

Midwives' caring touch



Lismore Base Hospital midwife Merle Hamilton has lost count of the number of babies she has helped enter the world during her 32-year career.

Merle Hamilton has no idea how many babies she has delivered in her 32-year career as a midwife, she just knows it's "a lot".

Merle is this year's recipient of the Dorothy Edwards' Midwifery Scholarship which annually recognises the hard work and dedication of one midwife at Lismore Base Hospital.

"The word 'working' underestimates all Merle brings to the job, as her passion for keeping mothers and babies healthy, and educating those around her, have inspired her colleagues, both nurses and doctors alike," Paediatrician Dr Chris Ingall said.

"Merle is a deserved winner of the 2016 Midwife of the Year Award, and recipient of \$1000 from the Dorothy Edwards Scholarship."

"When I finished my midwifery training in 1984, Dorothy Edwards supported me from the outset and it

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United Hospital
Auxiliaries hold
Annual General
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We interview
Keryn York,
EO/DON
of the new
Byron Central
Hospital



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NSW LHD on
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As I am writing this article we have hit a magnificent milestone for Lismore Base Hospital with the opening of the new Emergency Department as part of Stage 3A.

The move to the new department has been accompanied by a significant spike in activity that has stretched the staff and challenged the patient flow systems across the campus.

The staff and clinicians, despite the challenges the move and activity have thrown at them, continue to provide high quality of care. As I walked through the department over the weekend with Lynne Weir, Executive Director Richmond Clarence Health Services Group, I could not help but feel a sense of pride on the way they worked to ensure care was provided to those who arrived (and kept arriving) as we settle into the environment.

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If you had just arrived from overseas and picked up the newspaper you would be forgiven for being concerned about the quality of care provided in our public health



system.

The reality is that NSW Health is amongst the highest performing health systems in the world and the communities on the North Coast can be secure knowing that our hospitals and health services provide high quality and safe care and that the staff and clinicians who provide this

care are some of the best in their fields.

The media have highlighted several devastating stories and my heart goes out to the families involved in those specific cases, but these few cases do not represent the overwhelming number of positive, caring and successful encounters the communities receive from our health service.

Northern NSW Local Health District (NNSW LHD) has a robust clinical governance program that supports staff in providing the high quality and safe care our patients expect and supports staff to raise any concerns they have in regards to safe delivery of care.

The negative media stories can raise concerns from those who do not know our service and when I am asked by anyone about NNSW LHD, I know I am proud to tell them about the quality and commitment provided by our staff and clinicians and I hope, like me, you are proud to speak of the great work we all do.

*Wayne Jones
Chief Executive*

From the Board Chair

This month I would like to provide an update on a number of the issues I have raised in this column over the last few editions; these being the development of NNSW LHD Branding, Board and Executive Leadership on Domestic Violence, and the signing of the NNSW LHD Performance Agreement with the Ministry of Health.

Following on from the Board and Executive Branding Workshop to review and NNSW LHD District's Vision and Purpose Statements and to develop a branding tagline which could be used on NNSW LHD newsletters, documents, emails and correspondence, the Board, Chief Executive, and Executive are now seeking input from Staff and Community.

To view the proposed options and have your say please complete a quick survey at <https://www.surveymonkey.com/r/NNSWLHDBranding>.

The survey will close on 18 September 2016.



You may remember last year the NNSW LHD was the last LHD to sign off on its Performance Agreement with the Ministry of Health due to a range of concerns the Board held.

I am pleased to advise that this year NNSW LHD was the first to sign

off and I acknowledge the constructive communications from the MOH including Secretary Elizabeth Koff and Deputy Secretary System Purchasing and Performance, Susan Pearce in working with the Board.

A copy of the NNSW LHD Performance Agreement is available from the front pages of both the NNSW LHD Intranet and Internet sites.

On the 31 August 2016 the NNSW LHD Board and Executive attended training relating to Domestic Violence and Bystander training. This will be covered in more detail in the next Edition.

On behalf of the Board I thank all NNSW LHD Staff and Community for their ongoing contributions in providing quality health services to the communities of Northern NSW.

