

Ministers Plibersek and Skinner Visit for Openings



At the HealthOne Pottsville Opening from left: Geoff Provest, Member for Tweed; Don MacDonald, Community Representative; Jillian Skinner, NSW Minister for Health; Len Greer, Community Representative, Barry Longland, Tweed Shire Council Mayor. Below the HealthOne at Pottsville.



In the new Grafton Base Hospital (GBH) Medical Imaging Department from left-Shirley Adams, former Grafton Mayor; Allan Tyson, Chair GBH Medical Staff Council; Tanya Plibersek, Federal Health Minister; Kyle Roe, Radiographer and Janelle Saffin, Federal Member for Page.



Friday 5th April saw the Federal Minister for Health, Tanya Plibersek and the NSW Minister for Health and Medical Research, Jillian Skinner visit the Northern NSW Local Health District (NNSW LHD).

Minister Skinner started her day very early with the opening of the \$3.7 million HealthOne Centre at Pottsville where she was joined by Tweed MP Geoff Provest. NNSW LHD Board Chair, Brian Pezzutti and Chief Executive, Chris Crawford accompanied the Minister throughout the day.



Above, after a very busy day of openings across the NNSW LHD from left: Brian Pezzutti, Chair, NNSW LHD Board, Jillian Skinner, NSW Minister for Health; Janelle Saffin, Federal Member for Page; Tanya Plibersek, Federal Minister for Health and Thomas George, Member for Lismore view the plans for the Lismore Base Hospital Stage 3A Redevelopment Early Works.

The HealthOne provides a one-stop-shop of health services including a General Practice, Community and Allied Health Services, such as Physiotherapy, Dietetics, Child and Family Health and a Dental Clinic.

They then left for Grafton where Minister Skinner joined the Federal Health Minister Tanya Plibersek, Federal Member for Page, Janelle Saffin MP and Member for Clarence, Chris Gulaptis MP to open the Grafton Base Hospital Redevelopment Stages One and Two. The total cost of both these developments was over \$30 million and they include new and expanded Operating Theatres, a modern much larger Emergency Department, expanded Medical Imaging Services and six Orthopaedic Beds. The day ended with the two Ministers travelling to Lismore Base Hospital (LBH) to view plans of the Early Works and location of the multi-million dollar upgrades, which will then follow.

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A word from the Editor Susan Walker

I recently became aware of the huge effort made by the Centralised Patient Fees Unit and the many Staff in our Hospitals across the LHD, who participated in the implementation of the Power Billing Revenue Collection (PBRC), which has meant a big win for our Hospitals. Generally we tend to recognise our Medical and Nursing Staff, who do

fantastic work but behind the scenes there are Staff who keep the financial side of this large Health Service operating in order to meet the increasing cost of our growing patient demand.

After months of planning, configuration, testing and training, Staff were ready for PBRC to "go live". As expected, the first few weeks were overwhelming, they were working in a new system with new processes and with a backlog of patient billing to be processed. However, they all rose to the challenge to meet these demands.

Some of the benefits associated with the implementation of PBRC include:

- Identifying opportunities to optimise revenue by reducing revenue leakage
- Cash flow improvements, turnaround time for response from 6 weeks to 5 days
- Working in one system
- Streamlining business processes to meet Best Revenue Practice



Above L-R: Some of the team Karen Falls, Patient Fees Clerk; Mary Peterson, Patient Fees Manager; Rebecca Burton, Business Manager and Gillian Williams, Patient Liaison Officer for the Richmond Network.

- Eclipse on-line accommodation and medical billing and eligibility with Medicare and Health Funds
- Enhanced integration from Patient Information System, Internal Clinical system and Radiology Information System
- Electronic allocation of payments
- Improved data integrity.

While patient care is our number one priority, optimising our revenue to support expanded service provision is vitally important. So our Patient Fees Team deserve recognition for the dedicated way in which they undertake this important role.

Sandy Meredith - Quiet Achiever

Sandy Meredith is the acting Clinical Information Coordinator within the Clinical Governance Unit. Sandy is based at Ballina.

For some years Sandy has been managing quality and safety data for the NNSW LHD, particularly the quality and safety data for the LHD Service Agreement. This data is collected, collated and submitted to the Ministry of Health every month for the NSW Health System Performance Report and for LHD-wide audits and reports, which are reported to the LHD Health Care Quality Committee and other Clinical Governance Committees throughout the LHD e.g. the Patient Safety and Clinical Quality Program Report.

Sandy is the powerhouse behind the LHD Clinical Audit Program. She is undoubtedly the TeleForm Queen. Once sites have collected their clinical audit data, it is Sandy who collates the data, analyses it and prepares the final reports.

