

## Celebrating the Positive Impact of Nursing & Midwifery on health care



*Chris Crawford, Chief Executive; Annette Symes, Executive Director of Nursing & Midwifery; Susan Pearce, NSW Ministry of Health (MoH) Chief Nursing and Midwifery Officer; John Kelly, NSW Nursing and Midwifery Council and Iain Graham, Dean of Health and Head of School, Health & Human Sciences at SCU.*

During International Nurses and Midwives Day the NNSW LHD Nursing and Midwifery Directorate and Southern Cross University (SCU) School of Health and Human Science worked together to hold the Inaugural Collaborative Nursing and Midwifery Conference.

The Conference was held in Ballina and attended by over 80 Nurses and Midwives. Ms Symes and Professor (Prof.) Iain Graham said the Conference represented the established relationship between SCU and NNSW LHD, which focused on improving the interface between Nursing and Midwifery academia and Nursing and Midwifery health care delivery.



*Some of the over 80 Nurses and Midwives who attended the "Celebrating the Positive Impact of Nursing & Midwifery on Health Care Conference"*

Through this collaboration, there has been a promotion of academic activities that offer the Staff of either organization opportunities for education and building research capacity and capabilities.

Ms Symes and Prof Graham said the Conference "Celebrating the Positive Impact of Nursing and Midwifery on Health Care" is consistent with the theme IMPACT, chosen by the President of the International Council of Nurses (ICN) for the period of her investiture. The ICN President holds the belief that the Wealth of Nations are impacted upon by the Health of Nations, which are impacted upon by Nurses and Midwives.

Chris Crawford, Chief Executive NNSW LHD officially Opened the Conference and extended his thanks to all the Nurses and Midwives for the excellent care they provide to our patients in hospitals and to those who work in the community.



*Jo Cooper, Clinical Nurse Consultant, Palliative Care; Susan Pearce, NSW MoH Chief Nursing & Midwifery Officer; Denise Harris, Assistant Director of Nursing and Chris Pollock, Nurse Unit Manager, Renal Unit at The Tweed Hospital.*

"This Conference is a true celebration of our Nurses and Midwives and represents just how far nursing and midwifery has evolved into a highly professional career.

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# Say NO to Unsafe Work Practices



## *A word from the Editor, Susan Walker*

Welcome to the June issue of Northern Exposure.

This past month we have celebrated International Nurses and Midwives Day and recognised World Hand Hygiene Day, Heart Week, Privacy Week and more.

I had the pleasure of attending the Nurses and Midwives Conference held in Ballina and was able to hear Susan Pearce, NSW Ministry of Health (MoH) Chief Nursing and Midwifery Officer speak. Ms Pearce spoke of her own personal experience and how an act of kindness extended to her had a lasting affect before she presented a video the Nursing and Midwifery Branch have made titled "Small Acts of Kindness", which will be distributed across LHDs. The video shows all kinds of situations people, patients, carers and relatives may find themselves in when presenting to hospitals and those small acts, such as wrapping an arm around someone who is grieving, that nurses do naturally. These small acts of comfort make a huge impact on their emotional state. I can tell you there were few dry eyes in the audience.

The other big news this month was the Federal Budget and how this will affect health provision. The NSW Minister for Health was quick to respond and released a statement the following day



**Above right: Charmaine Crispin, Nurse Educator at LBH on International Nurse Day serving a BBQ lunch in the Cafeteria to Interns which the LBH Executive put on for Staff.**

saying the NSW Government had made a commitment to the people of NSW that patients will continue to come first. Mrs Skinner said there will be no cuts to hospital services and no co-payment for Emergency Department (ED) patients in NSW. Please read the Chief Executive's Report on how the budget will affect NSW Health.

As always, I welcome your feedback on Northern Exposure and your contributions, especially nominations of Quiet Achievers. This provides a great opportunity to give credit to one of your colleagues who you believe deserve recognition.

## Denise Harris - Quiet Achiever

*Denise is the Assistant Director of Nursing for The Tweed Hospital (TTH) Medical and Critical Care (MACC) Division and has been nominated by Ann Schefe, Director of Nursing, TTH and Murwillumbah District Hospital who said.....*

Denise has outstanding knowledge and skills in the areas of nursing management, clinical nursing as well as an extensive knowledge of nursing professional matters.

Denise has been with NNSW LHD for over 25 years and has been a steady and influential person, who has guided nursing practice during that time and she is very well respected by Staff of all disciplines and levels.

Denise provides mentorship and guidance to Nursing Unit Managers (NUMs) as well as many other Staff of every discipline thus strengthening the NUMs' and Senior Nurses' ability to effectively manage their Wards or Departments and in turn, assisting with succession planning within the nursing workforce as well as other disciplines.

Denise is a great support for Executive members and has represented NNSW LHD on many occasions in working groups and clinical expert panels. She is always willing to assist with urgent or emerging matters and has the ability to induce calm in a stressful situation.



Denise is extremely generous with her time and is always willing to help people as much as possible. She is also extremely flexible in her skills and has worked in many relieving positions within the NNSW LHD.

Denise is a passionate advocate and role model for nursing with extensive skills in all aspects of nursing management and has been a tremendously loyal and valuable employee working within the District for over 25 years in various roles including leadership roles in nursing.

