

Northern exposure



Health
Northern NSW
Local Health District

Newsletter, Issue 10
November 2015

Casino Hospital Emergency Department Open



Touring Casino ED L-R: Lee Cameron, NUM, Casino ED; Katherine Willis-Sullivan, Director of Medical Services, Richmond Network; Lynne Weir, Executive Director, Richmond Clarence Health Service Group and Brian Pezzutti, Chair, NNSW LHD Board. Please go to page 3 for more news on Casino ED.

Outstanding results for Adult Admitted Patient Survey

Once again the NNSW LHD has received wonderful feedback from the Bureau of Health Information (BHI) Report on Adult Admitted Patient Survey.

In response to the question on overall experience, the results were well above the overall result for NSW Health. For the question how would you rate your

overall experience, 73% responded "very good", the highest option for the survey question, compared to the overall NSW Health result of 63%.

More on page 3



Page 4 - Mental Health Month Highlights.
Above Entertainment provided on the day.



Page 6 - First baby born after changes to Murwillumbah Maternity Service.



Page 9 - Ngayundi Aboriginal Health Council host Annual Cultural Awareness Bus Trip

Workplace safety is everyone's job

From the Editor, Susan Walker



In the last issue Lee McDougall, who relieved this position while I was on leave, wrote of change.

I want to thank Lee and her Managers for releasing Lee from her role

as a Child Psychologist to work here, bringing with her, fresh eyes and talents.

One thing that doesn't change is those people we come across in the community who are generous and giving.

Jessica Nash is a Birth & Postnatal Doula and Area Manager of Angel Gowns Australia, who drove up from Port Macquarie recently to present a Cuddle Cot and Angel Gowns to the Lismore Base Hospital (LBH) Maternity Ward.

Jessica was 10 when her brother passed away shortly after birth. Jessica says she was blessed to be able to spend



L-R: Shannon Morris, Michelle Mitchell, Lorraine Smith, with the Angel Gown and Jessica Nash.

a few hours with him. "That time I had with him was invaluable and so precious."

Fast forward many years and in her work as a birth Doula she has learned of the existence of Cuddle Cots. The cots allow parents to have their baby with them and families to be able to visit.

The cot is a wicker bassinet with a small refrigeration unit that means a baby can stay with parents in their rooms for a

Your Say
Do you have anything you would like to share with your colleagues and readers of Northern Exposure? Contributions can be emailed to susan.walker@ncahs.health.nsw.gov.au and should be no longer than 250 words.

number of days without being separated, it gives them some special time together.

The Angel Gowns, which are offered to mothers, are made from donated wedding dresses and are sewn by volunteer seamstresses.

Jessica thanks the Coffs Coast Angel Babies, Coffs and Lismore Communities and Zonta for making it possible to donate the Cuddle Cot to LBH.

Quiet Achiever - Karen Brown

Nominated by Ann Scheife, Director of Nursing Murwillumbah and The Tweed Hospitals (TTH) and Wendy Howell, Assistant Director of Nursing at TTH.

Karen commenced work as a Technical Aide in the Central Sterilizing Services Department (CSSD) in Murwillumbah District Hospital (MDH) on 23 September 1985 and completed her first Sterilization course in 1987.

The department was very small at that time with only three members of staff including the then Manager.

In 2002 the CSSD was transferred to The Tweed Hospital (TTH) where a lovely new Department had been completed. Karen continued her work as a Technical Aide and achieved a Certificate 11 in Sterilization.

By 2003 Karen had become the Deputy CSSD Manager and during her time in this role, she ably assisted the Manager to grow the service to include the Women's Clinic 145 and several Murwillumbah General Practitioner practices.

In March 2004 Karen was promoted to the temporary role of Acting CSSD Manager and she continued to study,



and obtained two Certificate 1V's, one in Frontline Management and one in Assessment & Workplace Training.

In 2005 Karen applied for, and was successful in gaining a secondment as the Occupational Health & Safety Manager and soon whipped us all into shape. Woe betide you if your Safe Work Practices were out of date!

Karen continued to act as the CSSD manager on her return from the

secondment and finally, in 2007 she secured the position on a permanent basis.

During all this time Karen has worked tirelessly to ensure her Department meets the AS4187 standard and she has managed to have the old Tunnel Washer replaced with two new Steelco washers to bring us up to date.

The demand for CSSD services has grown dramatically over the years and Karen is now responsible for approximately 20 staff at MDH and TTH theatres as well as several external customers including Dental.

Despite this, Karen continues to manage her workload whilst promoting the service and caring for her staff. Karen has been described as a forward thinking leader who is a great advocate and role model for her staff.

Karen is also known as the "go to girl" to negotiate a good deal when purchasing equipment and definitely someone who should accompany you when you are buying a new car!

Karen is currently working very hard to introduce the new AS4187 standard, which has huge implications for CSSDs across the state.

Casino Hospital Emergency Department Open

The upgrade to Casino & District Hospital Emergency Department (ED) was officially opened by Kevin Hogan, Federal Member for Page on 7 October 2015.

Mr Hogan was representing the Federal Minister for Health, Sussan Ley as the Commonwealth Government provided \$3 million to NNSW LHD to fund the project.

Prior to the upgrade the space available in the Casino ED was very limited. Now there is a new Triage area; two new Resuscitation Bays; Four new Treatment Bays; a dedicated ED Staff Room; a refurbished Clean Utility Room and improved security of the entire ED. As well, the Ambulance entry has been redesigned for all weather conditions and safer entry and exit.

This major renovation is wonderful news for Staff and of great benefit to the Casino community and patients who require emergency treatment.



Above L-R: Lynne Weir, Chris Crawford, Chief Executive; Brian Pezzutti, Lee Cameron; Nora Caldwell, Kevin Hogan and Ellen Palmer, Executive Officer/Director of Nursing Casino Hospital following the opening proceedings.



Above: Lynne Weir and Kevin Hogan speak with Vanessa Cotterell, Nursing student from Southern Cross University and at Right: Brian Pezzutti and Kayelene Guthrie, Clinical Nurse Manager cut the cake for all to share at the morning tea celebrations.



Outstanding results for Adult Admitted Patient Survey 2014

continued from page 1....

This is significantly better result than achieved by NSW Health as a whole. This better result than NSW Health is reflected in the answers given to nearly half of the other questions.

A second Survey was also released by the BHI and the NSW Cancer Institute on Adult Admitted Patients with Cancer, which showed that patients with cancer gave high praise for the care they received in NNSW LHD, particularly at Grafton Base Hospital.

The survey provided feedback from almost 6,500 patients, who were admitted to a NSW Public Hospital during the period from July 2013 until July 2014.

This feedback revealed that NNSW LHD came in second to Southern NSW LHD, which was the highest rated LHD in NSW.

