



# Wakefield Health Regional Newsletter

## FROM THE REGIONAL GENERAL MANAGER

I was fortunate enough recently to be invited to the official opening of the Kapunda Hospital's updated facilities. Whilst the weather was not particularly kind, the large number of people who attended were a demonstrable fact of the high level of Community support that exists in the Kapunda Community. The new facilities in both acute and residential aged care are a credit to all involved, and will certainly see Kapunda well equipped for the future.

### Comings and Goings

On perhaps a more negative note, it was disappointing to learn of the departure of Justin Ragenovich, CEO of Lower North Health. Justin has accepted a senior position in New South Wales, and will depart just before Christmas. Justin has made a significant contribution to the Wakefield Region, and also been the Chair of the Country Chief Executive Officers' Group. I am sure that you would all join me in wishing Justin and his family well for the future.

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Whilst on departures, I learnt last week of the departure of Roxanne Ramsey, the Director of the Office for Country Health, who has accepted a senior position in Queensland. Roxanne has headed up Country Health for the last seven years, and has made a significant contribution to rural health in South Australia. George Beltchev, will act as Director, whilst the recruitment of a new Director is undertaken.

I welcome Kate Saint to Wakefield. Kate is the new Program Manager for Healthy Communities based at Angaston. Kate has a long history in Health and I look forward to her making a significant contribution to the Healthy Communities Portfolio.

### **Role & Function Project**

It is now some 12 months since the advent of the Role & Function Project, and whilst much of the work is ongoing, it is pleasing to report that all of the recommendations of the Project have now been implemented. The Working Party overseeing the implementation has recently met for the last time, and I thank all members of that Group for their contribution. Whilst the implementation of the recommendations has been relatively smooth, it is important that we understand whether these changes have had a positive effect to the various Stakeholders. With this in mind an evaluation process will commence in the next 6 weeks to see whether the changes have had the desired effect across the Region.

### **Cultural Competency Framework**

I have received the report of the work undertaken at the recent Senior Staff Forum, and upon reflecting on its content, probably appreciate more the significant effort and contribution made by Staff that attended. A detailed action plan and recommendations are to be considered by REG at their next meeting, and I will provide a further update after that.

**Gary Stewart**  
Regional General Manager

# PORTFOLIO UPDATES

## Residential Aged Care

Consultation continues to be the theme for the Aged Care portfolio with an emphasis on the portfolio's structure and interface with Aged Care Site Managers.

### Program Manager Role

The consensus amongst stakeholders has been that the portfolio's Program Manager shall have a clinical background with a working experience within aged care. Accordingly a Job and Person Specification has been written encompassing the finer details of how the role will interact with Aged Care Site Managers as well as the strategic role it will have in the wider aged care agenda.

### Wakefield Aged Care Services

The Wakefield Aged Care Services (WACS) review is close to completion with our initial survey now finalised. The feedback received confirmed the views of the WACS Managers and can be summarised into three general themes: -

1. Networking and benchmarking are the main advantages of the WACS, however this could be facilitated equally well for ALL residential aged care beds by the aged care portfolio which would essentially make WACS redundant;
2. Diseconomies of scale for smaller sites whose investment in time for accreditation and meeting requirements, arguably outweighed the advantages of managing a commonwealth aged care bed;
3. Capital reserves generated by the WACS licences should be "quarantined" for use for WACS sites;

As a result of these findings a number of preliminary recommendations pertaining to WACS were presented to the Regional Executive Group (REG) that ranged from a) maintaining the status quo to b) the consolidation of beds at a

single site or c) dissolving the entity altogether. On the advice of REG these recommendations are now being refined to consider their revenue impact on the region and health units prior to final REG determination.

### Residential Aged Care Beds

There is some value in identifying the tangible aspects of what aged care means within the region and the level of resources that are committed to it. From a simplistic perspective 51% of the bed stock that is managed either directly or indirectly by health units within Wakefield have an aged care orientation as demonstrated by the following table: -

WAKEFIELD HEALTH	number of beds	percentage of total
<i>Residential Aged Care Beds</i>		
Low Care Age in Place	99	19%
High Care Commonwealth	88	17%
WACS	24	5%
State NHT	52	10%
<i>Acute Beds</i>	256	49%
<b>TOTAL BED STOCK</b>	<b>519</b>	<b>100%</b>

Additionally there are a further 555 commonwealth high and low care beds that reside in private, stand alone units across the region ranging from Williamstown in the south through to Stansbury at the bottom of the peninsula. This tangible size is somewhat overawing when you then consider what measures and resources are committed to managing the interface between residential and community care for the aged. Indeed the aged care portfolio will be challenged to develop a planning framework that can support and provide some value added components to these activities.

