

## Wonderful Feedback from Patients

The Patients of Northern NSW Local Health District (NNSW LHD) Hospitals have given a wonderful vote of confidence in our Clinicians and Support Staff.

They have given high praise to the Clinicians and Staff in the latest Patient Survey, which has just been released by the Bureau of Health Information (BHI).

17,000 adult patients across New South Wales participated in the BHI Survey on Adult Admitted Patient Experience, which was for the period January to June 2013.

The BHI is an independent and impartial source of information on the performance of the NSW Public Health system. The response rate for the NNSW LHD was nearly 60%.

The release of the BHI Survey results show that the vast majority of Adult Patients admitted to our Hospitals have had a good or very good experience.



*Grafton Base Hospital (GBH) patient Arthur Laing is full of praise for GBH Staff pictured L-R: Tyrone Dungey, Kerry Harman, Jenny Finnerty, Dr Sanchu Jose and Kinda Graus.*

Overall, how would you rate the care you received while in hospital?	Ballina (n= 279)	Grafton (n= 276)	Lismore (n= 306)	Murwillumbah (n= 244)	Tweed (n= 367)	NNSWLHD (n= 1,575)
Very good	73%	75%	68%	84%	67%	71%
Good	21%	20%	24%	13%	25%	22%
Adequate	4%	5%	7%	3%	4%	5%
Poor	1%	0%	1%	0%	2%	1%
Very poor	1%	0%	0%	0%	1%	1%

"We are pleased that 93% of our patients rated their overall care as good or very good while in hospital. The 71% who rated their care as very good was much better than the NSW average of 64%," Mr Crawford, Chief Executive NNSW LHD said.

"NNSW LHD strives to provide our patients with excellent quality in the provision of their health care. We aim to provide our patients with an excellent health care experience," Mr Crawford said.

"The BHI Survey provides us with valuable feedback from our patients and the results released reveal that admitted adult patients have told us that:

- Hospital staff explained what would happen to them in a way they could understand (79%).
- The doctors and nurses were kind and caring (87%).
- They were treated with respect and dignity (88%).
- They always had trust and confidence in the doctors and nurses (85%).

- They would speak highly of their hospital experience to their friends and family (80%).

Mr Crawford said that NNSW LHD will use the results of the patient survey to make the health care experience of our patients even better, as part of the LHD's commitment to Continuous Quality Improvement.

### Also in this issue:

Quiet Achiever - The Tweed Hospital CSSU  
Vision for Life - For Grafton Base and Lismore Base Hospitals  
Improving Patient Safety  
Chief Executive Report  
Essentials of Care in The Tweed Hospital  
Interview with Tony Lembke, Chair, North Coast Medicare Local  
The Tweed Hospital Celebrates 20 years of Intensive Care  
Ballina Satellite Cancer Care & Haematology Celebrates 10 years  
Latest Board News  
Angie Gittus in the Philippines  
Staff News and more





*A word from the Editor, Susan Walker*

Welcome to the April issue of Northern Exposure for 2014. Again, another month has quickly passed with many happenings taking place.

On International Women's Day, Helga Jolley from Women's Health set up a display in the Lismore Base Hospital (LBH) Foyer to provide information on local services available for domestic violence. The aim was to emphasise healthy relationships and Helga set up a scene of a woman's dressing table with the words 'You Deserve Respect' on the mirror.



Helga is pictured in the mirror with Sandra Handley, Manager of Lismore and District Women's Health Centre. Nearly 50 people filled in and correctly answered at least three signs of a healthy relationship that were on display. A 'recovering doormat' was also part of the display. Women's Health Centre also helped with providing a number of pamphlets from the Men and Family Centre which were distributed.



In the last issue of Northern Exposure I made an error in the caption about Greg Davies (pictured left), who was the former Director of Oral Health Services for NNSW LHD and had left. I had mistakenly put Greg Bell's name instead of Greg Davies, who many will be pleased to know isn't leaving. My apologies for the confusion.

On page 10 of this issue is an insight into the experience Angie Gittus, a Registered Nurse at Murwillumbah Hospital, had in the Phillipines earlier this year. Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group sent this to me and I thought this would be as interesting to others as it was for me.

Also of interest is that the NNSW LHD Board and Executive Minutes are available on the internet and intranet respectively. They can be found at:

NNSW LHD Board Minutes <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/>

NNSW LHD Executive Minutes <http://int.nswlhd.health.nsw.gov.au/chief-executive/executive-meeting-minutes/>

## Quiet Achievers The Tweed Hospital Central Sterilising Supply Unit

*Nominated by Lynne Penglase, Nursing Unit Manager, Perioperative Unit, Murwillumbah District Hospital, Tweed Byron Health Service Group*

I would like to nominate the dedicated Staff of The Tweed Hospital (TTH) Central Sterilising Service Unit (CSSU). The team consists of 20 Staff members and Murwillumbah District Hospital's (MDH) Operating Theatre is just one of their many customers.

With many instruments shared between MDH and TTH, and a high volume of loan equipment often arriving out of hours from Medical companies, the In-Charge Sterilisation Technicians face a lot of challenges.

On a regular basis they liaise with Medical Representatives and TTH Theatre Staff to ensure that MDH Operating Theatres receive the instruments that are necessary, if cancellation of surgery is to be avoided.

