

Northern exposure



Health

Northern NSW
Local Health District

Newsletter, Issue 8
September 2014

Ministerial Visits

The Hon Jillian Skinner, Minister for Health and Minister for Medical Research visited the Northern NSW Local Health District (NNSW LHD) on Thursday 21 August 2014. The Minister was here for a full day of events.



Above going over Stage 3A Plans from L-R is Troy Harvey, Project Director, Health Infrastructure; Minister Skinner; Kevin Hogan, Federal Member for Page; Chris Crawford, Chief Executive and Brian Pezzutti, Chair NNSW LHD Board.

The day started with an inspection of the new Lismore Base Hospital (LBH) Stage 3A development before officially opening the Lismore Base Hospital (LBH) Women's Care Ward.

Minister Skinner said mothers and babies now have access to a modern Women's Care Unit at LBH, which has been operational since June and forms part of the current \$80.25 million Stage 3A Redevelopment of LBH. (Continued page 3)



Above Minister Skinner visited new mum Liesel Younger in the Women's Care Unit. Minister Skinner was accompanied by Kevin Hogan, Federal Member for Page and Lynne Weir, Executive Director Richmond Clarence Health Service Group.

The Hon Jai Rowell, Minister for Mental Health and Assistant Minister for Health visited the NNSW LHD for the first time on 20 August 2014. Minister Rowell commenced his day at The Tweed Hospital (TTH) Dental Clinic and Mental Health Campus. (continued page 3)



Above Minister Rowell at the Tweed Dental Clinic chats with Hobby Cheng, Dental Student and Tweed MP Geoff Provest.

Below Minister Rowell speaks with Ciaran Carolan, Nurse Unit Manager (NUM) of Tweed Valley Clinic at TTH.



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Say NO to Unsafe Work Practices



A word from the Editor, Susan Walker

On Saturday 23 August there was an horrific road accident just south of Woodburn involving two cars travelling north and a double B truck travelling south. Two people were killed and five others injured, three were children who lost a father and their mother is in a critical condition. On Thursday 28 August there was another tragic road accident at Glenugie. Accidents like this happen all too often causing grief and loss to families and friends, and our Staff, particularly the ED Staff are there waiting for them.

I was sent an e-mail from the Ambulance Chaplain who attended the LBH ED following the Woodburn accident to offer support. His e-mail highlighted the outstanding level of care and preparation the ED Staff undertake, every day to meet the victims of these accidents.

I spoke with the Ambulance Chaplain, Graeme Davis, to ask his permission to write about his experience because those of us who are not in the frontline, or do not work in a clinical area like myself, know that the Staff who work in the EDs across the LHD are amazing but to actually be there and helping these Staff and Patients is a whole different matter. I was very moved by his account of how the Staff prepared for the arrival of the patients, which I expect would take place in all EDs when a situation such as this occurs.

"It was a most horrifying couple of hours supporting Ambulance, Police, State Emergency Services (SES), Helicopter

crews and the Road Traffic Authority (RTA) who attended the Motor Vehicle Accident (MVA).

In accordance with Ambulance Standard Operating Procedures and Protocols I positioned myself at LBH ED, where at one point we had no less than six cars and 12 crew attending and transporting persons from the Woodburn MVA, as well as various local non-life threatening medical cases with two mental health cases just to keep us on the ball all tracking into LBH.

From my position (12 paces to the rear), the hospital trauma team at LBH (including X-ray) were most professional and impressive in the way they hastily assembled.

The Staff took up their positions ready to receive patients as soon as the Ambulance arrived and provided a 'hand over' - all knowing exactly who was who, who was to do what and what was about to unfold.

It is heart breaking to see and hear a two year old who is screaming out for a deceased parent, but the child was embraced by a Ambo from the Yamba crew and after a time was comforted.

Thanks be to God I have only been in that position a few times before outside a war zone, but how lucky are we that we have available such local support.

The afternoons operation was impressive to witness and all on duty need a hardy congratulations and a community THANK YOU."

Yours in service, Graeme R Davis, Chaplain.

Shannon White - Quiet Achiever

Nominated by Kate Willock, Senior Case Manager, Magistrates Early Referral into Treatment Program (MERIT), Riverlands Drug and Alcohol Centre.

It is with a fair deal of pride that I nominate Shannon White for the Quiet Achiever acknowledgement.

What epitomises Shannon's character are her core values of care and compassion, combined with her unassuming nature, nor a need to draw attention to herself.

It was recently when she casually announced that she would be running in the Gold Coast Marathon (the full Monty -42km) and her chosen charity was "Our Kids", I thought 'what a woman!'

Perhaps she had resisted telling us all about it because she thought her team had minimal knowledge about "carb loading, lactic acid deprivation" or would ask 'so where does one go to the toilet during a 42 km run?"

Shannon has completed studies in Criminology and her previous working career had been with the Drug Courts in Queensland.

MERIT was fortunate to secure her on staff some 8 years ago. The Magistrates Early Referral into Treatment Program is a Court diversion program that has a core brief of working with Local Court offenders with substance related issues.



MERIT can case manage the offender in the community or facilitate a rehabilitation in patient admission for the length of the treatment episode (3-months).