*Brian Pezutti
Board Chair*

Success for DonateLife Week

The topic of organ donation was spread across the Northern NSW Local Health District (NNSW LHD) in August with Lismore and Tweed Head's buses advertising the DonateLife message.

Tweed Heads specialist Dr Mike Lindley-Jones joined forces with organ donor recipient Harold Fields and Clinical Nurse Specialist Mary Campbell to urge residents to join the Australian Organ Donor Register online and help end the wait for those in need of a life-saving transplant.

At the start of the month Harold had been waiting for 14 years for an organ donation and two days after the story was promoted in Northern NSW media,



Above, local media interview, from left, Dr Mike Lindley-Jones, organ donor recipient Harold Fields, and Clinical Nurse Specialist Mary Campbell. Below, Mary Campbell, Harold Fields, and Dr Mike Lindley-Jones in front of one of the buses advertising DonateLife Week.



100km cyclists Matthew and Mark McLennan and Dr Mike Lindley-Jones.

Harold received that much anticipated phone call.

"It was wonderful news that Harold finally received his organ donation," Mary said.

"He is recovering well and we are so pleased for him."

Less than a third of Australian adults are on the national Donor Register, despite the majority of Australians being willing to donate.

The annual Cycle for Life event was also held as part of DonateLife Week.

Three cycle options were offered this year with 130 cyclists participating in the 100km cycle, 197 cyclists participating in the 50 km cycle and 58 family cyclists and walkers participating in the



family cycle/walk along the cycle path.

The event was supported by Kingscliff Rotary club as well as many nursing and medical staff.

Praise for midwife Dorothy Edwards

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was her guidance which has led to me gaining the skills and confidence I have now," Merle said.

"Dorothy took me under her wing when I was a fresh-faced graduate and her wisdom has survived the test of time. If I can pass on a fraction of what Dorothy

taught me to the younger midwives coming through, I will be very happy indeed.

"I am still surprised when the mothers I am helping now tell me I helped give birth to them!

"It gives me a wonderful feeling of belonging, which is very satisfying."

Merle said she was

saddened to learn of Dorothy's death a few years ago.

"I would like to thank Dorothy's family for their generosity in creating the Scholarship," Merle said.

"Knowing the family cares about the midwives at the Base and supports us so well is a great source of support through what can

be trying times."

"Having a scholarship is such a wonderful gesture by Dorothy's family as this will allow Lismore Base Hospital's midwives to train further and bring those skills back to the Unit which in turn touches so many families in our region," Dr Chris Ingall.

Discrimination and Harm Minimisation



Lee McDougall
Acting Editor

I was once asked in my role of Clinical Psychologist if there was any cohort of the community with whom I would struggle to provide counselling.

At the time I felt it was an interesting question as I believed I could find compassion and empathy for most people, with the possible exception of adults who abuse children.

Yet over the years working in Mental Health, I learnt that I also struggled working with clients who had long-term drug and alcohol problems.

The reason for my struggle was my belief that drug users were avoiding the underlying reasons for their addiction and, as a mental health clinician, I felt this avoidance was not beneficial - and nor was their drug use.

So, it was interesting walking into the Regional Harm Reduction Stakeholder forum on The Impacts of Stigma and Discrimination held recently in Lismore with the knowledge that I actually held quite a discriminatory attitude towards drug users.

This was further challenged during the first speaker's talk. Sue is a local mother of five who works full-time and who describes herself as 'a functional user'.

Sue has been on the OTP – the opioid treatment program – for many years after she started injecting drugs at the age of 16 years.

Sue was an intelligent, articulate, well-dressed, and well-spoken mother who works 40 hours a week to support her family. Joining Sue was a local journalist and former injecting drug user who shared his experience with the stigma of being a drug user.

The forum also heard from Dr Alex



Dr Alex Wodak, Emeritus Consultant at Alcohol And Drug Service, St Vincent's Hospital, standing, leads the discussion panel at The Impacts of Stigma and Discrimination forum.

Wodak, President of the Australian Drug Law Reform Foundation and Emeritus Consultant at St Vincent Hospital's Drug and Alcohol Service, and Professor Carla Treloar, Director at the Centre of Social Research in Health.

