

MESSAGE FROM THE EXECUTIVE DIRECTOR CABOOLTURE, KILCOY AND WOODFORD

Metro North Health

Karlene Willcocks



We respectfully acknowledge the Traditional Owners and Custodians of the land on which our facilities are built. We also pay respect and acknowledge Elders past, present and the future.

Kia ora CKW team,

It's been an exciting and full week for us across the CKW Directorate. We continue to see significant demand from our community, and I would like to extend a huge thank you to you all for your ongoing commitment to providing great care to our community who needs our services. I know this is placing significant pressure on all of our teams across the hospital.

On Wednesday 3 July, we hosted a media event at the Bribie Island Satellite Hospital. As the Premier of Queensland Steven Miles, together with Deputy Premier of Queensland Cameron Dick, Minister for Health, Mental Health and Ambulance Services and Minister for Women Shannon Fentiman and the Member for Pumicestone Ali King unveiled an official plaque to commemorate the Yarun/Bribie Island Satellite Hospital which opens on July 17 2024.



Metro North Board Chair Bernard Curran, Queensland Health Director-General Michael Walsh, Metro North COO Jane Hancock and Executive Director of Sustainable Assets and Infrastructure, David Walker were there also.

It was great to show our visitors around Yarun, it was a wonderful event that resulted in positive media stories about the facility and our staff.

It was also tremendous to meet the team (some new and some from Caboolture) and see them onboarding and getting ready for opening. What was really nice, was to hear how many of the staff actually live in the Bribie community and are excited to support their community (as well as have a much shorter transit to work). It's an exciting time for staff and our local community. **A reminder that the community open day is happening next Thursday, 11 July, from 9am – 12:30pm. More information [here](#).**



Consumer network meeting

I also attended the Consumer Network meeting this week. Our consumers are truly our heart and our consumer network meeting is always a highlight of my month. The consumer advisory group is the true pulse, they are a very committed and engaged group with vast experiences of our services and in life. What is amazing is how generous they are in providing us not only feedback but their time, knowledge, experience, ideas and skills towards improving services for our community.

This month we were talking about how we use our PREMS data to learn and modify our services. A really great reminder that all of you should check your PREMS data and discuss it in your meetings – if you have not seen it, please ask your manager.

We were also talking about complaints and how we respond and learn from these. In this conversation our consumer group provided me some fantastic feedback about recent attendances at our services. Some of the key feedback for us to learn from was:

- Introduce yourself – your name, your role, your purpose in being with the patient;
- Engage with (include) the patient and discuss the plan of care with them;
- Check that they understand what you are doing and thinking.

I know we are busy, but these things are the real basics of what we are expected to do in our roles as health care professionals and actually have been shown to decrease the time we spend with people rather than increase it. Building confidence and inclusiveness increases trust in our care and decreases complaints, but most of all I ask you to consider **what you would want or, feel confident with if you were the patient?**

Staff feedback

Last week I received an email from a staff member who fed back that they valued these weekly messages commenting on how inclusive, yet informative they were. Noting I do try to include key important information as well as CKW and broader updates, I was curious and asked for her thoughts and suggestions on how to make them more accessible to our clinicians who are not able to be on their computers as easily. Some of the ideas provided were

- Managers highlighting them to the team as regular meetings or scrums each week,
- Printing them so staff can read,
- A noticeboard in the staff tearoom with the message printed out displayed on it.

What are your thoughts on this? If anyone has any other suggestions, I would love to hear them at [Ask Karlene](#).

I also received feedback from a pharmacy team member who felt that I had not acknowledged their significant role in this period of demand in ensuring safe discharge of patients – thanks for your

feedback. It is impossible to cover every service that provides amazing care and input each week but I do try to include all services regularly so this week we have included some impressive pharmacy staff and achievements.

Also, I would really love to attend any team meetings to meet and hear from your teams, sometimes it takes some time to arrange but please let me know if you would like me to attend and we will schedule this.

Complaint management

Patients (just like customers in other service businesses) will often raise concerns with those of us caring for/working with them. These concerns can be related to many things, but the best way to manage these concerns is by addressing the concern immediately. Ideally the minute a patient or family member raises any concerns **any of us** should:

- Stop;
- Listen;
- Discuss what you can do;
- Address the concerns;
- Arrange for a senior (team leader or manager) to speak to the patient.