Shannon conducts herself as a worker, colleague, partner and parent with equal amounts of enthusiasm, humour and grace.

Working in the field of drug and alcohol requires compassion, patience and knowledge. Shannon's time with MERIT is best summed up by her consistency, willingness, clarity in approach, and her warmth of engagement with the clients and staff around her.

Ministers visits continued

The Women's Care Unit provides 10 beds for antenatal and postnatal women, with a patient lounge which also accommodates antenatal classes. The upgrade has established a new nurse call system and relocated the staff station to a more central location. The Clinical Midwifery Educator and Statewide Infant Screening Hearing (SWISH) service are also now located in the unit.

In addition to the Stage 3A redevelopment, the NSW Government has committed a further \$100,000 to progress the planning for Stage 3B. The LBH Redevelopment Stage 3B will prioritise the expansion of acute services zones encompassing Critical Care, Operating Theatres, Maternity, new Inpatient beds and support areas.

Minister Skinner then went to Ballina Hospital and met with Don Page, Member for Ballina for a tour of the hospital and to acknowledge the Commonwealth Government's investment of \$4.5 million to upgrade the Operating Theatre and Medical Imaging Service.



Above in the Ballina District Hospital (BDH) Operating Theatre (OT) from left: Peter Jeffree, Executive Officer/Director of Nursing BDH; Minister Skinner; Jan Ensbey, OT NUM; Don Page, Member for Ballina; Lynne Weir, Executive Director for the Richmond Clarence Health Service Group and Brian Pezzutti.

From Ballina the Minister travelled to meet with representatives of the Byron Shire Health Service Community Committee at the Ambulance Station adjacent to where the new Byron Shire Central Hospital will be built. Minister Skinner was joined by Don Page at the site of the new Byron Central Hospital to mark progress on the project, anticipated to be valued at more than \$80 million. In the 2014/15 Budget the NSW Government committed funds to finalise planning and to undertake Early Works. Ground works on the Ewingsdale site are expected to commence in the coming months.

Minister Rowell also visited the Buttery at Binna Burra and then travelled to Lismore to undertake a tour of the Lismore Mental Health Unit. He later visited the Housing and Accommodation Support Initiative Service managed by On Track Community Programs.



Above in the Lismore Child and Adolescent Mental Health Unit from left: Brian Pezzutti, Minister Rowell and Warren Shaw, Network Manager for Richmond Clarence Mental Health Services.



Pictured above from left is Andrew Chapman, Duty Operations Manager Byron Ambulance; Maureen Lane, Manager, Planning & Performance, NNSW LHD; Chris Crawford, Brian Pezzutti, Rae Cooper, Byron Community Committee (BCC); Minister Skinner; Don Page, Bernadette Loughnane, Executive Director Tweed Byron Health Service Group; Janine Slater (BCC), Tony McCabe (BCC); Kerry Ross, Project Manager from Health Infrastructure and Gavin Farrell (BCC).

Then Minister Skinner left Ewingsdale to visit The Tweed Hospital (TTH) to meet with Clinicians to discuss TTH Master Plan.



Pictured from left is: Brian Pezzutti, rear is Dan Bock, Michael Ghusn, Rob Davies, Chris Crawford, Michael Hills, Bernadette Loughnane, Minister Skinner, Geoff Provest, Member for Tweed; Fran Hofstee (rear), Roberta Rossi, Ryan Armstrong (behind), Ann Schefe, Ehtesham Abdi and Athol Webb.

Information Session on Improving Care for Older People with Dementia



Lismore Base Hospital (LBH) was one of the first in NSW to launch the new Confused Hospitalised Older Persons (CHOPs) program to improve care for older people with dementia and delirium at an Information Session held on 23 July 2014 at the University Centre for Rural Health.

The CHOPs Program is a partnership initiative of the Agency for Clinical Innovation (ACI) and the National Health Medical Research Council Cognitive Decline Partnership Centre (CDPC).

Professor Susan Kurrle, Chief Investigator and CDPC Director was the guest speaker and explained that confusion in older people can increase their risk of medical and surgical complications.

The CHOPs program equips Staff with the resources they need to improve the identification and management of patients with dementia or delirium in hospital," said Professor Kurrle.

Patients who are confused are at increased risk of falls and functional decline, long hospital stays and increased re-admissions to hospital. Early identification of dementia and delirium, allows us to treat the underlying cause and manage symptoms, so that we reduce adverse effects, minimise



The NSW Carers Strategy 2014-2019 was launched by the Minister for Ageing and Disability Services, the Hon John Ajaka at Parliament House on 7 August 2014. The Strategy is a five year plan that outlines the priorities for improving the

position of Carers in NSW. The priorities include; employment and education; Carer health and wellbeing; information and community awareness; Carer engagement; and improving the evidence base for policy and practice.

The NNSW LHD is effected by the Strategy in a number of ways:

- At any one time a proportion of our staff will be faced with the challenges of working and caring for a family member or friend at home. We must ensure that our management strategies and systems support these employees.
- Our Staff must be aware of the services in the community that are available to provide support and education to Carers and provide this information to Carers. We must also ensure that we provide Carers with the health related information that they need to successfully care for their

their duration and severity and improve the emotional support and wellbeing of patients, carers and families," Professor Kurrle said.

