



Lismore in Touch Screen launched during Child Protection Week



At the launch L-R: Wayne Jones, Chief of Staff; front Ollie Heathwood, YWCA; Jenny Dowell, Lismore Mayor, Louise and Lyndy from YWCA and Hamish Broome from the Northern Star.



Rosa Flaherty, Child Protection Manager, Chris Crawford, Chief Executive, Anna Bligh and Wayne Jones

Child Protection Week provides an opportunity to raise awareness and to think about how we can contribute to keeping children safe in our community.

The YWCA facilitates the Lismore Communities for Children program, a Federally funded project that aims to strengthen vulnerable families, help children to grow up safe, healthy and happy, and build capacity in communities to give children the best childhoods possible.

Staff of the YWCA NSW Communities for Children consulted with the community about their needs. Surveys were sent out and revealed that parents, community workers, health workers and education staff need reliable, regularly updated information about what services are available in Lismore.

So the Lismore in Touch Screen project was developed, which is an easy to use website that provides comprehensive information about child and family services. This enables teachers, doctors, parents and community service workers to find out how to help children and their families when they need support.

What makes this website special is that it has been designed for community service workers and also works for people with low literacy levels and those who have little experience with computers and websites.

The Lismore YWCA invited Anna Bligh, NSW YWCA Chief Executive Officer, to launch the Lismore in Touch Screen Project at Lismore Base Hospital (LBH).

A wall mounted Touchscreen will be placed in LBH ED waiting room later this year and another Touch Screen will be located in the Mental Health Unit. Touchscreen Kiosks are planned to also be located at Lismore Family Law



Mim Weber, Mental Health Program Coordinator and Ollie Heathwood, Lismore & Murwillumbah Communities for Children

Court, Jallums Aboriginal Medical Service and Interrelate. It is hoped that Banks, Credit Unions, medical and dental practices will provide touch screens in their waiting rooms to enable community members to engage with the website

Funding for the 'Lismore in Touch' Project was received from the Australian Centre for Child Protection, so launching the website in Child Protection Week was appropriate.

Northern NSW Local Health District (NNSW LHD) Mental Health staff were the first partners when this project was mooted and they were soon joined by The Family Referral Service, which provides assistance in keeping the information current and checking its accuracy.

For those people who would prefer to speak to someone for referrals and advice, the Family Referral Service phone number is 1300 338 774.

Say NO to Unsafe Work Practices

A word from the Editor, Susan Walker



This past month has highlighted Child Protection Week. As well, this year celebrates 100 years of Child and Family Health Services and we recognise those Staff across the Local Health District (LHD) who work in Child and Family Health.

NSW Kids and Families Chief Executive, Joanna Holt announced the launch of a new website that brings together policies, guidelines, frameworks and other evidence-based information that will be useful for clinicians involved in the healthcare of mothers, babies, children and young people. The website is now live and can be accessed at

www.kidsfamilies.health.nsw.gov.au

I really enjoyed the opportunity to interview Rosa Flaherty, Child Protection Manager (on page 7), who I have wanted to speak to for sometime and learn about Child Protection. Rosa is an amazing women and manages to fit a great deal into her day, rising early to check on her cattle and horses. For the past four years Rosa and her daughter have been going to the North West of Cambodia. Their last trip was in July and they went to Phnom Pehn, where they helped a group of young women and men in a leadership skills program. Rosa and her daughter held a workshop and put together a power point presentation to help them develop a Leadership Development Plan.

They work with the Child Rights Foundation in Cambodia that is funded by a number of organizations to implement the UN Convention on the Rights of Children into schools in Cambodia. Rosa helps them write their policies and seeds ideas about how they can improve their child protection systems in schools. The last one she wrote was for 126 Primary Schools. In addition to all this, Rosa is also working on a PhD which she is very excited about. Below is Rosa and her daughter (front right) at the leadership skills program.



Also in this issue:

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Improving Communication - Speech Pathology

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Quit for Life; Recovery Program Benefits; Stroke Awareness

Quiet Achiever - Ann Geraghty

Maryanne Sewell, Clinical Nurse Consultant Rural Trauma wanted to acknowledge Ann Geraghty from The Tweed Hospital Emergency Department (ED), who has been awarded the Inaugural Marianne Gaul AM Award of Excellence, which was presented by Marianne Gaul at the Rural Critical Care Conference held at Tweed recently.

"The Marianne Gaul AM Excellence in NSW Rural Emergency/Critical Care Award is a unique opportunity to identify exceptional nursing and midwifery professionals, who demonstrate clinical excellence, education and innovation in emergency/critical care nursing and, who through their leadership initiatives and practice, improve the quality and safety of patient care."

Ann was nominated by her peers within the ED. Staff of the ED presented their own Award to Ann in an emotional ceremony prior to the conference, in recognition of what she meant to them.

In nominating her, they wished to recognise the high level of knowledge, skills and experience that Ann not only possesses but has utilised almost every day.

While exceedingly capable in any clinical situation (backed by more than two decades of experience in both ED and ICU with post graduate qualifications to match), Ann's most admired strength is her ability to deal with the unexpected and rapidly changing needs and circumstances of patients and their families. Ann performs this in a way that is nothing less than inspiring and motivating to her colleagues.



