have been dealing with the same challenges in life as everyone else, yet continued to show up to work enthusiastic to provide care.”**

# Critical care

**The District's critical care team was among the first to spring into action when COVID-19 cases arrived in south western Sydney.**

Associate Professor Deepak Bhonagiri, the District's Critical Care Director, said intensive care staff wearing full personal protective equipment (PPE) to care for COVID-19 patients was the main change.

"We held daily meetings with our teams to discuss patients, their care and PPE."

The critical care team then turned their energy to opening up Intensive Care Unit 5 and 6 at Liverpool Hospital.

"We had plans for 20-25 patients to be ventilated at Liverpool. By the time we looked at everything, we were able to create capacity to ventilate 130 patients using all resources within the hospital," he said.

**"We had monitors and the two units at Liverpool up and running in 10 days. We did the same at Campbelltown; expanded our capacity."**

To date, Liverpool Hospital has provided care to 10 per cent of the state's COVID-19 patients who spent time in intensive care.

Liverpool Hospital Intensive Care Nurse Manager Michelle Dowd said things changed.

"We are so used to being evidence-based. We were in uncharted territory with COVID-19," she said.

"And, with well over 300 doctors, nurses and allied health staff, there was so much to consider.

"But, everyone came together and went out of their way to be part of it and look after one another."

Waltraud Galea (front) and Lucija Kolak have worked a combined 53 years at Liverpool Hospital.



# Spick and span

**Adapting to COVID-19 couldn't have been more stressful than for our hospital assistants, who went above and beyond in their duties to keep everything clean.**

Among them are Liverpool Hospital's Intensive Care Unit hospital assistant Saroj Raj. Once upon a time she was a preschool teacher. She started at the hospital two years ago.

"I love this job. It really is the best place to work," she said.

Between Lucija Kolak and Waltraud Galea, the pair has 53 years of experience as hospital assistants. "I came to this country and didn't speak English. I wanted to fit in and learn and I was able to do that with this job," Lucija said.

"Working during COVID-19 is stressful because everyone is under pressure to keep the community safe.

"We are very proud that we have been able to keep the ICU clean; I feel very privileged."

While Waltraud started at Liverpool Hospital in 1998 and has worked in birthing, maternity, newborn care, emergency, aged care and is now in intensive care.

"Not one of us shied away from standing up to help when the need arose. Even without COVID-19, the ICU has a high standard of cleaning. It's something we pride ourselves in," she said.



**From left, Saroj Raj, Lucija Kolak, Kristina Stojmenova, Waltraud Galea and Firoj Shrestha.**



**Deepak Bhonagiri (right) with some of the team.**

# Inquiring minds

**“Our teams acted so swiftly when COVID-19 hit and have continued to offer clinical trials.”**

“We established a COVID-19 clinical trials group including representatives from respiratory, infectious disease, intensive care, emergency medicine, immunology, cardiology and oncology,” the District’s Clinical Trials Executive Director Megan Ford said.

There had been a real mix of research submitted that traversed the community, hospital and health worker settings including interventional studies, data collection and novel device studies.

“We have recruited to most of the COVID-19 clinical trials in the past few months and continue to review

ongoing clinical trials we are offered for new treatments.”

The team centralised its clinical trials coordinators to help manage the administrative duties, allowing the investigators to focus on their clinical work.

“This meant that what would normally take a couple of months has been completed in a matter of weeks. This approach is definitely something we are considering implementing for clinical trials outside of COVID-19,” Ms Ford said.

“But where we had real success was in the 500 clinical trials we already had up and running and the 2500 participants that the clinical trials teams have continued to look after.

“We have had to do things differently and everyone has gone above and beyond to help get us through and maintain our clinical trials.”

# Common goal

**Setting up a testing clinic in a church might have sounded strange to Zubin Hiranek and Mark Sessions pre-COVID-19, but now the pair from alternative sides of the drug health world can tell you just how it’s done.**

“We used the pews to help with social distancing,” Mr Hiranek, Liverpool Drug Health Services nurse unit manager, said.

He is referring to a clinic set up in conjunction with the Salvation Army Soup Kitchen in Liverpool, where nurses and health promotions officers from drug health services teamed up to conduct opportunistic COVID-19 testing among disadvantaged members of the community.

The idea was to meet vulnerable people, including drug health clients and homeless people, in locations they were comfortable.