She is a willing and enthusiastic person who readily takes on and completes challenges that many others are unable or unwilling to undertake. She does this with great skill and dignity.

Denise is a 'go to' person when there is a tough job to be done.

Denise is involved in promoting nursing research and professional growth, as demonstrated by her participation in writing a nursing text book and peer reviewing nursing academic articles.

Last but not least, Denise is a very lovely person who makes the workplace a much better place to be in.



# Celebrating the Positive Impact of Nursing & Midwifery on health care

The Nursing and Midwifery Conference provided the opportunity to showcase a vast range of topics with Presenters speaking about Mental Health; Renal and Aboriginal Services; Reducing Patient Falls; Dementia Care; Palliative Care and End of Life Care to name just a few," Mr Crawford said.

Adjunct Associate Professor Susan Pearce spoke about Nursing and her experience as a patient, and presented a video yet to be launched across NSW titled "Small Acts of Kindness" which was very moving and portrayed the compassionate side of health care.

Annette Symes, thanked everyone for their contribution and participation in celebrating the positive impact Nurses and Midwives have on health. Ms Symes particularly wanted to mention her thanks to the Administration Staff, who played an integral part in the preparation for the Conference.



Above: Ann Scheffe, Director of N&M at TTH and MDH with Kathleen Fahy, Professor of Midwifery with SCU and NNSW LHD N&M Directorate .



Above: Faye Martin, Acting Executive Assistant Nursing & Midwifery (N&M) Directorate and Sue Evans, Executive Assistant to Director of N&M TTH and Murwillumbah District Hospital (MDH).



Above: Jenny Shaw, Executive Officer/DON at Mullumbimby & District Hospital with Cathy Adams, Midwifery Manager who spoke on 'The Impact of Engaging the Brain for Practice Improvement.

## Heart Week

Did you know that each year almost 10,000 Australians die of a heart attack? That's one Australian life claimed every 53 minutes. More than 1 million Australians aged 30-65 are at high risk of having a heart attack or stroke — but they may not even know it.

During Heart Week - which this year was from Sunday 4 May to Saturday 10 May Cardiac Nurses across the Local Health District conducted heart checks as part of the Heart Foundation's Annual campaign to raise awareness to help improve the heart health of all Australians.

The LBH Cardiac Rehabilitation Nurses were available in the LBH foyer on Friday 9 May from 10.00am until 2.00pm conducting Healthy Heart Checks:

- Risk Factor Evaluation
- Blood Pressure Checks
- Diet & Exercise Advice
- Cholesterol Testing
- Finger prick Cholesterol tests \$2.



Above: Cardiac Rehab Nurses left Lisa Warne and right Fiona Hassey conducting the Heart Checks

Will you recognise your heart attack?

Go to [www.heartattackfacts.org.au](http://www.heartattackfacts.org.au) to find out:

- What happens during a heart attack
- The warning signs of heart attack
- Read some personal stories
- How to download or order heart attack action plans.

For further information, call the Heart Foundation Information Service on 1300 362 787





## Building Leadership to Improve Patient Based Care

Richmond Clarence Health Service Group hosted a **Rising to the Challenge : Building Leadership to Improve Patient Based Care Workshop**.

The Workshop was opened by Hazel Bridgett on behalf of the NNSW LHD Board and Dr Karen Luxford from the Clinical Excellence Commission (CEC) facilitated the Workshop.

Patient based care is about focusing care delivery around the Patient rather than the needs of the system.

To achieve this the NNSW LHD needs to be listening to what Patients and Carers say about their care experience and then using that information to change our Models of Care delivery, Dr Luxford said.

The CEC has developed a 'Patient Based Care Challenge' to assist organisations to put the Patient at the centre of care delivery.

NNSW LHD has signed up to the 'challenge' as part of its commitment to providing patient based care. The 'Challenge' looks at strategies around:

- leadership commitment
- communication of the mission
- engaging patients, families and carers
- supporting engagement to transform care
- use of patient feedback to drive change
- focus on the work environment
- building staff capacity



*Front L-R: Dr Karen Luxford, CEC; Narelle Gleeson, Director Nursing & Midwifery LBH and Hazel Bridgett, NNSW LHD Board member. Back L-R: Lynne Weir, Executive Director, Richmond Clarence Health Service Group; Dr David Hutton, Executive Director Clinical Governance; Dr Cale Lawler, Junior Medical Officer representative on National Safety and Quality Health Service Standards - Standard 2 Working Party; Pam Mitchell, Clinical Quality Manager NNSW LHD; Rosie Kew NNSW LHD Board/ Manager Occupational Therapy LBH and Gina Francis, Community Participant on the LHD Health Care Quality Committee.*

- supporting a learning organisation culture
- accountability.

More information on the 'Challenge' can be found at: <http://www.cec.health.nsw.gov.au/programs/partnering-with-patients>

## The Tweed Hospital Host Rural Trauma Training Program

A multidisciplinary Trauma Education Program initiative of the NSW Institute of Trauma and Injury Management (ITIM) in collaboration with CareFlight, was recently held in the Tweed Clinical Education Research Institute (TCERI).

The two and a half day program consisted of three separate components, which included a trauma evening with local cases being presented as well as from Ken Harrison from CareFlight and Glen Sisson from ITIM.