Above: Ann Geraghty receiving her Award, which had been presented to her earlier in the day by Marianne Gaul, however no photo was taken of this presentation. Audas Grant, Emergency Clinical Nurse Consultant for Greater Southern, who is part of the Critical Care Conference Committee and presented the Award to Ann again.

New Multi Purpose Service for Bonalbo

There was a lot of excitement on Wednesday 24 September when Lismore MP, Thomas George arrived at LBH to make a special announcement that a new Multi Purpose Service (MPS) will be built at Bonalbo to care for the local community.

Mr George said construction on the new Bonalbo MPS project, estimated to be worth more than \$15 million, will begin mid-next year. The project is funded out of the NSW Government MPS stage five program.

"This is fantastic news for the local community which represents an enhancement of local health services," Mr George said.

It certainly was fantastic news for the Bonalbo community. John Tart and other members from the Save Our Hospitals Upper Clarence Committee had come to Lismore from Bonalbo to hear the announcement and were clearly overjoyed and couldn't stop smiling.

Mr Tart said since Dr Tierney retired in December 2011, the Bonalbo community had really suffered with local businesses closing down. However, since the LHD was able to recruit a permanent Doctor, the mood in town had improved with Dr Sunil now in permanent residence.

The LHD had struggled since Dr Tierney retired to attract a doctor to the Bonalbo community. The LHD had employed Locums until in October 2013 they were able to recruit Dr Kate Ealing, who agreed to stay on until a permanent Doctor could be employed, which took nine months.



Above members of the Bonalbo Community with Thomas George fourth left, beside him is John Tart, Wayne Jones; Lynn Weir and Brian Pezzutti

An MPS can provide emergency care, inpatient beds, palliative care, respite care, residential aged care for those with low level dementia, provision for visiting Specialists and a range of primary, community and ambulatory care services appropriate for our community.

A lead design team has been appointed by Health Infrastructure to begin the process of planning and building this new facility. The team comprises Mace Australia Pty Ltd, Project Managers, Thomson Adsett, Architects and Altus Group Cost Management Pty Ltd, Cost Managers.

Lismore Base Hospital Stage 3A Update



Above are some progress photos of the huge crane that was used to erect the Tower which will support the LBH Stage 3A redevelopment structure. The Stage 3A will accommodate the new ED, Emergency Medical Unit, Renal Ward, Mortuary, new Ambulance drop off, future expansion space for next phase of the redevelopment plus refurbished spaces for an expanded community health unit.

In conjunction with the redevelopment, a "Name the Crane" competition is running in local schools and Thomas George, Lismore MP will announce the winner of the competition 28 October 2014.

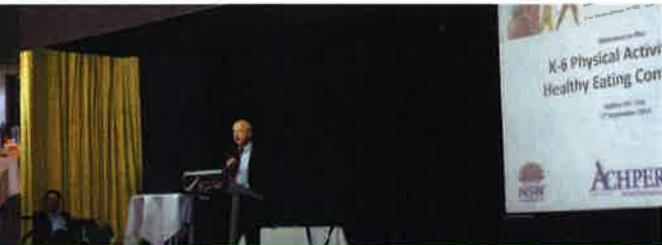
Photos show how the Tower was put together. Second photo shows a Rex Plane coming in to land at Lismore Airport. Thanks to Jane Milz for providing these photos.

Physical Activity and Healthy Eating Conference

NSW LHD Health Promotion hosted Live Life Well - a professional learning day for primary teachers about physical activity and healthy eating in early September.



This Conference and Live Life Well @ School was an opportunity to cover some of the contemporary teaching methods to improve children's knowledge and choices regarding physical activity and healthy eating.



Some 65 primary schools from the region attended from as far away as Kempsey, to enhance their skills in delivering quality physical activity and nutrition education, and as an opportunity to share ideas with colleagues.

Anna Huddy, Program Coordinator in Health Promotion said the Conference is a collaboration between the NSW Department of Education and Communities and the Australian Council for Health, Physical Education and Recreation - a national professional association representing people, who work in the areas of Health Education, Physical Education, Recreation, Sport Dance and Community Fitness or Movement.

"It has been a pleasure and a privilege for the Health Promotion Unit to partner with local primary schools on a number of ambitious and successful programmes over the years," Ms Huddy said.

The schools who worked with us on "Tooty Fruity Vege" 15 years ago were outstandingly successful in increasing the fruit and vegetable consumption of their students by 20%: a result that drew world-wide enquiry. This whole of school approach has been shown to be effective for a whole range of behaviours because it was consistent with classroom teaching and school policies and encouraged community links.

Now we have Live Life Well @ School, a partnership between NSW Health, Department of Education and Communities, Catholic Education and Independent Schools, developed to stem the tide of children's poor eating and low physical activity. It is a tremendous achievement that three quarters of all primary schools in NNSW are undertaking Live Life Well @ School.

Wayne Jones, Chief of Staff, Chief Executive Unit delivering the opening address at the Conference.



Local Teachers learn new skills to promote health at School.



Local Teachers get advice on Go4Fun.

Cycle for Life

NNSW LHD Organ and Tissue Donation Cycle for Life organizer, Mary Campbell, Clinical Nurse Specialist said the Day was awesome! There were 45 road cyclists, 40 family cyclists and 10 walkers, all joining together to help raise awareness within the community about organ donation and the importance of having a chat about their organ donation wishes.