The CHOPs program improves patient care by:

- providing practical tools and resources to help healthcare staff tailor care to the needs of individual patients, their carers and families
- increasing skills for healthcare staff to identify confusion early, so that it can be investigated, treated and appropriately managed
- supporting healthcare staff with the information they need to design and foster safe and supportive environments for older people with confusion, their families and carers
- encouraging healthcare staff to work closely with carers and families who have valuable insight into older people's daily care and usual routine.



L-R: Sigrid Patterson, ACI Investigator; Ken Lee, Carer Coordinator Strategic Programs; Anne Moehead, Nurse Practitioner Psychogeriatrics Dementia; Annabel Southcombe, Social Worker; Anthea Temple, ACI CHOP Coordinator; Susan Kurrle, Geriatrician NHMC Cognitive Decline Partnership Centre. Front Bev Burlson Carer and Sally Newell, ACI.

care recipient in the community.

- Our staff must be able to identify if a Carer is healthy enough, both mentally and physically, to be able to provide the care that is required for the care recipient. Staff must know how to respond if they are not.
- Our staff and managers must know how to engage with Carers for the purpose of person centered care and service development

The NNSW LHD has been making some good progress relating to Carer engagement. Several Hospitals and our Multi Purpose Services have adopted the Top5 Program to facilitate collaboration between Nursing Staff and Carers of patients with cognitive impairment. Also, our Managers have been increasingly engaging with the Carer Consultant Program (CCP) to provide input into its service development activities.

The Carers Program provides the point of contact for the CCP and can provide assistance to managers on the implementation of activities under the new Strategy:

<http://int.nswlhd.health.nsw.gov.au/chief-executive/planning-and-performance/carers-program/>



Chief Executive Report

Best Winter

As Winter is replaced by Spring, it is time to say a big "thank you" to all the NNSW LHD Staff, who work harder during Winter to either provide care or support the provision of care to the higher number of Patients, who require NNSW LHD health services during the colder months of the year. Once again Winter has been very busy. This has been particularly so at TTH ED which experienced an 11.0% increase in attendances in July 2014. Most NNSW LHD EDs were busier over this Winter period.

Without doubt it is the best Winter I can recall. There was less postponed Surgery, ED Patients were treated more quickly and when Patients required admission, they were admitted faster to a Ward bed. This was not due to a milder flu season as suggested by some. The evidence shows that while less Patients caught the flu last Winter, when they did come down with it, these Patients tended to experience a more severe bout of the flu. There are two reasons for the better results. Firstly, our Services are now better organized with many processes having been refined and streamlined. Secondly, it is the hard and smart work of yourselves, as individuals and teams that has made this the best Winter for our Patients.

Two Oracles

This week we have said farewell to two senior Staff Members, who I refer to as "Oracles". Such Staff (who are very rare) have developed so much expertise in their field, that they become the "go to" person, when any more complex matter in that area comes up. It was a great privilege for me to be asked to speak at each of their farewells. Both joined their services in Lismore in the first half of the 1980's and retired around the middle of 2014. This is a big contribution in itself. But being an "Oracle" means that they rose above what would normally be expected of them as Department Heads to develop a broader level of expertise.

Firstly, I spoke at the farewell of Bronwen Myers, Manager of the Richmond Network Sexual Assault Service since 1986. Bronwen grew this service from a one person service to the size of its current team, which provides a compassionate and thorough service in this difficult area. Secondly, I spoke at the farewell of Denys Wynn, LBH Chief Radiologist since 1980. I thanked both of them for their outstanding service to the Richmond Valley Communities and for the wider advice they have provided, which has benefitted Patients throughout the NNSW LHD and its predecessor organizations. (see page 11 for more information about the major contributions made by Bronwen and Denys.)

2014/15 Budget

It is not my intention to deal with the 2014/15 Budget in detail in this Report. Suffice is to say that the LHD underperformed against its 2013/14 Budget and needs to achieve a better outcome against its 2014/15 Budget.

The improved performance needs to be against both the LHD's Revenue and Expenditure budgets. On the Revenue Front, two big areas where we can improve relate to the identification of chargeable Patients and allocating Privately Insured Patients to Single Rooms. There are still too many Patients, whose Insurer could be charged for their care, where this does not occur, because we do not 'convert' the Patient to utilise their insurance (eg Private, DVA, MAA). Similarly, even while giving priority to Patient Care needs, more Private Patients could still be admitted to Single Rooms. The revenue received from a Private Patient in a Single Room is worth almost double what is received from a Private Patient in a Shared Room. Raising Revenue is now a key part of the NNSW LHD Budget requirement.

On the Expenditure front a wide range of strategies have been developed to improve the efficiency of how the LHD utilizes the funds it receives. As well as implementing these strategies, Managers, assisted by Staff, need to focus on the whole Budget so expenditure levels are in line with the Budget allocated and blowouts do not occur. Two key strategies are reducing the utilization of Locum Medical Officers and ensuring that there is greater adherence to the Nursing Hours Per Patient Day Award requirement. Each Entity within the LHD will have strategies to pursue, some larger and some smaller. All these strategies need to be quickly and effectively put into place, which process should include consultation with effected Staff, where that is relevant.