Just to name a few of Sandy's reports many of you would be familiar with are - Standard Adult Observation (SAGO) Chart audits; Safe Clinical Handover audits; Hand Hygiene audits; Inpatient Medical Record Documentation audit; Chronic Care Services (Cardiac and Respiratory) reports; Clinical Incident/Patient Complaint reports from IIMS, Death Screening/Review reports, and IIMS Dashboard reports. Sandy does all this with a smile!

Sandy has a strong commitment to always doing the best job that she possibly can and has consistently met the safety data



requirements that are mandatory for submission of data to the Ministry of Health for collation into the State-level report. Sandy is a much valued and respected member of the NNSW LHD Clinical Governance Team. She is always ready to assist where ever she can and is a genuine pleasure to work with. And she is always willing to share her chocolate with the rest of the team !

Sandy was nominated by David Hutton, Executive Director of Clinical Governance and Pam Mitchell, Clinical Quality Manager.

Emergency Department Upgrade for Murwillumbah Hospital

"The NSW Government will spend \$1.0 million to enhance the Murwillumbah Hospital Emergency Department," Mr Thomas George, MP, Member for Lismore announced recently.

"This ED upgrade will make it one of the best performing in New South Wales," Mr George said.

The enabling works costing \$145,000 have already been completed to relocate some Allied Health Staff to the neighbouring "Cleatus Cottage". The main works to upgrade the ED facilities commenced on 15 April 2013.

"The ED enhancement will increase its floor space by 40% and will include the development of a four bed Emergency Medicine Unit (EMU), which will allow patients to remain in the ED for longer, while being treated and monitored," Mr George said.

The enhanced ED will benefit from the following:

- New Nurses Station, clean and dirty utility rooms, resuscitation area and treatment bays
- An improved functional layout, which will facilitate better workflow within the ED
- Improved visual observation of the patient treatment bays



In the Murwillumbah ED discussing the new plans from left: patient Abby Evans, Lismore MP Thomas George, Dr Paul Fischer and NSW LHD acting Capital Works Manager, Bob Miller.

- Improved Patient and Staff security.

"The Emergency Department upgrade will bring significant benefits to Patients and Staff as a result of the improved amenities and work environment," Mr George added.

Learning & Teaching Centre



Going over the plans for the new Learning and Teaching Centre from left: Sharene Pascoe, John Hennings, Site Foreman and Anne Drinkwater.

The recent good weather has seen the commencement of work on the construction of the new Learning and Teaching Centre on the University Centre for Rural Health (UCRH) Lismore site move quickly with the frames now in place. Construction has been made possible by a grant from Health Workforce Australia.

A collaborative project between the UCRH and NNSW LHD, the new Centre's primary purpose is to provide access to simulation training for health students and clinicians.

Simulation training encompasses a variety of interactive, experiential learning techniques including:

- standardised patients (actors coached to portray patients),
- computer programmes,
- part task trainers to develop clinical skills,
- computerised high-fidelity manikins that can communicate, respond to medications, and replicate other bodily functions similar to human beings.

The new Centre will house a Clinical Skills Laboratory, two Consult Rooms, two Simulation Rooms, a Control Room, Debrief Room, two Tutorial/Meeting Rooms, office space and other amenities. It will be equipped with multiple task trainers, advanced patient simulators, and standardised patients.

The Centre offers students and health professionals the opportunity to develop clinical, behavioural and team skills in a safe environment. The vision is to create an inclusive facility that promotes team work and an environment that translates research into safe, efficient patient care.

Sharene Pascoe, CNC Emergency, has been seconded to the UCRH to develop an interdisciplinary simulation education model for the UCRH. ED Specialists, Dr Anne Drinkwater and Dr Blake Eddington are the medical advisors for the project.

Anne, Sharene and Blake will be consulting with Medical, Nursing and Allied Health Clinicians. External providers are also being consulted with, to facilitate the development of this model. If you wish to participate in this process, please email: Anne at: Anne.Drinkwater@ncahs.health.nsw.gov.au Sharene at: Sharene.Pascoe@ncahs.health.nsw.gov.au For Tweed/Byron Health Service Group contact Blake at: Blake.Eddington@ncahs.health.nsw.gov.au

The UCRH is looking for a name for the new facility and invites all NNSWLHD and UCRH staff to participate in a naming competition. Only one entry per staff member will be accepted. All entries are to be submitted via email to Wendy.Byron@ucrh.edu.au by the 30 June 2013.

The Governance Committee will review the entries and prepare a shortlist of names for consideration by the Executive Director of the UCRH. The person who submits the winning entry will receive a new i-pad.

Introducing our new Carer Consultants



Above L-R: Phil and Angela Mathew with their children Ashton, Eliza-Mae and Samuel.

Future issues of the Northern Exposure will introduce some of our recently recruited Carer Consultants, who will provide the NNSW LHD with valuable information to enhance our services.

Angela Mathew has become an expert in advocating for healthy and inclusive lives for families caring for a person with disability. She is a Parent Facilitator for the Cerebral Palsy Alliance, Honorary Member Support Officer for The Developing Foundation Inc., a successful grant writer and fundraiser, President of Summerland Early Intervention Program and President of Wilson Park Public School P&C.