36 local Clinicians took part in the Trauma Skills Days and were provided with an opportunity to refresh their clinical skills in groups, rotating through a variety of skill stations that were lead by experienced visiting and local Clinicians.

The final day of Trauma Team Training focused on six Doctors and six Nurses working within the Emergency Department (ED) providing a multi-disciplinary simulation based course that addressed teamwork skills and clinical practice relevant to trauma management.

The Tweed/Byron Trauma Service would like to thank the local Clinicians involved with the organization of this program.



A special thank you to Bek Napier and Kelly Jenkins from the TCERI and Brian McDonald from Medical Administration for all their hard work assisting with set-up, co-ordination, trouble-shooting equipment and logistical issues during the training program.

Regular Trauma Simulations are held in Lismore on the first Tuesday of the month at the University Centre for Rural Health. The Trauma Training Team would welcome more enquires for those wishing to attend these sessions. Contact Maryanne Sewell, Clinical Nurse Consultant Rural Trauma on 041 333 5127.



# Chief Executive Report



*Chris Crawford presenting his 'Vision' Road Show to LBH Staff*

## Commonwealth Budget

The Commonwealth Budget was expected to be a difficult one for the NSW Health System but it turned out to be much worse than expected. Even before the 2014/15 Budget was brought down by the current Commonwealth Government, NSW Health knew that it would be losing \$320 million due to the ceasing of two Commonwealth/NSW Partnership Agreements by the former Commonwealth Government.

The current Commonwealth Government has reduced the anticipated levels of Health Funding for NSW Health. It has ended the "guaranteed" growth that NSW Health would have received in 2014/15. The bonus funding that NSW Health had been relying on to assist it to undertake more Surgical procedures and to provide more timely Emergency Department treatment has also been cut from 2014/15 onwards. As well, other Partnership Agreements have also been ceased or unilaterally amended, which means that some anticipated funding for services like Health Promotion and Oral Health will not be received.

Each year the situation gets worse. From 1 July 2015, the Commonwealth Government will introduce co-payments for General Practitioner (GP), Pathology and Medical Imaging Services. This change will be a particular problem for NSW Hospitals. Their Medical Imaging Services and the Statewide Pathology Services rely on bulk billing of their services to raise revenue. As they will not charge the co-payment, they will lose revenue, which supports Hospital expenditure. Without this revenue, Hospitals will have to reduce their expenditure. Another difficulty for Hospitals will be Patients presenting sicker and requiring more complex and expensive treatment, because they put off going to the GP, because they could not afford the cost. This is likely to add significantly to pressures on Public Hospitals.

The changes to Medicare Locals to rename them as Primary Health Care Organizations and to make them much bigger will not cost the Hospital System more but will be a missed opportunity. They will no longer be local and so it will be more difficult for them to engage with LHDs in particular parts of the State. Instead they will concentrate on the biggest population centres within their boundaries. This will make it much more difficult for the Primary Health Organizations to assist LHDs to change the way care is provided, through initiatives such as improving the Integration of Care between different providers, especially between Primary and Secondary Health Care Providers.

But the news gets still worse! In the "out years" of the Commonwealth Budget Forward Estimates and Projections, the current Commonwealth Government has cut \$50 billion from the amount that the former Commonwealth Government intended to invest into the Australian Health System. This change is brought about by indexing the Health Budget to Consumer Price Index movements and population growth and not taking account of population ageing and technological advances, which are the other major drivers of increasing health costs.

## Premium Labour Costs

NNSW LHD intends to make reducing Premium Labour costs a priority in setting its 2014/15 Budget. Premium Labour costs are incurred when the LHD pays more to provide a service than it would if it used the routine amount of Staff, paid at normal pay rates, to provide the service.

Examples of Premium Labour costs are when Locum Medical Officers or Agency Nurses are engaged to provide health services. Not only does the LHD pay more to the Health Provider but it also pays a fee to the Agency for supplying the Health Provider. Both these costs are Premium Labour costs. Other examples of Premium Labour costs are overtime, excessive sick leave and Nursing Staff levels above the Nursing Hours per Patient Day level agreed between the NSW Nurses and Midwives Association and NSW Health.

It will be the objective of NNSW LHD to substantially reduce its Premium Labour costs in 2014/15. This will enable the LHD to maintain service levels, while reducing the amount it expends to provide these services.

## International Nurses Day/International Midwives day

On a very positive note it was a pleasure to be involved in the week long celebrations from 5 to 12 May 2014 that marked International Nurses Day and International Midwives Day. As a lead into this week on 1 May 2014 I attended the Essentials of Care 2014 Showcase event. This was a very interesting meeting, which highlighted some of the innovative projects being undertaken to improve health services throughout NSW, as part of Essentials of Care. It is great to see Nurses return to the basic building blocks of providing health care and to use that opportunity to make very worthwhile improvements to the way care is provided. It was also pleasing to note that some Allied Health Staff had taken up Essentials of Care as leaders of some important projects. I was also pleased to hear about their achievements at the Showcase event.

