

Northern exposure



Health

Northern NSW

Local Health District

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New Chair and Board Members

On 1 January 2013, the new Northern NSW Local Health District (NNSW LHD) Board Chair, Brian Pezzutti and two new Board Members, Allan Tyson and Mark Humphries took up their appointments.

The NSW Minister for Health and Medical Research, Jillian Skinner thanked the outgoing Chair and Member of the NNSW LHD for their commitment and efforts to achieve the best care for patients across the Local Health District.

"More than three years ago, as part of my pledge to reform this State's Health System, I promised to devolve responsibility and accountability to those closer to the patient, such as Local Health District Board Members," Mrs Skinner said.

So Local Health District Boards are a key part of our Health System and they have a big job ahead of them, with the challenge to deliver more emergency and elective services than ever before.



Brian Pezzutti

Brian Pezzutti, has been appointed as the new Board Chair for the NNSW LHD, from 1 January 2013 to 31 December 2014. He is a Specialist Anaesthetist and the Director of Anaesthesia and Perioperative Care for the Richmond Health Service Group. (Read more about Dr Pezzutti's background and qualifications in this month's interview on page 7).



Hazel Bridgett

Hazel Bridgett, was the inaugural Chair for the NNSW LHD Board and has been reappointed as a member of the Board.

Austin Curtin chose not to reapply as a member of the Board. We are grateful for the valuable contribution he made during his

time on the NNSW LHD Board. He will now take up another challenging role (see page 10).

New Board members are Allan Tyson and Mark Humphries.



Austin Curtin



Dr Allan Tyson who was awarded Clarence Valley Citizen of the Year on Australia Day 2011

Allan Tyson is a Visiting Medical Officer of Anaesthesia at Grafton Base Hospital. He is also Chair of the NNSW LHD Medical Staff Executive Council and a member of the NNSW LHD Clinical Council.

Mark Humphries, is a Business Consultant to Real Estate Results and a former member of the Kingscliff Chamber of Commerce. He has extensive skills and experience which will

be of benefit to the Board. He has a commercial background having worked in large and small business. He has involved himself with community organisations. At present he is the President of a local Life Saving Club where he is leading a fundraising process to build a new Clubhouse.



L-R: Brian Pezzutti, Chris Crawford, Mark Humphries and Anne Schefe, Acting Executive Director of the Tweed Byron Health Service Group at The Tweed Hospital while Mark Humphries was on an orientation visit to The Tweed Hospital.

Also in this issue:

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Staff News and more



A word from the Editor, Susan Walker

Welcome to 2013! I hope you all enjoyed a relaxing Christmas and New Year with your family and friends. Only a few weeks back at work and it seems almost a distant memory.

Already the year is shaping up to be a busy one. The Chief Executive's Report tells us of the new capital works that are underway and the planning of future services. So our Capital Works team will continue to be very busy.

John Lambert has been nominated as the Quiet Achiever for this month's issue of Northern Exposure by Tony Beashel, the A/Chief of Staff for the Chief Executive's Unit. John will be very embarrassed about this but he really is a Quiet Achiever.

In my role, whenever I have requested information from John and his team, and no matter how busy they are, it is always promptly forthcoming. We have some fantastic staff members across the Local Health District and I am fortunate to meet some of them along the way, and John Lambert is one of them.

If you know someone who you think is a quiet achiever, I hope you will consider nominating them. There are many amongst our workforce and volunteers, who are deserving of recognition.

Please contact me by e-mail at susan.walker@ncahs.health.nsw.gov.au or call 6620 2141.

I interviewed the new Chair of the Board for this issue, Brian Pezzutti. Brian Pezzutti has been working at Lismore Base Hospital since 1975 and has seen many changes over this time. He also has plans to implement more positive changes in his role as Chair of the NSW LHD Board and you can read about those changes on page 7.

As mentioned in the Chief Executive's e-mail before Christmas, he would like me to prepare a monthly newsletter. This means that if your service has some news that you would like promoted in the Northern Exposure then I would be pleased to include this in the draft I prepare for the Chief Executive's consideration. He has asked me to provide him with more local content.

Cyclone Oswald certainly made an impact across the Local Health District. Grafton has experienced its biggest flood on record with the flood reaching an all time high of 8.08 metres, which is just under the levy of 8.2 metres. Ballina and The Tweed Hospitals also suffered roof damage in some areas of its hospital over the long weekend.

To the Managers and Staff, who worked over the Australia Day long weekend to respond to the storm damage and especially those of you who couldn't get home, thank you for your dedication and for ensuring patient care and services in your hospitals could continue to be provided.

John Lambert, Area Manager Capital Works Quiet Achiever

Tony Beashel, Acting Chief of Staff of the Chief Executive's Unit, has nominated the NNSW LHD Manager of Capital Works as this month's Quiet Achiever.