Angela is also the organiser of the annual Riverwalk NSW event, which promotes brain injury awareness to the wider community. Angela is currently studying a Bachelor of Social Welfare at SCU and is a published author of a children's picture book app promoting disability inclusion.

As a mother of three children, two of whom have a disability, she has first-hand knowledge and experience of what it means to be a Carer navigating both disability and health services.

Angela recently joined a group of other expert "Carer Consultants" who have offered to assist the NNSW LHD to implement the new Carer Consultant Model (CCM).

At its April meeting, the NNSW LHD Board supported the introduction of the CCM for the LHD. The CCM provides the opportunity for Health Service Committees to have a Carer's expertise directly contribute to the evaluation, review and planning of health services via a convenient process of correspondence with the consultants in their own home.

There is a growing recognition of the importance of including Carers in health service planning and from 2013, NNSW LHD service units will be required to report on activity associated with the National Safety and Quality Health Service Standards and the NSW Carers (Recognition) Act 2010.

For more information on how your Committee, Service or Unit can benefit from the CCM, or on how you can become a consultant, please contact: Ken Lee Coordinator Carers Program or visit: <http://int.nswlhd.health.nsw.gov.au/chief-executive/planning-and-performance/carers-program/>

Report on Health and Disease in the Aboriginal Community of Northern NSW Launched

North Coast University Centre for Rural Health (UCRH), on behalf of senior Aboriginal health leaders and community representatives, has collated a picture of health and disease experienced by the northern NSW Aboriginal community.

The Report was launched at the Caring and Sharing Ideas Aboriginal Health Seminar in Lismore held in late March.



At the Seminar, from left Associate Professor Michael Douglas, Anthony Franks, NNSW LHD Chronic Care Officer, Teena Binge, Senior Aboriginal Health Education Officer and Mick Roberts, Bundjalung community representative.

Chief author of the report, Associate Professor Michael Douglas, said the Report outlines a "coming together" of information from health services to research, which provides a snapshot of the situation of local Aboriginal health and the opportunities that exist.

Dr Douglas explained that the Report arose from concerns of those in the community and those who work with the community, that we remain in an unacceptable situation that such a burden of disease still persists within Aboriginal Communities.

"There continues to be a sense that we can do better," he said.

The findings presented in the Report show that health disadvantage strongly prevails. However, there is evidence that some important gains have been made. Most notably has been the fall in pre-term births and infant mortality.

"This shows that positive effort can and will make a difference, yet there is still much more work to be undertaken."

"The Report signals the ongoing need for a positive approach, another rallying call for health managers to listen to the community and build upon their strengths," Dr Douglas said.

Senior Aboriginal Health Education Officer, Teena Binge said research needed to combine the academic point of view with a cultural and traditional point of view, so Aboriginal Communities can determine what they "could do about the issues as a people."

Copies of the Report can be obtained by making contact with the UCRH on 02 6620 7570.



Chief Executive Report

Board Activities

At its last meeting the NSW LHD Board discussed how it can better communicate with Clinicians and Staff about its activities. It is a busy and active Board, which takes the big strategic decisions for the LHD, as well as monitoring the performance of Management, Staff and Clinicians across a broad range of indicators, including Quality and Patient Safety, Work Health and Safety, number of Patients being treated, length of waiting lists and times and financial performance. It undertakes this work formally at 12 Board meetings annually and through a variety of Board Committees, that meet on a regular basis. Individual Board Members are out and about within the LHD to informally monitor what is occurring and also provide support and advice to Managers on a one-on-one basis.

More detail about the activities of the Board can currently be found on the NSW LHD Internet Site, where the Board Minutes are posted or through the Clinician and Community Engagement Insert into the Northern Exposure newsletter, which is published two or three times per year. The discussion at the Board Meeting suggested that these Minutes may be too "dry" and the Insert published too infrequently to truly represent the breadth of activities undertaken by the Board. Therefore, I have suggested to the Board that we could trial a Board Page in each month's edition of Northern Exposure. This would give Staff and Clinicians more contemporary information about Board activities in an easy to read format. Any feedback from Staff and Clinicians on this proposal, before a final decision on it is made, would be appreciated.

Winter Strategies

It is now less than a month before Winter is upon us. Decisions have been made at both Lismore Base (LBH) and The Tweed Hospitals (TTH) to try some innovative strategies this Winter. The rush is now on to get these into place before the worst of Winter arrives.

At LBH a decision has been taken to establish a temporary Emergency Medicine Unit (EMU) in the Emergency Department's (ED) West Wing. Through co-operative negotiations between LBH Management and Clinicians, it has been agreed to temporarily relocate the ED Fast-track Service. This will allow the temporary EMU of five beds and three chairs to be set up in the West Wing.