“The health promotions officers approach the clients of the service we were visiting, talk to them about harm reduction methods and stopping the spread, before referring them to get tested,” Mr Sessions, manager of the District’s harm reduction program for drug health services, said.

Beginning with a pop-up clinic in Miller, the multidisciplinary team visited locations in Liverpool and Campbelltown, testing more than 450 people.

Although the two teams’ service provision interconnects, the crisis prompted them to forge a stronger partnership which will serve both teams and clients in the years to come.

“The next generation of nurses will understand that we can do a lot on our own, but we can do a lot more with collaboration,” Mr Hiranek said.



**Mark Sessions.**



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# Tech savvy

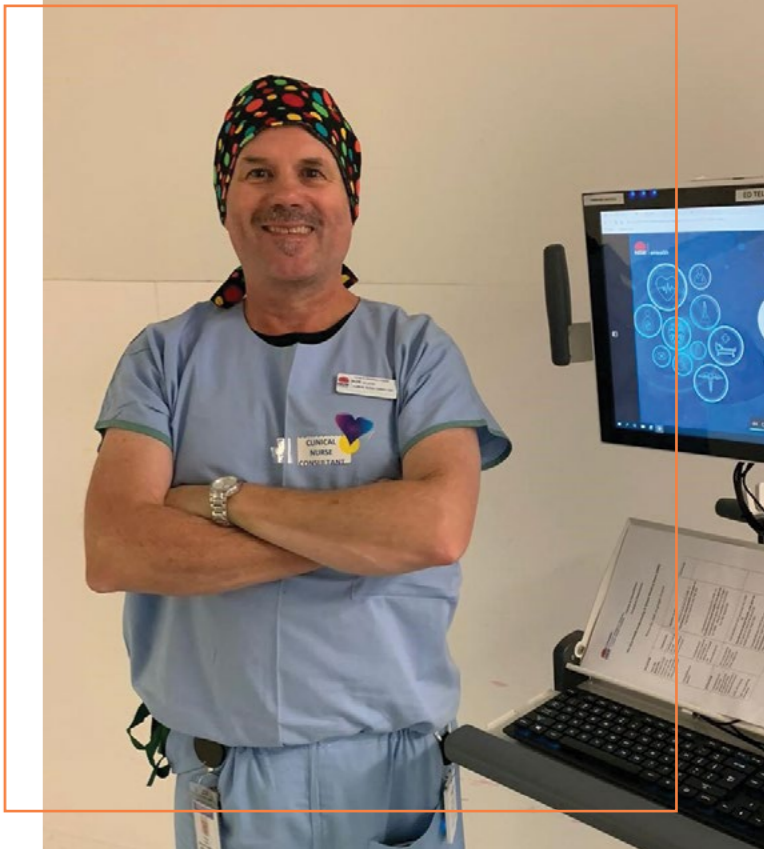
**A team of clinical business analysts and trainers has switched from rolling out eMeds to equipping clinical teams with telehealth capabilities.**

Telehealth is a virtual way for patients and consumers to remain connected with their health team, and is particularly useful when physical distancing measures are in place.

District Chief Nursing Information Officer Andrew Ingersoll said the District's ICT Telehealth Squad was "making lemonade out of lemons".

"When the need for telehealth expanded exponentially, having a team of 12 clinicians with ICT experience to redeploy straight away was a critical success factor," he said.

There are now more than 150 different clinical areas in the District which the squad is supporting to adopt and use telehealth in various models of care. This surge in technology demand has seen telehealth appointments increase from 16 in the first week of March to over 800 in the second week of May.



The telehealth squad worked alongside the ICT Service COVID-19 Emergency Response Logistics team, led by the Information Communication and Technology Director Wendy Loomes.

"A combined effort by all ICT staff has contributed to the success of this initiative. I am very proud to lead this team of passionate and committed staff," she said.



Batoul Tefaili.



# Adapting rapidly

## The pandemic pushed interpreting services into a model they were just about to begin testing.

This giant leap has paid dividends, with a huge increase in the use of technology ensuring those whose second language is English, are supported while in care.

“We were hoping to have the first trial which would see the team use video conferencing in place by the end of June but there was no time when COVID-19 came along,” the District’s Health Language Services – Interpreting and Translating Director Katina Varelis said.

“Now the team is using Pexip, Skype, Zoom and Microsoft Teams. You name it, they’re using it.”