Many of them have excellent negotiation and communication skills and regularly go above and beyond what would normally be expected of them. They all deserve to be recognised for their continued efforts and for the excellent service they provide to the Tweed Byron Health Services.



*Above back row L-R: Deb Flood, Stephanie Roff, Carol Phillips, Sophia Spencer, Carolyn Charman, Janine Tom.*

*Front: Jo O'Meara, Karen Brown, Manager, Chris Miller, Deputy Manager and Enereta Waitoa.*

*Absent: Nicole Condo, Louise Curran, Liz Foreman, Jess Jantzen, Lee Jeffree, Steve Lynch, Kris Mulawa, Scott Stewart, Lynn Taunton and Maureen Wilkinson.*



# Ground-breaking Vision for Life Project creates Visual Link to Specialists

Grafton (GBH) and Lismore Base Hospitals (LBH) have received life saving tele-medicine systems linking local and hospital staff with Specialists at NETS (the Statewide Newborn and Paediatric Emergency Transport Service) and Specialists in tertiary and children's Hospitals.

Thanks to a \$415,000 grant from the Newcastle Permanent Charitable Foundation GBH and LBH are two of the sixteen regional Hospitals throughout NSW Health to receive this state-of-the-art telehealth system.

The grant allows Variety the Children's Charity, to purchase and install high quality tele-medicine video systems in selected regional hospitals.

Michael Slater, Chairman of Newcastle Permanent said the Vision for Life project would provide local families who have a sick or injured child with Specialist Medical expertise that they could only otherwise access in Brisbane, Newcastle or Sydney.

The Foundation recognises the importance of providing regional communities like Lismore and Grafton with the latest technology to improve regional medical services.

Variety Regional Development Manager, Peter Harvey said Vision for Life allows real time consultation with a sick or critically injured child via a remote controlled video link.



*In LBH Special Care Nursery from left: Jo Ezzy, NUM; Peter Harvey from Variety; Stephen Oliver, Lismore Branch Newcastle Permanent Building Society; Lynne Weir, Executive Director Richmond Clarence Health Service Group; Chris Ingall, Paediatrician; Dr Ian Fielding, NNSW LHD Executive Medical Director with new born baby Orlando Turner and Mum looking on.*

"Until now, most remote diagnosis and support of a premature baby, sick or critically injured child has been by telephone without any ability to see the child being described," he said.

"Variety's Vision for Life, enables local hospital doctors to have visual access to the advice of external Specialists which will vastly improve decision-making and will help reduce unnecessary medical transfers.

"This really is ground breaking technology and will greatly improve Paediatric care across all areas of the State and will assist in saving children's lives."

"It's a support for Paediatricians, it's not trying to take away their role, it's about providing them with the best advice and support which they need at a critical time and having that second opinion makes a huge difference," Mr Harvey said.

North Coast Telehealth Manager Sandra Haynes said that this new system would allow for quicker action during the 'golden hour' for care, the most critical time in the care of a sick or injured patient.

GBH Paediatric Staff Specialist Dr Mary Varughese said there would be distinct advantages of the new system over the prior practice of consulting with other Specialists over the telephone.

Telephone conferencing has worked well but sometimes inaccurate information can be given that can affect the outcome. With the video link, the Specialist can see the baby and can get real time data and x-rays to make a better decision.



*GBH Special Care Nursery from left, Dr Andrew Berry, NSW Director NETS; Michael Slater, Chairman, Newcastle Permanent Charitable Foundation; Dan Madden, Executive Officer, GBH; Peter Harvey Regional Development Manager, Variety Children's Foundation; Angie Garland, NUM SCN GBH; Jason Bourke, Executive Director, Newcastle Permanent Charitable Foundation; Sandra Haynes, North Coast Telehealth Manager and Katie Dobbin, Clinical Midwifery Specialist, Special Care Nursery.*



# Improving Patient Safety

The NNSW LHD Clinical Governance Unit (CGU) is responsible in investigating serious incidents across the LHD. The Patient Safety Team who carry out the investigations and monitor serious incidents consists of two Patient Safety Officers and the Patient Safety/Corporate Risk Manager.

The Patient Safety Team utilises the electronic Incident Information Management System (IIMS) to identify risks to Patient safety. IIMS provides a wealth of information about how LHD Staff address risks to safe and effective Patient care.

Root Cause Analysis (RCA) of serious incidents provides further detail of where clinical care systems can fail. An RCA investigation is a method used to investigate and analyse incidents to identify the root causes and factors that contributed to the incident. The process yields recommended actions directed at the prevention of similar incidents.

The Patient Safety Team recognises that the greatest benefit of the incident reporting system is the provision of timely and open feedback to Clinical Staff, their managers and the Patients and families they care for.

In 2013 there were 27 serious incidents where Patients died or their care had been significantly compromised. The main issues that the RCA recommendations focused on were:

- Utilisation of recommended tools to identify Mental Health Patients at risk of suicide.
- Adherence to both State and LHD Policies and Procedures particularly involving the Mental Health and Maternity Services.
- Recognition and management of the clinically deteriorating Patient, specifically with Sepsis and foetal distress.
- Early recognition, consultation, coordination and preparation of Patients requiring transfer to facilities that provide a higher level of care and intervention.