This change will give the LBH ED a little bit more capacity to assist it to respond to the extra winter demand pressures. This change will be supported by the implementation of the Whole of Hospital Program at LBH. This Program is now expected to commence in June. Its purpose will be to implement successful strategies from other Hospitals, particularly from Western Australian Hospitals. Improving Patient flows through LBH, including the introduction of better discharging processes are key goals of the Whole of Hospital Program, which should also assist the LBH ED to better cope with the Winter patient demand pressures.

At The Tweed Hospital (TTH) two new models of care are being introduced to support the ED and to improve Patient flows. Within the ED the Triage area will be restructured to allow a Rapid Response area to be introduced. This will allow during the busy part of the day, an ED Specialist to assess Patients very close to

their time of arrival in the ED. This can enable definitive treatment to commence earlier.

As well new Transit Lounge and Results Pending areas will be established. They will also improve Patient flows. The Transit Lounge will allow Patients to exit their beds earlier on the day of their discharges. The Results Pending area will enable ED beds to be "freed up" as Patients will await receipt of the results on specially designed chairs. Together, these initiatives will improve flows through TTH, so enabling better use to be made of both ED and Ward beds.

Thanks from the Board

The NSW LHD Board has asked that I pass on its congratulations and thanks for the good Surgical and ED results being achieved by Clinicians and Staff. The improvement in Triage and Waiting Time results have been very significant over the last couple of years. As a result the LHD is consistently meeting four of the five Triage benchmarks each month. The most difficult to meet Triage Category Three has been achieved in three of the last six months and in the months where it was not achieved, a very reasonable over 70.0% result was attained.

As well, the NSW LHD Hospitals taken together are not far off achieving the four hour ED exit time (NEST) result with a 73.0% year to date result being achieved compared to the new higher 2013 target of 76.0%. This result would be better if some beds were not off-line at TTH due to storm damage. As previously reported NSW LHD met the 2012 NEST of 69.0%.

In Surgery, due to the hard work and flexibility being demonstrated by the Surgical and Anaesthetic Teams, including Admissions Office and Surgery Ward Staff, all the 2013 Surgical targets are currently being achieved. At present the results are: Category One – 100.0% (vs 100.0% target), Category Two -95.0% (vs 93.0%) and Category Three – 97.0% (vs 95%).



L-R: NSW LHD Board Members, David Frazer, Rosie Kew and Malcolm Marshall meeting with second from left, Southern Cross University Vice Chancellor, Peter Lee.

Current Planning

Some important planning for future facility and service development is currently underway within the NSW LHD. An over-arching Healthcare Services Plan is being developed. This Plan will provide the overall direction for the development of Clinical Services within the LHD over the next five-ten years. The other Plans being worked on include three Master Plans, for TTH campus, the Ewingsdale Site of the proposed Byron Shire Central Hospital and for a Coraki HealthOne Service on the former Campbell Hospital campus. As well, a Feasibility Study is being undertaken to establish a Multipurpose Service on the Bonalbo Hospital campus and development of a Business Case to support the development of the Byron Shire Central Hospital is underway.

Chris Crawford

Smoking Free Pregnancy Mandatory Training

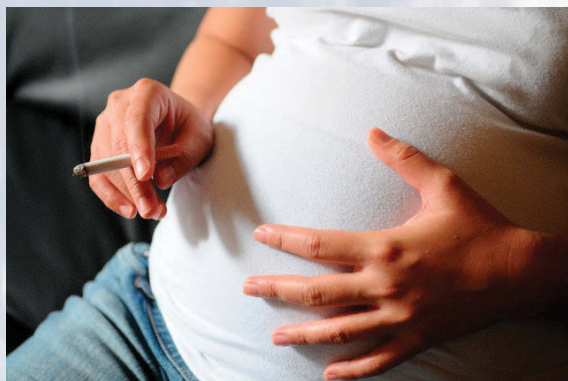
Since going live in 2012, over 230 Staff from the NSW and Mid North Coast (MNC) LHDs have completed the Smoke Free Pregnancy Mandatory Training online, with 96% of participants who completed the post course survey agreeing or strongly agreeing that the course was useful in their work.

The Smoke Free Pregnancy e-Learning Course is endorsed by the LHD Executive and is an annual mandatory training requirement for all Maternity and Child and Family Health Staff in the two LHDs.

The course was developed by a working group including Clinical Nurse Consultants (CNC), Midwives, Child and Family Health Workers, GP Practice Nurses, Health Promotion Officers and Quit Smoking Counsellors.

The online course takes approximately 30 minutes to complete and covers key topics such as:

- General information about tobacco use
- Health implications for pregnant women who smoke
- Environmental tobacco smoke (ETS)
- Nicotine dependence and treatment including Nicotine Replacement Therapy (NRT)
- How to have the conversation to support pregnant women who smoke to quit (the 5As).