We know that handing people the complaints form without addressing the issue does not help in making the patient or their family in feeling heard, confident in our care, or, any happier with the care or service they have received.

I have discussed in previous messages our focus on early senior clinical leader contact with patients and families who have made formal complaints about our services and I wanted to share a story from one of these situations to show how important this contact is:

We recently received a complaint from a mother in regard to her son who was a patient of ours. Within 24 hours of receiving the complaint, the Nursing Director (Jeff) called and spoke with her about her concerns. This quick follow up led to the same mother writing a thank you to Jeff and CKW for listening to her concerns and taking them seriously.

This really shows that when we take all the right steps to ensure our patients' and families' voices are heard, this is a true reflection of how effective complaint management works.

Farwell Bevan Marks

This Friday will be the last day for 10 months for Bevan Marks, our Director of Facility Services. Janelle Peel will act in the position while Bevan is away.

Bevan came to Caboolture from Redcliffe in 2009. In total he has worked for QHealth for 40years.

Many of the staff comment on his calm demeanour and sensible approach. A lot have been able to seek support and advice from him over the years and they will miss how he was able to inject humour into situations.

He cares deeply about Caboolture and although he is sad to be away for so long, he is excited to spend some quality time with family.

I want to thank Bevan for many years of service to CKW and wish him a lovely holiday.



Deadly Start welcome day

On Monday I attended a welcome day for the next group of Deadly Start students.

Out of 30 students in total, **6** will be coming to CKW. **5** in Nursing and **1** in Allied Health.

The students will commence their first shift week commencing 15 July. Please welcome the students if

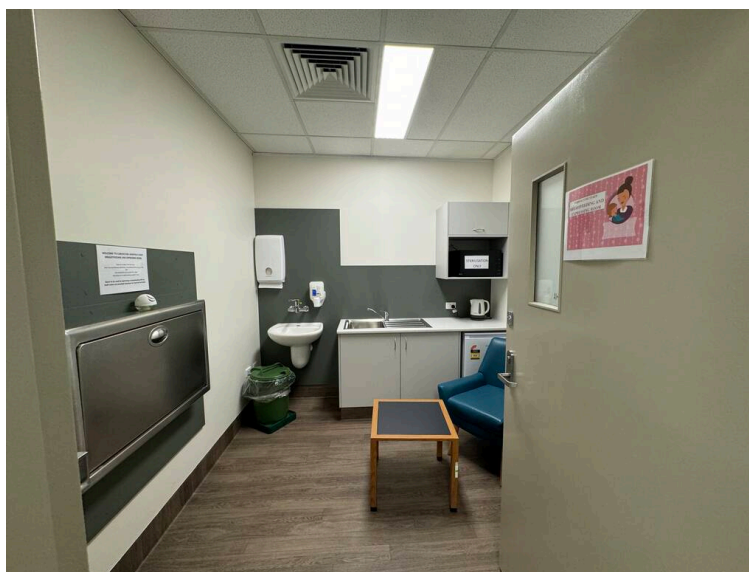
you see them on our campus and show them around if lost. I wish them all the best of luck and look forward to meeting with them further.



Staff breastfeeding room now open

It is a great achievement that we have now opened the Caboolture Hospital Staff breastfeeding and expressing room.

This quiet private room located outside of ward 4A is a wonderful addition for all mothers and parents who need a space to feed their bub, or a place to express. The room is equipped with a comfy chair, sink, microwave for sterilising, kettle, and a change table.



Never Again podcast

Congratulations to Caboolture medicines safety pharmacist Benita Suckling who has created the Never Again Podcast, in collaboration with the Coroners Court of Queensland. The podcast explores learnings from real healthcare investigations with a range of experienced clinicians from the front line.

The podcast aims to provide a valuable and accessible resource for nurses, doctors, allied health clinicians and other interested healthcare staff to provide ongoing professional development. Episodes are out now.