Currently the Patient Safety Team is reviewing its processes and the RCA recommendations from 2013 to ensure that lessons are learnt and our Patients are benefiting from all the good work that goes on behind scenes.

## Patient Safety Watch



Lessons learnt from one recent RCA investigation in the LHD occurred where a chest drain was inserted into the incorrect side of a Patient to drain a pleural effusion. A 76 year old female had been admitted to Hospital with squamous cell lung cancer with associated shortness of breathing.

While on the Medical Ward a rapid response was initiated following deterioration in respiratory function. She had an increased respiratory rate and was struggling to breathe.

A mobile chest x-ray identified moderate right basal collapse and pleural fluid. It was also reported that the left lung fields were clear at that time. A consent form was signed for insertion of a chest drain though it did not specify the site.

The Patient was then transported to the Radiology Department with a Nurse escort. Shortly after the Patient's arrival in the Department a chest drain was inserted into the left side of the Patient's chest and the Patient was transferred to Intensive Care Unit (ICU) for non-invasive ventilation and further monitoring.



*NNSW LHD Patient Safety Team: Craig McNally, NNSW LHD Patient Safety and Corporate Risk Manager with Patient Safety Officers, Margie Hollis, LBH and Debbie Carney, TTH.*

It was later recognised that the drain was not inserted into the right pleural effusion as originally indicated but into the left side of the chest. Another chest drain was inserted into the correct right side from which the pleural effusion was drained.

## Following the investigation, the RCA Team identified

At the time the Patient arrived in the Procedure Room of the Radiology Department, the Radiographer was running approximately one hour behind due to a heavy workload.

The checklist for Patient identification and procedure matching was completed by Radiology Nursing Staff and signed by the Radiographer and Radiologist in the Procedure Room. This is a small room and on this occasion the Patient was sitting on the bed with her back to the staff.

An ultrasound (USS) was undertaken on the left side of the Patient's chest where some fluid was identified. The ICU Consultant attended the Procedure Room shortly after to assess the Patient's condition. A discussion took place among the Clinicians about whether the drain was necessary due to the small amount of fluid found.

It was explained that if it was a loculated chest, this may account for why the size of the fluid build up was not evident in the USS viewed by Radiology Staff. It was acknowledged they were using an older computer which takes a long time to load in the Procedure Room. Due to this, Staff do not routinely use this machine to view the x-ray through the Computerised Picture System, when other Patients and Staff are waiting.

## Incidental finding

The Patient experienced rigors on the Ward 12 days post insertion of peripherally inserted central catheter (PICC) line which was removed and sent to pathology. It returned a positive culture for Vancomycin Resistant Enterococcus (VRE).

## What were the main Recommendations?

- Adherence to LHD and State policy for correct Patient, correct procedure, correct site (PD2007\_079) to occur in the Radiology Department using this case as reference, particularly covering aspects such as:
  - Most senior staff member to lead "Time out"
  - Procedures not undertaken unless all staff stop activity
- Spot visual audits of time out to be undertaken.



# Chief Executive Report

## Integrated Health Care Program

On 20 March 2014 the Minister for Health and Medical Research announced that the NSW Government will spend \$120 million over four years to integrate health care in NSW.

Ambitious goals are being set for this Program. When the Deputy Director-General Resources and Strategy briefed LHD Chief Executives on this Program, he used terms like "large scale transformational change," "deep system reform" and "radical reorganisation of care provision," as being the type of outcomes being sought.

There will be three streams of funding established to optimise the effectiveness of the Program. Three LHDs, Western NSW, Western Sydney and Central Coast have been designated as Demonstrator Sites. They will be allocated \$62.0 million between them to build on their current Programs to showcase best practice models.

The second funding stream is the one that is of most interest to NNSW LHD. It is the Innovative Funding Pool of \$36.0 million, for which funding the LHD and its partner organisations can bid. This fund is only accessible by the other 12 LHDs and the Special Care Networks (SCN), so NNSW LHD has a good chance of being allocated funding from this Innovation Pool, provided a good submission is lodged. Already the LHD has been undertaking considerable planning work with the North Coast NSW Medicare Local (NCML) to put together new ways of linking up our services. Consideration is also being given to partnering with other organisations like Aboriginal Medical Services and Non Government Organisations.

The third funding stream will fund governance and infrastructure resources. They will include Information Technology, Physical Infrastructure and Standard Business Case and Governance Framework templates. The resources funded from this stream of \$22.0 million will be available to all LHDs and SCNs.

This Program provides an exciting opportunity to make the NSW Health System more sustainable. To-date work in this space has been fragmented. This Program will allow us to join it up, so increasing the capacity of the Health System to provide the right treatment in the right place at the right time. This will take pressure of the Public Hospital System, so giving it more of an opportunity to provide high quality care to those Patients, who definitely need to be admitted to a Hospital bed.

## Leadership

Recently, I had the great pleasure of providing Certificates to the successful participants in the Leading for Better Patient

Outcomes course. This training opportunity, which is funded by the Clinical Excellence Commission, has been offered on the North Coast for the last half a dozen years. It has developed a good reputation by word of mouth, which has seen it attract a high number of participants each year.