### Peter Mullen

Residential Aged Care Portfolio Manager

# Healthy Communities

## Why 'Healthy Communities'?

What's in a name? Often not much, but in this case it truly matters, not because it sounds trendy or catchy, but because it says something important about the foundation of why those of us who work in healthcare do what we do.

You know what a healthy community is. Somewhere, you've experienced it - a community that nurtures its members, that makes us all more than we were. What builds health, it turns out, also builds community, safety, wealth (in more than just a financial sense), and families. The health of a community grows from how many children people have, in what kind of families, with how much money and education, from a sense of choice, and from friends and family who give life meaning, from clean water and air, and basic medicine, from families who eat well, are well housed, secure from crime, and not deranged by drugs or alcohol. Building a healthy community requires all the energy the community can muster, from everyone who can make a difference - but it can be done. There are ways to do it. This powerful idea has taken hold in over all around the world. This is a way to build a world that works.

## So what happens?

People live longer and healthier lives if they eat well, are well housed, are secure from war, crime, and domestic violence, are not deranged by drugs or alcohol, if they have plenty of clean water for drinking and washing, if they breathe clean air, if they have access to basic vaccines and antibiotics, if they can exercise some sense of choice in their lives, and if they have friends and family to give life meaning. The health of a community depends upon how many children people have, at what age and in what kind of families, what dynamics exist inside their homes, how much money and education they have, with whom they have sex and how, and what they do with their sewage.

Medicine and hospitals and public health, while necessary and useful for many of us, are rarely at the top of the list. The evidence is there in any

hospital: half the cases that come in the door are rooted in behaviour, another 30 percent in the safety of the environment. Though the diseases and traumas happen to individual bodies, their roots are social. Skilled medical professionals, the right drugs and the right machines all help, but they are not enough.

What builds health, it turns out, also builds community, public safety, wealth, and families. These are systemic tasks that require all the energy and creative thought a community can muster, from everyone who can make a difference, from business, the media and government to the poor and unrepresented.

While the healthy communities movement is certainly not new, for many of us, thinking about health and wellbeing in this way challenges traditional notions about the importance of an interventionist approach to delivering healthcare. It tackles the root causes of ill health, not just the symptoms or consequences.

We look forward to travelling on this exciting journey with you.

## Early Childhood Intervention - a Program Priority for Wakefield Health

As part of the budget setting exercise for this financial year the Regional Executive Group approved the establishment of a Primary Healthcare funding pool of some \$560,000. These funds have been diverted from the acute care element of our funding and represent a concrete expression of our commitment to taking a more proactive primary health care approach to health service delivery in Wakefield. We have determined that early childhood intervention is the highest priority for this year, and most of these monies will be used to support a range of initiatives. We will report in more detail on these in a subsequent edition of this newsletter.

## **New Healthy Communities Program Manager**

We are delighted to welcome Kate Saint to this important role in our region. Kate is highly respected for her knowledge and expertise in community health services and particularly in a population health/healthy communities approach to healthcare. She will bring to her work both passion and innovation, challenging us to look for new horizons.

Kate will be based in Angaston and can be contacted on 8563 8500 Ext 214, 0400 289 473 or by email, [saint.kate@saugov.sa.gov.au](mailto:saint.kate@saugov.sa.gov.au).



## **Erik Moen**

### **Healthy Communities Portfolio Manager**

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#### **From Kate ...**

I have been asked to produce a short but succinct reflection of my first 2 weeks in the job as the Program Manager, Healthy Communities. Firstly I thought it correct to introduce myself.

My name is Kate Saint and I come to this position from being the Manager, Health Promotion Development for the Community & Allied Health Division of Noarlunga Health Service (NHS) for the past 10 plus years.

In my time at NHS I have been privileged to be part of and been able contribute significantly to the progressive movement toward a more comprehensive PHC approach being developed and implemented at NHS.