Driving the Minister

The current Minister for Health and Medical Research recently made her ninth visit to NNSW LHD. Ministers make these visits to publicize the good work being done by the Government by making announcements and undertaking openings. They also meet with Clinicians, Staff and Community Members to keep themselves in touch with grassroots opinions.



Above meeting with Tweed Clinicians L-R: Geoff Provest, Tweed MP; Chris Crawford; Rob Davies; Brian Pezzutti, Dan Bock, Michael Ghusn and Minister Skinner.

The LHD Management also needs to take advantage of these visits to directly brief the Minister about the LHD's priorities. An opportunity is provided to me as the Chief Executive to raise the LHD priorities with the Minister, when I drive her to various engagements as she travels around the Northern Rivers.

On her recent visit, I spoke to the Minister about four important projects. These were LBH Stage 3B, the Bonalbo Multipurpose Service, TTH Master Plan and the Coraki HealthOne Service. The discussion about TTH Master Plan was reinforced at a meeting that the Minister held with a group of TTH Clinicians. They spoke to the Minister about the considerable Patient demand pressures that TTH is experiencing. Together, we explained to the Minister the importance of progressing TTH Stage Four Redevelopment in a timely fashion.

Chris Crawford

What is HealthPathways?

Health Pathways (HP) is an on-line information portal to be used at the point of care by General Practitioners (GPs) but is also available to Specialists, Nurses and Allied Health providers, about how to assess, manage and refer in a timely manner in the local context of available services. HP is underpinned by evidence based practice.

HP is a highly successful tool/product developed in New Zealand. The tool has resulted in significant improvements in the way the local Hospitals, Allied Health providers and General Practices share the care and management of Patients.

Who is creating HealthPathways?

HP is being developed by North Coast NSW Medicare Local (NCML) in collaboration with the Mid North Coast Local Health District (MNC LHD) and the NNSW LHD. Underpinning the web based local pathways is the critical process of local clinician engagement in its development. GPs, Specialists and Allied Health providers are all involved in developing or localising HP by forming Workgroups.

What is a workgroup?

GPs, Specialists and other key players work in small facilitated groups of 3-4 for 90 minute sessions to iron out the bugs in local Patient flows and access. They propose solutions to issues identified, including Pathway Development and Improvement.

Benefits

For patients: more patients getting the right treatment or specialist care with less waiting and more educational resources.

For GPs: support with information on appropriate referral and pre-referral work up. Faster access for their patients.

Educational resources: For Specialists: improved quality of referrals, more appropriate referrals and better management of long waiting times with their inherent danger.

For LHDs: more appropriate use of LHD services (inpatient, outpatient and community services). A stronger primary care sector. Breakdown of barriers. LHD-ML collaboration. A community of health service reformers.

For NCML: stronger primary care, clinician engagement in finding system solutions and opportunities, local adaptation of evidence based health care. "My patient" becomes "our patient". A community of health service reformers.

Who Can Use the HealthPathways portal?

Health Practitioners can access the HP portal by using a login and password. The portal is not designed to be used by Patients or the general community, however there will be information available on the portal that GPs and other Health Professionals can provide to their Patients.

NCML has been developing HP with the MNC LHD since October 2013 and with NNSW LHD since July 2014.

NCML and NNSW LHD are excited to be launching into the HP program together. Kerrie Keyte has been appointed as Project Officer to provide organisational support. Kerrie has previously worked for NNSW LHD at Murwillumbah Community Health. The Project Officer will support the groups of Clinicians and Service Managers who will be finding local solutions to parts of the local health system that do not interact as smoothly as we would like.

The schedule of start up activities for NNSW LHD include:

- Publicising the Executive and Board support for this exciting health system reform process.
- Promoting the process of clinician led, management supported change in a single health system.
- Promoting the partnership this represents between primary and secondary care, for better patient care.
- Consultation with Clinicians about their priorities for topics to work on.
- Gathering the names of interested Clinicians.
- Starting our first work groups, with Perioperative Care of Elective Surgery Patients set to be one of the first HPs to commence.

Dr Dan Ewald, a GP Clinical lead for the program, says he is looking forward to meeting with LHD Clinicians to talk through what can be achieved through this work.

Launch of NNSW LHD Health Promotion Website and Facebook Page



Jillian Adams, Manager, Health Promotion, Chris Crawford and Michael Moriarty, NNSW LHD Information Systems Development at the Launch.

The NNSW Health Promotion website features information to help people in the North Coast get the best out of life and reduce the risk of chronic disease. <http://nnswlhd.health.nsw.gov.au/health-promotion/>

The NNSW LHD Facebook Page will enable the Health Service to provide timely health promotion and public health announcements, inform of opportunities for the community to be involved and advice of recruitment opportunities with links back to the Website for further information.



Interview with David Hughes, Clinical Nurse Specialist-Mens Health

David has been working for the health service since July 1992. For the past ten years he has worked as the Men's Health Nurse specializing in prostate cancer. Prostate cancer has become a big health problem for men and it is fantastic to have someone in our health service who is totally dedicated to men's health. David follows up for five years with all his patients after diagnosis to ensure they are getting the right information and doing well. David is the first person within the LHD to win a Churchill Fellowship, which involved a trip to America visiting Hospitals and Centres specializing in prostate cancer management and therapies.