Having arrived early at the "Celebration Day", I had the opportunity to hear individual participants and groups of participants present their projects. It was great to hear about the work done, the ideas formulated and the solutions developed.

## Positive Patient Feedback

Once again NNSW LHD Patients have given a big vote of confidence to our Clinicians and other frontline Staff. As set out in the front page article, in the recent Patient Survey, our Patients have given very positive feedback about the services they received and about the Clinicians who provided them. Well done!

## Joint Board Meeting

The second joint meeting between the Boards of NNSW LHD and the NCML was held on 5 March 2014. While Medicare Locals are under review, NNSW LHD is confident they will be retained in some form. They may have a name change and their structure and boundaries may be amended but they will continue to exist with a remit to improve the delivery of primary health services.

Therefore, the two Boards discussed a range of initiatives that can be undertaken together or where one of our organisations can assist the other. For example, at a recent meeting of Northern Rivers Health Leaders, it was agreed that health planning should be undertaken for the whole Region not just for a particular group of services. Arising from this suggestion, the joint Board Meeting endorsed NNSW LHD and the NCML (together with other relevant organisations) jointly developing **Aboriginal Health** and **Mental Health Plans** for the whole Region, rather than NNSW LHD developing these Plans separately as was originally proposed.



*At the Leading for Better Patient Outcomes Presentation to Staff*

Two other important initiatives discussed by the Boards were Health Pathways and the Integrated Care Program. The Pathways Program originated in New Zealand and is currently being rolled out in the Hunter New England LHD. It is about using Clinical Pathways to assist patients to access the Primary Health Services they require. NNSW LHD asked that the Pathways be expanded to assist in improving the interface

between Primary and Secondary Health Services. We will now work together on this suggestion. At present, consultation is occurring with NNSW LHD Clinicians to see if they will buy-in to participating in this Pathways Program.

The second initiative upon which the NNSW LHD and NCML could collaborate is the Integrated Care Project. The two Boards agreed that the two organisations would put in a joint tender submission to seek funds to facilitate Integrated Care Innovation.

*Chris Crawford*



# Essentials of Care Showcase: The Tweed Hospital Cancer Care and Haematology Unit

Jamie Irvine, Registered Nurse and Essentials of Care (EOC) Facilitator said participating in the EOC Program has benefited the Cancer Care and Haematology Unit (CCHU) at TTH in a number of ways.



*Staff in the Cancer Care and Haematology Unit at TTH*

Philosophically, it has enlightened Staff to the importance of having an open, collaborative, Patient based orientation when considering and designing interventions within the Unit. In a practical sense, it has provided us with a framework upon which to assess our current practice as well as identify, plan, implement and evaluate interventions and innovations within the Unit. It has also provided Staff with a model of practice emphasising respectful open communication, inclusiveness and participation and empowerment.

To date a number of projects have been commenced using the EOC model as a framework. A vital component of EOC is its emphasis on baseline data accumulation, prior to implementing interventions so results can be measured and quantified and ongoing improvements made. EOC also places emphasis on the process of change as well as the results of change. This emphasis encourages further innovation, such as by examining the role that the culture, values and inter-relationships within the Unit play. This enables these factors to be accounted for, negotiated and managed during future interventions.



*Registered Nurses, Chantall Haag and Loanne Fehlberg*

Methods of data collection employed in this Unit have included participatory and non-participatory observation, surveys, Patient stories and group interviews. Each of these processes has enhanced collegiality and motivated Staff by

demonstrating the successes associated with the various EOC based implementations.

Over the past 12 months a review of the Unit's Mission Statement has been conducted, as well as a survey of Patients to establish if they feel that the Unit is operating within its stated values. This process has allowed the Unit to clarify its values as a team and to look at what is working for its Patients and what is not. As a result of this process, a Patient experience survey is in development to further engage with Patients and their families. The Unit has also begun collecting Patient information about their cancer experiences through Patient stories.

Implementation of a morning clinical handover, in which Nurses are able to look over and discuss the day's Patient load, has been a successful innovation under EOC. A daily clinical handover has improved Patient outcomes by promoting a team approach to managing individual Patients, allowing the Staff to respond early to Patient needs and plan care based on skill mix.

Ongoing evaluation has shown that Nurses feel they have a better understanding of Patient care needs at the beginning of each shift. The handover has been expanded to include the Murwillumbah Clinic on Mondays via tele-conference.



*EOC Facilitators: Wendy Shannon, Jamie Irvine and Brendan Esposito*

The Unit is currently attempting to demonstrate with qualitative and quantitative measures the impact the handover procedure has had on the Patients and the Service. If positive impact is demonstrated, this process may well be transferable to other services.

This process is being funded by the Cancer Institute of NSW and supports a number of standards, guidelines including the implementation of the National Standard (NSQHS) 6, Policy Directive PD2009\_060, Regarding Clinical Handover and guiding the principles contained within NSW Health's "IMPLEMENTATION TOOLKIT Standard Key Principles for Clinical Handover".