John Lambert has been with the Northern NSW LHD and its predecessors since November 1991 when he was appointed as the Engineering Services Manager for the Lismore Base Hospital overseeing a staff of 34 people of various trades including the North Coast Biomedical Engineering Service.

In 1997 John moved to the Area Office as Manager of Capital Works, Procurement & Asset Management. In this position John has been responsible for the management of many complex and major capital works projects spanning Health Service facilities from Tweed Heads to Port Macquarie.

When you think of the many large construction projects that have been successfully completed across the North Coast over the past 15 years, then John and his capable team in Capital Works of Bob Miller and Sophie Morris are often simultaneously juggling multiple projects at varying locations.

Tony Beashel says, "It is a testament of John's extensive technical, management and negotiation skills that these complex major construction projects have largely been completed on time and within budget, with as much input from Clinicians and Staff accommodated as possible."

Congratulations John, yet another hard working quite achiever within our Local Health District.



John Lambert in his office going over plans.

Cyclone Oswald causes major havoc at our Hospitals

Paul Schofield, Acting Executive Officer for Grafton and Maclean Hospitals gave an update on the flood waters in Grafton yesterday (Tuesday 29 January), saying....

"I live up river and it was an all time high up there. Grafton was sitting on a high of 7 meters and rising throughout the day. 8.2 sends it over the top of the levy and we peaked at 8.08."



Grafton Flood Levy

Paul said it was a close shave, with some voluntary evacuations occurring but no forced ones. There were 25 nurses off but GBH filled its shifts with Casual Nurses and overtime. There were enough Medical Staff and one came up from Maclean in a flood boat to assist. Quite a few Staff stayed in the accommodation and the Renal Staff were said to be old hands at this according to Paul.



One of the Grafton Base Hospital Nurse Unit Managers' preparing to paddle 1.5ks to work - now that's dedication!

Maclean Hospital were expecting a peak of 3.4m based on what happened at Grafton. Anne Farrell, Nurse Manager had the State Emergency Service (SES) working hard to assist her, especially to deliver drugs to isolated Community Nurses at Yamba, so they could attend to Hospital in the Home patients. On their return the SES brought Nurses into the Hospital and motel rooms were booked to accommodate them. Anne said the SES were just wonderful, they were up and down the river taking drugs from Grafton down to Maclean on numerous occasions.



At The Tweed Hospital, over the long weekend an entire section of the roof above the Paediatric Ward, a Surgical Ward and half of a Medical Ward were affected by the storm, resulting in some rain damage. All the patients and staff in those areas were successfully relocated to other parts of TTH, so there care could continue to be managed.

Ann Schefe, Acting Executive Director for Tweed/Byron Health Service Group, was on site over the weekend and coordinated the relocation of the patients. It required closing a total of 38 beds but the hospital was able to open all 30 beds in Medical Ward 3 and had another 12 available beds in the Day Surgery Unit, which enabled the patients to be safely transferred to these areas.

Ann said all the SES, Wardsmen and Engineers worked very hard to mitigate risk and damage from any further water penetration. Dr Pieter Pike also came in over the weekend to assist with managing the situation from a medical perspective.



Ballina Hospital Emergency Department

At Ballina Hospital the combination of very high winds and the heavy rain caused the roof and guttering over the Emergency Department to be unable to cope with the volume of water. This resulted in water entering into the ED and requiring the isolation of two beds in the unit. The SES responded and made temporary repairs to prevent further water penetration. The ED continued to function as normal, despite these problems due to its dedicated Staff Members.

At Murwillumbah Hospital a building on the campus was damaged but fortunately it was a building that had been earmarked for demolition, as it is old and surplus to requirements.

New Doctors start at Lismore and Tweed Hospitals

NSW Parliamentary Secretary for Regional Health, Melinda Pavey visited the Lismore Base Hospital on Friday 18 January 2013 to meet the new junior Doctors. She was joined by Thomas George, Member for Lismore and Brian Pezzutti, NNSW LHD Board Chair.

During their first week the new Interns were kept busy with a full orientation program to the hospital. The Doctors, three of whom grew up in the area (Kyogle, Lismore) and have chosen to return to work here, have commenced in different areas of the hospital.

The Doctors in Lismore and The Tweed Hospitals, as part of their first rotation have been assigned to work for a term in the Emergency Department, Medical and Surgical, Obstetrics and Gynaecology, Paediatric and Orthopaedic Wards, Operating Theatre and Psychiatry, where they will gain experience in diverse areas of medicine.

Sharon Miskell, Director of Medical Services for the Richmond Network said, this year there are thirteen Interns, six of whom were successful in applying to undertake the Prevocational Rural Preferential Training Program in Lismore.



Above from L-R: New Doctors Lucy McKenzie, Gonzalo DeAngulo, Kirstin Coggins, Andrew Burgess, Sam Wotherspoon, Chris Bentley, Hayley Edmonds and Thomas George Lismore MP, seated Melinda Pavey and Brian Pezzutti.