[Listen now](#)

NEVER AGAIN

A METRO NORTH
PODCAST

Learning
from
healthcare
investigations

Shoutout to Pharmacy

A said thanks to Patrick who sent me a reminder or how important our pharmacists are to keeping our patients safe.

In response I wanted to highlight the contribution that our pharmacy team makes in relation to our discharge summary backlog. Without pharmacy staff providing patients with written medication lists on discharge, and in the absence of discharge summaries, patients would often be leaving the hospital without a clear plan for their medicines. This leads to greater confusion with patients and GPs, and inevitably higher readmission rates. Our pharmacy team has been working incredibly hard particularly in light of the high number of flexible beds and a stretched medical workforce. So, a big thank you to you all for your hard work and efforts.

On the few occasions I have visited Pharmacy, I am always astonished at the amount of people that come out from behind the shelves and cabinets in the very full and constrained environment. They do an amazing job in this tiny space and I am really looking forward to the opening of the new pharmacy later this year in the refurbished area.



Health Care worker Profile - Ty Cleary

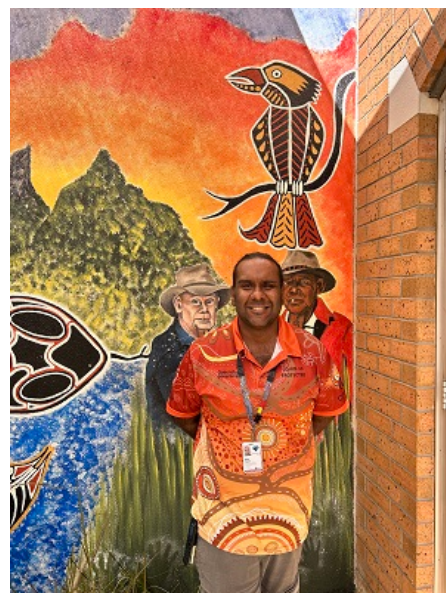
Do you identify as Aboriginal and/or Torres Strait Islander?
Aboriginal.

Where is your Mob from? Mother's side Undanbi/ Father's side Mununjali.

What is the name of your role? Aboriginal & Torres Strait Islander Senior Health Worker

How long have you been in your role? 14 months.

What do you enjoy about being an Indigenous Hospital Liaison Officer? I enjoy being the bridge between Mob and all treating clinicians by making sure Mob understand their health journey in the hospital and are on the same page as the treating clinician in regards to their health.



Refurb updates

There's been a lot of progress this week for the Caboolture Hospital Redevelopment.

We officially commenced services in the new refurbished mortuary on Wednesday 3 July. The project team have handed over the space to us and is now operating as business as usual. Please ensure you know how to direct people to the new space, as there is now a viewing room and you very well may be a

point of help for a grieving family asking. Click here for [map](#).

The next services to come online as part of the redevelopment are the new Medical Day Unit, and the refurbished Self Care Dialysis and Transit Lounge. Work is progressing well in these areas, and at this stage it is anticipated they will be completed later this year (anticipated September/October).

This week the builders also established a new construction zone on Level 1 in the Main Hospital Building, where the old main entry and central admissions area was. This will eventually become our new Community Connect and Aboriginal and Torres Strait Islander Health Services areas. Because of this, there have been changes to some corridors and travel pathways in the Main Hospital Building. Please take care as you are navigating these new pathways and remember to keep an eye out for patients and visitors who might need some assistance navigating their way around the hospital.

The latest hospital map, and more information about what's happening with the refurbishment works, can be found on the [CHRP Channel](#).

You will also have noted some roading disruptions around sites – please look out for all the Notice of Impacting Activity (NIA) coming out notifying of changes.

Have Your Say Survey

You told us that one of the top motivators for you is the **Attention to Quality and Standards**.

Standard one of the National Safety and Quality in Healthcare Service Standards - **Clinical Governance** aims to ensure that a clinical governance framework is implemented to ensure that patients and consumers receive safe and high-quality health care. [Clinical Governance Standard | Australian Commission on Safety and Quality in Health Care](#)



We interpreted this to mean that you want the focus to be on ensuring that there are systems in place within the CKW Directorate to maintain and improve the reliability, safety, and quality of health care for our community.