Other useful features include:

- The provision of key messages after every topic
- Posters that Staff can print and display in relevant locations
- A comprehensive tool kit of information and resources to support pregnant women who smoke, which participants can access at any time without doing the course.

Access to the eLearning course via the local eLearning platform is CLOSED for an indefinite period. All staff should access the Smoke Free Pregnancy eLearning course via NSW Health Education and Training Institute Online Learning Centre (HETI) <http://nswhealth.moodle.com.au/login/index.php>

If you would like any further information, or have any questions regarding the online Smoke Free Pregnancy Training course, please contact Kylie Young on (02) 6588 2766.

Staying Active & Healthy is the key for April Falls Month



One in three people older than 65 have a fall each year but falls are usually accidental and can be prevented according to Mary-Clare Maloney, NNSW Falls Prevention Coordinator.

A fall is serious and can lead to long-term hospitalisation, loss of independence, the need for supported care and, in some cases, premature death.

By improving balance and strength, people can reduce their risk of falling and suffering a fall-related injury. Staying physically active is the single most important thing we can do to stay fit and independent. Older people can go from strength to strength by participating in regular Tai Chi, group exercise programs, Pilates, Gym sessions or simple exercises at home to improve muscle strength and balance.

As we age our bodies lose muscle strength, so the more active we remain the better chance we have of keeping our muscles strong and our joints mobile. Improving strength and balance in our legs allows us to complete regular daily activities more easily, including getting up and down stairs, in and out of cars and negotiating uneven surfaces.

To remain active, healthy and on your feet, you can find a falls prevention exercise program in your local area by visiting the NSW Ministry of Health website www.activeandhealthy.nsw.gov.au

The website also has a very helpful booklet called Staying Active and On Your Feet with information about exercises you can do at home. It also includes advice on healthy eating, footwear, a health and lifestyle checklist and a home safety checklist.



Above pictured in the foyer of Murwillumbah Hospital promoting April Falls Day is Gretel Jones, Manual Handling Coordinator at the Hospital.

For more information on falls prevention, visit www.cec.health.nsw.gov and click on the April Falls Day 2013 link.

According to Mary-Clare, NNSW LHD has a number of community programs such as 'Stepping On' to educate older people on ways to reduce their risk of falls.

"We also provide advice and education to Service Providers, who work with older people to ensure falls prevention messages are being conveyed and activities are developed that older people can tap into. There are many ways you can stay active in this area, particularly if you join a local exercise group, such as classes run by the CHEGS (Community Health Education Groups) organisation.

For more information on ways to stay "on your feet" visit the active and healthy website mentioned above, or www.cheqs.org.au

Bronwen Myers, Manager Sexual Assault

Bronwen moved to the area in 1981 with her husband. Opportunities for Social Workers on the North Coast were limited then; however, in 1985, Bronwen undertook some locum work within Community Health and at LBH and permanent work followed.

What did you do when you first started at LBH?

Upon arrival on the far North Coast I had joined a local Rape Crisis Collective. Whilst doing a Social Work locum at the LBH, I was asked to develop a sexual assault response protocol for the ED that would support the voluntary work being undertaken by Social Workers within the Collective.

In 1986 when the Rural Sexual Assault Services Program was implemented across NSW, funding was received by LBH to establish a part-time Coordinator's position for a sexual assault service; of course I applied for the position. The Service continued to grow and reached its current staffing levels in the mid-1990s with the appointment of a part-time Aboriginal Sexual Assault Worker and a Medical Coordinator. In 1995, under a Federal Government Best Practice Grant, I was fortunate to be able to travel to the US and Israel with a colleague to research models for the delivery of integrated medical, forensic and counselling services to adult and child victims of sexual assault.

What did you do before you came to Lismore?

Prior to moving to the North Coast, I was involved in setting up sexual assault services in Sydney. In 1978, in response to pressure from the Women's Movement, a Government Report was released documenting issues in the Police and Health Service response to victims of sexual assault, who presented for care at EDs or who reported to Police. Following that Report, Adult Sexual Assault Services were set up in all the major metropolitan teaching hospitals, including King George V Hospital, which was part of Royal Prince Alfred Hospital where I worked as Deputy Social Worker in Charge. I set up the service there and also worked as part of the 24 hour counselling team. I was invited to be a member of the newly formed NSW Sexual Assault Committee established to implement the Program and to develop the interagency policies, procedures and training which would ensure a victim-oriented response by all Agencies. The Committee had representation from NSW Health, the Women's Coordinator Unit of the Premier's Department, Forensic Medical Services, Police and the Office of the Director of Public Prosecutions.

Training was seen as very important to address the attitudes towards women reporting sexual assault. Not infrequently police charged women with making 'false reports'; when women presented to hospitals they were often not believed or simply turned away because medical staff did not want to be involved in a legal process.

So that led to women not wanting to report a sexual assault; even today women are reluctant to come forward and report sexual assault aren't they?