Where did you go to in the USA?

The Fellowship involved five weeks in New York and a week or so in Virginia near Charlottesville, and then on to Orlando in Florida for two weeks.

What did you do in these Hospitals?

The idea was that I got to work in Clinical Centres of Excellence, so the places where I worked were the Weill-Cornel Presbyterian Hospital, which was learning about radiation and radiation based medications and at the Mount Sinai Hospital - these are very big hospitals in New York City. At Mount Sinai I was examining all sorts of bladder issues, cystoscopies, continence and operations to address prostate problems.

I then went to the Memorial Sloan-Kettering Cancer Centre where I worked with expert Specialists and Nurse Practitioners around penile rehabilitation and erectile function management, continence, prostate cancer operations for disease control and a novel type of surgery that is rarely done anywhere called 'salvage prostatectomy'. This is where they remove a prostate once it has been irradiated. I also learnt more about complimentary therapies such as massage, guided exercise and acupuncture.

For Advanced Prostate Cancer management observation I went to Virginia to work with Charles Myers, an expert Medical Oncologist and Researcher, an amazingly intelligent and intuitive person. He has a team of Nurse Practitioners and support workers investigating medical management of localized and advanced disease.

I then went on to work at Celebration Hospital in Orlando, Florida where there is a surgeon who only does robotic surgeries. He has performed around 10,000 robotic prostate surgeries, so I learnt how he and his team select patients and manage them for their pre and post-operative care.

The study experience ended at the American Urological Association Annual Conference on Prostate. Here thousands of Medical experts gather to highlight and discuss relevant research and management issues that are contemporary and cutting edge.

So you gained an enormous amount of knowledge?

An amazing amount of knowledge! I've written a report on my study journal, which is about 25,000 words, including executive summaries that will be published by the Churchill Fellowship Trust.

How did you get into Men's Health?

I was 'Bush Nursing' at Nimbin for about eight years and then applied for and got a position in Lismore as Nurse Unit Manager (NUM), which was closer to home. Then a NUM position became available in Bangalow for Byron Shire Nursing and I gained that role. But after about five years I wanted to get back into clinical nursing and when a position became available on the team, I stepped down from management and got back into the clinical

side and became part of the community nursing team, which is what I enjoy doing. At the time there was Women's Health, Generalist and Early Childhood Nursing but what was really missing was a Men's Health Nurse.

Men's Health would have been a unique role?

At the time I was the only Men's Health Nurse in Australia that was categorized as a Men's Health Nurse Specialist. A few years later I applied for CNS status, followed by Nurse Specialist Grade 2 status, which meant the position had to be a Men's Health position rather than reverting to something else.

There is no other Prostate Cancer Nursing in this area - I am still the only Prostate Cancer Nurse Specialist. There is now one in Port Macquarie who does cancer coordination but

to actually be a Prostate Cancer Specialist, there are none. My message is

"Start at 40 if you have a history of Prostate or Breast Cancer in the family, otherwise at age 50, have your prostate tested and if your PSA rises 30% in any one year, then you need to have it repeated to check the level is correct, and you need to see a Urologist. Always keep a record of your results as you should be in control of that information."

So now you have a three year contract with Movember – what does this mean?

Yes, the contracts were only signed a couple of weeks ago and I have to thank Vicki Rose for her incredible support throughout this process as it wouldn't have happened without her. It is very unusual to be seconded outside the NSW Health System and still remain an employee. I also want to thank Chris Crawford for his support.

About two years ago the Prostate Cancer Foundation got some funding through Movember to employ 13 Prostate Care Nurse Specialists throughout the country. Unfortunately, the nearest to us is in Tamworth. As many know, Movember are a fundraising group who get men to grow moustaches to raise money and raise awareness about prostate cancer.

Movember has now gone global and is making many millions of dollars around the world. Funding has always been split 50% to Prostate Cancer and 50% for men with depression.

Some years ago I and a number of others, spoke to Movember about undertaking some rural projects themselves, they have now decided to pursue that suggestion.

So what does your role involve?

The idea behind it is that any bloke, who receives a diagnosis of prostate cancer and his partner, no matter where they live, can get a Care Coordinator to guide them through the issues around prostate cancer and direct them to websites and to local people relating to the side effect issues, decision making, mental health etc, and help men to get fitter and ready for surgery and post-surgery as well as radiation.

We know the fitter they are before surgery the better the recovery process is. It is very important to speak to men as soon as possible to develop a care plan for them, which is accessible by the Patient, the GP, Care Coordinator, Specialist and Exercise Physician and if required, a Physiologist. This means everyone has access to what is happening with the Patient. The care plan is an online data base called the Chronic Disease Management Network (CDMNet), which becomes an adjunct data base that is owned by the Patient and those involved with his care.

Casino and District Memorial Hospital has been working hard to assimilate the Essentials of Care (EoC) Program under the umbrella of the wider hospital governance structure and operational framework over the past 18-months.