Above from L-R: New Intern Dr Sophie Newman, Dr Decky Souvannavong, Deputy Director of Medical Services and Dr Pieter Pike, Director of Medical Services with Intern Dr Stephen Naughton, Tweed MP Geoff Provest and Ann Schefe, Acting Executive Director of the Tweed Byron Health Service Group.

Below- Geoff Provest with some of the other new Interns at Tweed.

Steve Diamond, Director of the Lismore Base Hospital Prevocational Training Program said the Program has been very successful with six of last year's Rural Preferential Doctors having stayed on to work at Lismore Base Hospital as Resident Medical Officers (RMOs).

Also, at The Tweed Hospital, five out of six of last year's Rural Preferential Doctors have stayed on to work as RMOs, said Deky Souvannavong, Deputy Director of Medical Services.

Pieter Pike, Director of Medical Services for Tweed/Byron Health Service Group said, there are sixteen Interns, eleven of whom were successful in applying to undertake the Prevocational Rural Preferential Training Program in Tweed. This is an increase of six from 2012.

The Rural Preferential Program provides Doctors with a real opportunity to experience all the North Coast has to offer. It is a beautiful area in which to live in and has a growing population, so there are a lot of good work prospects for these Doctors. It is hoped that these Doctors will enjoy their experience working in a rural setting and decide to stay, or consider returning to the area in the future," Dr Pike said.



North coast cancer patients getting good results

Recent results have shown that cancer patients on the North Coast, who have undergone colorectal surgery and breast screening for cancer, have the second highest participation rates in the State.

Dr Ian Fielding, the Executive Medical Director for NNSW LHD is leading a project to further analyse how the LHD should respond to below threshold activity at some hospitals within the LHD for the complex cancer surgery for pancreatic, oesophageal, gastric and lung cancers

Dr Ian Fielding, said the North Coast Cancer Institute (NCCI) and NSW Cancer Institute work collaboratively to improve performance against key indicators, as part of the Reporting for Better Cancer Outcomes program.

"A range of information is collected and analysed by the NSW Cancer Institute and is then reported back to the NNSW LHD with a comparison to the NSW State average result, so that future quality projects can be targeted," Dr Fielding said.

The cervical screening rates and the number of pap tests conducted by the Women's Health Nurses, and the percentage of pap tests performed on under-screened women for NNSW LHD were all higher than the NSW average.

Breast screening rates in the target range of 50-69 year olds were the second highest in NSW. This reflects very well on our Breast Screen Service's commitment to the program.

Dr Fielding said colorectal surgery rates were set out in the Cancer Treatments Variations Report, 2007-2010 that provides analysis of the LHD's activity levels for a select number of cancer diagnoses considered to be complex and which are known to have a volume/outcome relationship. That means the lower the volume of surgery performed at a facility, the poorer the outcomes that are likely to prevail for the patients, due to a range of factors.



L-R: Stephen Manley, A/Cancer Systems Innovation Manager for Mid North Coast & NNSW LHDs and Dr Ian Fielding looking of the latest results in the Lismore NCCI.

"The NSW Cancer Institute has instituted discussions with key clinicians and LHD representatives across NSW to determine the optimal model for providing surgery to patients with rarer cancers requiring complex surgical treatment and after-care," Dr Fielding said.

For 2007-2010 NNSW LHD had surgical activity above the minimum recommended hospital caseload in breast cancer, colon cancer and rectal cancer at the Lismore Base and The Tweed Hospitals.

"The intention is to further improve the services already provided and to ensure that patients in the NNSW LHD can access the optimal care regardless of their place of residence. This will ultimately contribute to an improvement in overall cancer outcomes for patients living in our region," said Dr Fielding.

Optimal Audit Results for Lismore Radiation Therapy Oncology

The national Australian Clinical Dosimetry Service (ACDS) has successfully completed its Level III Audit of the Lismore Radiation Oncology facility and delivered the final report.

The Audit scrutinises the entire planning and treatment process and involves a CT simulation of the ACDS thorax phantom, followed by Radiation Therapists creating a treatment plan on the phantom, then delivering the treatment beams during which Physicists from the ACDS measure the delivered dose and compare against the calculated planned dose.

The plan required a series of complex fields for Lung treatments and is a demanding test of the entire process and particularly of the treatment planning system.

The final overall result of the Audit was an Optimal Level Pass, which is an excellent validation of the treatment facility and a tribute to the hard work that the Radiotherapy Staff put in to promote the quality of their service delivery.



Andrew Kovendy, Area Chief Physicist and Radiation Safety Officer with Radiation Therapists Sally Rayner, Lisa Delaney, Lakshimi Sathianandan and seated: Amara Fonseca, Lisa Hayward, and Whitney Houghton.