The forum heard about the need for injecting rooms on the Northern Rivers, the health cost benefits of having needle syringe programs (NSP) that sees every \$1 spent on NSP return a \$4 reduction in health costs, the need to remove drug prohibition in order to decrease illegal drug usage, and the deep shame and discrimination drug users experience on a daily basis.

The forum was attended by more than 60 people from within NNSW LHD as well as community stakeholders and interest groups. We learnt that about 80% of people who inject drugs (PWID) have experienced discrimination in health care settings.

As with all experiences that challenge

us, I learnt quite a bit about myself at the forum – as well as drug use.

I learnt that far more needs to be understood about the patterns of drug use – in particular how prohibiting drugs actually *increases* its usage in a community as claimed by Dr Wodak.

I learnt that as a society, we have many misconceptions and preconceptions which leads to stigma and discrimination – and that this discrimination flows into our front line health care workers dealing with PWID on a daily basis.

I also learnt from Dr Wodak that it took civil disobedience on his behalf to see the creation of the first injecting rooms and NSP operating out of St Vincents.

On a societal level, there is still a long way to go on the matter of drug use, yet I felt the recent forum was one more step in the long journey of acceptance and destigmatisation.

Contributions

Northern Exposure is an excellent tool for promoting and sharing your project, celebration, initiative, success or event. This publication is distributed to more than 6600 staff in NNSW LHD and many of our stakeholders.

To submit your story for consideration, please send clear photos with captions and about 200 words describing the story to lee.mcdougall2@ncahs.health.nsw.gov.au. Photos and dot points with all the information are most welcome. For inquiries phone 6620 2141.

Publication is at the discretion of the Editor and Chief Executive. Items may be edited for length, style and quality.

Hospital Auxiliary's AGMs

Tables lined with sumptuous home-baked goodies and fine bone China tea-cups like Grandma use to have signifies it's Annual General Meeting (AGM) time for the Health District's 14 United Hospital Auxiliaries.

Each year the UHA volunteers work tirelessly knitting, crocheting, sewing, baking, cooking and

finding unusual ways to raise hundreds of thousands of dollars for the Health District's health facilities.

The AGMs provide and opportunity to thank all the volunteers for their much-appreciated hard-earned work, while also officially welcoming the newly elected office bearers for the next year.



Above, Lismore UHA officer bearers, Lyn Duncan, Diane Miller, Joan McKenzie, Rita Richards, Sue Havilah, Kate Mitchelson, Clyde Havilah and Colin Cameron.



Left, Murwillumbah UHA office bearers with Patron Dr Betty Marks (second from left) Val Foster, Jude O'Hearn, Lyn Chapman, Anne Moss and Rita Oudhuizen.

Below, UHA North Coast Regional Representative Mollie Strong, right, presents 90-year-old Lismore UHA member Eileen Faye with her 30-year membership badge.

Below, Nimbin UHA officer bearers, Maureen Lombard, Marceliena Brumley, Bev Gardner, Robyn Roos, and Louise Donadel. Absent from photo are Margaret Linton and Jayne Allerman.





Insurance the topic

Pictured, the NNSW LHD Executive and Work Health Safety and Injury Management team meet with representatives from the Ministry of Health, QBE and GIO to review all of the LHD's general lines of insurance including Fleet, Property, Miscellaneous and Health Liability Claims at the annual Premium Renewal presentation.

Distance now no barrier

The Northern Mental Health Emergency Care – Rural Access Program (NMHEC-RAP) commenced in the Emergency Department (ED) at Byron Central Hospital and Grafton Base Hospital on 29 August 2016.

The NMHEC-RAP service is a joint initiative between Hunter New England, Mid North Coast and Northern NSW Local Health Districts to provide 24/7 access to Mental Health assessments via telehealth from EDs.

The initial phase of the service has commenced providing:

- 24/7 access to

specialist mental health consultation and advice to staff working in rural Emergency Departments;

- Timely mental health assessments, provided by experienced mental health professionals;

- Advice on care planning and recommendations for care of mental health consumers in the ED. For consumers awaiting transfer or discharge, the NMHEC-RAP will continue to provide support in monitoring and reviewing them in the ED;

- Comprehensive, contemporaneous, standardised clinical



Above, from left, Samantha Osborne, Manager, Clarence Valley Mental Health Services; Dan Madden, Executive Officer, Grafton Base Hospital; Remana Harris, Registered Nurse, Grafton ED; and Pratima Nepal, Registered Nurse, Grafton ED.