Dr Mike Lindley Jones was among the cyclists while Marion Walsham - a local double lung recipient, Kristen Walsham and Mayor Barry Longland, came along to support the cycle and to deliver important messages about organ donation. Kristen Walsham's family have been directly affected by organ donation. Her mother received a lung transplant. However her uncle, who also needed a lung transplant, died before this was possible. Nonetheless, her uncle wanted to help others and became a tissue donor that saved the sight of two people.

Chief Executive Report

Social Media

With the launch of its Facebook Site, NNSW LHD is making its first use of the Social Media to communicate with its stakeholders. This will give us the opportunity to communicate with and receive input from Northern Rivers residents, who are not easily reached through traditional communication channels. In particular, Facebook will be utilised to provide information about our services, to promote healthy choices in our lifestyles and to more widely advise potential applicants about recruitment opportunities. Managers and Staff are encouraged to consider how they can utilise our Facebook Site in a positive manner that will benefit our Patients, their Support Persons and our Staff. The best way to access our Facebook Site is to go to the link below:

<https://www.facebook.com/northernnswlocalhealthdistrict>

Once our Facebook Site has been settled in and is operating in a routine manner, then the NNSW LHD Executive will consider making use of other forms of Social Media to further broaden its available communications channels. The next most likely Social Media for NNSW LHD to utilise would be Twitter and U-Tube. These would well complement our use of Facebook. It is likely that consideration will be given to introducing these forms of Social Media around the middle of next year, after our Facebook Site is fully bedded down.

Vulnerable Families

It was very pleasing to be able to welcome the former Premier of Queensland, Anna Bligh, to LBH to launch a touch screen information portal, during Child Protection Week. It is great to see that a former Premier has taken on such a socially important role in her post political career, as Chief Executive of the YWCA. The YWCA is an organisation, which is dedicated to supporting vulnerable youth

and families and women who have undergone treatment for breast cancer. It was interesting to be invited with other LBH and NNSW LHD representatives to attend the YWCA Lismore Headquarters to hear Anna Bligh give a speech outlining her aspirations for the YWCA and inviting NNSW LHD to partner with it. We certainly intend to do that.

I would like to acknowledge Rosa Flaherty, NNSW & MNC LHD Child Protection Manager for organising this launch and for the tremendous work that she does in this most difficult area. To get a better idea of the challenges she faces, please read the interview that NE Editor, Susan Walker has undertaken with her, which can be found on page seven of this edition.

E-Health Initiatives

The next 12 to 18 months will be the busiest for some time in the pursuit of E-Health initiatives. Now that NNSW LHD has control of its own E-Health Services, it is determined to make advances on the E-Health front. This will include both strengthening the existing E-Health Systems, as well as introducing new Systems. There are three initiatives that are being pursued by NNSW LHD to strengthen the existing E-Health Systems. These are to replace old servers with new servers, expand the availability of Wi-Fi within the three largest

Hospitals and to expand bandwidth, as part of the Rural-wide H-Wan initiative. Already work on these initiatives is underway. There are a number of important Statewide Systems that will be rolled out over the next twelve months. The first of these will be Health Roster, which will replace ProAct. Activity to prepare for this rollout is already taking place. The actual rollout will commence around March 2015 and will take about six months to complete. Also being progressed in a preliminary way is the rollout of the Community Health and Outpatients Care System. The actual rollout of this system will occur in 2015. To strengthen Antimicrobial Stewardship, the Easy System will be rolled out in the first half of next year. Also in the first half of 2015 the HealtheNet System will be rolled out within NNSW LHD. This System will provide access to summary information regarding patient care at hospitals across NNSW LHD.

Integrated Care Submission

On 2 October 2014, the NNSW LHD lodged its Integrated Care Submission with the Ministry of Health seeking to obtain funding from the Integrated Care Innovation Fund to improve the integration of health services within the Northern Rivers, particularly within the primary health care area. This submission covered not just NNSW LHD health services but all health services. The objective is to reduce the pressure on Hospital services by increasing the availability of primary health care services and by improving the way in which the different services are linked up.



L-R: Jenny Dowell, Kevin Hogan, Anna Bligh, Chris Crawford and Vanessa Restall, Manager, Greater Credit Union in Lismore.

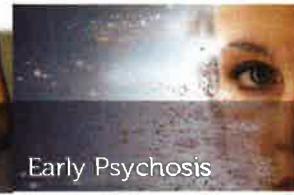
I would like to acknowledge the work of our partners, the North Coast NSW Medicare Local, the local Aboriginal Medical Services and the Ambulance Service for their contributions to this submission. Further, I would like to thank the NNSW LHD Board and Executive for their input into the submission, especially Vicki Rose, Executive Director, Allied Health and Chronic and Primary Health Care Services, who co-ordinated the drafting of the submission.