A Journal Club has been running in the Unit for the past 12 months using the EOC framework. Originally commenced to address stated Nursing knowledge deficit, the EOC principle of collaboration, participation and inclusiveness has been applied and currently all Administration and Medical Staff, as well as associated Allied Health Staff, and when permissible, Staff from other Wards are invited to attend Journal Club meetings.



# Interview with Tony Lembke, Chair North Coast Medicare Local



*Tony Lembke, Chair of the NCML has been recognised for championing the Medicare Local model and presented with the Individual Distinction Award at the National Primary Health Care Conference on the Gold Coast late last year.*

*Dr Lembke works as a fulltime General Practitioner and is a Visiting Medical Officer at the LBH. NNSW LHD Chief Executive said Dr Lembke has shown leadership of enhanced quality improvement models across the North Coast, which has been of significant benefit, not only to Patients and Residents of the North Coast Community but also to those who work in the health system and the NCML. His leadership is an inspiration to all who strive to provide the highest quality of care for our patients.*

*Dr Lembke said the LHD works very closely with the NCML, saying they have joint meetings and planning sessions which is very unique within the NSW Health System and provides real opportunities to improve services.*

## **How do you find the time?**

My practice is very understanding; they understand the need to contribute to the community more broadly, so all of us try to be involved outside the normal day to day practice for the benefit of our patients and the community.

## **What made you decide to become a GP?**

I think General Practice appealed for a number of reasons, one is that I enjoy the broader range of experiences that General Practice offers. My uncle was a GP and I valued the relationship that he demonstrated with his patients who he had known for a long time. I also find it interesting because I sometimes don't know what my patients are coming to see me about. GPs deal with a range of human experiences of illness and wellness.

## **Are you from this area?**

No, I grew up in Manly. I went to Sydney University and then I worked at St. Vincent's Hospital in Sydney for a while but I wanted to do some more rural medicine, particularly in obstetrics.

A position became available at LBH in 1990 for three years. In those days there were no Registrars and I gained extensive experience working as a Registrar in Surgical, Obstetrics, Paediatrics, Anaesthetics and finally as a Medical Registrar, so I covered everything over those three years. At the time

there were only six of us, six junior medical officers then and now I think there are 50. It really was very different then, the experiences we had working in LBH were second to none in terms of our relationship with the Consultants and the range of responsibilities we got to undertake. So having arrived in Lismore for six months in 1990 I am still here.

## **Do you have a special interest?**

One of my strongest interests within General Practice is with a program called the Australian Primary Care Collaborative Program which I have been involved with for about 8 years. This is a national quality improvement program where we have the opportunity to meet and speak with about 1,500 Practices from all over the country about developing better systems for delivering better care.

I found this to be fascinating and interesting work that looks at quality improvement and system change, rather than traditional General Practice that deals with one patient at a time but this Program focuses on different ways to support the consultation so that it is more effective and efficient.

## **What inspires you to continue practicing?**

I like the patients. I like the quote that I heard from a doctor in New Zealand who said that .....

***“General practice is the best job in the world - you get paid for talking to your friends”.***

I've been in Alstonville for more than 20 years as a GP and I know the people, their families and I'm still learning that everyone is connected to everybody else in complicated ways that I hadn't anticipated.

## **You were head of the Northern Rivers Division of General Practice for a long time, what would you consider were its achievements under your leadership?**

I was lucky enough to be Chair of the Division of General Practice for a number of years and the best part of that was working with all the other GPs in the area. We started off thinking that we were all working hard but as individuals. We grew a sense around this region of collegiality and we realized our difficulties were the same and that our solutions could be shared, so we developed a sense of working as a group with particular goals.

Some of that was our quality improvement work but other programs we undertook, in cooperation with the LHD or other services, allowed us to leverage what we were doing in our General Practices with individual patients and to ripple improvements through the community. I think that patients now notice more connected services, better systems of care and more team based care.

The General Practice team has grown from being just a GP, to also having Practice Nurses and Managers, and Allied Health Staff all working in the Practice. These are the changes that people will notice particularly in the Northern Rivers. I think we have been an area that has embraced the new opportunities available to General Practice.

## **Why did you take on the role as Medicare Local?**

I think there is still a lot of work to do in improving the health system so that it can work 'as one'. Our community will receive more effective care when all of us approach it as 'a team sport'.



# The Tweed Hospital Celebrates 20 years of Intensive Care



*Mike Lindley-Jones welcomes guests to the Gala Dinner*

Over the weekend 15-16 March, TTH Intensive Care and High Dependency Service celebrated 20 years of providing intensive care to residents and visitors of the Tweed Valley.

Dr Mike Lindley-Jones, Director of the Intensive Care and High Dependency Service (IC&HDS) said those of us who work in the IC&HDS continue to run a vibrant, friendly and progressive department that has earned a reputation for delivering high quality intensive care to our patients.

"Many people have worked in this unique department over these past 20 years and five have been working in the Unit since it opened. There are also many more, who were part of the ICU start up team who continue to work in Hospital," Dr Lindley-Jones said.

"All of these people have contributed in the development of our service and have been involved in the treatment of a total of 13,601 critically ill patients during this time. Many of these patients were ventilated on life support and had their lives saved," Dr Lindley-Jones added.