We have certainly seen an increase in reporting since the 1970's. However, we know that community attitudes to victims of sexual assault – 'it was the woman's fault, she asked for it' – are still factors in determining a jury's decision not to convict. There is also the frequent difficulty that there is little or no corroborative evidence to support that the assault has occurred – sexual assault is a crime which is not usually witnessed by others. The most common defence still is that the victim was consenting. Community education, therefore, was one of the early strategies adopted by the Government to address this issue.

What about children? What services were available for them?

It wasn't until 1985 that a Report by the Government appointed Child Sexual Assault Taskforce, brought to awareness the hidden problem



of child sexual assault. A similar Whole of Government response followed but this time of course, Youth and Community Services, now 'DOCS' and the Education Department were also key agencies - child protection and the early identification of sexual abuse underpinned service development, as well we undertook community awareness campaigns and education strategies for children within schools. In 1986 when the Rural Sexual Assault Service program commenced, services for the first time were provided to both adult and child victims of sexual assault and their families.

What changes have you seen since these programs were first set up?

One of the changes that we have experienced over the past 15 years is in the understanding of the physical and neurological changes that occur when a child or adult experiences a traumatic event. For children who experience chronic physical and psychological trauma, the impact developmentally is now understood and clinical tools have been developed to work specifically with this level of trauma.

Because of this change has there been a decline in sexual assault?

We know that despite public awareness and increased endeavours to prosecute offenders, there has been no reduction in the number of sexual assaults occurring within our community. Research and clinical practice confirms that sexual offending behaviour is compulsive and repetitive. Despite increased community awareness, despite protective behaviours programs for children in schools, sexual offending has not been reduced. Of particular concern is the way our digital world is used to create opportunity to perpetrate offences; the targeting of adolescents in particular through on-line predatory behaviour. Something which has also had media attention is drug and alcohol facilitated sexual assault, which may occur through drink spiking. Community education, a component of the Sexual Assault Services role, is important in order to reduce risks created by these scenarios.

How do you go about that?

We may identify a 'hot-spot' – an area, for example, where a change in the pattern or the way the sexual assault is being perpetrated is identified. One of the most visible community education activities the Service undertaken a few years ago was in Byron Bay. Working collaboratively with the Police, the Council, Backpacker Hostel and Entertainment Venue managers, and other community partners, we tackled the issue of drug and alcohol facilitated sexual assault through a poster campaign. The campaign has been re-activated at other times, such as 'schoolies week'.

How do you relax and how do you switch off?

Family, friends and time for fun! I'm always planning my next holiday – a wonderful diversion and time waster.

Medicare Local Launches Social Networking website

The official launch of North Coast Medicare Local's (NCML) new Healthy North Coast social networking website was a fun event with special appearances from a range of health promotion characters and kids, including The Spaghetti Circus staging a breathtaking performance of skill and flexibility.

"Healthy North Coast belongs to the whole community and is not just a website, it's a complete social and information networking arrangement – a means for collaboration, for sharing, for informing, for linking and for change," said Vahid Saberi, NCML Chief Executive Officer.

Around 30 guests, many of whom had contributed to the concept and establishment of Healthy North Coast attended the launch. "This is really only just the beginning. Healthy North Coast will grow with input from the community and other organisations. It will be an organic process with no end," said Mr Saberi.

Over the past 10 years our lives have changed with cyber networking. This phenomenon has shrunk the planet into a tablet or an iPad. It is a river that no one can stop and it's enabled NCML to harness these benefits for the community in the form of a Healthy North Coast.



*Participants attending the Health North Coast Website Launch
Photo -provided by Doug Eaton*

NCML's Chair, Dr Tony Lembke said, "Part of our mission as a Medicare Local is to help keep people well and out of hospital and part of that is giving them the information, the resources and the skills and importantly the teams they need to look after their health and the health of their families.

Health workers are welcome to contact the website's coordinator Alex Lewers at: alewers@ncml.org.au to suggest items for inclusion on Healthy North Coast.

Wound Awareness

Around 300,000 Australians, mostly elderly and on pensions, suffer lower leg ulcers requiring regular care. These wounds are not for life – they should heal within 12 weeks when managed with compression bandaging. However, government subsidies are seldom available for this best-practice care. This means many people are out of pocket, or miss out on treatment they cannot afford. The Australian Wound Management Association is working with its 3,000 Nurses, Doctors and Allied Health members to bring about equity of care and improve quality of life.

Nursing staff from Community and Allied Health, Richmond Network marked Wound Awareness Week (March 18th – 22nd) in a variety of activities.

This year the theme was promoting compression therapy for the management of venous leg ulcers (VLU). There were displays at all of the Richmond Network Community Health sites, a launch of the new self-directed learning package on compression bandaging as well as compression bandaging workshops for the generalist Community Nurses.