On 8 May 2014 I had the privilege of opening the NNSW LHD/ Southern Cross University Inaugural Nursing Conference, which was held in Ballina. During my time at the Conference, I listened to two very good keynote addresses. These were from Mr John Kelly from the NSW Nursing and Midwifery Council and from Professor Susan Pearce, NSW Chief Nurse and Midwifery Officer. I was particularly impressed by Professor Pearce's Presentation, which drew on her personal and professional experience to highlight the important role Nurses can and do play in the delivery of so many aspects of health care. She followed her speech by playing a new video, Small Acts of kindness, which focuses on the importance of the human and compassionate aspects of providing health care.

The feedback I have received about this Conference has been very good. Therefore, I would like to congratulate Ms Annette Symes, NNSW LHD Executive Director of Nursing and Midwifery and Professor Iain Graham, Professor of Nursing at Southern Cross University and their teams on the tremendous work they put in to organize this very good Conference.

*Chris Crawford*





# World Hand Hygiene Day

Across the NSW LHD Staff recognised World Hand Hygiene Day on 5<sup>th</sup> May 2014. Improving Hand Hygiene among healthcare workers is currently the single most effective intervention to reduce the risk of hospital-acquired infections in Australian hospitals.

The World Health Organization's "5 moments of hand hygiene" has been adopted by NSW Health as the standard practice for health care workers. A continuous observational audit records health care workers compliance with the '5 moments'.

Our Hospital Infection Control Coordinators actively encourage our Staff to improve hand hygiene rates by providing education in the 5 moments for hand hygiene, which is to wash your hands:

- Before touching a patient
- Before Clean/Aseptic Procedure
- After body fluid exposure risk
- After touching a patient
- After touching a patient's surroundings.

Lynne Weir, Executive Director of the Richmond Clarence Health Service Group said they were excited to launch the inaugural 'Lismore Base Hospital (LBH) Hand Hygiene Awards'.

"The Awards provide an opportunity for the Hospital to acknowledge great performance within Clinical Departments in relation to compliance with the "5 moments of hand hygiene".

The quarterly prize will be awarded to the Clinical Department that scores the highest compliance rate in each cycle of the continuous Hand Hygiene Audit.



**Above L-R: Jane Ruane, NUM representing the Renal Unit, who were the overall winners of the Hand Hygiene Award with Sally Charters, RN Operating Theatres and Mark Coghill, Enrolled Nurse A7, who were winners of the Staff Appreciation Award.**

Audit results contribute to a Hospital, Local Health District, State and National databases, which track the performance of individual facilities in complying with appropriate hand hygiene practice.

Janette van der Hoek, CNC Infection Prevention & Control at Murwillumbah District Hospital (MDH) said the MDH Hand Hygiene Audit identified that Patients approved of being involved in their own care and for Nurse advocacy and that most patients accepted that it was OK to ask if their Carer had attended to Hand Hygiene before touching them.

Grafton Base Hospital held its annual World Hand Hygiene Day promotion day. This year the "Golden Hands" trophy went to the Day Procedure Unit



**Above L-R: Jennie Howard, Acting NUM, Day Surgery Unit with Janice Jackson (whose husband was involved in making the Golden Hands Trophy in 2011) and Paul Schofield DON.**



**Above: Zelda Wallis, RN at MDH Assessment & Rehabilitation Unit discusses hand hygiene with patient Noel Millar.**



**Above: Dr Mike Lindley Jones, Director, The Tweed Hospital Intensive Care Unit.**



# Interview with Kathleen Fahy, Professor of Midwifery

*In January this year NNSW LHD entered into a unique agreement with SCU to appoint Professor (Prof) Kathleen Fahy, Head of the Gold Coast Campus, to an honorary position as Prof of Midwifery for the Local Health District.*

*This appointment is a first for regional NSW Hospitals and Universities and can be credited to Annette Symes, Executive Director of Nursing and Midwifery who collaborated with Prof Iain Graham, Dean of Health, School of Health and Human Sciences at SCU to bring about this appointment. We are extremely fortunate to have a Professor of Nursing and Midwifery working in the LHD.*

## ***I asked Prof Fahy to tell me how she sees her role in the LHD***

I am hoping to work with Midwives and Nurses who are interested in practice-improvement research such as occurs with the Essentials of Care. I am particularly interested in practice improvement type research to do with any aspect of midwifery care. I am interested in finding partners to work on introducing antenatal groups; particularly for women who traditionally do not engage with the health service. I am keen to adapt and apply the work I have been doing at the University, teaching and assessing students' teamwork and communication skills to the health care setting. I will be available to Midwives and Nurses to discuss their interests as they may intersect with my role. By working together means I will be able to take the major workload concerning research design and literature reviewing. The outcome of any joint work would normally be a joint publication.

## ***Can you tell me a little about your Nursing background?***

I commenced Nursing at the Royal Newcastle Hospital in the late 1960s and early 70s where I trained as a Registered Nurse and then went to the Women's Hospital in Crown Street in Sydney to do Midwifery Training. I stayed on for a further 2 ½ years working in the delivery suite where I gained a lot of experience in highly medicalized births. Not knowing any other way of Nursing, I experienced all the complications that could go wrong in the delivery suite, and I became very confident working in this area.

## ***How did you become a Prof of Midwifery?***

My early Nursing experience working in the Delivery Suite meant I didn't have any knowledge or skills for ante natal care and my post natal skills that I'd learnt in Midwifery Training I never used. So I lost my ability to help women with breast feeding because I had only ever assisted them at the birth. This was the problem with midwifery at the time because it was divided into ante natal, intra partum and post partum, so each set of midwives lost some of their skills.