"The Department has continued to expand with a 25% increase in the number of presentations over the past two years. We are delighted TTH Executive have approved the commissioning

of an extra bed in the Unit, which is currently being built and is expected to be operating in about two weeks' time," he said.

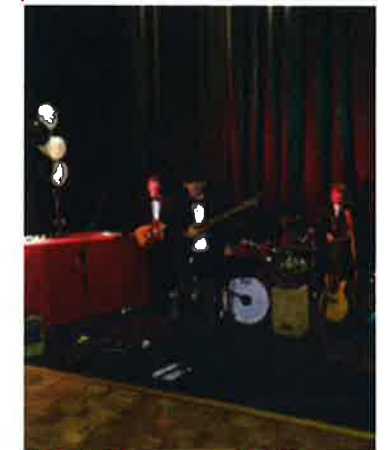
"Now it is time to celebrate with everyone who has been involved over these 20 years of caring and with this in mind, we have organised a weekend of activities so we catch up with some familiar faces and discuss the changes that have occurred over the years."

Two days of activities were held that included Educational Sessions on firstly, 20 years of Ventilation and secondly, about being on Renal Replacement therapy.

In the evening a Gala Dinner was held that was well attended by those who had been around for 20 years and those who returned for the celebrations, as well as the LHD Chair, Brian Pezzutti and Chief Executive, Chris Crawford.



*Mary Campbell and Bernadette Loughnane making a presentation.*



*Entertainment provided by Joe Ogg and the band*

## Ballina Satellite Cancer Care & Haematology celebrated 10 years

On Wednesday 25th February 2004 the Ballina Satellite Cancer Care and Haematology Service commenced and this year reached a ten year milestone of assisting Patients, who live in the Ballina region to be treated locally.

Kris Liebke, Nurse Practitioner Cancer Care and Haematology, said this Satellite Service came about after it was recognised that a considerable number of people requiring chemotherapy services resided within Ballina and the surrounding communities.

With the support of the Area Health Executive, the service began and has since operated every Wednesday for the past decade assisting well over 6,000 patients to have their treatment closer to home," Kris Liebke said.

Of particular note was the effort of members of the Cherry Street Ballina Bowling and Recreation Club, who held a 24 hour lawn bowling marathon fundraiser and the local View Club who also contributed large donations, which provided some of the funding required to establish the service.

"We invited some of the first Patients who received their treatment at the Ballina Satellite Cancer Centre to a small afternoon tea to acknowledge this significant milestone," said Kris.



*At the 10th anniversary celebrations for the Ballina Cancer Care and Haematology Unit (back, from left) members of Ballina's Guinness World Record bowling attempt and members of the Ballina Scope Club with (front, from left) Registered Nurse Kez Warburton, one of the first Patients Sue Olive, now living at Coffs Harbour, and Nurse Practitioner Kris Liebke.*

*Photo: Thanks to Ballina Advocate*



# Latest Board News

## **Combined NNSW LHD and North Coast NSW Medicare Local Board Meeting.**

In May 2013 the NNSW LHD hosted a combined meeting for the Boards of NNSW LHD and NCML to meet and discuss opportunities for working together on a range of initiatives that could be undertaken to assist in seamless service provision across the health sector.

On 5 March 2014 the NCML hosted a second combined Board Meeting in Ballina. The two Boards have agreed to continue this practice of holding combined Board meetings and these meetings will occur twice yearly.

Following on from the initial combined Board meeting in 2013 considerable work has been undertaken between the two organisations to build on collaboration and consultation at a number of important levels including:

- Board
- Chief Executive to Chief Executive Officer
- Senior Executive
- Senior Staff.

Other areas of collaboration between the two organisations include:

- Planning and Service Design
- Service and Program Delivery
- Research and Education
- Collaboration with other organisations including (Family and Community Services, Aboriginal Medical Services, Residential Aged Care Facilities, Non-Government Organisations and the Education Sector).

The Agenda for the March 2014 Combined Board meeting included discussions on Health Systems Improvement and Integration, Joint Planning, Aboriginal Health, Service Provision to Vulnerable Communities, Aged Care, Joint Projects, Mental Health and GP Practice after hours.

## **New Members appointed to the District Clinical Council**

The NNSW LHD Board was pleased with the amount of interest shown in the vacancies on the District Clinical Council (DCC) through an Expression of Interest (EOI) process. In all seventeen EOIs were received for the two vacancies.



*New District Clinical Council members Debbie Carney seated front left and Di Goldie far right with some of the other Council members Janelle Jacobson, Jackie Andrews, Steve Diamond and Fiona Couch.*

The NNSW LHD Board would like to thank all the Clinicians and Staff who submitted an EOI and would like to encourage them to participate in other opportunities for Clinician Engagement.

The Board selection panel made its recommendations in relation to the EOIs received and the current diversity of membership and recommended Ms Di Goldie, Nursing Unit Manager, Intensive Care and Cardiac Services, LBH, for appointment to the Senior Nursing vacancy and Ms Debbie Carney, Patient Safety Officer, Clinical Governance Unit, Tweed Heads to the non-designated vacancy.

Also, the Richmond Smaller Hospitals Hospital Clinical Council has nominated Ms Nancy Martin, Executive Officer, Multipurpose Network as its new representative.