In a recent KPMG study it was estimated that approximately 42,600 Australians over the age of 60 years live with at least one venous leg ulcer at any one time. Venous leg ulcers have a big impact on the quality of life of people living with them. They are often painful and many elderly people think that they are just part of getting older.

The cornerstone in the management of VLU's is compression therapy. Initially this involves the application of specialised compression bandages and when the ulcer heals the client then needs to get fitted for compression stockings.



Above: Promoting Wound Awareness Week at Ballina Community Health from left: Cathy Reade, Monique Chesworth and Josh Collins and below at Casino Community Health: Lisa Hancock, Lyn McKee and in the background is Linda Hannigan and Lynette Swanson practice compression bandaging.



Welcome to two new Executive Directors

Lynne Weir Executive Director

Richmond Clarence Health Service Group

Lynne Weir has recently commenced as the NNSWLHD Executive Director of the Richmond Clarence Health Service Group (HSG). Thank you to Wayne Jones who has been acting in this position for the past year. Lynne has an extensive background in health administration and nursing. Prior to coming to Lismore, Lynne held positions as the Director of Operations and Acting Chief Executive for Western NSW LHD. She has held senior management roles for the Greater Western Area Health Service (AHS), such as the Acting Director Health Service Operations and Associate Director of Clinical Operations/Director Clinical Programs and Area Patient Flow Transport Manager.

Lynne's early career in health commenced in May 1977 when she undertook Registered Nurse Training at the Prince of Wales and Prince Henry Hospitals. She also worked at the Coffs Harbour District Hospital in the early 1980's. During her nursing career Lynne has held many roles where she developed excellent analytical and problem solving skills resulting in a secondment to assist in developing the Predictable Surgery Plan, Assisting with Waiting List Targets, Coordinator of the Private Provider Program and Implementing the Bedboard across the Greater Western AHS.

Throughout her career Lynne has held significant role responsibilities in a number of major District portfolios across all health disciplines. As well she has implemented an education plan for Activity Based Funding, established a District-wide Aged Care Access Centre and overseen a number of facility



redevelopment programs. In parallel, she has found time to manage a farm with her husband and in 2000 she was Awarded the Australian Sports Medal for her contribution to Netball!

Lynne says that leadership is the process of influencing the activities of individuals or groups in an effort to achieve goals. Change is a constant in many aspects of our lives. All around us technologies, processes, people, ideas and methods often change, affecting the way we perform daily tasks and live our lives. Well developed interpersonal and communications skills are essential components of leadership and successful change management. Over the years Lynne has been successful in motivating individuals and teams to meet organisational goals.

Bernadette Loughnane, Executive Director Tweed Byron Health Service Group



Bernadette Loughnane will join the NNSWLHD as the Executive Director for the Tweed Byron HSG on 27 May. Bernadette replaces Tim Free who left in January this year. Thank you to Ann Scheffe, who has been acting in the position since January.

Bernadette has recently held key Senior Management positions in Queensland Health. Her immediate previous position was Executive Director of Toowoomba Health Service, which is part of the Darling Downs Hospital and Health Service. Before then, she was the Executive Director of Rockhampton Hospital and Capricorn Coast Health Service.

Bernadette's other Senior Management roles include Divisional Manager, Division of Medicine and Aged Care at North Shore Ryde Health Service in Sydney and Clinical Nurse Manager, Neurosciences and Bone, Joint & Connective Tissues Services with the Sydney South West AHS.

There have also been secondments for Bernadette as Acting Director of Nursing Services at Canterbury Hospital and Acting Operational Nurse Manager and Acting Director of Nursing at Concord Hospital. Other roles include the Nurse Coordinator for Neurosciences and Bone, Joint & Connective Tissue Services for the Central Sydney AHS, as well as Acting Nursing Unit Manager, Neurology and Respiratory at Royal North Shore Hospital.

Bernadette's early nursing career began in October 1982 as a Student Nurse at St Laurences (Richmond) Tertiary Teaching Hospital in Dublin. She was a Clinical Midwife at Wexham Park Hospital in the United Kingdom and studied to become a Clinical Nurse Specialist in Neurosciences

Having a broad and comprehensive background in management and nursing provides a greater insight and appreciation of the responsibility of running a large network of hospitals and Staff, with the ability to manage budgets to meet the ever increasing demands of the growing and ageing population on the Tweed and Byron Shires. Having lived and worked in Queensland, Bernadette will bring valuable knowledge on how to manage the Queensland/NSW Cross Border relationship which impacts on the Tweed Byron HSG, particularly TTH.

North Coast NSW Human Research Ethics Committee has Vacant Positions



The North Coast NSW Human Research Committee (NCNSW HREC) is seeking applicants to fill vacant positions. The role of the Ethics Committee is to review and consider the ethical implications of research involving human subjects, which is proposed to be undertaken within the NNSW and MNC LHDs.