The results were significantly



Above: GBH Executive Officer, Dan Madden with Sharyn Hurford (front) Clinical Nurse Consultant and Heather Baker, Deputy DON

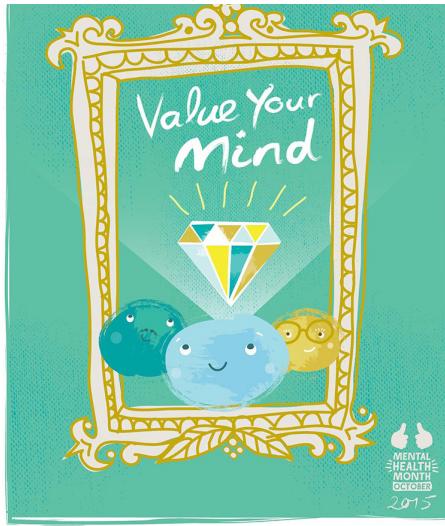
higher for the LHD from patients when asked if they were involved in decisions about discharge and they said Staff completely considered their family and home situation when planning their discharges.

Patients gave high praise to the Nurses saying they were kind and caring and were always treated with respect and dignity while in Hospital.

Chris Crawford has extended his appreciation to all the Clinicians and Support Staff for the effort they make to achieve such pleasing results.

Our clinical and Support Staff are the face of the LHD. They are the first point of contact when patients are admitted to Hospital, during their stay and when being discharged from Hospital.

It is heartening to receive such positive feedback from our patients. I thank our Clinicians and Staff for their dedication and the care they provide.



mental health Month
FOR MORE INFORMATION VISIT WWW.MENTALHEALTH.ASN.AU

Mental Health month is held each year in October with the aim of encouraging community participation to raise awareness, reduce stigma and promote education to recognise the needs of people who live with a Mental Illness and those who care for them.

The 2015 theme was 'Value Your Mind' reminding us to nurture our mental wellbeing in the same way we maintain our physical and social health. The theme reminds each individual to ask him or herself how they value their own mind and how they look after their mental health.

This year the LHD Mental Health Service partnered with Freedom Social Justice and Growth (FSG), who were the lead agency for this year's Value Your Mind Mental Health event.



Janelle Pacey from FSG Australia said FSG was honoured to have the opportunity to be sponsored by North Coast Partners In Recovery to co-ordinate this year's event at the Lismore City Hall held on the 22nd October.

Richard Buss, NNSW LHD Executive Director, Mental Health and Drug & Alcohol said the LHD was pleased to have Bradley Foxlewin, Deputy Commissioner from the NSW Mental Health Commission, who has a lived experience of mental distress to be the guest speaker.

The partners include The Buttery, B.well, On Track Community Programs



L-R: Richard Buss, Jenny Dowell, Mayor Lismore City Council; Bradley Foxlewin and Warren Shaw.

(OTCP), GROW, Headspace, Autism Spectrum Australia and New Horizons and Northern Rivers Social Development Council - Ability Links.

Trauma Informed Tenancy Management



Above: Mental Health Staff with Kevin Hogan at rear and Real Estate Agents

The LHD Mental Health Services also joined forces with Family and Community Services-Housing, On Track Community Programs, Australian Department of Human Services, Northern Rivers Social Development Council, Connecting Home, North Coast Community Housing

Company and the Rural Adversity Mental Health Project (ramhp) to draw attention to the difficulty people with a Mental Illness or other social disadvantage, have in obtaining suitable accommodation.

This year the LHD invited Federal Member for Page, Kevin Hogan to issue

Certificates of Appreciation to the Real Estate Agents from across the Northern Rivers who participated in a morning of skills training to equip them to more effectively support clients who may be experiencing Mental Health issues or other social disadvantage.

Warren Shaw, NNSW LHD Richmond-Clarence Mental Health Services Network Manager said the information session was interactive and provided the Real Estate Agents with the opportunity to ask questions of the presenters.

The session - Trauma Informed Tenancy Management - explores practical and cost effective ways to help Real Estate Agents in managing complex tenancies and will assist in demystifying mental health concerns in the rental market.

The forum provided a good opportunity for Real Estate Agents and their teams to build on their skills with guidance from mental health professionals.

Chief Executive Report

Lismore Base Hospital Fête

On 31 October 2015 I attended my first LBH Fête and what a fun day it was. Bed Races, vintage cars, chocolate wheels, Halloween fancy dress costumes, music, dancing and a wide array of craft and food stalls all featured at the Fête. A fun time was had by all.

Congratulations to the Firemen who won the Bed Race from the Bed Pan Associates! At last count over \$11,000 had been raised to support LBH. The LBH Auxiliary and Ms Lynne Weir and the LBH Mangers and Staff are thanked for putting in the huge effort required to make the Fête both fun and successful.

NNSW LHD Wins Award

As always the Statewide Health Awards were an exciting night. The representatives from NNSW LHD, who attended the Awards ceremony, were on the edge of their seats right from the start of the Award presentations. Three of the NNSW LHD entries had been selected as Finalists.

Three of the first four categories included a NNSW LHD Finalist. So as well as being on the edge of our seats we had fingers and toes crossed that we could bring home the trifecta.

Our Finalists were **Drain the Pain - An Innovative Liver Project** in the **Patients as Partners category** - **Early Detection of Chronic Kidney Disease in Aboriginal People** in the **Integrated Health Care category** and **Prostate Intensity Modulated Radiotherapy in Seven Mouse Clicks** in the **Local Solutions category**. In the end two of our finalists were pipped at the post with only the Early Detection of Chronic Kidney emerging as a winner.



Chris Crawford with Graeme Turner at the NSW Health Awards

Congratulations to our Renal Nurse Practitioner, Mr Graeme Turner, who partnered with the Aboriginal Medical Services on this important project. The aim of the project was to identify earlier Aboriginal people with chronic kidney disease and by detecting it earlier, prevent or slow their progression towards requiring renal

dialysis treatment. The project is ongoing and to-date has been very successful in achieving that goal.

Regional Mental Health Plan Released

Recently, a Regional Mental Health Plan was released. Its development was auspiced by the North Coast Primary Health Network (NCPHN) and involved a number of Agencies, including NNSW LHD, NSW Police, Family and Community Services and the Aboriginal Medical Services, as well as some Mental Health NGOs, all contributing to the identification of needs and required initiatives to address them.

At the launch of the Plan I was invited to speak. My main message was that the time for action is now. The Plan contains practical and worthwhile strategies and we need to start implementing them as soon as possible.

The Plan contains seven key objectives – Making it Local; Getting in Early; Putting People First; Providing the Right Type of Care; Better Response; Care for all and Supporting Reform.

To implement these objectives the Plan calls for simultaneous action on: Building more supportive communities; Creating a better co-ordinated and more effective service system and Improving communication about Policy between Communities and Services.

To make these actions work and to achieve the seven objectives will require: Inter-agency Trust; Patience; Goodwill; Respect; Good Communications and Expertise.

The initial focus areas for implementation of the Plan will be: A positive collaborative culture; A system that co-ordinates care around people's needs and Good Leadership and Governance.

These requirements of the Plan will necessitate the making of some fairly significant changes compared to how we currently provide Mental Health Services. This is why we need to start actioning the Plan right away and why we need to demonstrate the determination required to see through its implementation, especially if we experience resistance to some of the initiatives that we wish to put into place.

Patient Surveys

Two Patient Surveys have recently been released by the BHI, one for Adult Inpatients and another for Cancer Patients. The feedback received from both the Inpatients and the Cancer



Above at LBH Auxiliary Fête is Lynne Weir, Chris Crawford and Jenny Dowell, Lismore Mayor

Patients is very positive. It is a great pat on the back for our Clinicians and Support Staff from their Patients, who believe that they are doing a really good job. Whereas 63% of NSW Health Patients rated the Service they received as 'very good', 73% of NNSW LHD Patients rated the service they received as 'very good'. Cancer Patients rated the Services they received in NNSW LHD second only to the Cancer services provided by Southern LHD, and ahead of the Cancer services provided by all other LHDs.