Sick Leave

The NNSW LHD Sick Leave Rate is higher than the average of the other LHDs. Therefore, in 2014/15 and beyond NNSW LHD will be making a special effort to reduce the amount of Sick Leave taken. This involves the implementation of a three prong strategy. The LHD Senior and Middle Managers have been asked to more strictly follow the Sick Leave Policy and Procedure for all Staff but especially for those Staff who are undertaking considerable sick leave, in particular single days of sick leave that abut holidays of one type or another. Secondly, Managers have also been asked to demonstrate greater flexibility in their implementation of rostering, shift hours and the taking of short notice single or double days of Annual Leave, where any of these actions can reduce the need for Staff to take Sick Leave. Staff are being requested to contact their direct Managers and not third parties to advise that they are going to take Sick Leave and why. Thirdly, Managers have reported that some Staff are taking Sick Leave due to their general state of unwellness, resulting from their engaging in unhealthy lifestyles (eg smoking, excess drinking, overweightness and being unfit). Shortly, the LHD will be circulating a pamphlet setting out how it currently assists Staff to remain well and how it plans to expand such initiatives. Staff who are genuinely ill can continue to access their sick leave entitlements in the normal way.

Chris Crawford

Easier Access to Mental Health Resources



Accessing information related to mental health issues has been made much easier for Staff of the LHD as well as the general public. A team effort by Mim Weber, Jodie Kenny and Jacqui Riding created three webpages.

The Mental Health Services 'Information' page:

<http://nnschlhd.health.nsw.gov.au/about/mental-health-services/mental-health-information-websites/>

provides links to a wide range of mental health related websites and services including those specifically related to children and young people, eating disorders, medications, and mental health and physical health.

There is also a page titled 'Counselling and Helplines':

<http://nnschlhd.health.nsw.gov.au/about/mental-health-services/mental-health-information-websites/counselling-helplines/>



with telephone numbers for information and support related to a range of mental health issues, including suicidality, young people, as well as drug and alcohol issues.

A third page, 'Mental Health Resources':

<http://nnschlhd.health.nsw.gov.au/about/mental-health-services/mental-health-resources/>

provides access to the locally produced 'Information about Mental Health Services in the Northern Rivers' as well as an

extensive range of information sheets produced by other organisations. For example, the portal into 'bereavement' provides facts sheets on bereavement and suicide, bereavement related to children and young people, as well as bereavement related to a wide range of other situations.

The other topics are: Anxiety and Depression, Early Psychosis, Eating Disorders, Family and Carers, Mental Illness and Parenting, Mental Illness and Substance Abuse, Physical Health, Recovering and Getting Well, Suicide and Understanding Mental Illness.

Suggestions for improvement welcomed – please contact Mim.Weber@ncahs.health.nsw.gov.au

Training the Trainer for Domestic Violence Routine Screening

In early September two workshops were held for Domestic Violence Routine Screening (DVRS) Staff. The first workshop was to train six trainers who work in Maternity, Child and Family, Mental Health and Neonatal services in the Richmond and Tweed.

The second workshop provided a refresher for Trainers enabling them to update their knowledge and skills, and to put together a training package for their team. Each Trainer also developed a plan for the implementation of DVRS training for their respective service with the aim of ensuring that up to 100% of Staff, who are mandated to carry out screening, are trained to do so.

These workshops are offered due to a collaboration between the NSW Education Centre Against Violence and the NNSW LHD Women's and Child Health Program Coordinator. This training is part of a systematic plan to ensure that the LHD is well equipped to provide routine screening to all women attending Antenatal, Drug and Alcohol, Mental Health, and Child and Family Health services.

The Australian Bureau of Statistics conducted a Personal Safety Survey in 2012, which found that nearly half of all Australian women had experienced some form of gender



L-R: Lee O'Shea, Sally Coulter, Natasha Mann, Andrew Callander, Centre front: Ellie Saberi, Sandra Walters and Shannon Morris.

based violence since the age of 15.

Sadly, a large proportion of domestic violence situations occur in the presence of children and approximately one third of these children actually witness the violence.

The Women's and Child Health Program Coordinator has been working with managers of mandated DVRS services to ensure that systems are put into place to provide all

relevant staff with the required training. Part of this process has been to establish a pool of Trainers from across the LHD to provide the training to their respective teams.

Currently there are 31 Trainers across the LHD. This team has been built over the last two years and each year there are three new 'Train the Trainer' workshops and one refresher workshop held across the LHD to ensure this pool of Trainers is strengthened and sustained on an ongoing basis.

If you are interested in becoming a Trainer or would like any further information please contact Ellie Saberi, Child Health Program Coordinator by e-mail at ellie.saberi@ncahs.health.nsw.gov.au or call 0422 890 380.

Rosa Flaherty, Child Protection Manager MNC & NNSW LHDs

After interviewing Rosa I learnt her expertise and knowledge is in great demand. As well as working in Child Protection, she also works with Workforce to cover investigations when there are allegations of abuse against employees. Rosa's role is a strategic one and this provides her with the opportunity to see where the emerging challenges are and is one of the reasons she is doing a PhD.

What made you choose to work in Child Protection?

I started in 1998 as a Psychologist working in Mental Health, which was my first job in the health service. I did clinical work for some years and then moved into team leader positions and backfilling Site management. Then I went to work for an NGO as the Client Services Manager for a year and upon returning, a Child Protection Counselling position was available. I had always worked in Child and Family Services and in Mental Health. I had also completed a bonding and attachment research project, as research is one of my interests. My work has been directed towards that early experience of children and their parents. I've also researched a parenting program that dealt with at risk children. This involved working with both parents and foster parents who were caring for children who had experienced trauma, which was published as an article entitled '123 Magic'.

How did you become the Manager?