In response we have undertaken and are continuing to work on various initiatives which include:

- **Diversity and High-risk Groups:** With additional funding from the Metro North Board in early 2024 we are able to develop and expand our Specialist Outpatient Department with a separate Paediatric Department. This enhancement is crucial for delivering evidence-based multidisciplinary care.
- **Clinical Leadership :** We have created additional Nurse Educator positions at the Satellite Hospital to support both prospective and experienced nurses in acquiring and maintaining their clinical skills, patient care, and best practice methods.
- **Clinical performance and effectiveness:** Support with education also assists clinicians in meeting clinical standards, ensuring we have a well-trained, skilled workforce at the frontline delivering first class quality care.
- **Safe environment for the delivery of care :** Caboolture Hospital and Metro North continue to advance the Caboolture Hospital Refurbishment Project, which will enable additional and expanded services. This development will facilitate the delivery of care that meets the NSQHS Standards.
- **Safe environment for the delivery of care :** Supporting the CKW Directorate Service Lines and Units to appropriately resource their workforce units in accordance with bed capacity. This strategy essentially meets another aspect of the Have Your Say feedback we received, which relates to resourcing.

Do you have other ideas on how we can continue to make CKW a great place to work? Please send me a message using the Ask Karlene link below.

Ask Karlene

CKW value charter

In our values charter, one of the ways we've said we will show teamwork is to ***listen to and respect diverse perspectives in discussions and decision-making.***

I was reminded of the importance of diverse perspectives recently as we started a consumer co-design process for the new Children's Outpatient Department. While discussing the layout of the new building, our health staff were focussed on consultation rooms, offices and storage spaces, and our consumers were focussed on how easy it will be to access the building for parents with multiple children, how big the bathroom will be, how many people including staff will be required to traverse the play area and whether they will hear their name called from the play area.

There were several 'I hadn't even thought of that' lightbulb moments for the design and clinical teams. It showed that when we work together, and listen to understand all perspectives, we really can make better decisions that benefit everyone.

As we navigate these busy times in our services, your perspectives and experiences are more important than ever. If you have a great idea or a suggestion for how we can do things better or easier or more compassionately, please tell me via Ask Karlene

Ask Karlene

Clinical handover

Clinical handover is about keeping our patients safe.

Clinical handover is the sharing of relevant health information about our patients between health professionals and is required to occur where there is any change in care responsibilities (i.e. shift handover, ward transfer etc).

Clinical handover should occur:

- **at the bedside, and**
- **include the patient.**

The purpose is to both handover care and ensure that the patient is involved and agrees with their care plan. It allows the patient and health professionals to discuss and ensure continuity of planned care. It ensures that important information about patient care and medical conditions are accurately passed on between health staff and the patients.

Research indicates that patients who are involved in their care, are more likely to have better health outcomes.

Important information to be shared at bedside handover include:

- the patient's medical history
- the patient's current clinical condition
- tests and procedures that have occurred or that are scheduled
- the patient's need for assistance with everyday tasks, such as showering, toileting, feeding etc
- plans for discharge, even if it is a few days away.

Other key principles of clinical bedside handover are:

- Occurs at the bedside or with the patient wherever they are.
- Introduce yourself clearly to the patient providing names, roles and purpose.
- The patient is to be involved in the handover discussion.
- The patient's chart(s), including medication charts, should be reviewed at the time of handover.
- Identify the current treatment plan and the patients understanding of the treatment plan.
- Clarify if the patient has any concerns, preferences regarding care and involvement of family members/carer.

If you do not do clinical handover please speak to your manager urgently as this is the expectation. Or let me know via [Ask Karlene](#) so we can support you and your team to implement.