Chief Executive Report

The New Year

The advent of 2013 brings new opportunities and new challenges.

Opportunities

Firstly, I will refer to the new opportunities in the Tweed/Byron Health Service Group (HSG). At The Tweed Hospital (TTH) utilisation of the new Procedure Room and MRI is underway. Also, in the first half of the year, we will build an expended Dental Clinic and a new Results Reporting and Discharge Lounge.

A Master Plan for a major redevelopment at TTH following on from the Services Plan completed last year will be undertaken. The Murwillumbah Hospital Emergency Department will be considerably expanded.



Architects impression of the new Tweed Dental Clinic

In the Byron Shire, a Master Plan and Business Case to support the construction of a Byron Shire Central Hospital at Ewingsdale will be developed.

Secondly, in the Richmond Clarence HSG, the opportunities include Grafton Base Hospital (GBH) commencing to use the whole of its enlarged Medical Imaging Department. The building of a new Wing at Maclean Hospital to accommodate Sub-Acute Patients will be completed.



Work on Maclean Hospital Sub Acute Wing

At Ballina Hospital the construction of a new Education facility is already underway. For the former Campbell Hospital Campus, a Master Plan will be developed with the major focus being on how a HealthOne Service can

be introduced there. For Bonalbo Hospital, a Feasibility Study will be undertaken jointly with United Care Aging to determine if a viable option for developing a Multipurpose Service on that campus can be identified. At Lismore Base Hospital (LBH) the Endoscopy Unit will be relocated to enable the ED to be significantly expanded into the current Endoscopy Unit space as an interim upgrade. The early works, being the relocation of the Pathology Service and Morgue, to enable the First Phase of the Stage Three Redevelopment to commence will also occur at LBH. All these projects will bring benefits to our Patients either this year or in the medium to longer term.

Challenges

As with the opportunities, there are many challenges ahead. Key amongst them is meeting the Patient demand pressures and the key Performance Indicators set for the LHD, while at the same time meeting budget. This will involve making savings and raising more revenue. Both will need to be done, while activity levels are maintained, for in an Activity Based Funding (ABF) environment, an LHD cannot make budget by reducing its Patient treatment levels. Our budget is now based on our being paid for the care we provide.

The other major challenges are to meet the National Emergency Access Target (NEAT) and the National Elective Surgery Targets (NEST), all of which ramp up this year. The NEAT and NEST category One, which is now 100%, will be the biggest challenges. Also, meeting Triage Three and the Transfer of Care time from the Ambulance Officers to the ED Staff will be two other challenging targets. Further improving Patient care will be another important goal.

Quality Accreditation Surveys will be held in the Tweed/Byron HSG, Richmond Network and then in the Clarence Network, during the course of the year. Due to the introduction of the National Quality Standards, the latter two Surveys will be especially demanding.

Activity Based Funding

NNSW LHD is off to a reasonable start in its response to ABF. As at end November 2012 with the coding of Patient Separations at or very near 100%, the five NNSW LHD ABF Hospitals are 4.5% above their combined ABF activity target. GBH, LBH and Murwillumbah Hospitals are above their targets with TTH and Ballina Hospital currently below their targets.

In terms of acuity GBH, LBH and Murwillumbah Hospital have raised their acuity levels per overnight Patient treated, while acuity levels for overnight Patients at TTH were flat, and declined at Ballina Hospital in the year to date. Close analysis is being undertaken of TTH Casemix and Coding and that suggests that there could be an under-coding of certain categories of Patients at TTH.

As far as costs are concerned, LBH and GBH still have work to do to reduce their cost structures. At this stage the cost structures at TTH, Murwillumbah and Ballina Hospitals are operating at closer to targeted levels. Work to reduce costs at LBH and GBH is underway.

Due to the importance of continuing the LHD's generally good ABF momentum and to address some areas where improvement is required, I will be undertaking a third ABF Roadshow to the ABF Hospitals. My presentation at these meetings will share data on progress so far, draw attention to strategies, which are succeeding and raise areas of concern, while putting forward for consideration, ways that these concerns could be addressed.

Interview with Brian Pezzutti, new Chair of the NNSW LHD Board

Brian Pezzutti is a native of the North Coast, his great grandfather was amongst a group of brave Italians, Germans and Frenchman who set out on an expedition in 1859 to the Bismark Archipelago. They were ill prepared for the terrible voyage that eventually took those who survived to Australia, where his great grandfather settled in New Italy. Brian Pezzutti is the Director of Anaesthetics for the Richmond Network and was first appointed to the Lismore Base Hospital in December 1975. His education commenced at Bonalbo Central School, the convent school at Mallanganee, followed by St John's College, Woodlawn. He graduated in Medicine from Sydney University, where he attended St John's College. After his posting to Parramatta District Hospital and qualifying as a specialist in Anaesthetics and Intensive Care, he returned home to Lismore in 1975 when he commenced work at Lismore Base Hospital. In 1988 after the community encouraged him to represent them, he was elected to the NSW Parliament as a member of the Legislative Council where he served for 15 years. He has been a member of the Army Reserve since 1965, volunteered and served in numerous overseas deployments, including the Middle East (Iraq), East Timor and was part of the UN Peacekeeping Force to Rawanda and has achieved the rank of Brigadier. He has been honoured and decorated with many medals for his Humanitarian and Army Reserve work.