Mrs Varelis said changing the model of care to deliver virtually between clinician and patient was essential so interpreting could continue during COVID-19.

“Interpreters aren’t limited to one area of the hospital or even the one facility. They are like butterflies; they flutter everywhere and that’s definitely not something we wanted during a pandemic,” she said.

“What we put in place was to protect our staff and our community.

**“We adapted our space to set up video conferencing and some of the team even completed these duties working from home.”**

The District team started video services in April and saw a 312 per cent increase compared to May, up from 32 consults to 132. This is in addition to the huge requests for translation of content during the pandemic.

Looking ahead, the team is now working on guidelines for when face-to-face interpreting should occur and when it is clinically appropriate for video and telephone conferencing.

“The world will change after COVID-19 and so will the way we deliver services.”

“The world will change after COVID-19 and so will the way we deliver services.”



Katina Varelis.

# Central hub

**The biggest outcome from Exercise Sneeze was the creation of the Emergency Operating Centre which oversaw the District's pandemic response for 12 weeks.**

Exercise Sneeze was the catalyst for the District's response to the pandemic.

The disaster management discussion held on 18 March identified the District's capacity in preparedness for the emerging coronavirus.

South Western Sydney Local Health District Emergency Operating Centre (EOC) Incident Controller Sonia Marshall coordinated the team, who was the central point for everything COVID-19.

"The team led the implementation of fixed testing clinics and pop-up clinics which has allowed more than 35,000 people to be tested," she said.

**Standing up the EOC allowed the District to be as prepared as possible for what might eventuate.**

"I'm so proud of the work from all of our teams. We have all worked very hard to provide high-quality care to our community throughout the pandemic."

The EOC has built a lasting legacy through pandemic surge plans, procedures to support the operations with the testing clinics, screening stations and the management of positive patients in the community.

A planned ongoing testing regime has been developed and relationships strengthened with our stakeholders and partners, including the Primary Health Network and local councils.

# Generosity shines

**As the COVID-19 pandemic was unfolding, there was anxiety and disruption throughout the community but also a lot of generosity.**

In a time of crisis, our community came together and did their best to make a positive impact on staff across our hospitals and services.

Over the past few months, our hospitals across south western Sydney received donations from individuals, volunteers, local community groups as well as business and corporations delivering meals, coffee, care-packs, 10 brand new leased vehicles and an assortment of goodies bags.

District Director of Strategy and Partnerships, Professor Josephine Chow, said the co-ordination of donations from

our communities to our frontline staff had been very rewarding.

"We also received large amounts of Personal Protective Equipment (PPE) including gloves, masks and hand sanitisers, a total of over 30,000 items altogether," Professor Chow said.

**At a time when community members were being asked to stay at home and practise physical distancing, they showed us small acts of kindness. It truly brought us all together.**

"Regardless of their contribution size, all the donations have blown me away with their support and care for our teams. It doesn't take much to be kind. Everyone is so grateful."



# Get to know our staff...



**Name:** Hayley Chandler

**Position:** COVID-19 pop-up team leader

**What is a normal day like for you?** There is no such thing as 'normal' in nursing. The COVID-19 drive-through has a screening station where patients can be registered with their details and are screened for symptoms. Patients are provided with health education and then drive through to the swabbing station where the test is performed. It's a quick process with a high turnover.

**What do you love most about your job?** I love that I have had the opportunity to learn how to guide a team and the unique work environment. This role has provided me with a unique opportunity that is a monumental moment in history and is extremely rewarding.

**Why is your role important?** COVID-19 pop-ups have been an excellent service to provide testing to the community. The drive-through option has revolutionised this as these offer discretion and lower the risk of infection. As a nurse and team leader, it is important that I have a team that's able to facilitate accurate testing and patient education with a large volume of patients in the community.

## Really get to know our staff...

**How did you find this job:** I was quite fortunate that I had been working among COVID-19 areas throughout Liverpool Hospital. I had been offered the opportunity of leading a team in the community by the District's emergency operations centre.

**Who inspires you:** I don't feel as though inspiration comes from a sole person but aspects of people around me. My belief is that you are a product of your environment.

**Any outside interests or hobbies:** On my days off I play soccer for my club at San Souci and volunteer with the Water Well project educating the migrant and refugee community.

**Talent you wish you had:** I wish that I could play the piano.

**Tell us something about you that would surprise people:** I had to turn down walking at the Mercedes-Benz fashion week for my nursing new-grad program.