The contributions made by the retiring DCC Members Dr Greg Davies, Ms Julia Hook and Ms Anne-Maree Schweitzer are appreciated and acknowledged.

## **Ngayundi Chair named as Clarence Valley Woman of the Year**



*Muriel Burns with Chris Gulaptis, Member for Clarence*

The NNSW LHD Board would like to congratulate Aunty Muriel Burns, the Chair of the NNSW LHD Ngayundi Aboriginal Health Council, for being named 2014 Clarence Valley Woman of the Year. Last year the NNSW LHD Executive nominated Aunty Muriel for inclusion in the NSW Hidden Treasures Honour Roll for Rural Women Volunteers.

The NNSW LHD Board wishes to express its sadness on hearing of the loss of two Aboriginal Elders recently who had been actively engaged with the health service over many years. They are Aunty Grace Cowan from Coraki and Aunty Patsy Nagus from Kyogle. Aunty Patsy was last year successfully nominated by the NNSW LHD to the NSW Hidden Treasurer Honour Roll.



# Angie Gittus in the Phillipines



Initially we had planned to assist in Tacloban but after arriving and seeing that some aid was already available in Tacloban, we chose to travel to areas that had not yet received any assistance.

I want to take this opportunity to acknowledge the flexibility and support extended to me by The Tweed Byron Health Service Group (TBHSG) Administration that enabled me to assist in the Philippines.

From my NUM, Wendy Park and Acting NUM Mark Elliot filling my shifts, to Mark Davies approving my annual leave and senior administration giving their approval and support. At short notice my shifts and leave were taken care of and I was able to focus on the task ahead.

My time in the Philippines was amazing. There were so many once-in-a-lifetime experiences. It's hard to believe that I was only there for a short time because I feel so changed by the experience.

I hope the NNSW LHD, in particular the TBHSG feels very proud of the role they played in the disaster response in the Philippines. NNSW LHD was represented by two Murwillumbah Nurses and one Paramedic on the first rotation, and a Paramedic, a Nurse and an Intensivist, all from Lismore on the second rotation.



As part of the Medical Rescue First deployment we treated over 1300 people in typhoon affected areas.

So we travelled to the north of Tacloban and camped in a small coastal town called Basey. The extent of the damage was severe and similar to Tacloban. This coastal town and all of the buildings along the foreshore, had been completely washed away in the storm surge.

After setting up a Clinic in a school building that still had a roof on, we set out to treat the Filipinos. We treated lots of URTI's, infected wounds, gastro, dehydration and chronic illnesses, such as diabetes and hypertension, that were not being managed due to the medications being washed away.



We also saw some serious illnesses such as sepsis, TB, severe asthma, fractures and large wounds. As well, we had the capability to arrange road or aero retrieval to the AusMAT Hospital in Tacloban for the seriously unwell.

Medical Rescue continues to provide assistance to the people of the Philippines, with the third deployment of volunteers having been sent there.

I feel very humbled by the gratitude of the Filipino people and very grateful to have had the opportunity to be able to be part of a disaster response team. Thank you again to those who facilitated my involvement.



# Congratulations



**Vicki Rose** has been formerly appointed as the Executive Director Allied Health/ Chronic & Primary Care for the NNSW LHD. Vicki has been acting in this role since the commencement of Local Health Districts. Vicki has displayed leadership during this time and is deservedly recognised and thanked for her dedication during this time of change and for assisting with the relevant services.



**Michael McKay**, Radiation Oncologist, Staff Specialist at the North Coast Cancer Institute in Lismore has been recognised for his work and won an Award from the Royal College of Radiologists (RCR) of United Kingdom (UK) - the Rohan Williams Travelling Professorship. The competitive process involved submitting a CV and topics on which lectures could be given during a 4 week visit to the UK, which will occur in September 2015.

Four shortlisted candidates were submitted to the RCR and Dr McKay was selected. The prize includes two return business class fares with spouse and involves lectures and tutorials at major oncology centres, and an address at the RCR Annual Scientific Meeting. The idea behind the prize is to foster relations between the RCR and the Royal Australian New Zealand College of Radiologists. There have been 5 Australians awarded the Professorship since 1977 and Dr McKay is the first Radiation Oncologist. Dr McKay has also reached 100 published scientific papers.



*Congratulations to Christine Smith and Maureen Collins pictured, on becoming Certified Lactation Consultants.*

Mullumbimby & District War Memorial Hospital is celebrating the achievement of two of its Midwives, Maureen Collins and Christine Smith, who are now Certified Lactation Consultants having each achieved international accreditation as a Lactation Consultant. The International Board of Certified Lactation Consultants are health professionals who are experts in the management of breastfeeding and human lactation.

Maureen said she initially undertook the course to update her knowledge but now feels far more confident with current trends and management when dealing with women experiencing breastfeeding difficulties.

"I am lucky to be part of the Caseload Midwifery Model of Care at Mullumbimby Hospital where they provide continuity of care to women and their families. We start breastfeeding education early in the pregnancy and follow women for six weeks after their birth," Christine said.

Both are part of the Mullumbimby Hospital Caseload Midwifery Model of Care Team and say having this specialist knowledge in breastfeeding will assist them to provide support and help to new mothers who are experiencing difficulty in breastfeeding.