## ***It wasn't holistic?***

No, and we didn't form relationships with women and we didn't follow them through. Each new woman in labour was a stranger to me and me to her.

I went back into midwifery after I had my first child and I worked in the post natal area. I had a mentor, a beautiful woman called Jan Storer, who taught me a lot about communicating with women and breast feeding, assisting women and babies to connect emotionally and physically. She was really a very important mentor to me.

I then moved back into General Nursing and became a Coronary Care Nurse. Then I became a Nurse Educator at the Prince Henry and Prince of Wales Hospitals in the late 1970s and early 1980s during these five years I earned a Diploma of Nursing Education.



***Prof Kathleen Fahy with new Mum Jemma Kennedy***

At that time we believed that nursing was going to become a University course: I was young, ambitious and wanted to be part of that change. So much so, that I actually moved to Victoria to get a Bachelor of Nursing Degree and subsequently I was successful in getting a job with the Catholic University teaching Nursing and a small amount of Maternity Nursing.

In 1989 I went to the University of Southern Queensland to take up the position as Head of the Nursing Program where I wrote the curriculum in Nursing, which commenced in 1990. In between I had done a Master's Degree in Adult Education at the University of New South Wales.

## ***How did you manage all this with small children?***

In Sydney, when I was working at the Catholic University, my mother helped me with child care. Being a single mum at the time with an 11 month old daughter (Jyai) I was fortunate my mother was able to care for her until she was 2 ½, then she went to Day Care. It wasn't ideal but I needed to work. I remarried and we moved to Toowoomba where I set up the Bachelor of Nursing Degree and I had another baby (Lauren). Again she went into Day Care while I was working.

## ***"I am passionate about nursing and midwifery."***

## ***How did you find time to do the Masters Degree?***

I had a very supportive husband and I have a lot of energy and I am passionate about Nursing and Midwifery. So I did the Master's Degree in the late 1980s while I was pregnant and after the birth. I did the degree half time. I found education easy because prior to becoming a Nurse Educator I had completed a Diploma in Nursing Education, so doing a Masters in the same field wasn't hard, whereas I found the PhD incredibly challenging.

## ***Why did you do a PhD?***

While working at the University of Southern Queensland, in 1990's it was announced that Colleges of Advanced Education were now Universities. Up until that time most people working in Colleges of Advanced Education had a Master's degree and the vast majority didn't do research. So suddenly the pressure was on for people such as myself, who were senior and being paid a high salary, to have a PhD and start publishing and researching. That's when I did the PhD which I finished in 1996.





# Stepping On Achieving Outstanding Results

Falling over and sustaining an injury is a frightening prospect for older people and their carers because this often leads to increasing ill health and loss of independence. However, evidence shows that falls in older people can be prevented and a number of risk factors have been identified.



Despite the NNSW LHD having a higher proportion of residents aged 65 years and above (19.3% compared to 14.5% in NSW), the NNSW LHD has lower levels of falls hospitalisation rates and hip fractures in the elderly than the NSW average.

How is this achieved? One answer could be that over 3000 older residents have been trained in falls prevention through the Stepping On program, which has been operating throughout the LHD over the past five years.

Stepping On is funded by NSW Ministry of Health and is managed locally by the Community Health Education Groups (CHEGS). Stepping On is a unique group program as it allows participants to determine issues and approaches that are personally relevant.

As the focus is safety, it is intended to challenge the older person to appraise their risk realistically, as well as to provide a forum for gaining knowledge about safety practices, such as:

- appropriate exercise,
- home slip and trip hazards,
- community safety,

- safe footwear,
- vision,
- medication management,
- mobility mastery experiences, and
- the latest information on related healthy lifestyles issues.

Group members practice strength and balance exercises and the program is designed to maximise social integration so the benefits extend well beyond just preventing falls. To maximise these benefits, participants are encouraged to join the ongoing weekly CHEGS exercise classes at the completion of the program.

Stepping On runs over seven weeks and each session runs for two hours. For details about programs in your community please visit the CHEGS website on [www.chegs.org.au](http://www.chegs.org.au) or phone Mary Ward, CHEGS Coordinator at Health Promotion on 66207523.

## Coal Seam Gas: the Pros

In the last issue we presented a story questioning Coal Seam Gas (CSG). This article provides the alternative viewpoint in support of the development of CSG to provide balance about what is a very contentious matter.

There have been articles in the newspapers both for and against and Gaslands, a film about CSG. The main information for this article comes from the NSW Government Fact Sheets on CSG, at [www.csg.nsw.gov.au/the-facts](http://www.csg.nsw.gov.au/the-facts)

CSG is typically around 97% pure methane which is a gas formed millions of years ago as part of the burial of peat to form coal. CSG can be captured for use as an energy source for power generation or it can be processed into liquefied natural gas (LNG) for export and use worldwide.

### Energy Security and Benefits

Natural gas from CSG is an energy source which is crucial to NSW's prosperity and low carbon future. Access to affordable gas – through the development of State reserves – is essential if NSW is to achieve economic growth targets, address greenhouse gas emissions, and ensure a reliable and sustainable gas supply in the future.