Below, from left, Alison Renwick, NMHEC-RAP Project Officer NNSW LHD; Ciaran Carolan, Manager Byron Community Mental Health; Dr Blake Eddington, Career Medical Officer; Heather Reynolds, Registered Nurse; Dr Hannah Sidrak, Resident Medical Officer; Mary Whelan, Clinical Nurse Specialist; Emma Smith, Acting EO/DON Byron Central Hospital.



documentation in the LHD Electronic Medical Record (eMR).

Executive Director Mental Health and Drug and Alcohol Dr Richard Buss said the service was a welcome support to both EDs in providing timely access to care for patients who require Mental Health assessment and to existing Community Mental Health Services.

"The NMHEC-RAP Service

will be extended to more Sites across NNSW LHD and work is underway to identify the next EDs where the NMHEC-RAP Service will be implemented," Dr Buss said.

"Priority will be allocated based on the number of Mental Health presentations, the distance from the Mental Health inpatient units, and the level of existing Mental Health resources at the site in question."

Interview with Keryn York

This month Northern Exposure sat down with Keryn York, Executive Officer/Director of Nursing (EO/DON) of the new Byron Central Hospital. Keryn spoke with Lee McDougall about her career and the challenges of bring opening a new hospital.

"What a ride. What an incredible journey." These are the first words uttered by Keryn York when asked the question: "So, what was it like opening a brand new hospital?"

The enthusiastic words, together with the big, bright smile on her face, provided the very clear message that, while it may have been a long journey, opening the new Byron Central Hospital was for Keryn a remarkable achievement.

Reflecting on the question of when the journey of the new Byron Central Hospital began for Keryn, she struggles to provide an answer.

"Well, I guess you could say it started in 1981 when I started working in Byron District Hospital (BDH) as an RN," Keryn said. "I was offered the job by then DON (Director of Nursing) Shirley Nelson who told me that my employment was dependent on whether they were going to close the hospital or not.

"There was an issue with radioactive soil under the hospital and one option was to close the hospital. Shirley said I had the job if there was still a hospital."

Keryn states that while that threat of hospital closure was avoided, the threat saw the establishment of a community action group which over the ensuing decades grew to encompass community participants from across the Byron Shire united in the common goal of building a new hospital.

For Keryn, her association with Byron Hospital became intermittent as she left to complete a Masters in Health Management through Sydney University and becoming a lecturer at Southern Cross



University – while also finding time to become a mother to twin girls, sisters to their older brother.

"Looking back I guess it was a pretty busy time," Keryn says with a grin. "I returned to Byron District and there was myself and Jenny Shaw at Mullimbimby District Hospital and we were the Nurse Managers under Jane Ackerman who was the Executive Office/Director of Nursing for the two hospitals.

"Jane took on the position of DON at The Tweed Hospital and the management structure changed, with Jenny and I becoming the EO/DON of each of our respective sites."

Keryn states that the first real indication that the new BCH would become reality happened in 2014 when planning meetings for the design and construction began to occur.

"We had so many meetings, with the design changing over the course of the meetings, but it was then

that we realised the new hospital was this time going to become a reality," Keryn said.

"When the plan went up to the Ministry for approval and funding application, I was very positive that the answer was going to be 'yes' because we'd had so many constant meetings and input into design. It was the logical thing to do, to build a new hospital.

"Having two hospitals is a little like having twins, and I know the costs involved of having twins. Everything has to be duplicated and the buildings were becoming very old and dated which was limiting our ability to expand, as well as starting to cost more each year in maintenance and repair."

Keryn states that once the green light for the new hospital was given, things began to happen very quickly with decisions constantly being made.

"Everything in health care changes, from an equipment perspective, so

many of the decisions we'd made 12 months earlier in the planning phase had to be reassessed because the equipment we'd selected had now become outdated," Keryn said.

"It was an incredibly challenging time, and I learnt that I'm glad I am not an impulsive person. I also learnt that I had to listen a lot, and I learnt that people react very differently to stress – and particularly react differently to how I had anticipated they might react.