When this position became available in the former North Coast Area Health Service, I applied and worked temporarily in the position until I was substantively appointed in 2008 as the Child Protection Manager. Since then, we've had the Special Commission of Inquiry by James Wood that triggered the Government's 5 Year Reform, Keep them Safe. As a result, we had an injection of funding with our Out of Home Care Health Assessment Project and Child Wellbeing Program supported, which have continued to grow and change since that time. For example, in the Mid North Coast (Coffs to Port) over one financial year, 2,913 children were reported as being at risk of significant harm. This problem isn't getting any less and there is a huge problem with domestic violence.

You said you are responsible for a team?

Yes, I have three Staff who work with me across both LHDs and I am the Manager for Janet Cormick, the Out of Home Care Coordinator based in Coffs, Anne Norman, Child Wellbeing Coordinator and Gail Baucke, Child Protection Information Exchange, which is a critical role and pivotal to the exchange of Child Protection information.

How does the Information Exchange work?

We process thousands of pieces of information each year for Community Services, who ask us for information about a child, family or adult and send us a list of questions to be answered. The Child Protection Information Exchange position processes all that information. It is a critical role, as I found out after backfilling the position, due to unforeseen circumstances. It requires processing responses to questions such as 'we know this person has been admitted to Hospital 'A' and we are doing a current risk assessment – we feel they are a person of interest in this case against this child, we need to know physically where he/she is right now, has he/she been discharged from hospital?'

Sometimes it can be that much of a crisis about protecting a child right here and right now and so not waiting until the next appointment. That daily grind of working with Police and Community Services Staff is very important.



What else does the role require of you?

I also complete the child death processing. Now not all of those are related to physical abuse and neglect of children dying as a result of murder or head injury. There are only a small percentage of those instances related to abuse and neglect but they are the situations where the Ombudsman will ask the Chief Executive for a copy of the Medical Record for a particular time period in relation to the child. I will go through the review process from a systems perspective to see if we have done all we could do to protect the child.

Does that happen very often?

No, not that often but we do get a number of child deaths happening across the LHD but in relation to child protection, there are probably about 5% or less of these that appear suspicious and are investigated as a non-accidental death. But when it does happen, it is confronting for the Staff involved and very traumatic.

Are there other Agencies you work with?

Yes, the other big part of my role is working with the interagency partners. This involves sorting out problems, particularly in our EDs when Health Workers have reported a child a number of times and they feel Community Services isn't listening to them. They become stressed and worried about the child. There is evidence, particularly with babies when the baby is reported with a serious injury that we need to act quickly. I try and engage our Statutory Partner, which is Community Services to investigate the Family. The Joint Investigation Response Team of Health, Community Services and Police Staff do a lot of the forensic work. I also sit on a number of Child Protection Committees with interagency partners and I'm on the Child Protection Watch team.

Can you explain your Workforce role?

My role relates to clinical consultation on the risk that an employee may pose to staff and patients, and where children are involved, then the NSW Health and Employee Relations Branch becomes involved. There are not a high number of these situations but if we do get a complaint about an employee, my role is about clinical consultation on risk assessment regarding the employee's threat to children or other staff. Employment checks only go so far, only if a person is convicted is there any record made of the matter, therefore people can work in child-related employment even if they have had child abuse/neglect charges against them but without a conviction being recorded.

What are the goals of Child Protection Week?

Child Protection Week starts on Father's Day because Fathers are very influential over their children and have a privileged role to promote positive and respectful relationships with women, children and other men, which is extremely important. Many people will say "they don't want to get involved - it's not our business - we might be wrong".

I think there are a lot of opportunities where, in our daily lives, we can interrupt something that may happen. I don't mean rushing into a brawl if someone is beating up their wife or partner - that's when you call the Police. I mean if men are sitting around at a social gathering and a derogatory comment is made about women or children, a man can speak up and say 'you could be talking about my mother, sister or partner, can we please put it another way'. That sort of interruption can change a person's mind and impact on those little boys, who will realize that it isn't cool to speak about women and girls like that.

Community Health Staff making a difference in Schools

School-age children face significant barriers accessing Speech Pathology and Occupational Therapy services in the Community Health setting.

Communication difficulties effect up to 1 in 5 children at the time they enter school. Australian teachers report that of all children beginning school – 21% have expressive language difficulties and 16% have receptive language difficulties.

Difficulties in Speech/Communication and daily occupational performance tasks impact on a child's ability to attend to and participate in classroom activities; to interact with teachers and with peers; to understand directions; to retain new information; to reason and to use their language and motor skills for a variety of purposes in curriculum activities. These difficulties also impact on their ability to participate in sport, in play activities and to read and write.

Combining the need for therapy services for the school aged population and the University's need for student placements, has bought about a joint project between NNSW LHD, Griffith University, Southern Cross University and the University Centre for Rural Health to set up Student Speech Pathology and Occupational Therapy clinics in partnership



Occupational Therapy Group

with the local schools in Tweed, Murwillumbah and Byron Bay areas.

Services are delivered under the guidance of Speech Pathology and Occupational Therapy clinical educators with four University students in the school/classroom setting.

Results from these innovative student-unit models have demonstrated positive outcomes for the participating Speech Pathology and Occupational Therapy students, classroom teachers and school students.

A research project has been completed by Leonie Hamilton, Child and Family Speech Pathologist at Murwillumbah, which has shown marked improvements in Speech Pathology tests for children. Murwillumbah East School Principal, Mark Downard also reported children entering Year 1 reading recovery programs with less difficulties than in previous years.