### Secure supply

At present, 30 per cent of the eastern Australian supply network comes from CSG. In NSW, there are over 1.1 million consumers who rely on gas for their homes and businesses. However, approximately 95 per cent of the State's gas needs are bought in from South Australia, Queensland and Victoria. Only five per cent of NSW's domestic need is met from a NSW source. AGL's Camden Gas Project has provided CSG to the NSW network for more than 10 years.

On current forecasts, NSW could face a shortage of gas from as early as 2014/5 as existing contracts begin to expire. NSW has proven vulnerable to shortfalls on four previous occasions. In 2004, 2007, 2008 and 2010 gas consumption was restricted in response to supply constraints due to infrastructure failures in other States.

In Queensland, more than 27,000 people are working in the State's gas industry, with an increase of almost 7,000 jobs in the first half of 2012 and a further increase of 8,500 jobs reported in March 2013. In comparison, NSW's CSG industry grew from just 39 to 332 positions in the same period.

According to the Australian Petroleum & Production Exploration Association, Queensland industry operators have signed 3,500 landholder agreements and contributed more than \$100 million to community projects.



# Latest Board News

## Board Members Out and About at LHD facilities

The NNSW LHD Board is keen to improve its knowledge of LHD facilities and services and to talk with Clinicians. The Clinician engagement activities currently performed at Board level in most cases have been undertaken by Board members, who are engaged or employed as Clinicians within the Health Service. This includes membership and attendance on formal Clinical Governance and Clinical Engagement Committees.

Two other initiatives established by the NNSW LHD Board include:

- Having Clinicians present Patient Stories from within their particular service to Board Meetings
- Tours of Health Service facilities with Clinicians prior to Board meetings.



L-R: Wayne Jones, Chief of Staff took members of the Board on a tour of LBH so they could see the progress being made as a result of recent developments. Above in the new Endoscopy Unit are from left: Rosie Kew; Anita Coghill, NUM Endoscopy Unit speaking with Joe Ogg and Hazel Bridgett front right is David Frazer. Below Board Members are looking at the new Maternity modules with Narelle Gleeson, LBH Director of Nursing & Midwifery.



At its April 2014 meeting the NNSW LHD Board discussed how non-clinician Board Members might further engage with Clinicians. Therefore, the Board asked for a process to be formalized where Board Members might visit sites to meet Clinicians, undertake Rounding activities or attend Clinical Staff Meetings or host morning teas with Clinicians.

The Board Members were clear that their engagement needs to reflect the nature of the Board's role of Governance oversight



Above: At Bangalow Community Health L-R: Bronwyn Watt, RN; Linda Whitehurst, RN Chronic Care; Lesley Barclay, Board Member; Chris Barron, NUM Byron Shire Community Health and Pam Walmsley, School Health Nurse.

and not day to day management and operations. The NNSW LHD Board believes that increased interaction with Clinicians will improve Board members knowledge and understanding of Health Services and improve the profile of the Board and Board members with Clinicians. In addition the Board feels that there are many positive outcomes being achieved in the NNSW LHD that can be communicated personally.

Professor Lesley Barclay, Board Member and Director of the University Centre for Rural Health (UCRH) visited Bangalow Community Health and then wrote. *"Thank you for organising a great visit to Bangalow as a Board member recently. I was most interested and impressed with the Staff and their activities and enjoyed talking with them thoroughly. Can you please pass on my 'thanks' to Chris Barron and the team at Bangalow"*.

## Ngayundi Aboriginal Health Council

At the last Ngayundi Community Meeting held at Kyogle community members were updated on the "Looking to the Future: Aboriginal e-social and Emotional Wellbeing Project" being undertaken by the University Centre for Rural Health Northern Rivers.

Liz Lewis and Darlene Rotumah, Aboriginal Project Coordinators advised that the community Learning Circles held in Tweed Heads and Lismore conducted over the last five weeks involved community participants of varying ages. These Learning Circles have focused on the 'stay strong well-being app', which is designed to be Aboriginal culturally appropriate.

Liz and Darlene then undertook a role play of a Counsellor and Client working together on the 'stay strong well-being app'. Phil Roberts a community member, who has been a participant in the Community Learning Circle provided feedback on how the 'stay strong' app had provided him with personal learnings and understanding. A number of IPADs were available to

allow Ngayundi community members an opportunity to gain a hands on feel for the "stay strong well-being app".



Left: Professor James Levy Bennett from UCRH shows Neville Binge, Community Member how the app works with Hazel Bridgett looking on.



# Essentials of Care in Mullumbimby & Byron Hospitals



L-R: Tracey Brooke CNE; Virginia Carbines, Nurse Manager; Christian Douglas RN and Felicity Stenning, CNS Quality.

The Essentials of Care (EOC) program was introduced to Mullumbimby and District War Memorial Hospital (Mullum) in late 2011. One of the first initiatives through the EOC process at Mullum was the development of our Shared Values Statement. Consultation was undertaken with all Hospital Staff via emails, placing butcher's paper on the wall of the dining room and also by discussion at meetings and in-services.

We really wanted to come up with a succinct values statement; something that reflected how staff feel about their environment and how they wish to approach their everyday practice. The statement has been framed and is now proudly displayed next to the Key Performance Indicators (KPI) board and Falls clock.