"The reaction from staff to changing from the old hospitals to the new hospital was for some staff completely overwhelming, and for many it was a very stressful and difficult time.

"It was very distressing to see my staff so distressed. I really felt for them all and it was horrible to see such distress on a daily basis for almost a year as the new hospital was constructed and we got closer to move day."

The mention of move day brings a smile back to Keryn's face. The state-of-the-art BCH, with beautiful artworks throughout and room to expand into the future, has now been open for almost three months.

"Move day was amazing," Keryn said. "The staff of both hospitals and community health all came together so nicely and the comments from the floor were so positive and wonderful."

And Keryn's advice for anyone going through a similar time: "Keep calm, concentrate on the positives, support your staff no matter what, and believe in your staff to be able to make mistakes and learn from them. If you can do all that, you'll survive the change."

Radiation oncology 'excellent'

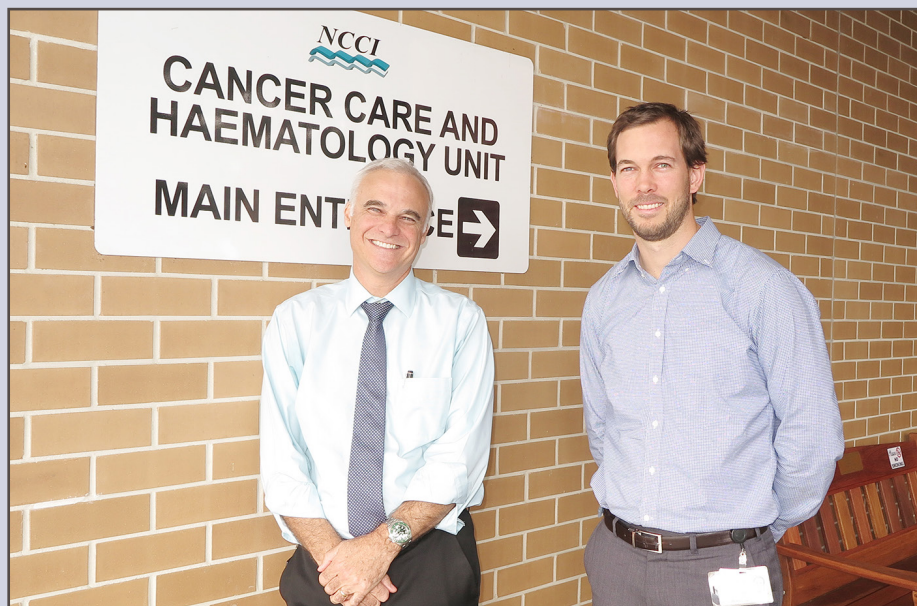
Lismore's Department of Radiation Oncology recently had a major review as part of the Royal Australian and New Zealand College of Radiologists (RANZCR) rolling five-year accreditation process.

NNSW LHD Director of Cancer Services and Radiation Oncology, A/Professor Tom Shakespeare said the Department was awarded full accreditation with the site auditing team full of praise for the Lismore Radiation Oncology service.

"Comments included 'excellent support provided', 'excellent formal and informal one-to-one teaching', 'superb integrated video-conferencing and electronic records' and 'a Department with a strong commitment to teaching and learning,'" A/Professor Shakespeare said.

"This is a fantastic outcome for rural health. To receive full accreditation with two accredited trainees strengthens our ability in the long term to increase our ability to recruit and retain specialists."

A/Professor Shakespeare paid



A/Professor Tom Shakespeare, left, and Dr Pat Dwyer are all smiles after receiving glowing feedback on their recent accreditation review.

tribute to Dr Pat Dwyer, Director of Training (DoT), who coordinated the visit and who had been instrumental in the success of the Department's training program.

"We do have trouble recruiting to regional areas as there is a perception

of geographical disadvantages, yet the message from this accreditation is that our trainees are very well supported and, in fact, in a rural setting are exposed to a much broader range of therapies, presentations, and the very latest in technologies," Dr Dwyer said.



Iron Infusions: get on with it!

Iron deficiency is a common problem in general practice. Pre-operative optimisation of iron stores (even if not anaemic) is now thought important.