This is high praise indeed for our Nurses, Medical, Allied Health and Support Staff, who are providing services to our Cancer Patients. The Cancer Patients ranked the GBH Cancer Services as being in the top three Hospital based Cancer services in the whole of NSW Health.

The more detailed replies from the Patients to specific questions about the services they received, including good communications, being respected and Nurses and Medical Officers working together in a co-ordinated way, are generally very positive and reinforce the very good high level feedback set out above.

First Baby Born in reinstated Service

It was very pleasing to hear that the first baby was safely born a couple of weeks ago, as part of the Tweed Valley Midwifery Group Practice caseload low risk birthing service at Murwillumbah District Hospital (MDH). This Service had to be suspended in May much to the disappointment of the aspiring mums who were booked in to have their low risk births at MDH.

The suspension occurred due to the ceasing of the Medical Officer neonatal on-call roster. It was not considered safe to continue the service unless a robust and safe means was put into place to quickly resuscitate babies on the rare occasion that this is required. A Steering Committee was established to address the risks identified in a Risk Assessment Review of the MDH Maternity Service.

IN BRIEF

NSW eyes new medicinal cannabis

REGIONAL NSW could be a big winner from the federal government's decision to allow controlled cultivation of cannabis for medicinal or scientific purposes, according to State Primary Industries Minister Niall Blair.

Mr Blair said the Department of Primary Industries and the NSW Centre for Medicinal Cannabis Research and Innovation would now look for potential sites in NSW to ensure the State is ready to support a potential pharmaceutical supply.

NNSW LHD Nursing & Midwifery Directorate Celebrating International Nurses & Midwives' Week Professional & Practice Development Symposium

Abstracts are invited for an oral and poster presentation on all aspects of research and practice development: successes, lessons learnt, work completed or in progress.

Submit by 5.00pm 26/02/2016
For more information and assistance with abstract contact the following:

jonathan.magill2@ncahs.health.nsw.gov.au
Peta.CRAWFORD@ncahs.health.nsw.gov.au
Rebecca.Davey@ncahs.health.nsw.gov.au
Adrian.Walsh@ncahs.health.nsw.gov.au
Sharon.Whalley@ncahs.health.nsw.gov.au



2016 Foundational Clinical Leadership Program

The Foundational Clinical Leadership program aims to build capability of Clinicians. Briefly, the participants must be a clinically-based team and/or a Front Line Manager; Supporting patient areas where managed by a team. For more details contact Jonathan Magill on 0477 334 421.

Applications close Friday 20 November 2015.

First Baby born under changes to Murwillumbah District Hospital Maternity Service

The first baby has been born at MDH since the LHD Board requested a Risk Assessment Review of the Service be undertaken.

Chris Crawford, Chief Executive said in response to the recommendations of the MDH Maternity Services Steering Committee, the Board approved more changes to the MDH Maternity Service.

The Board had previously approved restoring the birthing component of the Tweed Valley Midwifery Group Practice low risk birthing service after the TVMGP Midwives underwent advanced training in neonatal resuscitation and a resuscitation escalation plan was developed.

Additional changes approved by the Board are the amalgamation of the MDH and TTH caesarean section birthing services with all caesarean section births to occur at TTH and



Caroline Chandler, one of the three Midwives who assisted in the birth of Amelia Rose with parents Jiah and Jodie Spinks-Sumrell.

the MDH Maternity Ward to become a Day Women's Care Unit.

The MDH caesarean section birthing service will be replaced by extra gynaecological surgery at MDH. Women undergoing gynaecological surgery will be accommodated on the MDH Surgical Ward.

These changes are due to the significant fall in the

number of births at MDH and TTH over the last couple of years.

Over 70% of the women previously undergoing caesarean section births at MDH in 2014/15 lived closer to TTH, as they reside on the Gold Coast, Tweed Heads area and Kingscliff. Only four of the forty-two women who had caesarean sections at MDH resided in Murwillumbah."

Three LHD Finalists claim Awards with one a Winner in Statewide Quality Awards

Health Minister Jillian Skinner has congratulated the NNSW LHD for winning the Integrated Health Care category for its Early Detection of Chronic Kidney Disease in Aboriginal People program.

Mrs Skinner said the aim of the NNSW LHD's project was to improve identification and management of indigenous clients with early stages of chronic kidney disease.

"Before the project began at the Tweed Heads Bugalwena General Practice, only two per cent of adult clients were identified as having the disease. That has now grown to 10.7 per cent," Mrs Skinner said.

Chris Crawford, Chief Executive said he was delighted that NNSW LHD had three entries that were finalists.



Above: Graeme Turner, Renal Nurse Practitioner with Health Minister Jillian Skinner.

and Primary Healthcare Network.

Patients as Partners:

The entry Drain the Pain was contributed by Sarah Lawty, Acting Quality & Safety Manager at LBH was designed to empower, support and enhance access to care for patients with end stage liver disease.

Local Solutions:

Titled Prostate Intensity Modulated Radiotherapy Treatment (IMRT) in Seven Mouse Clicks by Amara Fonseca, Acting Deputy Chief Radiation Therapist with North Coast Cancer Institute.

The project aimed to improve the quality and efficiency of radiation treatment by developing, evaluating and implementing a class solution for prostate IMRT.

The categories were for:

Integrated Health Care:

The winning entry in this category was on Early Detection of Chronic Kidney Disease in Aboriginal people by Graeme Turner, Renal Nurse Practitioner in collaboration with Bugalwena General Practice

Interview with Catriona Wilson, Integrated Care Manager

Catriona Wilson, has worked for the Local Health District and its former entities for many years in various positions and Directorates. She has extensive experience as a registered nurse and has worked as the Area Quality Manager and Clinical Risk Manager, as well as spending some time in health services planning and development. Integrated Care is a major piece of work the LHD is undertaking.

Q. Can you tell us what Integrated Care is?

Integrated care is not a new concept in health, we try and do the best we can for our patients by anticipating what all their needs are and how to best plan their care.

Essentially across the world, there have been a number of leaders/advisors in health care who have changed the way hospital and health care is being delivered. Originally hospitals were built to treat people with infectious diseases and/or injury. With the improvements in public health care and technology our population is changing and people are living longer, and because they are living longer there are a large number of people who are developing chronic diseases, mainly older people.

This group of people need more than episodic care. They need an approach that is planned care over a long period of time, so their care needs to be planned in a different way. It doesn't mean they will stop going to hospital because they may need to if they have an acute episode and sometimes the hospital is the best place for them.

How is this managed?

There needs to be a Care Team who is managing the whole patient journey with the patient at the centre and very much involved in his/her care plan.

Is this a change in their care?

Over the past 15 years or so there have been dedicated chronic care staff who have done a lot of work in terms of putting systems in place and developing evidence based models of care. There is now a need - because we have these good models to work with - to say 'how can we better deliver this?'

There is a recognition that various social factors, such as poor health literacy and social isolation can increase a person's risk of health deterioration and possible hospitalisation.