What would you like to see happen as Chair of the LHD Board?

My focus will be on Clinician involvement and engagement. Now that doesn't mean that we don't have to be very seriously focused on budgetary issues and making our services more efficient and more effective and reaching out more. Hazel has done a fabulous job with community engagement. But I want to see that the main work from this organisation involves the nurses, doctors, allied health, and to the same extent, the cleaners and caterers. These staff know what's really going on and we need to hear from them about day to day happenings.



How did you come to choose your career?

When I was doing my residency at Prince of Wales and Prince Henry, I was making my choice between Mental Health and Intensive Care/Anaesthetics but I chose anaesthetics because it is much more exciting. But I have remained interested in Mental Health for a long time and I did a Report on Mental Health for NSW Parliament some years ago. Premier Carr then surprised me by asking me to Chair a Taskforce to make sure the Report got implemented. I chaired a very good Taskforce demonstrated by the Government accepting all its recommendations except for one.

Does your interest in mental health continue?

The easy thing is policy, the hard thing is doing it and there was as a real will in the Department of Health to change and most recommendations have now been implemented. That Taskforce was folded into a Priority Taskforce over time. Later I became a member of the Taskforce that Minister Humphries, the Minister for Mental Health, set up to prepare for the development of the new Commission. So I am interested in mental health because it is everywhere we go and every single family has someone with a mental illness at sometime. It is the most prevalent disease that touches people's lives. Every kid you ask can tell you they know of someone who has committed suicide.

We are very fortunate in Lismore because as a result of our Report, I have a feeling it helped in getting the Mental Health Unit upgraded more quickly, not because I was Chairing the Committee and not due to any pressure from me, but because the Government recognised the desperate need up here as a result of the evidence that was coming forward from the Lismore area. The other value of that Report is that it came from the people, with a huge number of submissions received. There was also a Four Corners program that screened in the middle of the Report's development and the number of responses following the program was the biggest ever response received.

And for my doctor colleagues, they have to understand that the growth of the services depends upon the funding that we can get. We only get that funding if we are effective with the funding we currently receive. We cannot tolerate and allow, from a State point of view, that the provision of a service is not efficient or effective. I want Clinicians to be engaged in making their services the best they can be from a patient point of view. So I'm focussing on the patient journey and on great patient outcomes. We really have to make the changes that we know we can make and live within the budget, because the budget is finite, so we can make those changes and do it better than now if we are committed.

What are those changes?

Simple things like making sure the medical records are done. Making sure the Registrars are doing their job and ensuring that we tell the Registrars what we want included in the discharge summaries and putting in the correct information to assist the Coders.

Other simple things, like turning up on time for operating theatre lists, being regular attenders at appointments, being involved in the Committee work at the Hospital, getting involved and doing activities proactively and not whining about something later if an afterthought is not implemented. So if there is a problem, be part of the solution.

I think Clinicians haven't been engaged in the past and, to be frank, I think the Administration has not been engaging. But it is one of the things I know that the Minister and the AMA are encouraging. I was at an AMA Seminar as a representative of the LHD, and most of the CEOs there had Clinician representatives with them, so there is value in Clinicians being involved. So that's a target.

How does this relate to Clinical Governance?

We have the governance of that process in place, we have a good Clinical Council for each of the facilities and we have a District Clinical Council that reports directly to the Board. So I want the Clinical Council to get the message down to the Clinicians in their areas, the allied health, doctors and nurses that we expect them to be engaged, to be working with and for the organisation, to improve patient care and journeys as well as relative journeys. That is my focus.

Single Point of Access for Community Health Services

One of the most exciting developments discussed at the recent NNSW LHD Chronic Disease Management Program Workshop was the Single Point of Access initiative to Community Health Services.

Twenty-two General Practice Staff and ten NNSW LHD Allied Health workers came together in November last year for a workshop entitled Connecting Care in the Community. This was a joint event organised by the NNSW LHD and North Coast Medicare Local (NCML), and gave local Clinicians a chance to meet each other and put faces to names and services.

The workshop was facilitated by Tweed General Practitioner (GP) and NCML Local Board Member, Di Blanckensee and Tweed Valley General Practice Network Board Member and Practice Nurse, Chris Ash. The day long workshop was a valuable opportunity to discuss the management of chronic disease in various settings.