The things we have found which are the key to this alignment between our core business functions and performance measures have been:

- Senior management team sponsorship, leadership and engagement
- Stakeholder planning day
- A mapping exercise demonstrating the linkages between the EoC Domains with the NNSW LHD Service Agreement NSQHS Standards; NNSW LHD Clinical Governance Framework and the OHS&IM Profile
- Structurally EoC is a formal sub-group of the overarching Casino and District Memorial Hospital Governance Committee
- There is a dedicated EoC meeting to govern the Ward EoC activities
- The introduction of Key Performance Indicators and standardisation of our management action plans to balance qualitative and quantitative outcomes



L-R Kerry Rippon and Colleen Wallwork - an example of how Handover was once undertaken in the Staff Room

The Ageing Tsunami: Fact or Fiction?

NNSW LHD has one of the highest growing and ageing populations in the nation and many of these people need care and assistance in their everyday living. To meet this need, the NNSW LHD Aged Care Network held its annual Professional Day for Staff in August, to keep up-to-date in delivering the best care and management to the older members of our community.

Anne Moehead, Nurse Practitioner Psychogeriatrics and Dementia said the focus of the symposium this year was on the 'Ageing Tsunami: Fact or Fiction' and was very successful with over 150 staff members attending.

Presentations included current national and international information on population longevity, recent trends and cause of death in the older Australian population and how to age



Handover is now at the bedside L-R: Janet Harding (foreground) Erin Brown, (rear), Anne Lamond, John Thomas, Shanette Lowe, Fay Hartley and Shirley Roach, EOC Facilitator.

- Summarising the NNSW LHD audit program outcomes utilising traffic light highlighting and crude benchmarking to compare our performance against peer LHD facilities.

Our more prominent patient-centred clinical performance outcomes achieved to date have included:

- Ward reconfigurations, infrastructure enhancements, as well as periodic cleaning and maintenance over 2013-14 Christmas-New Year period
- The full introduction of bed-side handover which now includes the oncoming clinical team members and the Hospital In-Charge and
- Interdisciplinary bedside discharge planning led by the NUM.

The EoC framework is underpinned by the principles of emancipatory practice and focuses on the 'essential' components of person-centred care and clinician participation at grass roots level.

The Casino team believes this program and methodology is value-adding to how they do business and supports their quest of moving forward in an environment and manner that continues to identify opportunities for improvement, recognises good care and develops sustainable evidence-based practice.



within a wellness model. This year the Clinical leaders and researchers were:

Dr Heather Booth, Associate Professor Australian National University whose topic was 'Surfing the age wave'.

Dr Leonie Tickle, Associate Professor Macquarie University

Dr Gary Egger, Health and Human Sciences Southern Cross University.

Dr Fairfull-Smith Geriatrician lead a hypothetical discussion, and Dr Brian Pezzuti, Chair NNSW LHD Board opened the Conference.

Latest Board News

Focus on Aboriginal Health

Integrated NNSW Aboriginal and Torres Strait Islander Health and Wellbeing Strategic Plan – First Meeting Held

The Board has endorsed the development of a Regional Integrated Northern NSW Aboriginal and Torres Strait Islander Health and Wellbeing Plan and established a Steering Committee to provide strategic guidance and input into the plan.

The Steering Committee is co-chaired by two Bundjalung women, Ms Deborah Monaghan who is also a NNSW LHD Board Member and a Theatre Nurse at Grafton Base Hospital and Ms Jenny Smith, NNSW LHD Manager of Aboriginal Health.



At the first meeting of Regional Aboriginal Health and Wellbeing Steering Committee with Board Members Hazel Bridgett and Deborah Monaghan centre.

In what is a new approach, the Plan will be developed via a Regional Planning process with inclusion of key stakeholders from Family and Community Services, NSW Housing, Education and Police contributing integrated strategies to address social determinant and environmental factors that directly impact on the health status of the Aboriginal and Torres Strait Islander (A&TSI) Communities.

The Regional NNSW LHD A&TSI Health and Wellbeing Strategic Plan will link to existing strategies developed by Family and Community Services, NSW Housing, Education and Police for A&TSI peoples within the NNSW LHD catchment. Additional cross agency strategies will be developed during the planning process.

The Regional NNSW LHD A&TSI Health and Wellbeing Strategic Plan will include a detailed Aboriginal Workforce Planning section to set the strategic direction for NNSW LHD.

The draft Integrated NNSW LHD A&TSI Health and Wellbeing Plan 2014-2019 is expected to be completed by September 2014 ready for wide distribution, which will allow sufficient time for feedback and further consultation to occur as required.

The final draft is expected to be submitted to the Steering Committee in October 2014 for presentation to the NNSW LHD Executive and Board in November 2014.

Board Advisory Committees

The Board greatly values the input it receives from its key advisory Committees. The main advisory Committees to the Board are the Community Engagement Advisory Council (CEAC), the LHD Clinical Council, Ngayundi Aboriginal Health Council and the Mental Health Forum.

Board Members are nominated to attend these Committee Meetings and report back on the discussions held to the next Board Meeting.

Set out below are some of the topics recently discussed by two of the Board's advisory bodies.