An integrated care approach emphasises engaging not only health professionals in providing care, but a range of service providers to help them self-manage their conditions.

We need to work with the patient in terms of what is important and motivating for him/her. For example with a person living with diabetes, we tell them what we think they should do to manage their blood glucose levels and reduce their risks of developing complications such as eye and kidney disease. It all seems very logical, however there may be many issues that get in their way, such as caring for another family member, costs of medical treatment, poor health literacy. If we can help them with these issues rather than just saying '*this is the best thing for you to do at the moment*' we can help them work on what is personally important and motivating.

Who are the people you collaborate with?

On the North Coast we are partnering with Aboriginal Medical Services (AMSS); NCPHN, and NSW Ambulance Service to come together to see how we can work together on integrating care.

NSW Health has funded all the LHDs and the Speciality Health Networks to develop their own systems around the target population and where they would like to start working on integrated care, and to work collaboratively around the patient's needs and goals.

How long has this been underway?

NNSW LHD put in a submission to get the funding this time last year and we received funding in the first few months of this year. Up until recently we have



been involved in planning the way forward.

This has been valuable in building relationships with our partners and having a dialogue with clinicians and consumers about what integrated care means for them. We are still at the very beginning of a long journey.

Who are your target groups?

Our target population is adults with chronic diseases and complex care needs regardless of diagnosis. Models of care are usually developed around a specific disease. Our approach builds on these models of care and takes a whole person approach to address their needs and their goals.

There are many good examples of collaboration through the health service; this is more of a concerted effort and it is happening across the whole State, which is vital. I think clinicians have known for a long time that this is the right way forward but there are barriers because they are very busy doing the work that they have been asked to do already, and it takes a lot of attention and focus to do that.

Here on the North Coast, we have been fortunate because we have been working with the Medicare Local for a couple of years but traditionally those organisations haven't come together, whereas they have in this locality with regard to a range of aspects.

So this is breaking new ground?

It will be new for us working directly with GPs and also

working with the AMSSs and the Ambulance, so there are some organisational challenges.

There are also some funding barriers, whereas General Practices are small individual businesses and operate on a fee for service basis, the Health Service is State run and operates on a rigid budget. Therefore, we have to find where we can collaborate around those different structures and that's where the real challenges are.

Is progress being made yet?

NSW Health has funded three LHDs across NSW who have been charged with undertaking larger pieces of work than we are able to do, such as refining risk ratification processes and looking at different business models. These LHDs are known as Demonstrator Sites. We can learn from their successes and challenges.

Do you have support?

We are supported by eHealth, who have introduced a number of programs such as HealtheNet.

This helps us to communicate better with GPs, particularly if the patient has electronically controlled health records so that information can be accessed from the Health Service and GPs can upload documents to the record. Also, the LHD is looking at piloting some shared care planning software with GPs, which is more specific to the individual care teams.

The major activity we have at the moment is running an Integrated Care Collaborative (ICC) which we are doing with the Improvement Foundation. The ICC is about bringing together GPs, AMSSs, LHDs and Ambulance Staff to work as a team. We have identified a number of providers across the LHD including some collaborating GPs to work together. There are also a number of workshops that will be held on '*What will make it easier for you to do your job around looking after these patients?*' and '*What can we do at our end to make it easier for you?*' It's about making small changes to help everyone to focus on 'person centred care.'

Fortunately the LHD already has very good Chronic Care Programs operating across the LHD.

Casino & District Memorial Hospital

By Deb Newman, Nurse Unit Manager (NUM) Inpatient Unit

As a newly appointed NUM of the Inpatient Unit at Casino & District Memorial Hospital, I have recently become familiar with the work being addressed through the Essentials of Care (EOC) program within our unit. Through the collection of powerful patient stories, observations of care and clinical audit results, we have been able to identify what we do well, as well as issues where we could do better such as limited patient involvement during clinical handover and documentation completion, which impacts on patient care within our unit.

After taking some training, I was encouraged to undertake a patient story and I found the experience to be very insightful and valuable. This experience highlighted the value of listening to patients' perspectives and I discovered information that was relevant to the patient management, which had not been previously disclosed. The patient expressed feelings of depression that had recently resurfaced. The patient stated she had not felt like she could express her mood in the very short time-frame she has with the doctor, nor had she discussed her feelings with the nursing staff.

Other concerns the patient raised related to discharge and the continuity of care. Having the same nurse caring for her for a few days in a row gave the patient the opportunity to ask for assistance with certain personal care such as help with washing her hair. The patient said she found it difficult to request



EOC Team Meeting L-R: Angela Ditrich RN, Deb Newman NUM and Kayelene Guthrie Nurse Manager.

assistance with personal care unless she was familiar with the Nurse.

Our previous EOC projects included improving the transfer of patient care from our ED to the Inpatient Unit and the introduction of medication administration from the patient bedside medication drawers.

The bedside medication drawer initiative was a collaborative approach with our Pharmacist, Patricia Gotz. Together, Patricia and the Nursing staff have developed a policy on bedside medication drawers to support safer medication practices. This has resulted in improved workflow where staff feel fewer medications are missed and care to be more patient-centred.

At a recent planning day facilitated by the EOC Coordinators and our site EOC facilitators, we identified new patient care projects for our unit with our focus being on the Clinical Handover Policy and the completion of the patient admission tool.

Health Pathways - Diabetes Workgroup

Diabetes is a national health priority with 280 newly diagnosed type 2 patients every day – that's one person every 5 minutes!

Therefore, the early identification and optimal management of people is critical and General Practitioners (GPs) play a central role in their treatment.



Standing L-R: Dr Abhay Daniel, Physician/Endocrinologist, The Tweed Hospital; Dr Austin Sterne GP, Tweed Health for Everyone Superclinic; Dr Dan Ewald, Clinical Advisor, NCPHN. Seated L-R: Dr Tim Peacock, Clinical Editor, NCPHN; Shelley Jedrisko, Credentialled Diabetes Educator, Tweed Community Health; Cassandra Ebenstreit, Dietitian, Murwillumbah Community Health; Julie Aitken, Diabetes Nurse Practitioner, Tweed Health for Everyone Superclinic; Dr Bob Meehan, GP.

The NCPHN identified the need to develop diabetes Pathways for our region to help assist with the huge impact diabetes is having in primary healthcare.

Developing HealthPathways for this specialty will provide GPs, Specialists, Hospital Clinicians and Allied Health Providers

with evidenced based best practice for assessment and management in diagnosing and treating diabetes conditions.

Each HealthPathway will provide a referral Pathway suitable to the patient's needs and their locality, listing all available services and programs.

The first Diabetes Workgroup to develop a suite of Diabetes HealthPathways was held on 18 August at Tweed Heads.

Four Diabetes Pathways are being localised and will be reviewed at the Workgroup's next meeting scheduled in November.

The development of these Pathways will make navigating the health system easier for our HealthPathways users.

For more information on HealthPathways contact Kerrie Keyte, Senior Project Officer, email: kkeyte@ncphn.org.au

Clinician & Community Engagement

Report from Dr Brian Pezzutti, Chair of NNSW LHD Board

On behalf of the Board, I wish to acknowledge and pay tribute to the NNSW LHD Chief Executive, Mr Chris Crawford who advised the Board at its 2 September Meeting of his pending retirement on 31 December 2015.