Traditionally iron deficiency has been treated with oral tablets, intramuscular injections or intravenous administration. Each of these has their own problems. Ferric carboxymaltose given in the general practice is now usually the best option.

Better peri-operative outcomes are seen if we ensure not only good haemoglobin levels, but also good pre-op iron stores.

Rapid replenishment of blood and iron stores is needed for pre-operative patients where blood loss during or prior to surgery can be

expected.

Ferritin may be normal in iron deficient patients with cancer or other inflammatory conditions. Such patients will have a raised CRP, normal ferritin and low iron saturation, so it is useful to check CRP in conjunction with iron studies.

Ferric carboxymaltose (Ferinject) is a relatively new form of intravenous iron replacement that is associated with fewer side effects. As such, it is feasible to give in general practice surgeries. Experience to date suggests high levels of patient satisfaction with this approach.

Further information on iron deficiency is available at: <https://manc.healthpathways.org.au/25045.htm> Username: manchealth, Password: conn3ct3d

Administration of 1000 mg of Ferinject can be accomplished in 15 minutes via intravenous drip or slow (timed) push injection, 500mg doses a bit simpler. A cannula rather than "butterfly" should be used to minimise the risk of extravasation that can cause tattooing of the skin. Patients are closely monitored for adverse reactions.

Drs David Guest & Dan Ewald

To view Mid and North Coast HealthPathways localised for our region

visit Mid and North Coast HealthPathways

Website by following this link:

manc.healthpathways.org.au

Username: manchealth - Password: conn3ct3d

For further information email

kkeyte@ncphn.org.au

Rotary West take a seat

Visitors to Lismore Base Hospital now have a nice place to rest while waiting for their transport home, following a generous donation from the Rotary Club of Lismore West of a covered seat, located in front of the new multistorey carpark in Uralba Street.

Pictured handing over the cheque to Richmond Clarence Health Services Group Executive Director Lynne Weir are President Rod Fayle, Bob Barnes, Ron Chittick and Ian Mulligan.



Injuries at home more common

Alcohol-related injuries that present to emergency departments are far more likely to happen at home than at pubs and clubs, according to new research by the University of New England.

Professor Kim Usher from the School of Health said the research showed that 36% of alcohol-related injuries happen at home, 13% on the street and just 10% at licensed premises.

"This study shows that the home is a place of danger when drinking," Professor Usher said.

"It appears more people, especially the young, are drinking at home because it is cheaper than going out."

Time to vote for new facilities



Fitness Passport currently offers all long-term contract and permanent employees discounted membership fees for a range of gyms and other fitness facilities across NNSWLHD.

Fitness Passport is inviting all employees to vote for new Fitness Passport facilities for NNSW LHD.

From time to time, new fitness facilities pop up and Fitness Passport is seeking feedback from members as to which additional facilities they would like to see as part of the program.

The survey is open until 9th September 2016 and once all responses are collated, members will be advised of the results.

To access the survey, visit <https://www.surveymonkey.com/r/FP2016NorthCoast> or click on the Fitness Passport link on the Intranet and follow the prompts.

Last 'go live' for eMR2

The NNSW LHD completed the rollout of the electronic medical record 2 (EMR2) for inpatient services in July this year with the Byron Central Hospital go live on 6 July.

The EMR2 roll out introduced three main components, namely electronic progress notes, observations and assessments.

These new capabilities have been primarily designed for use by Allied Health, Nursing and Medical Officers in front line clinical care roles.

The EMR2 deployment saw the introduction of many additional mobile computer carts that clinical staff, from all professional groups, can use for bedside point-of-care work in the EMR.

With the introduction of mobile carts there was also a very large roll out of WIFI across all sites so that the carts can connect to the IT network.

It is an important point for all staff to note that all new computers can now be used for many other applications



From left, eMR2 Project Manager Mary McKenzie, Rosemary O'Brien, Sharon Rockliff, and Byron Central Hospital EO/DON Keryn York.

and not just limited to the EMR program.

The EMR2 Project team has now moved to the Mid North Coast to manage the EMR2 deployment to their sites.

Meanwhile the NNSW LHD sites have had their EMR2 support handed over to the post go live support team

in the Clinical Information Systems (CIS) Unit which is a NNSW LHD service managed from Lismore.