Presentations were given on how to improve prevention, diagnosis and management within the medical home model, where the GP is the gateway to connecting the patient with other health care professionals in a team-based approach to chronic disease.

At the Connecting Care Workshop Kerrie Keyte, the Single Point of Access Project Manager from Murwillumbah Community Health, spoke about this initiative that will commence in early 2013.

"We will introduce a single 1300 number for all Community Health Services, which will provide easier access for general practice and all other callers. It will also direct callers to their local Community Health Centre and to the service that they require.



"Work is also being undertaken to implement a single contact number for the Aged Care Assessment Team intake across the LHD," she told the attendees.



Dr Blanckensee, Chris Ash and Kerrie Keyte

With a plethora of different services and referral needs, General Practice has been hard pressed to easily connect patients to the most appropriate and nearest Community Health Service. To assist with this issue, a Community Health Services Information document has been produced and is accessible via a desktop ICON to all Staff in the Tweed/Byron Network and work will soon be underway to develop a directory for Richmond/Clarence Community Health Services.

Discussions are also occurring with the NCML to provide GPs with access to a regularly updated services information document, which will sit on their desktop and assist them in the referral process," she said.

A six week GP Referral Form Pilot Project is currently being conducted in the Tweed/Byron Bay area in conjunction with NCML. A single standardised referral form in 'Medical Director' to simplify referral pathways between GP's and Community Health was developed for the trial with both parties finding it helpful and very easy to use. Further discussions in relation to the formal commencement of this initiative across the LHD will take place in the near future.

The 'go live' for the new 1300 number is scheduled for early 2013 and GP's will be advised by a mail out. We will forward a poster and business cards promoting the new service to GPs.

Information for Staff who are Carers



Ken Lee, Coordinator Carers Program for NNSW LHD said that part of his role is to develop strategies to assist Staff, who in their private lives are also Carers.

If you are responsible for the care of a family member, friend or neighbour with a disability, chronic illness or someone

who is frail/aged, then you might like to join the 'Staff who are Carers' email list.

Once every two months Ken Lee will forward relevant information to you with the aim to enhance your experience at work and to demonstrate the NNSWLHD's commitment to one of its greatest assets.

For more information please contact Ken Lee on 6684 1677 or e-mail ken.lee@ncahs.health.nsw.gov.au

University Centre for Rural Health & Ballina District Hospital

Ballina District Hospital Emergency Department is to be recognised for its ongoing commitment to the training of the future medical workforce.

The University Centre for Rural Health (UCRH) is a partnership for training long stay medical students from the University of Sydney, University of Wollongong and University of Western Sydney, which aims to improve the health workforce in the North Coast region by placing students where they can experience some of the excellent clinical skills and diversity of services available in the area.

Michael Douglas, the Director of Education at the UCRH has praised the commitment of Ballina Hospital to engage the students in a culture that highlights the advantages of living and working in rural communities.

"The Department has an outstanding ethos of community spirit and commitment to education and excellence. The quality of the clinical staff is outstanding and is reflected in the high praise and the enjoyment experienced by the many students who have learnt not just the technical skills of their profession, but gained inspiration from the calibre of the clinicians who they work with," Dr Douglas said.



L-R: Peter Jeffree, Executive Officer Ballina Hospital, Hanna Walker, University of Wollongong Medical Student is presented with a video laryngoscope from Michael Douglas and Frances Barraclough UCRH Program Manager for Clinical Education. This piece of equipment can be used to teach nursing and medical students valuable airway and resuscitation skills.

Plain Packaging Applauded

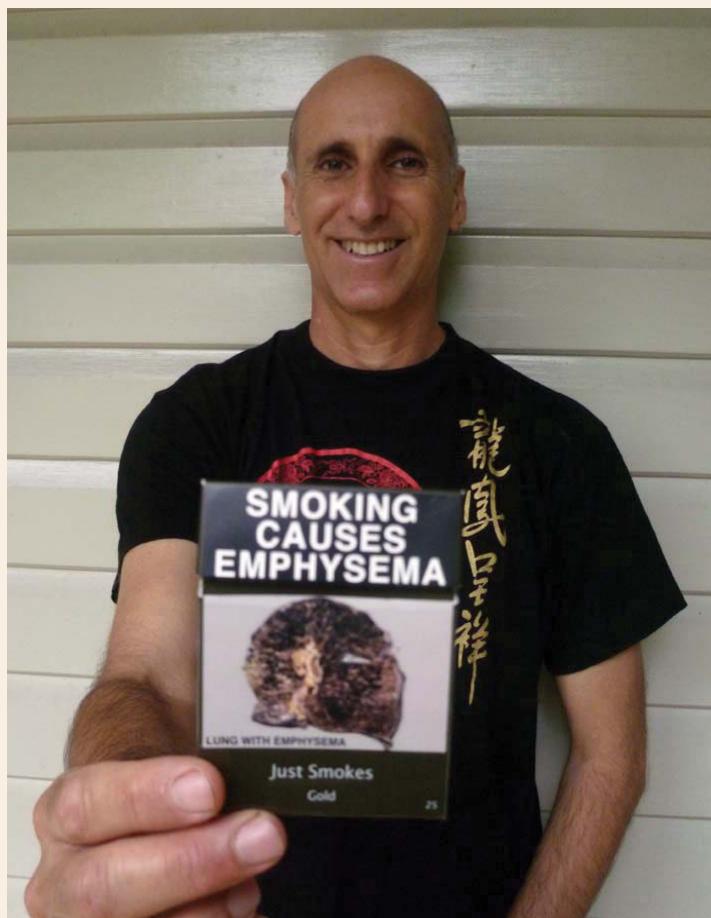
The Northern NSW Health Promotion Unit applauds the implementation of plain packaging and congratulates the Federal Government for a historic victory for public health.