The Board recognises the outstanding contribution made by Mr Crawford to the development of the Health Services of Northern NSW over the past 15 years and the many achievements that have occurred during his period of leadership.

Mr Crawford leaves the NNSW LHD well positioned for the future. The Board, Management, Staff and the Communities of Northern NSW have indeed been well served by Mr Crawford's leadership over many years.

Mr Malcolm Marshall, Deputy Board Chair has taken the lead role for the Board in the processes to recruit a new Chief Executive for the NNSW LHD and I commend him for his commitment to the task, which has the objective of attracting high quality applicants.

The Chief Executive position has been advertised widely and applications closed on 29 October 2015. The Board is keen to recruit to the position as early as possible so Mr Crawford can provide an extensive handover to the successful applicant prior to his departure.

Board Strategic Priorities

Following the return of the Baird Government at the NSW Election in March 2015 and the continuity this provides for the next four years, the Board felt it timely to hold a Board Strategic Planning Session, which was held in July 2015 and was facilitated by Mr James Beck of Effective Governance Pty Ltd.

The Board reviewed the existing 78 strategic initiatives contained in the NNSW LHD Strategic Plan for 2012-2015 and also proposed 63 new strategic initiatives. From the 139 strategic initiatives the Board has identified 36 Priority Strategic initiatives which it will monitor over the next 12 months.

A further 68 Strategic initiatives were determined to be suitable for Management to work on at this stage, with them to be reconsidered by the Board for monitoring over the next 2-4 years.

Another 16 Strategic initiatives have been delegated to Management to progress as they were considered more operational in nature. The Strategic Initiatives fit within the ten Strategic Objectives listed below, nine of which were adopted when



Brian Pezzutti, Board Chair presents Pru Goward, Minister for Mental Health with a copy of the LHD Mental Health Integration Plan.

the Board developed and endorsed the NNSW LHD Strategic Plan a few years ago. The tenth Strategic Objective was added recently due to the large number of capital works projects that are currently being undertaken within the LHD.

Strategic Objectives

The ten Strategic Objectives are:

1. Protect the health of our community and include promotion of better health in everything we do.
2. Continually improve the quality of and access to a comprehensive range of integrated health services, including in partnership with key external health partners.
3. Develop a valued, skilled and motivated workforce in a culture based on our core values.
4. Ensure good stewardship and leadership through strong corporate and clinical governance.
5. Embed research and education as an integral element of clinical services.
6. Work in partnership to improve child wellbeing health and safety.
7. Work with the Aboriginal community and partners to improve the health of Indigenous Australians.
8. Maintain the LHDs counter-disaster and bio-preparedness system.
9. Involve the community in decision-making.
10. Deliver capital works projects on time and on budget.

2015/16 Service Agreement

Each year the NNSW LHD enters into a Service Agreement with the NSW Ministry of Health (MOH). The Service Agreement operates as a key component of the NSW Health Performance Framework and clearly sets out the service delivery and performance expectations flowing from the funding and support provided to the LHDs and Specialty Health Networks.

This year there have been delays in

signing the NNSW LHD Service Agreement with the MOH due to a number of areas which are of concern to the Board that are being pursued with the MOH. In particular, the Board is concerned about the methodology utilised to impose a penalty on the LHD linked to unplanned readmissions and the Board considers that the MOH provides insufficient funding to the LHD to support community based services relative to other LHDs.

Overall funding levels do not sufficiently equate to the level of services provided to NNSW LHD patients due to the patient demand being so strong that the NNSW LHD Hospitals regularly treat more patients than the number of patients they are funded to treat by MOH. This generates efficiencies but places stress on Staff to achieve the outcomes the community expects.

During November, it is expected that the Secretary of NSW Health and I will sign the NNSW LHD Service Agreement 2015/16, which will complete twelve months of negotiations between the MOH and the NNSW LHD Board, the Chief Executive and the Executive Directors.

These negotiations have led to some extra funding being received and guarantees that the MOH will very seriously consider the concerns of NNSW LHD and its request for substantial funding increases arising from the 2016/17 Service Agreement negotiations.

Annual Stakeholder Meeting

This year's NNSW LHD Board Annual Community and Stakeholder Meeting will be held on the evening of 2 December 2015 in Ballina at the Ballina Surf Club. Again, this year the Board would like to acknowledge some of the outstanding contributions made by our Staff and Volunteers.

Information about the nomination process has been emailed to all Staff and is available at: <http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/awards/> The NNSW LHD is a stronger and healthier organisation due to the engagement, collaboration and work undertaken by Management, Clinicians, Staff, Volunteers, Stakeholders and Community representatives and on behalf of the NNSW LHD Board I wish to thank you all for your ongoing efforts and commitment.

Dr Brian Pezzutti
Board Chair

Clinician & Community Engagement

Ngayundi Bus Trip 2015

Ngayundi Aboriginal Health Council hosted its third Annual Cultural Awareness Bus Trip on Saturday 17 October 2015 in the Tweed Byron Region.

Members of the Aboriginal community including Aunty Sue Follent, Aunty Muriel Burns (Ngayundi Chair) and Uncle Mick Roberts, joined the NNSW LHD Chief Executive, Chris Crawford and NCPHN Chief Executive Officer (CEO), Vahid Saberi, NNSW LHD Board Chair Dr Brian Pezzutti and other Executive, Board and Staff on the day, which commenced with a quick tour of the new Byron Central Hospital (BCH).

Thank you to Deb Carney, Change Manager and Stuart Clarke Project Manager, Brookfield Multiplex Australasia - BCH for taking everyone on the tour.



From L-R: Kerry Lehman; Angus Mundine; Jenny Smith, Aboriginal Health Co-ordinator; Joe Ogg, Board Member; Bernadette Loughnane, Executive Director, Tweed Byron Health Service; Sue Follent; Chris Crawford; Muriel Burns; Mick Roberts; Brian Pezzutti; Vahid Saberi; Wayne Jones (rear) and Dale Williams.

The Bus then headed to Bugalwena Health Service at The Tweed Hospital, Bugalwena GP Clinic in South Tweed, Minjungbal Aboriginal Cultural Centre where participants undertook the Walk on Water Track which includes a Bora Ring.

Lunch was hosted at the Fingal Surf Life Saving Club, which was followed by a Cultural Walk with information provided by Fingal local Kyle Slabb, Banaam Applied Cultural Intelligence www.banaam.com.au



Above: Arriving at Byron Central Hospital and below - on tour with from front left: Joe Ogg, Vahid Saberi, Deb Carney, Chris Crawford and far right Wayne Jones, Chief of Staff, Chief Executive Unit.



At the beginning of the day participants were given a Quiz which included Naming the Aboriginal Persons who received Australian of the year in the following years. 2014, 2009, 1998, 1992, 1984, 1979, 1978, 1971 and 1968. How many can you name?

Answers at <http://www.creativespirits.info/aboriginalculture/people/famous-aboriginal-people-role-models#toc10>



Clinician & Community Engagement

Ministry of Health Deputy Secretary, Strategy & Resources Visit



L-R: Bernadette Loughnane, David Frazer (rear), Brian Pezzutti, Malcolm Marshall, Chris Crawford, Elizabeth Koff, Joe Ogg (rear), Deborah Monaghan, Malcolm Marshall (rear), Leonie Crayden and Jean Collie.