Nursing Bedside Handover Guideline

ISBAR		
I Introduce Identify Involve	Infection control (Wash hands include precautions e.g. MRS, VRE, isolation precautions).	
	Identify Patient (Check identification band, check photo, ask patients name).	
	Introduce self (name and designation), oncoming staff and greet patient/family.	
	Involve the patient in the handover and allow them to ask questions or clarify comments.	
S Situation	Identify date of admission and expected discharge date.	
	Identify current diagnosis and presenting problems.	
	Identify allergies & alerts, confirm documentation & allergy ID band.	
	Identify if Acute Resuscitation Plan or advanced directive is in place.	
B Background	Identify infectious status and precautions, checks signage in place.	
	Refer to handover tool for relevant clinical history and co-morbidities.	
	Identify current treatment plan and response – discuss with patient.	
	Ask patient if they have any concerns or preferences (eg cultural).	
A Assessment	Identify results/ referrals/reviews completed and pending.	
	V View charts and documentation to ensure completion, including vital signs . • Review relevant observation charts and discuss concerns e.g. current vital signs, Q-ADDS/CEWT/ Q-MEWT scores, deterioration and pain score. • Review care plan for hygiene, mobility and nutrition requirements.	
	I Input & Output (include intake and output, review infusions against orders).	
	T Treatment (review medication chart, heparin chart, insulin chart, wound chart, oxygen requirements and monitoring requirements). • Check Medication chart and ensure that medication is signed for. • Check invasive devices; cannulas & lines, central venous access devices (labelled, dated), drains, tubes and catheters.	
	A Ambulation & ADL's (include ambulation status, mobility aides, assistance with ADL's required). • Check Patient Admission Assessment and Discharge Planning tool e.g. relevant patient assessment forms. • Discuss identified risks – falls, pressure injury, infection and nutrition. • Inspect patient including wounds, dressings, stoma & skin for pressure injury.	
	L Legal (What is written in the patient's medical records, consent).	
	S Social & Discharge plan.	
	S Safety check : complete environmental safety scan: oxygen/suction equipment working, call bell, fluids, mobility aids in reach, area free of clutter, bed height appropriate.	
	R Recommendation/ responsibility	Identify what needs to be done or followed up during the next shift e.g. assessments, tests, follow up with medical staff.
		Discuss discharge planning e.g. organise appointments or referrals. Clarify if the patient/ family or carer has any concerns and check for understanding. Transfer accountability of care to oncoming staff.



NAIDOC Celebrations

Next week is NAIDOC week, though the celebrations have begun. The theme for NAIDOC 2024 is **“Keep the Fire Burning Blak, Loud and Proud”**.

I was lucky enough to attend the NAIDOC Fun Day at Koobara Kindergarten, Zillmere, The Aboriginal and Torres Strait Islander Health Services from CKW and those from across Metro North were co promoting the Telehealth Services, broader Aboriginal and Torres Strait Island services and health promotion services.

The telehealth information stall promoted bringing healthcare (via video call) into the home or to a community hub where patients can be supported to connect to their appointment via Telehealth (video call). This reduces the amount of time, travel and money required for physical visits to the major hospitals and provides convenience to our patients to connect from the comfort of their own home.

There is another NAIDOC Event today, Friday 5 July is hosted by Buranga Widjung Justice Group at Caboolture Town Square for a Community Flag Raising Ceremony. The main event is the Flag Raising & Digeridoo and other activities Smoking Ceremony, Welcome to Country, Aboriginal and Torres Strait Islander Dancing and Stalls. The Aboriginal and Torres Strait Islander Health Services will be providing a stall with the support of the Consumer and Community Engagement Team to promote our health service in CKW.

Next week CKW will host a NAIDOC event Wednesday 10 July at the CSB courtyard from 10am - 12pm. Lunch is provided.



Aboriginal and Torres Strait Islander artwork

Creating a welcoming environment requires a culturally competent workforce providing culturally safe care. We need to create an environment that is welcoming so Aboriginal and Torres Strait Island people feel safe, comfortable, and confident they will be respected, listened to and receive equitable health care. There are 3 aspects of spaces when creating a welcoming environment, they are:

- **Physical** – the layout and how it looks,
- **Emotional** – the feeling of being supported in this health service and;
- **Relational** – how the good the relationships within the workforce and consumers.



Caboolture, Kilcoy and Woodford visual branding artwork that tells a story of who our Traditional Owners and Custodians are, their country, the animals, the plants on which our health directorate facilities are built on. This week I thought we would showcase the Kilcoy artwork.