Patients and Staff Surveys were undertaken and results showed what they already thought (yes, Mullum is a great place to work and provide great care to the patients). There was also some constructive criticism that the Staff took on board and Staff appreciated the feedback from peers and patients. The most important aspect of the feedback was that Staff were able to reflect on the information and link it to the identified shared values. For example, they explored 'value' and 'respect', how that is demonstrated and reflected in the survey results.

The data from some previous Audits and the IIMs data was analysed and they identified what the Staff did well and what they could do better. Six key areas were identified to focus on: Clinical Handover, SAGO and the Deteriorating Patient, Wound Care, Medication Administration, Education and Palliative Care. To-date they have action planned for the first four themes and some changes have been implemented. Monitoring and refinement of actions implemented are being undertaken.

All Nursing Staff are involved and the Clinical Pharmacist has been supportive and actively involved in the medication administration investigations. Areas for improvement related to valid prescribing with the use of generic names, legibility of prescribing orders, the many interruptions from lack of stock in patient medication bedside drawers and the incorrect medications in the drawer. These issues slow the medication rounds of the day and increase the risk of medication incidents. A simple solution included the addition of a second tick to the handover check list form to indicate restocking and the correct medication is in the patient's drawer has improved the medication administration process.

The Pharmacist was integral in identifying and comparing current ways in which medications are stored. He looked at previous Audits and compared three different methods of storage: beside lockers, existing trolley ordered by medications and trolleys ordered by bed numbers. For Mullum, it was decided that it is more beneficial to continue with storing patient medication in their bedside lockers.

Another key area that is progressing well is wound care management. During the trial of the current wound care charts Staff expressed their desire for more education on wound care products. Staff stated that some out of date wound dressings were in storage, not enough variance in wound products available, some dressings were being changed too often and not all Staff were familiar with the best options of dressing products and their application. An expression of interest resulted in two Staff volunteering to be Wound Care Champions. These two Staff members (Lisa Donaldson and Susan Foster) have commenced Wound Care Learning Packages, attend the LHD Wound Meetings, have organised Sales Representatives to provide education and have developed a wound board demonstrating the different products.

The immediate wound care goals are to streamline the storage cupboard to make it more user friendly and to educate Nursing and Medical Staff on leaving dressings intact for the required amount of time. 'No peaking now' just to see what the wound looks like reminders and removal date stickers are being sourced. Staff have also added wound review dates on the patient white boards.

Rosemary O'Brien has recently joined Tracey Brooke and Felicity Stenning as EOC Facilitators to support the EOC program implementation. Through the EOC process the Nursing Staff have been able to gather evidence for each of the 10 National Standards, in particular Standard 2 – Partnering with Consumers, providing them with lots of evidence for their upcoming accreditation.



Virginia Carbines, Nurse Manager and Christian Douglas RN next to the KPI Board and Falls Clock.

An important lesson learned by the Facilitators is the many opportunities that were identified to improve the workplace culture and patient care at Mullum Hospital through the EOC Framework. Regular meetings with the EOC Coordinator has helped the Staff to keep on track and to develop a better understanding of the way they assess, feedback, action, plan, implement and evaluate the services they provide in a collaborative way.



## Congratulations to the Palliative Care Team



*Above the Richmond Specialist Palliative Care Service (RSPCS) and Silver Chain (SC) from left: Christine Benton, SC Assistant in Nursing (AIN); Kylie Duncan, RSPCS Social Worker; Amanda McRae, RSPCS Registered Nurse (RN); Jacquie Page, SC CNC Manager; Jennifer Bewley, RSPCS Clinical Nurse Specialist (CNS); Karen Walsh, Acting NUM Lismore Community & Allied Health; Aliza Pinkus, SC RN; Dr Ken Marr, RSPCS Physician; Melissa McGregor, SC AIN and Joanne Cooper RSPCS CNC.*

Ms Skinner said she was privileged to attend the Lismore Community Palliative Care Meeting where she met with Dr Ken Marr, Senior Staff Specialist for NSW LHD Palliative Care and Jacquie Page, Silver Chain Regional NSW Clinical Nurse Consultant (CNC) Manager and witnessed the extraordinary level of cooperation evident between NSW LHD and Silver Chain Group Staff, so ensuring high quality end-of-life care for our shared clients who wish to die at home.

Kath Skinner, Director of Palliative Care - NSW Silver Chain Group has written to the NNSW LHD congratulating the Palliative Care team on utilizing all available Silver Chain Palliative Care Last-days-of-life Home Support Services packages within the LHD.

Ms Skinner said this is a remarkable result given Silver Chain has only recently completed the first month of service provision in Northern NSW. The fact is that all frontline Staff are still getting used to working together and all referral and handover processes have been tweaked during these initial few weeks to ensure seamless service delivery to our shared clients.

It was clearly evident that the clients currently under our shared care have complex care requirements and without these packages, would not have been able to remain at home at this time so close to the end of their lives. "Thank you for the commitment from your Palliative Care Team," Ms Skinner said.

It appears that all looks bright for the future of our partnership in NNSW LHD as we continue to work closely with Staff to wrap around existing services to support people in NNSW LHD to die in their homes, where that is their choice.

Please pass on our sincere thanks to all of the key people who are working hard locally to achieve this success.