Ms Elizabeth Koff, Deputy Secretary, Strategy and Resources, MoH visited the LHD on 29 September 2015.

During this visit Ms Koff attended the NNSW LHD Board Meeting held in Tweed Heads and provided a short presentation outlining her responsibilities as the Deputy Secretary, Strategy and Resources, MoH.

The Branches that make up the Strategy and Resources Division include the:

- Activity Based Funding Taskforce;
- Government Relations; Health Systems Planning and Investment;
- Integrated Care;

- Mental Health and Drug & Alcohol Office and
- Women NSW.

The Strategy and Resources Division works with NNSW LHD to develop and progress work related to the Asset Strategic Plan and Ms Koff noted that the NNSW LHD's current top five Capital Works priorities are the:

1. LBH Redevelopment Stage 3B;
2. TTH Stage 4A Redevelopment;
3. Grafton Base Hospital (GBH) Ambulatory Care Centre development;
4. Coraki Health One Centre
5. Bonalbo Multipurpose Service.

Health Infrastructure Chief Executive and Project Director Update Board on HI Projects across the District



L-R: David Frazer, Joe Ogg, Deborah Monaghan, Jean Collie, Sue Page, John Moran (via video-conferencing), Chris Crawford, Sam Sangster, Troy Harvey and Allan Tyson

At the Board Meeting held in Grafton on 28 October 2015 Health Infrastructure (HI) Chief Executive, Sam Sangster and Project Director, Troy Harvey attended the Board Meeting to provide an update on HI Projects currently underway across the NNSW LHD.

The presentation included LBH Stages 3a and 3b (in construction), LBH Carpark (in construction), Byron Shire Hospital (in construction), Bonalbo MPS (business case/service development), The Tweed Hospital (TTH) Redevelopment (project initiation) and TTH Carpark (business case).

Board Member Profile David Frazer

Appointed: 1 January 2011 to 31 December 2016

Board Committees:

- Audit and Risk Committee
- Mental Health Forum
- Chair, Finance and Performance Committee (2011 to 2013)

Principle area of expertise/knowledge: Business and Financial Management; Corporate Governance.

David's qualifications include a Master of Business Administration, a Bachelor of Laws (Honours) and a Diploma in Company Directorship. David has been admitted as Barrister of the Supreme Court of NSW.



David's work history has encompassed senior Human Resource positions including Manager, Human Resources of a large State government enterprise and General Manager, Employee Relations of Australia's then largest private enterprise employer; Chief of Staff to the Deputy Premier of Victoria; Chief Executive Officer of State based and International employer organisations, and Presiding Member of The Australian Social Security Appeals Tribunal.

David has served on many government and private enterprise Boards and advisory committees.

He has a particular interest in equality of opportunity in employment.

David is married with three children and six grandchildren and has been a resident of the Tweed Shire for eight years.

Clinician & Community Engagement

Community Engagement Conference 2015



The Patient Experience and Integration and Partnership in Health Care Conference will be held at the Ballina Surf Club on 3 and 4 December 2015.

Planning for the Conference is now complete after receiving over 14 abstracts and a further seven suggestions from the Community Engagement Advisory Council (CEAC). A CEAC working party has since completed the process of going through the submissions and the Program has now been finalised.

Details are available at: <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/conference-2015/>

CEAC is pleased to announce that Consumer Advocate Laila Hallam has agreed to provide a Keynote Address to this year's conference. Laila was suggested by Community and Board members who saw Laila present at the Agency of Clinical Innovation Patient Experience Symposium held early this year.

The target audience includes interested Health Service Staff who should discuss this with their managers once the conference program has been developed, community members of Community Advisory Committees, Community Representatives involved on Health Service Committees, and Volunteers.

Limited accommodation will be available on the 3 December 2015 for community members with the most significant travelling distances.

Our Hidden Treasures

The Hidden Treasures Honour Role acknowledges and pays tribute to the important volunteer roles women play within NSW rural communities.

This year the NSW Local LHD Chief Executive, in consultation with community members or staff, identified and nominated seven women from within the NSW LHD footprint for inclusion in the NSW Hidden Treasures Honour Roll, which includes a story relating to their contributions.

One of this year's Nominations is **Catherine Boyd** (pictured below) who has been volunteering for

73 years, is a life member of The Tweed Hospital (TTH) United Hospital Auxiliary (UHA) and will mark 40 years' UHA service in 2016.

The seven women included in this year's honour roll from NSW LHD nominations are:

Rae Cooper: Byron Shire Health Services Community Action Group Byron Bay.

Janine Slater: Byron Shire Health Services Community Action Group Ocean Shores

Paula Starkey: Community representative Coraki Reference Group pictured below.



Anne Bolan: Volunteer LBH Renal Unit pictured above, who gives foot massages to patients in the LBH Renal Unit every Wednesday.

Carole Keast: Mental Health Forum member from Tweed Heads South and **Dianne Collier:** Mental Health Forum member from Tweed Heads below.



Northern NSW Community Engagement Advisory Council (CEAC) Forum was held in Ballina on 21 September 2015 with more than 20 attendees from across the LHD.

CEAC was provided with updates and an opportunity to raise issues with the NNSW LHD Chief Executive, Chris Crawford and Executive Directors of the RCHSG, Lynne Weir and TBHSG, Bernadette Loughnane.

An update on the Murwillumbah Birthing Service review was provided by both the Chris Crawford and Sally Cusack, who was one of two Community Representatives on the Review Steering Committee.

Following a request from the previous meeting Dr Richard Buss, Executive Director Mental Health and Drug & Alcohol Services, provided an update about the approaching changes in Mental Health Services, including Peer Workers, the 20 Bed Sub Acute Mental Health Unit to be located at the BCH and the Older Persons Mental Health Beds at Lismore Adult Mental Health Inpatient Unit.

Christine Minkov, Manager, Substance Misuse Program for NCPHN, provided a comprehensive and informative presentation relating to Crystal Methamphetamine and also provided feedback on the Northern NSW Ice Symposium.

A lengthy discussion relating to learning from patient stories and experience was held and CEAC reiterated this as a key focus for the Community Engagement Conference in December 2015.

<http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/>

Recruitment and Selection Policy Update

The NSW Health Recruitment and Selection policy has undergone a minor review to update the document to reflect changes to relevant legislation and NSW Health policies.

The updated policy has now been published as PD2015_026 Recruitment and Selection of Staff to the NSW Health Service.

Human Resources Support

Current and endorsed Workforce Procedures are located under the Corporate Policy Documents link on the NNSW LHD Intranet. <http://sp.int.ncahs.net/sites/nnswlhn/pd/PDPages/Corporate.aspx>

Further information on Human Resource matters can be located under the 'Human Resources' icon in the 'Work Support Centre' of the NNSW LHD Intranet.

Domestic Violence Information Session for Medical Practitioners and Health Workers

This Free session will provide information about resources and services available in the NNSW LHD so clinicians can provide appropriate care and support to women and children who may be experiencing domestic violence.

Monday 23 November 2015 from 5.30pm-7.00pm in the Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore.

Please RSVP by Thursday 19 November to 6622 3185 or

Email: nr@ncphn.org.au

For more information please contact Monika Wheeler on 6618 5400.