This artwork represents the lands around Kilcoy Hospital and the people of the area. Kilcoy and the Brisbane River Valley is the region for the Jinibara people, which is traditionally made up of five clans. These include the Dungidau centred in the Kilcoy region and the junction of the Stanley and Brisbane Rivers, the Dala or Dallumbara clan inhabiting the Conondale Range west to the Brisbane River, the Gurumngar around the southern end of the D'Aguilar Range, the Nalbo along the Maleny-Mapleton escarpment and the Dungibara on the Upper Brisbane River.

There are circles that lead to the main gathering circle in the centre to the represent the hospital. Markings and symbols shown in the artwork are the kangaroo, commonly seen in the area, as well as the bunya nuts, all that would have been part of the food source. Other markings are represented by the hilly area surrounding Kilcoy. The markings in the wood are bora-rings close by.

In order to create a culturally safe environment and show our commitment to this it is very important that we understand and are able to talk to the artwork we have around our services. If you have artwork you don't know about or would like me to showcase in my message please let me know at [Ask Karlene](#).

Key Appointments

We have a number of key positions progressing through recruitment noted in my prior message that we will showcase as soon as we can.

Positions Advertised

- [General Practitioner - Minor Injuries and Illness Clinic](#)
- [Nurse Practitioner - Minor Injury and Illness Clinic](#)
- [Radiographer - Satellite Hospitals](#)

Please encourage your networks to apply for our organisation and contribute to our amazing team.

Paediatric Review

As some of you may have heard or seen on TV last night a small snippet where the minister was asked about the Caboolture Paediatric Review in a press conference.

The review is currently in a final validation process prior to release to us as stakeholders. I expect once the report is released, we may quickly see media and while we will do our best to ensure key stakeholders have some prior warning of expected media this may not always be possible. Once we have the report and are in a position to share it we will communicate to key stakeholders.

I understand that this may be a challenging time for the CKW staff and I ask you monitor each other for any signs of distress and ensure they have and access Telus, [staff psychology](#), and [peer support](#) information.

You and your team all bring your best and do your best every day for which I thank you sincerely.

Reflection

In a very full week where I have had the opportunity to speak to our community, staff, patients, Ministers, and Senior Executives in many forums and in doing so received an abundance of feedback. As I have heard some of this feedback, I have been reflecting on the pressure our staff are feeling, and how important it is that we look after each other and ourselves in order to provide the best care to our community and patients.

When we are under pressure or tired, we can inadvertently be irritable and lose our ability to care. This may be exhibited in a lack of civility or kindness. Unfortunately, this then can cause a much larger stress and distress with and to other staff and patients. I really ask you to take a deep breathe before you respond to situations or communicate with anyone to ensure that you are positively engage rather than reacting.

I encourage you to have strategies that you use routinely to ensure you lead into communication positively, for clinical communication this for me was and is always:

- Starting by introducing myself and my role, and
- finishing by asking
- - what the patient is expecting, and
- - what they are wanting from me and their visit to our hospital.

For work communication, I always take the time during the acknowledgement to country to reflect on my privilege to work, live and play on these lands. While when one-on-one communication, I introduce myself if I do not know the person and ask a little about the person and how they are, or if I know them, I enquire how they are.

While these strategies seem simple or basic and I hear you saying why is she telling us things that are basic and normal the feedback is that these are some of the things we are missing without patients and each other.

My last thought is how important it is to be present – this means the patient or the other staff member knowing from your actions that you are with them, not just in the room, but looking at them, enquiring how they are and actively listening when they speak. In order to be present in the moment, it is also important to be present in your life when you are not at work and that means taking the time to relax, to breathe, to enjoy your family (and be present with them) and to take time out from work!

I really encourage all of us to:

- consider these things as you move through your days and reflect in time on how you are communicating and engaging;
- take time to relax and have time away from work (physically, emotionally and psychologically) to revitalise.

You all bring your best and do your best every day for which I thank you sincerely!



“To choose civility should never be an afterthought, it should be your first thought and choice of action” – Ty Howard

“You can’t pour from an empty cup, take care of yourself first”

Kind Regards,

Karlene.

**Got a question
or suggestion for the
CKW Executive Director?**

EMAIL ASK KARLENE

?