Maureen and Christine are available to provide skilled assistance to mothers and other health professionals in achieving the best health outcomes for mothers and babies.

## Lismore Base Hospital Women's Care Ward World's Greatest Shave



*Back: Bruce Mann shaving Brad Mills and Front: Keryn Bryen colouring Cacey Dickson's hair, Julie Whiteley, Lynda Burch, Sandun Fernando, Rose Wisemantel and Fran Slattery.*

The 4UJessica team led by Rose Wisemantel cut, coloured and shaved their hair in the foyer of LBH in support of a staff member's five year old daughter Jessica, who is currently undergoing treatment for Leukaemia and to raise awareness

Congratulations to the team for raising almost \$3,000 to date, which will go to the Leukaemia Foundation to help raise funds for its important work in providing practical and emotional support to people with blood cancer, as well as investing millions in research.

Women's Care Ward would like to thank the Hairdressers, Keryn Bryen from Shartan Hair Studio and Bruce Mann from Corndale & also Woolworths, Priceline Pharmacy, Chemist Warehouse, Discount Chemist, Brands Pharmacy & Blooms Chemist who donated the hair colours.



# Farewell

**Joy Steiger** retired from Lismore Base Hospital Customer Service area where she worked as the permanent Night Switchboard Operator from 10 October 1984 and until retiring on 6 January 2014 after almost 30 years.

**Joan Hunt** commenced training to become a Registered Nurse at Kyogle Memorial Hospital on the 27 July 1964 and apart from taking one year off for maternity leave, is the longest serving employee at Kyogle Memorial Health. Joan retired on the 11 March 2014 after providing almost 50 years of service.

**Rose Birmingham** commenced as Administration Officer at Lismore Community Mental Health on 3 May 1993 and retired on 27 March 2014 after providing almost 21 years of service.

The NNSW LHD Board Chair and Chief Executive issued Certificates to each of them to acknowledge their dedication and service to the hospitals and communities they served over these many years and to wish them well in their retirement.



The NSW Government has thrown its support behind the team of cricket greats representing the Australian Cricketers' Association (ACA) Masters NSW tour. Players including Michael Bevan, Greg Matthews, Terry Alderman and England spinner Monty Panesar were joined for the ACA Masters by Greg Blewett, Andy Bichel, Jimmy Maher and Wayne Phillips.

Ryan Armstrong, Registered Nurse at TTH ED, an avid cricket fan, said the Patients and Staff thoroughly enjoyed having the players on the Ward conversing with them and said Ray was very happy, as a consequence.

*Left: While touring, former Australian left-hander Wayne Phillips and current England Test spinner, who visited patients at TTH are with patient Ray Curnow in the Renal Unit.*

## Workstation Security

A recent audit conducted included Electronic Information Security. Employees are advised that they should never leave their workstation unattended while it is logged on at the NSW Health network, corporate applications or e-mail system.



When leaving a desk unattended, employees must lock their workstation or activate a password-protected screen saver.

When leaving a workstation for an extended period of time it is recommended that employees save any open files and close any corporate applications or systems before starting the screen saver. Alternatively, employees should log out of their workstation. The NSW Policy on protecting people and property provides further information.

## Letters of Thanks

*The following letter appeared in the Daily News on Saturday 8 March 2014*

### Hospital home visits way to go

Congratulations for the service provided by The Tweed Hospital nurses who treated me in my home over three days. A course of antibiotics intravenously administered and being managed in my own home made it easier for me and my family. This also made sense, because I was not taking up any always much-needed bed. I had not heard of this service before but have been told it has been running for a number of years. Again, congratulations to the Staff at The Tweed Hospital and thank you.

Janet Rogers, Tweed Heads

*The following letter appeared in the Grafton Daily Examiner on 16 January 2014*

May I had a word of praise for the Staff of Grafton Base Hospital Emergency Department. My sister, who was staying with us from Adelaide had a stroke on Christmas Day.

The good people on duty at the hospital assessed her, comforted her and sent her on to the Gold Coast University Hospital, where she was looked after equally well. A helicopter pilot was called away from his Christmas dinner. Simply put, our gratitude goes to those people who work on holidays, true

professionals to enable the rest of us to enjoy ourselves. My sister is now back in Adelaide on the road to recovery.

Annie Visagie, Couttes Crossing

*The following letter appeared in the Northern Star on Friday 14 March 2014*

### Our nursing heroes

Lismore Base Hospital, Wednesday morning, early morning, end of shift, I witnessed a most shocking display of disrespect, abuse, whatever you would like to call it that I have ever witnessed.

A patient suffered an arterial bleed which threatened his life. Nurses raced to his assistance. While treating the patient nurses were subjected to a tirade of verbal abuse using the most disgusting language and on a number of occasions this patient threatened the people trying to save his life with physical abuse. Despite this, these nurses worked for hours on this person. They are our heroes in this society and deserve our utmost respect. Hours after the incident I overheard this individual relate this incident to his visitors and proudly retell the words he used to abuse the Staff. To the nurses involved you were marvellous - thank you.

To the rest of us in this society - we should not tolerate such incidents as this. Speak out. We need to show more respect.

Russell Koppen, Nimbin