At the most recent CEAC Meeting held on 28 July 2014 the following was discussed:

- The very good feedback received by NNSW LHD Hospitals in the recently released Patient Survey results
- One of the Primary HealthCare Networks that replace the existing Medicare Locals should be located on the North Coast
- The importance of integrating health services, so they are better linked up with fewer patients falling into gaps between services
- The key role played by the Carer Consultant Program.

The CEAC also received an update from the NNSW LHD Chief Executive on important recent developments that have taken place within the NNSW LHD.

Arising from its discussions the CEAC wrote to the Member for Page, Mr Kevin Hogan requesting that he advocate within the Commonwealth Government for a Primary Healthcare Network to be located on the North Coast.



**Ngayundi
Aboriginal Health Council**

Ngayundi hosts four Community Meetings a year and a well-attended Ngayundi Aboriginal Health Council Community meeting was held at Nungera Co-operative in Maclean on 6 August 2014.

This Ngayundi Community Meeting discussed the following topics:

- At risk pregnancies
- Work Development Orders
- Integrated Healthcare Services
- The development of the Regional Aboriginal Health and Wellbeing Plan.

The Board will be briefed about the discussions held at the CEAC and Ngayundi Meetings at its upcoming Board Meeting.



L-R: Volunteers Art Beavis, Dena Moore, Teena Binge with Jenny Dowell, Lismore Mayor; Jacob Harkin (Volunteer); Stephanie Pages, Intern and Rowena Terone, Cancer Council

Friday 22 August 2014 marked Cancer Council's Daffodil Day – a national day of hope for Australians and the Northern NSW Community to show they care about beating cancer.

Every day, around 300 Australians are diagnosed with cancer. But every day there is more reason for hope than ever before. Cancer research is discovering new and better treatments, cancer prevention campaigns are working and support for those affected by cancer is improving all the time.

The Lismore Cancer Care and Haematology Unit located in the North Coast Cancer Institute hosted a Cancer Council NSW Daffodil Day where Staff and visitors were presented with free daffodils, with the aim of spreading hope for a cancer free future. People could also make a donation by purchasing a lapel pin or other items on display. All funds raised went towards helping to support local cancer patients, their carers and families.

Research Studies in NNSW LHD

All human research, involving the Patients/ Clients and Staff of NNSW LHD, must not commence until the following is received:

- Approval from a NSW Health Human Research Ethics Committee (HREC), and
- NNSW LHD Research Governance authorisation



If you are approached or receive an invitation to participate in a research study - please contact your manager, in the first instance, to ensure that the above processes have been completed or alternatively you can contact the NNSW LHD Research Ethics and Governance Office on: 0266 720 269.

Further information about Research Ethics and Governance in NNSW LHD is available from the links below and an information session is also scheduled to be held in November 2014.

Intranet:

<http://int.nnswlhd.health.nsw.gov.au/clinical-governance/human-research-ethics-and-governance/>

Internet:

<http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/human-research-ethics-and-governance/>

Palliative Care Donations



Joanne Cooper, Palliative Care CNC with Richmond Specialist Palliative Care Services said the Palliative Care Service had received two generous donations recently. The Blue and White Auxiliary donated multiple pieces of equipment valued at around \$15,000 in the last 12 months. Jo is pictured above at their AGM beside the women who is sitting in a wheelchair that was donated by the Blue and White Auxiliary.



At this year's Motor Trades Bowling Day 120 people attended and raised \$5,000, which they donated to Community Palliative Care. Over the past three years the Motor Trades Bowling Day has raised \$15,000 that has gone towards helping to supply Patients and Family members with vital pieces of equipment.



NATIONAL CHILD PROTECTION WEEK
7TH-13TH SEPT 2014
NAPCAN.ORG.AU

Be someone who listens to children

National Child Protection Week aims to increase awareness and understanding of the importance of primary prevention to reduce child abuse and neglect in Australia. This year's theme is "Be someone who listens to children". We ask you to consider how you as a Health employee listen to children, whatever your role may be.

The dates for Child Protection Week this year are September 7-13. Keep your eyes and ears open in the coming weeks for events at your health facility that you can participate in to promote Child Protection & Wellbeing. There are morning teas planned with promotional resources. Staff will be available to answer questions and provide information on how you can play your part in protecting and promoting the safety, welfare and wellbeing of children and young people.

For further information, please contact Janet Cormick – Out of Home Care Coordinator/ Area Child Protection Team on 6651 6016, and remember to be someone who listens to children.

Acknowledging the contribution of

Bronwen Myers commenced as a Social Worker with Lismore Community Health and LBH on 1 January 1985. In 1986 when the Rural Sexual Assault Services Program was implemented across NSW, Bronwen was appointed Coordinator and Manager of the Lismore Sexual Assault Service.

Under Bronwen's management the Sexual Assault Service expanded to support the growing demand for services, including the appointment of an Aboriginal Sexual Assault Worker and Medical Coordinator. Bronwen retired on 2 September 2014 after almost four decades of passionate commitment to improving services for victims of sexual assault.

Prior to moving to the North Coast Bronwen was involved in the establishment of sexual assault services in Sydney. This work was a result of pressure from the Women's Movement, which resulted in a Government Report in 1978 that documented issues in Police and Health services about their response to victims of sexual assault who presented to Emergency Departments.