As part of my role I was involved with both the high profile WHO Healthy Cities and WHO Safe Communities Programs and this involvement extended to incorporating as part of my overall role, a 0.5fte lecturers position at Flinders University (FUSA) in the Dept. of Public Health, which I have held for the past 3 years. This position at FUSA has allowed me to consolidate my understanding & knowledge base around the whole concept and importance of 'Healthy Cities and Communities', Comprehensive PHC, Health

Promoting Health Services, Community Participation and Environmental Sustainability. It has also exposed me to the fundamentals of the role the health sector has in not only engaging these foundations as part of core business but to actively take a leadership role to ensure their sustainability for the future.

This unique opportunity of bringing the practice to the theory has been inspirational and I come to Wakefield Health with much passion and a genuine fire in my belly that I hope will eventuate in delivering on at least some of the expectations that this rather large portfolio holds.

My first 2 weeks has been somewhat "busy" to say the least, and I have definitely hit the ground running, which is possibly reflective of the anticipated three year wait to actually get this portfolio up and running, coupled with my enthusiasm & perhaps impatience to get on with this exciting and challenging job.

On my travels around as part of the orientation process, my introduction to some of you and my attending of various meetings, forums and workshops already, I have been only greeted with warm, welcoming attitudes and positive enthusiasm for my role and for the Healthy Communities Portfolio generally.

This has made the transition a lot easier and I will take this opportunity to thank those of you whom I have already met and talked with, and I look forward to meeting and working with the many others of you in the future.

I would like to share a quote that I learnt about 12 years ago from Vince Lombardi who was the Coach of the very successful Green Bay Packers and I believe it was apt then when I set out on my journey with NHS through the PHC change process and I believe it is still very apt as Wakefield Health goes forwards with new vision and direction.

*"If we do what we have done in the past, we are sure to fail.*

*If we do what our competitors are doing, we will be competitive,*

*But to be victorious we need to believe in our new initiatives and successes"*

## **Kate Saint**

### **Program Manager Healthy Communities**

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# Aboriginal Health

## Aboriginal Health Service Development

The Aboriginal Health Portfolio has recently appointed a Service Development Coordinator, Ms Gail Marshall for a six-month period to progress the development of a coordinated response to services for Aboriginal people across the Yorke Peninsula. Gail's experience in health and enthusiasm for the task are an asset to the program. WELCOME GAIL!

Unique to this project is the coalescence of the Aboriginal Community Control Health Service at Point Pearce with the YP Health Service, a partnership that has laid the foundation to advance this exciting initiative.

## Cultural Respect Framework Workshop – 29 & 30 September 2005

The Aboriginal Health Portfolio takes this opportunity to thank participants for their attendance at the Cultural Respect Framework Workshop.

The purpose of the workshop was to provide participants with information and the opportunity to commence planning, guided by the Cultural Respect Framework, for implementing its principles, at regional, sub-regional and health unit levels in the Wakefield Region.

The Framework aims to influence the corporate health governance, organisational management and delivery of the Australian health care system to adjust policies and practices to be culturally respectful and thereby contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

### It should be noted that:

Since the endorsement of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004-2009, the health sector has been grappling with the challenge of meaningful implementation of its principles at all levels, national, state/territory, regional and local.

As such, workshop participants must be congratulated for their contribution to a very difficult exercise where as yet no textbook guide

has been developed to aid the process. Well done everyone, you have moved beyond most of the country and commenced development of your own unique implementation guide.

The contribution of Dana Shen Manager, Aboriginal and Torres Strait Islander Health Services, Central Northern Metropolitan Health Service, on day one of the workshop must be acknowledged as providing valuable insight to contemporary Aboriginal culture as well as, the purpose and context of the Cultural Respect Framework. Our thanks must also go to Mary Graham and Trish Boardman (members of the Wakefield Aboriginal Health Forum) who with Dana inspired participants with the telling of their life stories, a very special privilege for all who were there. We also thank Maree Keogh, day 2 facilitator for the tenacious way she went about keeping everyone on track and Kaleena Brammer for all the work she did over the 2 days to keep everything running smoothly.

At the conclusion of the Workshop participants determined to continue to develop local level implementation plans working in sub-regional groups. To support this initiative a Workshop Report will be made available to all participants.

## Regional Collaborations

In the conduct of our business the Aboriginal Health Portfolio works closely with a range of key stakeholders most significantly the Region's other portfolios and the Wakefield Aboriginal Health Forum/Alliance. The commitment by Portfolios and the Forum/Alliance to work in partnership has facilitated the development of a number of important initiatives designed to improve the health and wellbeing of Aboriginal people in the Wakefield Health region, including: a Social and Emotional Wellbeing Plan; a Workforce Development Plan; Early Childhood Intervention actions; and youth support initiatives.