Avigdor Zask from the NNSW Health Promotion Unit, said the removal of marketing and promotional material at the point of sale is critical to further reduction of smoking in Australia. As a society we have the responsibility to prevent the 15,500 premature deaths each year, which have resulted from Australians who smoke. This can be done by reducing the number of people who take up smoking, supporting smokers to quit and reducing non-smokers' exposure to smoke in the environment.

"We recognize that nicotine dependence is difficult to beat and as Health Promotion Workers, our aim is to support, not stigmatize smokers. Reducing the visibility of smoking products does not harm smokers in any way, on the contrary it helps those who are trying to quit," Dr Zask said.

Governments at all levels are acting to restrict smoking. The NSW Government has amended the Smoke-free Environment Act 2000 and from 7 January 2013 smoking is prohibited:

- In public playgrounds within 10 metres of children's play equipment;
- In open areas of public swimming pools;
- In major sporting facilities and at public sports grounds;
- At all public transport stops and stations;
- Within 4 metres of the pedestrian access point to a public building and
- From 2015, in all commercial outdoor dining areas.



Avigdor Zask

Ministerial Advisory Committee for Rural Health

The NSW Minister for Health and Medical Research, Jillian Skinner has asked Chris Crawford, Chief Executive and Denys Wynn, Manager of Medical Imaging at Lismore Base Hospital, to join a newly established Ministerial Advisory Committee for Rural Health.



Melinda Pavey

The Parliamentary Secretary for Regional Health, Melinda Pavey and Lismore Surgeon, Dr Austin Curtin will be Co-Chairs on this Committee, which will be made up of rural clinicians, community members and Staff from Local Health Districts.

The Committee will provide advice to the Minister for Health and Medical Research about how to improve both the delivery of health care in rural areas and will also play a key role in the development of a Rural Health Plan for NSW.

The Minister has asked the Committee to specifically advise on rural health issues relating to the following:



Austin Curtin

- Key issues being faced by rural health services in NSW.
- Identify innovative solutions to address emerging issues in rural health and develop strategies to improve the delivery of rural health services.
- Undertake other key priorities related to rural health that may be requested from time to time by the Minister.



Chris Crawford

Chris Crawford said that he will encourage NNSW LHD Clinicians and Staff to raise issues with him that he can bring to the attention of the Committee. He said that it is tremendous to have a Committee that is specifically dedicated to promoting and improving rural health services.

There will be four meetings in 2013, which will be held as follows:

March - Coffs Harbour
May - Tamworth
July - Orange
September - Wagga Wagga.



Denys Wynn

Ministry of Health News

Dr Mary Foley, Director-General NSW Ministry of Health has announced the following new NSW Health appointments.

Chief Executive Ambulance Service NSW (ASNSW)



Ray Creen has been appointed as Chief Executive, ASNSW. He will take up the role as head of NSW Ambulance on 18 March 2013 after five years as Chief Executive Officer, South Australian Ambulance Service (SAAS). The SAAS

includes 2,600 staff operating from 143 stations and serving a geographical area of one million square kilometres. Commencing his career as a paramedic, Ray Creen has led the provision of ambulance services in both the UK and Australia, with an outstanding track record of achievement in leading reform and innovation in the delivery of patient care. With a proven track of achievement both nationally and internationally in integrating ambulance services with the broader health system, he is well placed to implement the Government's recently released Reform Plan for NSW Ambulance and to assist the service focus on its core role of providing high quality, critical care services for the people of NSW.



Chief Executive, NSW Health Pathology

Tracey McCosker has been appointed as Chief Executive NSW Health Pathology and commenced in this role on a permanent basis on 21 December 2012 after having acted in the position since 1 November 2011.

Tracey brings significant health management expertise to the role of Chief Executive having held senior positions in finance, corporate and clinical operations in the NSW Health System. Tracey, who led the NSW Health Pathology Initiative Team, which developed the business model and governance structure for NSW Health Pathology, will now work with the Board of NSW Health Pathology to develop a strategic plan for the provision of quality, cost effective public pathology services in NSW.