### WARNING

**VIDEO  
SURVEILLANCE  
IN USE**

## WORKPLACE CAMERA SURVEILLANCE

Closed Circuit Television (CCTV) is the use of video cameras on a limited set of monitors to conduct surveillance of a facility. Surveillance is the monitoring of changing behaviour

and/or activities. NNSW LHD has CCTV cameras in buildings and grounds to assist in deterring crime and security incidents, or where monitoring of potentially high risk areas is required.

The placement of CCTV cameras requires consultation with Staff, NNSW LHD Executive and Security Experts. This ensures workplace camera surveillance is used for security and risk control and effective procedures are implemented consistent with relevant legislation, including the Workplace Surveillance Act 2005 No 47. This Act governs how the recorded footage is utilised for investigation purposes and we are bound to comply with it when we are asked to record and review footage.



This includes the display of signage indicating the presence of CCTV, as pictured left. The presence of CCTV cameras serves to generate a feeling of safety among Patients, Visitors and Staff.



*Above left Stuart Rollans, Acting Senior Security Officer at LBH points to the security camera above and Joy Hathaway, Consumer Relations Manager for NNSW LHD points to LBH Main Entrance*

Surveillance cameras are located in public places because they can assist in ensuring public safety and have been proven to reduce criminal and anti-social behaviour.

The police can use CCTV surveillance footage to identify criminals and investigate offences. In addition, surveillance cameras protect against property theft and vandalism.



# Acknowledging LBH Domestic Staff

The following e-mail correspondence was sent to Chris Crawford, Chief Executive in response to his Report in the last issue of Northern Exposure relating to the Ward reconfigurations at LBH. Although Mr Crawford thanked All Staff of all disciplines, the Domestic Services Manager felt they were not included. Mr Crawford commends the writer for her support of the Domestic Staff. Lynne Weir, Executive Director of the Richmond Clarence Health Service Group and Kevin Carter, Business Manager for the Richmond Network acknowledged and thanked the Domestic Staff for their assistance with the ward reconfiguration at a Staff morning tea.

Dear Sir,

In your recent Chief Executive report you wrote an article, "Congratulations to LBH", concerning the reconfiguration changes to LBH wards.

I am in agreement, totally, with the aim of providing higher quality care to patients. I am also in agreement with your congratulations to Lynne Weir and her team and the Medical Officer Clinician champions who assisted Lynne and her team. I do believe, however, that, as is always the case, the practical hard working people who are our cleaners and kitchen staff, and who were absolutely essential to the smooth execution of these changes, were again forgotten in the recognition of effort for this reconfiguration to be executed.

Cleaners and kitchen staff are always the "unsung heroes" who never receive even a "thank you."



*Above some of the LBH Domestic Staff*

It would be a boost for morale in our workforce if, even just occasionally, we were recognised for our efforts, thanked, congratulated or even remembered.

I am proud of the work we do and without us this hospital would not function. Many of our staff go over and above what is actually required of them.

Please be aware of the high contribution which the Domestic Services and kitchen departments make to this hospital.

Thank you for being willing to receive feedback and suggesting that we can raise issues of importance with you.

Jan Betteridge,  
Domestic Services, Acting Leading Hand

## Farewell



**Rose (Rosemary) Birmingham** commenced as an Administration Officer at Lismore Community Mental Health Service on the 3 May 1993 and retired after almost 21 years of service on 27 March 2014. Rose had worked for all this time at the Community Mental Health Service and was a valued Staff member.

Rose was presented with a Certificate of Appreciation signed by NNSW LHD Board Chair, Brian Pezzutti and Chief Executive, Chris Crawford who thanked Rose for her dedication and commitment in supporting Staff over these many years.

**Kay Boyle** commenced working at The Tweed Hospital on 28 April 1986 as a Receptionist. After six months she moved to Medical Records where she undertook the Medical Records and Clinical Coding Course. For two years Kay was the sole person working in Medical Records. During her years in Medical Records Kay held various roles including Office Supervisor and the Medico Legal Clerk until becoming the fulltime Clinical Coder.

Kay left on 17 April 2014 after providing 28 years of continuous service and was presented with a Certificate of Appreciation from the NNSW LHD Board Chair and Chief Executive thanking her for dedicated service.



## Letter of Thanks

*The following letter appeared in the Grafton Daily Examiner on 29 April.*

### Hospital truly cares

I'm writing to express my sincere gratitude to the team at Maclean Hospital emergency room.

Earlier this month my family and I were staying in beautiful Yamba for a holiday but when my wife began to experience severe abdominal pain, we had to put the holiday fun on hold and make a hasty trip to Maclean Hospital.

From the moment we walked through the emergency room's doors until we were happily able to leave several hours later, we experienced nothing but professional, friendly and caring support from the staff members on duty.

From the lovely woman at the front counter who took our details on arrival, to the nurses and doctor who cared for my wife during her brief stay, we were truly humbled by the quality of care and genuine concern we received from everyone.

Unfortunately, due to the circumstances of the day, we're unable now to remember many names but if you were working in Maclean Hospital emergency room from mid-morning on Thursday April 10, thank you so much for your help and kindness.

You're a credit to your profession and the community of the lower Clarence should rest assured knowing they have an amazing team working at their local hospital.

Dominic Zietsch, Toowoomba