The Portfolio is often asked about the roles of the Wakefield Aboriginal Health Forum and the Wakefield Aboriginal Health Alliance, we have compiled a brief summary below in response to your queries.

## The Wakefield Aboriginal Health Forum

The Aboriginal Health Portfolio operates in absolute collaboration with the Forum.

The Wakefield Aboriginal Health Forum was established in October 1999 to bring the expertise of Aboriginal people to inform and progress the development and delivery of health services and programs that improve health outcomes for Aboriginal people in the Wakefield Health Region.

The Wakefield Aboriginal Health Forum is unique in South Australia. Importantly, the Regional Board resolved that the Forum not be considered a sub-committee of the Board, but rather a peak body responsible for the consolidation of views from the Aboriginal communities within the Wakefield Region. The Forum meets bi-monthly.

All matters relative to Aboriginal peoples health and wellbeing are tabled with the Forum for advice, guidance and/or direction.

## The Wakefield Aboriginal Health Alliance

The Alliance was established in June 2003 to formalise the relationship between the Wakefield Aboriginal Health Forum and the Wakefield Health Board. The partners meet bi-monthly, issues impacting Aboriginal peoples health and wellbeing are tabled and worked through until agreed positions are reached. The key focus areas of the Alliance are policy, planning and the direction of funds.

## Congratulations

To Kate Saint on her appointment as Program Manager, Healthy Communities.

## Sue Edwards

Program Manager Aboriginal Health

## Barb Carlin

Aboriginal Health Portfolio Manager

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## Adequate Records Management (ARM) Project

### Background

The ARM project within the Wakefield and Mid North Health Service Regions has been initiated as a result of the introduction, by State Records, of the Adequate Records Management Standard. This Standard was developed due to a perceived lack of adequate management of “official” (required for proof of business) records within South Australian Government. The Standard provides specific details regarding what records management programs of agencies need to be in order to be adequate. This Standard covers all types of records, not just medical records, created by a government agency, and includes emails.

### The Standard

The ARM Standard itself is based on ten outcomes related to the management of records, being:

1. official records are created
2. official records are captured
3. official records are disposed of systematically
4. access to official records is managed
5. official records can be found
6. official records can be relied upon
7. the management of official records is planned
8. records management training is provided to staff
9. records management reporting mechanisms are implemented
10. policies, procedures and practices exist for the management of official records.

Five *levels of achievement* are associated with each of these outcomes. In order to meet the Standard a level of achievement of a 4 or a 5 for each of these outcomes is required. For example, for the second outcome - *official records are captured*, a level of achievement of 1 would be assigned if there is evidence that all official records are not captured into corporate recordkeeping systems. In order to meet the standard for this outcome a level of achievement of 4 is required, and evidence of this would be

that a register of corporate recordkeeping systems is developed and maintained.

## The Project

The ARM project within the Wakefield and Mid North Regions is approximately a six month project and will involve providing education to health service staff on the ARM standard, completing an assessment of each health service's records management practices, and developing a plan, in consultation with health services, to address shortfalls in current records management practices. Similar projects are currently underway or are being planned for other country SA regions and it is envisaged that collaboration between regions will be undertaken.

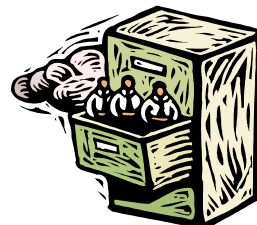
After the conduct of the assessments State Records will be auditing health services (probably commencing in the Wakefield Region in January 2006) and relying, to some extent, on the assessments that will have been completed in order to conduct their audits. It is the intention of State Records to conduct regular audits to ensure government agencies are working towards implementation of the ARM Standard.

The scope of this particular project only extends as far as the creation of a plan for working towards compliance with the ARM Standard. In order to comply fully with the Standard, the implementation of an Electronic Documentation and Records Management System (EDRMS) will need to occur in the future. It is envisaged that more information/education about an EDRMS and what this involves will be given to health services as part of this project.