Initial funding was provided by Health Workforce Australia grants. These programs are able to continue with future funding being provided for Murwillumbah East by a partnership between Murwillumbah East Primary School and Griffith University Speech Pathology Department.

Improving Communication

Every day more than 1.1 million Australians have difficulty communicating, Lismore Base Hospital Speech Pathologist, Karen Kostal said.

Sadly many people with a communication disorder suffer in silence and most of us take communication for granted. It's estimated that one in five people will experience communication difficulties at some point in their lives. This can range from mild to very severe and can impact on the way they participate in family life, the community, education and the workplace.

Around 13,000 Australians use electronic communication aids to get their message across, while 20% of four year old's have difficulty understanding or using language. But speech disorders don't just affect the young. At least 30% of people post-stroke suffer loss of language, with 85% of those with Parkinson disease having voice, speech and/or swallowing difficulties.

Three in every 1,000 newborns have hearing loss, which without intervention can affect their speech, language and literacy. Indigenous children have three times more hearing problems than non-Indigenous children. These are the challenges that confront speech pathologists every day.

Over 1.1 million Australians have a communication or swallowing disorder that impacts on the quality of their life. That is roughly the same number of Australians living with diabetes and three times the number with dementia!



Speech Pathologists - Karen Kostal and Nicole Fidock performing an oral motor assessment on Allison Grady.

Speech Pathologists are specialists in all forms of communication. We work with people to maximise their ability to communicate in a way that best meets their needs and abilities.

"We work with people who have difficulty communicating because of developmental delays, stroke, brain injuries, learning disability, intellectual disability, cerebral palsy and hearing loss, as well as other problems that can affect speech, language and communication," said Karen Kostal.

Speech Pathologists work in a wide range of settings – schools, hospitals, nursing homes, universities, kindergartens, rehabilitation centres, community health centres, private practice and mental health services.

Latest Board News



Left: Some of the Staff and Board Members at the Morning Tea held at Goonellabah Community Health.

The NNSW LHD Board held its monthly meeting in Lismore on the 3 September 2014. Prior to the meeting, Board Members joined staff at the Goonellabah Community Health Centre for Morning Tea.



Above L-R: Dr Jackie Andrews, Paediatrician chats with David Frazer, Board Member.

The meeting began with an Acknowledgement of Country provided by Karen Elphick, who advised that all meetings held at the Goonellabah Community Health Centre begin with Acknowledging Country.

The Acknowledgement used reflects the focus of Goonellabah Community Health Family and Child Health Services on being inclusive of the children and young people of today.

"I would like to acknowledge that our office is located in the Bundjalung Nation and I wish to extend my respects to the traditional custodians of the land - the Widjabel/Wyabel people, on which I live and work, to the Elders past and present - and to the children and young people of today, who are the Elders of tomorrow."



Above: Karen Elphick (second left) provides Acknowledgement of Country and observed by at left, Virginia Padden and Linda Casuarina and Board Member Rosie Kew on the right.

As per previous Board meetings with Clinicians and Staff held at Ballina District and Grafton Base Hospitals, a wide range of issues were discussed including:

- Benchmarks and waiting times.
- Activity Based Funding does not necessary reflect qualitative measures.
- The multidisciplinary team approach ideal for complex families.

- Need for timely recruitment to provide continuity of care and allow Clinician handover.
- Benefit of having Paediatrician Dr Jackie Andrews on-site.
- Importance of communications with General Practice.
- Outreach services to Casino Aboriginal Medical Service and to Aboriginal Communities.
- Counselling student placement from Bond University.
- Need for entry level positions into Allied Health.

Suicide Awareness Presentation

Prior to the Board Meeting Dr Richard Buss Executive Director Mental Health provided a Suicide Awareness Presentation to the Board. Some points from his presentation included a reminder that behind every statistic is a human tragedy and that the statistics don't tell us the human impact on families and the community and included the statistic that every day an average of six people in Australia die from suicide. Dr Buss provided evidence ratings of interventions as listed below.

What Interventions Work

| Activity | Evidence rating |
|-------------------------------|-----------------|
| Intensive Care plus outreach | Good |
| Hospital Admission | Poor |
| Cognitive Behavioural Therapy | Good |
| Inpatient-based therapies | Poor |
| Outpatient-based therapies | Poor |
| Psychosocial interventions | Good |
| Ongoing contact | Good |
| Crisis cards | Poor |
| Primary Prevention | Good |

Dr Buss reported on a Suicide Prevention Forum recently held in Ballina, which was well attended by Police, Non-Government Organisations (NGOs), Consumer Advocacy Groups, Ambulance, North Coast Medicare Local, NNSWLHD Mental Health and EDs, and Southern Cross University. The Forum identified that:

- Crisis response should be more compassionate and less traumatizing. Need trauma-informed care training for emergency services (including mental health, Emergency Department, and first responders)
- Clinical risk assessment and management – how we assess, and then how we act on the risk assessment. More people who take their own lives tend to be those assessed as at a lower risk.

Primary prevention

- Early intervention in school - needs a coordinated and integrated effort.
- Access to services/community capacity.

Help keep outdoors areas SMOKE FREE

Since early 2013, smoking in a number of outdoors public areas has been banned in NSW.