Bronwen's expertise in the field of Sexual Assault was not only recognised locally but also externally which assisted her gaining a Federal Government Best Practice Grant in 1995 to travel to the United States and Israel to research models in integrated medical, forensic and counselling services to adult and child victims of sexual assault.

A farewell was held for Bronwen, which was well attended by her colleagues. Chris Crawford presented Bronwen with a Certificate of Appreciation and spoke of her exceptional contribution and compassion before inviting others in attendance to also speak.

We heard from many Staff who attested to her commitment and resolve to improve sexual assault services for victims. Her knowledge, calm approach and support will be missed.



L-R: Annette Symes, Bronwen Myers, Gráinne O'Brien (former colleague) and Chris Crawford at her Farewell.



Standing: Angie McColl, Coordinator, Tweed Heads Sexual Assault Service (SAS) with Richmond SAS team Sharon Brodie, Acting Coordinator; Kerry Andersen, Receptionist, Bronwen Myers and Natasha Kolas, Counsellor. Front: Jane McGowen, Counsellor; Sharon Somerville, Senior Counsellor; Louise Poles, JIRT Health Clinician/SAS Counsellor) and Linda De'Milford, Counsellor.

Denys Wynn was appointed as Chief Radiographer of the LBH and Ballina Hospital Medical Imaging Departments on the 5 August, 1980 and retired on the 20 July 2014 after 34 years of service.

Denys came from Townsville with a plan to stay for three years. On arriving he was one of three LBH Radiographers now there are 16 Radiographers in the LBH Medical Imaging Department. In those days around 6,000 exams (x-rays) were taken per year and now the LBH Medical Imaging Department does around 3,500 per month.

During his time Denys has seen many changes in the provision of medical imaging such as the introduction of computerised Radiology Information, which was later updated to Picture Archiving and Communication followed by Firstnet and Surginet.

The Department also undertakes procedural work and was instrumental in the adoption of the CCC check (Correct patient/Correct procedure/Correct side). His guidance through these changes and his representation on numerous Committees including the Ministerial Advisory Committee for Rural Health has been invaluable. He also successfully coordinated the



introduction of an MRI and PET Scanner, two advanced Medical Imaging Machines to the Department.

Above: Many of Denys Wynn's colleagues and friends attended an official farewell function at La Baraca at which Chris Crawford presented Denys with a Certificate of Appreciation and thanked him for his outstanding contribution over these many years.

Farewell

Peter Smith commenced working in the Department of Health North Coast Regional Office in Lismore on 30 October 1989. He retired on 28 July 2014 after almost 25 years of Service with the NSW LHD and its predecessor organisations. Prior to that Peter worked for the NSW Health System in Sydney. Other positions held by Peter included Business Manager for Population Health & Planning and most recently Business Manager in the NSW LHD Chief Executive Unit. A Morning Tea was held for Peter and a large number of his colleagues came to say farewell. Peter will now have more time to enjoy his passion for skiing.



Peter Smith

A surprise Farewell Afternoon Tea was held for **Norma Matterson** on Friday 29 August 2014 to acknowledge her long service to LBH. Norma commenced in the Customer Service area of the LBH on 5 July 1964 as a permanent part-time Switch-board Operator. On 13 March 1971 she commenced fulltime until retiring on 3 September 1995. Norma was asked to return to LBH when they were short of Staff on 11 January 1996 where she remained until retiring on 29 August 2014 after 50 years of service and at the grand age of 85 years!



Norma Matterson is pictured above with a Certificate of Appreciation and flowers that were presented to her by Lynne Weir, Executive Director of the Richmond Clarence Health Service Group.

Norma entertained all who attended with stories of the past and her unique ways of tracking down the Doctors when they were needed. Norma was truly surprised and thanked everyone for making her last day a very happy one. Lynne Weir said the Switchboard is the first point of call when contacting the Hospital and her dedication over the years is greatly appreciated. Norma is one of a kind and will be missed by the Nursing Staff, the Doctors and Management for her knowledge in all things relating to frontline Customer Service.

Farewell

Peter Dench commenced work as a Cook in the Kitchen at Murwillumbah District Hospital on the 29 March 1995 and worked his way up through the Department to become the Food Service Manager. He then accepted the position as Food Service Manager at TTH on 11 August 2008 where he has worked until leaving on 16 May 2014 after providing almost 20 years of service. TTH held an afternoon tea for Peter where Bernadette Loughnane, Executive Director of The Tweed Byron Health Service Group presented Peter with a Certificate of Appreciation.



Welcome

Ms Janne Boot has been appointed to the position of Manager Workforce Change & Sustainability Services following a competitive merit-based selection process. Janne commenced in this role on 1 September 2014.

We welcome Janne back to NSW Health after working as a Senior Executive in the New Zealand Health System for the past two years. Previously Janne held the position of Executive Director, Workforce Development for the North Coast Area Health Service.

Also many thanks are given to Yvette Bowen for capably acting in the position of Manager, Workforce Change and Sustainability Service, while this recruitment process was taking place.



Above L-R: Yvette Bowen and Janne Boot

Letters to the Editor

The following SMS appeared in the Northern Star on Thursday 14 AugustI give a big tick to Lismore Base Hospital for the TLC given to me whilst a patient.

Mrs Dack, Lismore