## Appointment of Project Officer

I am pleased to announce that Anita Thiele has been appointed as the ARM Project Officer for the Wakefield and Mid North. Anita has worked at several Health Services in the Wakefield Region over the last 9+ years and has experience in both medical records and administration/finance records. Please make Anita feel welcome as she commences in this role.

It is envisaged that soon after starting in this position Anita will be contacting each health service regarding a site/health service ARM liaison person with whom she can coordinate sites visits, education sessions, and meetings with relevant health service staff. Health services might like to give some thought to nominating an appropriate liaison prior to being contacted by Anita.



**Andrew Lubke**  
Regional Health Information Manager  
(Project Coordinator)

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*'Don't be afraid to take a big step if one is indicated. You can't cross a chasm in two small jumps.*

David Lloyd George  
(1863-1945) Statesman

## GETTING TO KNOW ...



... Barb Carlin  
Chief Executive Officer, Yorke Peninsula Health Service

### ***What do you do in your position - how do you make a difference?***

As the CEO for Southern Yorke Peninsula Health Service and Central Yorke Peninsula Hospital my role is to provide advice and support to our two Boards (hopefully soon to be one when we amalgamate the two entities) and leadership, direction, encouragement and support to our Managers, Staff and Volunteers. I am responsible to the Boards for the effective and efficient operations of every aspect of our services to provide the best possible outcomes for all of our current and future customers no matter what their needs. I also have delegated responsibility for the Aboriginal Health Portfolio within the Region and participate in the Regional Executive Group.

I try to make a difference by upholding and promoting the values and principles of the Region and our organisations namely - Honesty, Integrity, Respect, Equity and Quality - Collaboration, Passion, Innovation, Excellence and Caring. Most importantly I care about the outcomes for our clients and nurturing our staff and volunteers to enable them to achieve their true potential.

### ***What other positions have you held?***

I have had a very varied and interesting working life and really worked from the bottom up - my first job at 16 was working in a plastics factory - putting buttonholes in plastic raincoats! I have been a telephonist, shop assistant, cook, housemaid, kitchenhand, restaurant manager, barmaid, payroll clerk, care assistant in a private Psychiatric hospital, owned my own restaurant and catering business in Sydney for 3 years, managed an Island off Cairns for 2 years - basically I can turn my hand to most things - except Nursing as I am not good when there's blood around!

### ***The most memorable moment in your life ... so far?***

The birth of my daughter, Amanda - now aged 36 - yet it seems like yesterday. Marrying my husband Ernie in 1996 - after I swore I'd never do it again.

### ***What are your key interests (apart from work of course)?***

Adelaide Crows, my three dogs - Pepe, Lulu and Monty, travel, cooking and music.

### ***What do you do to have fun?***

Not enough - I think I've got really boring as I've got older. I do enjoy shopping, solving Logic problems and there's always Champagne.

### ***What person would you most like to meet ... and what would you like to say to them??***

Obvious choice is Richard Gere (wouldn't be much talking going on) .....  
seriously I would like to meet Bill Clinton and I'd ask - How did you cope with being one of the most powerful people in the world, under so much personal scrutiny and retain such a high degree of popularity?

### ***What has been the most terrifying moment in your life?***

When I was Manager on Fitzroy Island North Queensland we had a bad storm and several prawn trawlers moored in the bay. The resort was closed. Behind my back and against my instructions the island's engineer had been giving some guys cartons of warm beer. Needless to say they got very drunk and turned aggressive when I said no more. A very large drunken man stepped up to me and punched me very hard in the face - I went down like the proverbial ton of bricks. I was really scared that I was seriously outnumbered and they would take over and I couldn't get help over due to the weather. Luckily others had the sense to get their 'mate' and return to their boat. Taught me to always expect the unexpected.

### ***What annoys you most about working in health?!***

Politics at all levels, the small percentage of staff whose priority at work is themselves - not the clients, the fact that Aboriginal Health status remains as poor as it is despite our efforts to date.

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## **USEFUL WEB LINKS**

### **Government Staff Directory**

– SA Direct

<http://www.sadirect.sa.gov.au/V2SADirect/Admin/SearchUser.asp>

### **Human Rights and Equal Opportunity Commission**

<http://www.humanrights.gov.au>

### **A Social Health Atlas of Australia**

<http://www.publichealth.gov.au/atlas.html>

### **Easy Grants**

[http://www.ourcommunity.com.au/funding/grant\\_main.jsp](http://www.ourcommunity.com.au/funding/grant_main.jsp)

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