Last December an 'eHealth Blitz' was announced and the majority of what was intended has to date been achieved.

Healthnet

Earlier this year NNSW LHD connected to the State-wide HealtheNet system, which allows direct access from our EMR to the 'Clinical Portal' that contains patient summary information from other LHDs and from the Personally Controlled electronic Health Record (PCeHR), for those patients who have enrolled. It also provides more secure electronic options for GPs to receive discharge summaries.

Health Roster

The LHD has also seen the introduction of HealthRoster.

The overall aim of a contemporary rostering system that accurately reflects Award conditions is being achieved, but not without some teething problems along the way. It is pleasing to report that eHealth NSW is responding to the issues that have been raised with them, including with recent updates to fix the problems relating to retrospective payments.

Thanks to all of you who have made the change to HealthRoster and particularly the work of the Project Team and broader Workforce Team who have worked tirelessly behind the scenes, which is acknowledged.

CHOC

Arguably the largest eHealth reform this year has been the introduction of the Community Health and Outpatient Care (CHOC) system. Not only have a range of services moved from paper-based forms and notes to electronic, but this has been supported by introducing over 200 light laptops.

These are 14" laptops with Telstra 3G/4G connectivity enabling access to and update of records from the community.

Again, there have been challenges along the way, including with connectivity for these mobile laptops but



L-R: Adrian Walsh, eClinician; Alison Williams, eClinician; Kevin Gunn e Health Implementation Manager, Rural eHealth and Mary MacKenzie eMR2 Project Manager, eHealth Implementation with a 20" Allinone Dell Computer on a Ergotron Cart. The NNSW LHD Executive approved 178 of these computers to be purchased, which have a 3.5 hour battery life. As well as to purchase tablets, laptops and extra desktop and some wall mounted computers as requested by NUMs and Department managers during a series of site visits by the EMR2 Project Manager have been approved.

for such a large change, CHOC has gone relatively well. This is a credit to the Project Team, our IT Team and the Staff and Managers, who have embraced the new system.

There have been some real-life examples that have already surfaced in relation to improved patient care, which motivated the LHD to introduce CHOC. For example, a patient presented to an ED who had been seen by the Community Mental Health team the previous day. This meant the ED staff were able to access his current management plan in the EMR.

This access to the CHOC documentation enabled the patient to be referred directly for admission, as his plan indicated, so avoiding a longer stay in the ED, streamlining the admission and decreasing risk to the patient and staff.

EMR2

The next big reform is EMR2 and which includes electronic progress notes on our inpatient wards and which will be introduced in the first half of 2016. Again

this is a large change and those who have shown interest and leadership either through attending EMR2 workshops, or joining one of the EMR2 clinical reference groups that have been established are thanked.

HWAN

Also introduced has been advances in supporting IT infrastructure, including bandwidth upgrades at a number of sites as they transition to the Health Wide Area Network (HWAN).

This has been especially noticeable at some of our smaller facilities that previously had quite limited bandwidth, such as Yamba, Evans Head and Pottsville Community Health Centres and Kyogle MPS.

WiFi

A detailed schedule is currently under development for the upgrading of the Wi-Fi at all of our Hospitals.

The main driver for this investment is the need to introduce reliable point-of-care computing for the EMR2 system, so all hospital sites should expect to see the Wi-Fi upgrades occurring in the first half of 2016 in readiness for the EMR2 rollout.

IN BRIEF

Minister taking the lead on fitness



Health Minister Sussan Ley has promised to do more workouts in an effort to get more Australian women physically active.

Ms Ley launched a new Australian Sports Commission campaign - No Time for Never - coinciding with World Osteoporosis Day.

Ms Ley said osteoporosis affected more women than men but the campaign also aimed to get men and children more active to improve their health and she was doing her part.

She pledged to do 'weight bearing physical activity three times a week and walk instead of drive whenever she could. Ms Ley said "We must start putting our health first".

UCRH AHREN Student Photo Competition Winner



Above is Josh Pike who was a University Centre of Rural Health (UCRH) student based in Grafton who produced a video showcasing Grafton. He was the overall winner of the AHREN photo competition. View the winning video at: <https://cloudstor.aarnet.edu.au/plus/index.php/s/ochcfGIxu8R7AB>

Falls Prevention Forum success

The Falls Prevention Forum held in Lismore on 8 October 2015 was very successful with over 140 people attending. This included delegates from the Gold Coast, Coffs Harbour and Port Macquarie attending via video conferencing.

There was a wide range of representatives from a diverse group of organisations and professions, including the LHD, private allied health practitioners, residential and community aged care, and university students.

The forum was organised by NNSW Health Promotion with support from the Clinical Excellence Commission (CEC) and Neuroscience Australia (NEURA). It provided a high quality networking and training opportunity for the attendees.

State and local overview of Falls Prevention programs and resources were presented, including the NNSW LHD Health Promotion website, local CHEGS and other exercise options.

Strong focus on strength and balance exercise in preventing falls was emphasised, not only for our patients but also for family members, friends and staff.

Presentations covered the latest research updates



L-R: Dr Kim Delbaere from Neuroscience Australia (NeuRA), Mandy Nolan MC, Cath Bateman, Confused Hospitalised Older Persons Project Officer, Dr Jasmine Menant (NeuRA) and Anne Moehead, Nurse Practitioner Psychogeriatrics from NNSW LHD.

from Neuroscience Research Australia on the factors influencing falls and falls prevention, such as the effects of cognition, fear of falling, perturbation exercise and depression. A Volunteer Education Program from the South Coast was also presented.

Local projects were showcased by Anne Moehead, NNSW LHD Psychogeriatrics Nurse Practitioner, who presented on care of the Confused Hospitalised Older Persons project (CHOPS) and Professor Kate Swanton on

Feros Care Falls Prevention programs.

Those attending heard an inspiring personal account from Mr Ian Mclean on the benefits he gained from joining CHEGS and doing Tai Chi in recovery from a fall.

Falls are a major cause of morbidity and mortality and can dramatically change people's quality of life and living circumstances.

Preventing falls and harm from falls has been identified as a standard in the National Quality and Safety Health Service Standards.

Mental Health Matters Award for Nimbin Integrated Services

The NNSW LHD together with its partner agency, Nimbin Neighbourhood and Information Centre, recently received a Certificate of Commendation.

This was in the Cross Sector Collaboration category of The Mental Health Matters Awards, for the highly successful and innovative Nimbin Integrated Services program (NIS).

NIS offers a therapeutic and clinical service from a community-based setting, the Neighbourhood Centre, to people experiencing multiple diagnoses, in particular mental health and drug and alcohol issues.



L-R: Genevieve Beggs, Nurse Practitioner with Natalie Meyer, Nimbin Neighbourhood Centre

NIS is delivered by Genevieve Beggs, NNSW LHD Mental Health Nurse Practitioner, who has over 30 years' experience in mental health.

Ms Beggs supports around 150 clients every year offering services ranging from one-off counselling sessions to ongoing and extensive therapeutic case plans.

NIS were joint runner's up in this category with Inner West Sydney Partners in Recovery.

The category was won by the Aged Care Psychiatry Service of the Prince of Wales Hospital for its Older Persons Mental Health Working Group.