You can help to reduce smoking in public by letting NSW Health know if a smoking ban has been broken by calling 1800 357412 or submitting an online form at <http://www.health.nsw.gov.au/tobacco/Pages/let-us-know-reports-complaints.aspx>

The outdoor areas where smoking has been banned include:

- Within 10 metres of children's play equipment in outdoor public places;
- Public swimming pools;
- Spectator areas at sports grounds or other recreational areas used for organised sporting events;
- Public transport stops and platforms; including bus stops, taxi ranks, train stations and ferry wharves;
- Within 4 metres of a pedestrian access point to a public building (i.e. any building, or part of a building which is used for non-residential purposes);
- From 6 July 2015, in commercial outdoor dining areas.

Banning smoking in these types of areas is a key measure to reduce community exposure to second-hand tobacco smoke, tobacco related harm and the uptake of smoking in NSW. These areas are often visited by children and families, can be crowded, and allow limited opportunity for people to avoid second hand smoke. Smoking bans will also create a more supportive environment for those who have quit.

Last year, staff from the Public Health and Health Promotion Units carried out compliance monitoring of and public education about the bans locally. They have issued warnings to members of the public and highlighted problem areas to owners and operators of commercial premises.

Quit for new life



Solid Mob and the NNSW LHD Quit for New Life Team joined forces recently to hold a Deadly Sisters Event in Casino. The focus of the day was on local programs for Aboriginal and Torres Strait Islander women, women with babies, pregnant women with tackling tobacco and smoking cessation being a priority.

The day showcased a range of local programs, activities and resources suitable for Aboriginal women and involved representatives from Casino Aboriginal Medical Service, Family Support, CHEGS, Headspace, Casino Library, Inter-relate and NNSW LHD Oral Health, Health Promotion and Aboriginal Health Staff members.

The Quit for New Life (Q4NL) program is a state-wide program which commenced in Northern NSW in October last year. The Q4NL team works in partnership with key health practitioners that offer antenatal and post natal care for pregnant Aboriginal women, women having Aboriginal babies and their household members.

The program operates between Tweed and Grafton, west to Tabulam and Bonalbo and supports participants to quit smoking, create smoke free homes and environments for mothers, babies and families.



Above: Avigdor Zask, Program Coordinator, Research & Evaluation, Tobacco Control & Healthy Environments

This year, NSW Health has employed compliance and enforcement officers to monitor compliance with the bans. These officers often issue warnings, but can and have also issued \$300 fines on the spot.

These bans have also created a situation whereby health staff, who smoke in a bus stop, which is outside a health campus, are actually committing an offence against the Smoke-free Environment Act 2000. Staff and management are requested to observe the ban in such areas despite these areas being located outside health campuses and hospital grounds.



Above at Casino: Laurel Rogers, Aboriginal Health Promotion Officer and Denise Hughes, Health Promotion Research Officer

Once assessed, household members are also able to receive help enabling all involved in the Q4NL program entitled to 12 weeks supply of free NRT. Cessation Support Officers follow-up with phone calls to the clients to help support their quit attempt. The Q4NL team also provide resources to help explain the benefits of stopping smoking for both adult and baby. Between October 2013 and August 2014 over 88 referrals to the Q4NL program were received.

Deadly Sisters Days are being held throughout the area in different locations over the next few months. For more information call Ronella Phillips in Tweed on 0477368180 or Laurel Rogers in Lismore on 0477368182.

Accelerated Recovery Program Benefits

Since October 2013, patients at The Tweed Hospital (TTH) undergoing elective bowel anterior resections by Dr Isabella Mor and Dr Ross Warner have been participating in the 'Accelerated Recovery Program'.

The program was developed from clinical based evidence and designed to assist in reducing the length of the stay a patient needs to remain in hospital, as well as reducing the risks of potential complications and improving recovery.

The program involves patients consuming Impact Advanced Recovery drinks three times a day for five days prior to their operation. These are specialised drinks to help patients prepare for surgery, optimizing their nutritional state thus enhancing their recovery process.

Patients are able to have clear fluids immediately post operatively and are fed a light ward diet the next day. Each patient is required to sit out of bed on day of surgery and walk 50 metres three times on his/her first post operative day.

An interim report of the first six months showed 15 patients with an average age of 64 years had been through the program. One had an abdominal perineal resection, two had loop ileostomies with a resection and 12 patients were straight anastomosis.

The average length of stay for these patients was 5.5 days including day of surgery with a total of 52 Hospital days being saved.



Siobhan Mills, CNS Project Lead; Wayne Bailey, Endorsed Enrolled Nurse (EEN); Graeme Woods, Dietician; Pam Parkinson- EEN and Fran Hofstee, Surgical One NUM.

This program could not have been introduced without the support of the Executive, Surgical, Paediatrics, Obstetrics, Gynaecology and Anaesthetics Assistant Director of Nursing and members of the multi-disciplinary team.