The CIS unit provides training and application support for Cerner applications including EMR and can be contacted by phoning 1300 28 55 33 and choosing option 3 EMR.

State Health Awards

The NNSW LHD Executive has reviewed all the nominations and selected the finalists for the Individual Categories of the 2016 NSW Health Awards.

The following entries have been endorsed for submission:

Volunteer of the Year
- Ms Barbara Swain;
Staff Member of the Year – Ms Rosa Flaherty;

Collaborative Leader of the Year – Dr Rob Davies.

The state winners are expected to be announced around mid October.

The annual NSW Health Awards celebrate the inspirational health initiatives and motivated individuals striving to improve the delivery of health care to patients across NSW Health.

Car leasing, made easy!



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Students talk health careers

Students at Lismore South Public School discovered the joys of working in health care at a recent careers day.

NNSW LHD nurses from Lismore Base Hospital, and representatives from NSW Ambulance representatives joined forces to talk about the joys and challenges of working in health.

Pictured from left are, Registered Nurse Michael Imrie, Clinical Nurse Educator Leigh Bryant, and Jacinta Bourke and Christie Pullen from NSW Ambulance.

Well done Grafton!

The following letter was sent to Grafton Base Hospital in recognition of their Look Good Feel Better program.

"Grafton Hospital, Grafton NSW is a wonderful and full partner with Cancer Patients Foundation Look Good Feel Better in bringing our program to their cancer patients.

Every Oncology patient is advised /encouraged re the LGFB Workshops, registration forms are completed, getting them away on time to the LGFB office for process.

The Hospital staff are briefed about the program.

The LGFB Volunteers who facilitate the workshops are kept up to date via annual briefings from the hospital... and are treated as part of the

hospital team.

Rooms are booked, ready with full catering for the participants.

The LGFB Volunteers work with the hospital in staffing a Wig Service for the

Cancer patients..

We conduct 5 workshops per year ... with average attendance of 10 per workshop

We have operated our LGFB program in Grafton for 15 years.

We have a stable team of Volunteers who love working with the Cancer Care team led by Sharyn Hurford.

Congratulations Grafton Hospital and THANK YOU.

Carol Fazal
State Manager
Qld, and Northern
Rivers, NSW"



HOTV training

Pre-school children living within the Northern NSW Local Health District will now have access to the latest vision assessment tools following the Statewide Eyesight Preschooler Screening (StEPS) Program conducting the new HOTV vision screening chart clinical training recently. Pictured from left are the LHD's trained screeners Annette Swanson (Casino), Cheryl Ducat (Bonalbo), Judy Murray (Tweed), Anne McDonald (Ballina), Michelle Bridges (Maclean), Anna Tonkin (Richmond), Helen Simpson (Nimbin), Pam Walmsley (Byron Bay), Kate Norton (Grafton), Jennifer McKay (StEPS Program Coordinator). School Health and StEPS continue to work collaboratively on maximising optimal vision screening outcomes for children in our LHD.

Vaccine formulation to target Alzheimer's disease

In research findings just released in Nature's Scientific Reports journal, Flinders University experts, as part of a high-level United States research

team at the Institute of Molecular Medicine (IMM) and University of California, Irvine (UCI) have made a successful vaccine formulation that targets

the abnormal beta-amyloid and tau proteins that signal Alzheimer's disease.

With more than 48 million dementia cases in 2015, and 7.5 million new cases each

year, Alzheimer's is emerging as one of the biggest cost to the world's health-care systems, especially in mature economies in western countries.

The last word ...

Fond farewell

Management and staff of Lismore Base Hospital gathered recently to farewell Helen Everett, pictured. Helen has worked for LBH for the past 28

years and was the manager of Domestic Services for the past 13, where she battled daily with the issue of pigeons nesting and toileting over the exterior of the buildings.



It's a blood thing...

Lismore Base Hospital Nurse Educator Charmaine Crispin, left, and Bev Hiles held a static display in the foyer of the hospital recently to inform patients and carers about blood and blood product treatment options and associated risks and benefits.



Jeans for Genes Day

Staff of Crawford House swapped the pencil skirts and suit pants for jeans on August 5 to mark the annual Jeans for Genes Day and raise much needed money to help cure childhood diseases.