YourSay Workplace Culture Survey 2015 results released

The YourSay Workplace Survey, conducted biennially since 2011, asks staff working in the LHDs and other health organisations across NSW a range of questions about their workplace cultures, environments, and levels of satisfaction with the workplace. The Chief Executive Chris Crawford said:

This year's results showed improvement in several specific sites, as well as in the discipline of Mental Health and across the Richmond Community Health Network.

The results did indicate areas for improvement and the LHD is currently examining whether these are localised, site-specific issues or rather organisational issues that require addressing across the entire NNSW LHD.

In general across the LHD, the survey showed:

- 79 percent of employees indicated that their job makes good use of their skills and abilities;
- 74 percent agree that their line manager treats them with respect; and
- 61 per cent believe they are valued for what they can offer at their workplace.

One of the negative feedbacks we received was to the question regarding senior managers being aware of the issues their staff face on a daily basis.

This is an area where we can develop strategies to improve the relationship and communication between senior management and staff in order to build confidence in the process of resolving staff conflict. It is important to remember that effective and sustainable change results from careful planning and a clear understanding of the key issues.

The YourSay survey enables us to develop strategies, as resulted from the 2013 survey results, which then lead to positive change as evidenced across the Richmond Community Health Network and Mental Health.

The YourSay Workplace Survey results can be viewed at: www.health.nsw.gov.au

"Obesity complicates anaesthesia"



LBH Anaesthetists Jessica Hegedus, Graham O'Connor, Lachlan Nave, Chloe Butler and Mateusz Lisik raising awareness about obesity and the complications with anaesthesia.

Obesity complicates anaesthesia is the message for 2015 National Anaesthesia Day, which is held throughout Australia and New Zealand on 16 October each year on the anniversary of the day in 1846 when ether anaesthesia was first demonstrated in Boston, Massachusetts.

This year for National Anaesthesia Day obese patients are being encouraged to find out how they can reduce their risks.

Aboriginal Pampering Day at BreastScreen a huge Success



Above Rose Walker, Phyllis Roberts and Sharon Young

In October, the Aboriginal Health Richmond Network (AHRN) in conjunction with Jullums AMS and BreastScreen North Coast, held their third AHRN Aboriginal Pampering day and BreastScreen yarn up at North Coast BreastScreen located in Lismore. This day was attended by 26 women.

The pampering day was targeted at Aboriginal women aged over 40 from Lismore and surrounding communities who have or have not used the Breast Screen service before.

The women are provided with information and education about Breast Screening and are given massages and pamper packs.

Eight women also had their screening done, some for the first time ever. Another 10 woman put their names down for screening next month. This was a fantastic outcome.

The yarn up talked about: What does BreastScreen involve; What is the process and Breast Cancer information was provided. The women were asked to complete a survey about the reasons they do or do not access the Breast Screen service; Why Breast Screening is important and suggestions for making the program more culturally appropriate.

The day was a huge success and as a result we have community members who are keen to work with us to organise future events that will target all Aboriginal women in our community.



Helping U 2 Quit

skills and knowledge about smoking, how to quit, and how to stay a non-smoker in a supportive environment.

It is a community health initiative being delivered by CHEGS Inc, in partnership with NNSW LHD Health Promotion.

Don't miss this opportunity as there are limited places available for this group.

People can register to participate by phoning Gavin Dart on 6620 2553, phoning or texting 0437 892 537, or emailing gavin.dart@ncahs.health.nsw.gov.au.

The last word....



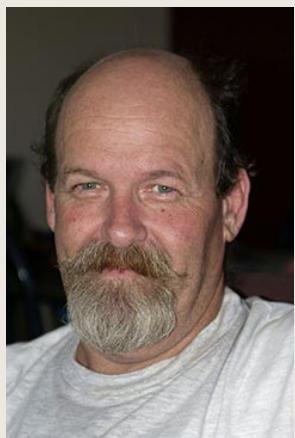
Congratulations to Keryn York, who has been appointed as the Executive Officer/Director of Nursing (EO/DON) for the new (BCH).

Keryn has a long association with Byron District Hospital (BDH) since the early 1980s following her training as a registered nurse in Casino District Hospital and LBH. Keryn holds a Masters

of Health Administration from the University of NSW. She will continue as EO/DON of BDH in addition to being EO/DON of BCH, until services transfer from the former to the latter.

Jenny Shaw will continue in her role as EO/DON at Mullumbimby Hospital until the BCH opens.

Vale' Dave Starkey passed away in October, after a short and tough battle with cancer. Yvette Bowen, Manager WHS & Injury Management said Dave was the most loyal and reliable person she had worked with and he was highly respected by not only all our Staff but also by the great number of external customers he dealt with on a regular basis. Dave joined Northern Rivers Health in 1996 and worked in many different areas over the past 19 years. For the past 5 years Dave worked in the WHS&IM. Dave was a great man who will be missed by the Workforce Unit and by all those who were lucky enough to know and work with him.



Do you spend \$9,10 a year on everyday living expenses?

CALL 1300 144 873



**Do you
spend
\$9,010 a
year on
everyday
living
expenses?**

By salary packaging your everyday expenses with Smartsalary, you could save over \$1,800 a year.

Smartsalary will be hosting an information event - **find out more by registering below**

- ✓ Mortgage/Rent
- ✓ Groceries
- ✓ Bills
- ✓ Clothing
- ✓ And much more!



Letters of Appreciation

The letters below reflect the feedback received for the outstanding results on Adult Admitted Patient Survey mentioned on page 1.

Great Care

While there is a fair amount of chaos going on outside Lismore Base Hospital due to construction work, I can say from my recent experience that inside it is anything but. The care and treatment received before and after my recent major procedure was wonderful.

I have nothing but praise for all hospital staff from those at the perioperative department, nurses in the women's ward and my specialist, Dr David Addenbrook.

The care and concern and the friendly, efficient manner in which they all professionally went about their work should be recognised.

And thanks as well to my 'roomies' for their support in helping to make my experience at LBH that little bit easier.

*Pam Chiggwidden
Suffolk Park*

Full of praise

Until my recent illness, I had never heard of Hospital in the Home and what a godsend they have been to me.

Instead of visiting various locations, they have come to my home, every day, to attend to my wounds and perform other medical procedures.

The wonderful staff have attended appointments with me, arranged reviews with doctors, provided me with my results, offered compassion and advice and answered all my questions when I was worried.

With their daily visits, my life has been so much easier and made my life so much better. I cannot express my gratitude and thanks more to you all. Chocolates are fine but my everlasting gratitude, I hope is better.

*Michelle Mortimer
Lismore.*

LBH Work Health & Safety Team Challenge



One of the Teams at Work Health & Safety Team Challenge

Lismore Health Campus Work Health and Safety (WH&S) Committee extend their thanks to all those who participated in the WH&S Team Challenge. The Committee also wishes to thank the Sponsors for their support and donations:

QBE Insurance: donated \$500 toward prizes as well as the sumptuous BBQ.

Special thank you to Yvette Bowen, Kevin Carter, Narelle Gleeson, and QBE for their hard work with the BBQ.

LeasePlus: donated \$1000 toward prizes

Smart Salary: donated \$1000 toward prizes

Guardian Funerals: donated \$250 towards prizes.

All the teams who participated in the Challenge are winners!

The teams will be using their prize money towards Staff development or patient equipment.