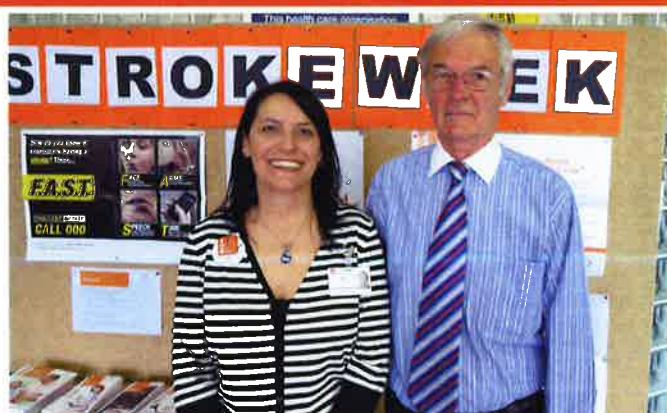
All staff on Surgical Ward One have embraced the introduction of this program, which is shown in the results. Hopefully this will continue ensuring this group of patients receive evidence based care that continues to enhance their recovery and reduces the length of their hospitalisation.

Raising Stroke Awareness during National Stroke Week

Stroke is Australia's second biggest killer after coronary disease and a leading cause of disability. Stroke Awareness Week is held annually to raise awareness of stroke and recognise the dedicated clinicians who provide stroke care.

In Lismore Kim Hoffman, Stroke Coordinator from LBH Acute Stroke Team hosted a Stroke Awareness and Prevention display in the hospital foyer as part of National Stroke Week.

Tara Chambers, NUM at Maclean also had Information Displays at Grafton Base (GBH) and Maclean District Hospitals, taking over 50 blood pressures from the public and staff at GBH and around 30 at Maclean in order to raise awareness in the Clarence community.



Kim Hoffman, Stroke Coordinator and Kelvin Struckey, former patient of LBH and Ballina Rehabilitation Stroke Services.

"Shockingly, one in six of us will have a stroke in our lifetime. It could be a family member, a colleague, a friend or even you. 20% of strokes occur to people under the age of 60 years. We have the opportunity as a community, to come together to take action to stop stroke and challenge its impact," Ms Hoffman said.

"To lower your stroke risk it is important to know your numbers and manage high blood pressure and cholesterol, eat a well-balanced diet low in salt, participate in regular physical activity, lose weight to avoid obesity and cease smoking. Your local doctor can assess your cardiovascular risk and assist with managing your risk factors for stroke and heart disease".



At GBH L-R: Barry Boothby, Hospital Assistant; Tara Chambers and Anita Cribb, Hospital Assistant.

Farewell

Staff News

Farewell



Marilyn Singh with Lynne Weir, Executive Director Richmond Clarence Health Service Group, who presented her with flowers and a Certificate of Appreciation and Norma Matterson. Marilyn started in the Reception area of LBH on the 23 November 1970 working as an Administration Officer and Switchboard Operator until 17 November 1978 when she took maternity leave and returned on the 29 December 1979. Marilyn is taking long service until officially retiring on the 18 January 2015 after more than 43 years of service.



Lyndy McPhee commenced her long association with the health service on the 18 July 1980 at Ballina District Hospital then moved on to Health Education, working as a Resource Development Officer on the Healthy Lifestyle Campaign. Lyndy continued to be responsible for the development of healthy lifestyle publications until retiring on the 19 September 2014 after more than 34 years. Health Promotion Staff held an afternoon tea for Lyndy and Jillian Adams presented her with beautiful glass platter and a Certificate of Appreciation.

New appointment



Debbie Carney has been appointed to the position of Change Manager, Byron Shire Central Hospital. Debbie brings a wealth of experience to this position from her role as Patient Safety Officer. The appointment of the Change Manager is a major milestone in the development of the Byron Shire Central Hospital.



North Coast BreastScreen held a morning tea to farewell **Teresa Ebenstreich**, who is pictured above with Jane Walsh, Director BreastScreen NSW, NNSW LHD. Teresa worked as a Medical Radiation Scientist with the North Coast BreastScreen in Lismore since the 22 February 1993 and retired on the 11 September 2014, providing 21 years of service. Teresa started working as a Radiographer at the age of 18 and has worked in England, Canada, Germany and Switzerland prior to arriving in Australia in 1976.

Breast Cancer Awareness Month

1 IN 8 women will develop **BREAST CANCER** in their lifetime

Breast cancer is the most common cancer and is the second most common cause of cancer deaths among women in NSW

BreastScreen NSW operates at over 200 locations across NSW

LESS THAN 1 IN 2 women aged 50-74 years have their first mammogram in over 2 years

A mammogram can pick up cancers as small as a grain of rice

97% of breast cancer caught at an early stage

A mammogram only takes 30 mins every two years. Make time not excuses

Call 13 20 50 www.bsnsw.org.au

DON'T PUT IT OFF. BOOK YOUR MAMMOGRAM

Thank You

The President
United Hospital Auxiliaries
Maclean - Lower Clarence Branch
Dear Mrs Bell

I am writing to convey my great thanks to the Auxiliary and to pass along the appreciative comments of a colleague.

The doctor who worked in the Emergency Department last weekend was visiting from Queensland. He has experience in the hospitals of Brisbane and the Sunshine Coast. He could not believe the high standard of equipment at Maclean District Hospital, and was amazed at the state-of-the art devices in use. Much bigger hospitals in his region would love to have such stock, and some are only now getting what little Maclean has had for several years.

So congratulations to the dedicated members of your Auxiliary, who tirelessly fundraise and support our Hospital. Your efforts are very much appreciated, and have amazed a visiting doctor. Many, many thanks, Dr Dean Robertson, GP VMO ED, Maclean District Hospital