Recruitment to the position of Chief Pathologist is in train along with the establishment of a Clinical Council which will support the Board and the Chief Executive.

Chief Executive, Bureau of Health Information

On 15 January, the Minister for Health and Medical Research announced the appointment of Dr Jean-Frederic Levesque to the position of Chief Executive, Bureau of Health Information.

Dr Levesque has a strong medical and academic background, holding a Medical Doctorate, a Masters in Community Health and a Doctorate in Public Health. Currently the Scientific Director, Analyses and Evaluation of Health Systems in Quebec's Institute of Public Health, Dr Levesque was a visiting academic at the University of Melbourne's Department of General Practice from 2011 – 2012.

Recognised as an expert in measuring health system performance across the acute and primary care settings, Dr Levesque is well placed to lead the BHI in its important role of providing high quality, transparent information to support decision making in the health care sector.



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Our next visit times and dates BELOW.

NEW STARTERS. YOU COULD PAY NO TAX UNTIL 31 MARCH 2013 ! FIND OUT HOW.

Location	Dates	Room	Times
Casino Hospital	Tues 5th Feb	Conference Room	8.30am – 10.00am
Kyogle Hospital	Tues 5th Feb	Tele Health Room	11.00am – 12.30pm
Lismore Base	Tues 5th Feb	Dr Lowry's Room (2nd Floor Crawford House)	1.30pm – 4.30pm
Ballina Hospital	Wed 6th Feb	The Solarium	8.30am – 9.30am
Murwillumbah	Wed 6th Feb	'The Cottage' (at rear of Hospital)	11.00am – 12.30pm
Tweed Hospital	Wed 6th Feb	Dolphin Room (Level 4 – Near Admin)	1.30pm – 4.30pm

Information Booklet? Ask for a copy at health@salary.com.au

Welcome



Dr Steve Abbey commenced on 7 January 2012 as Staff Specialist in Obstetrics and Gynaecology for both The Tweed and Murwillumbah Hospital's Women's Care Services. Dr Abbey has previously worked as a VMO Locum and has enjoyed many years as a consultant, and has a wealth of knowledge and skills.



Dr Deky Souvannavong was appointed as the Deputy Director of Medical Services for the Tweed Byron Health Service Group, based at TTH on the 2nd October 2012. Born in Brisbane he brings with him a wealth of experience in Medical Administration from Toowoomba Hospital and beyond where he was previously employed in similar roles.



Moira Waters commenced on 7 January 2013 as Planning and Performance Officer for NNSW LHD. Moira joins the Planning and Performance Team in the Chief Executive Unit with extensive planning experience. She will be well known to many having previously worked within the former Area Health Service.



Teresa Johns has been appointed as Business Manager, Richmond Network Smaller Hospitals. Teresa has been Acting/Business Manager Richmond Network Smaller Hospitals for some time and she is pleased to have been permanently appointed to this role.



Denise Harris has been appointed to act as Director of Nursing and Midwifery of The Tweed and Murwillumbah Hospitals while Anne Schefe is acting as Executive Director for Tweed Byron Health Service Group.

Denise's substantive position is Deputy Director of Nursing and Midwifery and she has proved to be a very capable Deputy Director of Nursing and so is well experienced to take on this role.

Staff News

Farewell



Anne Schefe and Tim Free

Tim Free, Executive Director of the Tweed Byron Health Service Group (TBHSG), has been appointed as the head of Gosford Hospital within the NSW Central Coast LHD. Chris Crawford, Chief Executive congratulated Tim on being appointed to this promotional position. On all of our behalf he was wished well in taking on this new challenge of managing a large metropolitan hospital. Tim's last day as TBHSG Executive Director was 18 January 2013.

In his short time with NNSW LHD Tim provided good leadership, which has allowed much to be achieved both at TTH and within the TBHSG. Together with the TBHSG Staff he has tackled some difficult issues and together they have achieved some very positive results.

To maintain this productive momentum within the TBHSG, the current Director of Nursing and Midwifery for TTH and Murwillumbah Hospital, **Ann Schefe** has been appointed to act as the Executive Director of TBHSG until a permanent appointment is made to this position.

Congratulations

The Tweed Byron Patient Transport Team have been commenced for their proactive management and "can do" attitude in operating Patient Transport Services while experiencing Patient Transport Vehicle shortages over the past few months.

The Escort Nurses worked with the Wards and the Transport Liaison Officer to assess mobility of patients to ensure that only stretcher patients were transported in the Patient Transport Vehicles.

The Team have worked diligently, which has resulted in minimising the use of road ambulances during this period, which is a considerable efficiency to the Local Health District.

Thank you for all the hard work and team approach taken, it is very much appreciated.

Julie Dodds
Area Manager Patient Services