There are ten meetings a year, which are held on the fourth Thursday of each month from February to November. Meetings commence at 2.30 pm until approximately 4.00 pm and attendance at the meetings is by either Video-conference or Teleconference.

Prospective applicants should be aware of the following:

- The workload of the Committee can be heavy as there can be approximately three to six hours of preparatory reading required before each meeting.
- Positions on the HREC are voluntary and therefore do not attract any remuneration. Internal applicants need to be aware that membership of the HREC will require permission from your line manager and is not considered part of your routine workload or duties.

Applications for the following positions are currently open for recruitment:

Internal

- One position for a female applicant with *Knowledge of, and current experience in the professional care, counselling or treatment of people.*
- Two Positions for one female and one male applicant with '*current research experience*'. Applications for this category are open to staff from within the NNSW and MNC LHDs or to people external to the aforementioned organisations.

External

- Two Positions one female and one male with **current research experience**. Applications for this category are open to staff

from within the NNSW or MNC LHDs or to people external to the aforementioned organisations.

- One Position for a male **Layman** who has no affiliation with the institutions of NNSW or MNC LHDs and does not currently engage in medical, scientific, legal or academic work. To be eligible for appointment in the **Lay** categories - the applicant must have no affiliation with the NNSW and/or MNC LHDs and must not be currently engaged in medical, scientific, legal or academic work
- There is One Position for a female **Pastoral Carer** for example a Minister of Religion or Aboriginal Elder.

The NCNSW HREC is convened in accordance with the guidelines set out in the National Statement on Ethical Conduct in Human Research. The National Statement on Ethical Conduct in Human Research 2007 (updated 2009) can be viewed at <http://www.nhmrc.gov.au/guidelines/publications/e72>

If you are interested – or know someone who may be interested in applying to join the Committee, please forward an expression of interest and a short CV to the following address:

Executive Officer
North Coast NSW Human Research Ethics Committee
PO Box 821, Murwillumbah NSW 2484 or e-mail
EthicsNCNSW@ncahs.health.nsw.gov.au

Further details can be obtained from:
The NNSW LHD Intranet site:
<http://int.nnswlhd.health.nsw.gov.au/clinical-governance/human-research-ethics-and-governance/>



2013 Quality Awards

The NNSW LHD Quality Awards recognise innovative improvement projects with demonstrable improvements which enhance patient care and service delivery within the NNSW LHD.

Key Dates to remember are:

Entries Open	Wednesday 17 April 2013
Entries Close	Friday 17 May 2013
Judging	Monday 20 May to Friday 31 May 2013
Finalists Announced	Monday 3 June 2013

The Awards Function will be held at Invercauld House in Lismore on Wednesday 19 June 2013 and will follow the same format as 2013 NSW Health Innovation Awards.

There are eight categories, which are significantly different from previous years.

The eight categories for this year are:

1. Patients as Partners
2. Integrated Health Care
3. Local Solutions
4. Healthy Living
5. Building Partnerships
6. Collaborative Team
7. Reducing Healthcare Associated Infections
8. Excellence in the Provision of Mental Health Services

Finalists will be required to present a five minute power point presentation at the Quality Awards Function at Invercauld House on 19 June 2013. Category Winners and the Overall Winner will be announced at the function. The Category winners will be the NNSW LHD entries in the 2013 NSW Health Innovation Awards.

For more information go to : <http://int.nnswlhd.health.nsw.gov.au/clinical-governance/quality-awards/>



Marie Reilly, Regional Manager,
ACON Northern Rivers

The NSW Government has launched a ground-breaking education initiative designed to help end the HIV epidemic in the State, which was timed to coincide with this year's 35th Sydney Mardi Gras festival.

The Ending HIV campaign aims to educate gay men about the real possibility that HIV transmission in NSW could be virtually eliminated by 2020 as a result of advances in testing technologies and HIV treatments.

The campaign focuses on three key activities needed to help end the epidemic:

1. Test More – sexually active gay men need to get tested for HIV at least twice a year
2. Treat Early – advances in HIV medicines offer improved health benefits for people with HIV and can reduce the virus in their body to an undetectable level, significantly reducing the likelihood of them transmitting HIV
3. Stay Safe – with condoms and other risk reduction strategies - gay men need to maintain a culture of safe sex.

ENDING HIV



At the launch of the new ENDING HIV Campaign from left: ACON President Mark Orr, Bill Whittaker, NSW Health Minister Jillian Skinner, Professor Chris Puplick and ACON Chief Executive Officer Nicolas Parkhill.

Produced by ACON, NSW's largest community-based HIV and GLBT health organisation, the campaign was heavily promoted throughout the Mardi Gras festival. It will then be promoted across GLBT, mainstream and social media for the next 12 months.

Marie Reilly, Northern Rivers ACON Manager said, "In this region we have the highest population of gay men in NSW outside of Sydney, corresponding to a relatively high prevalence of HIV in this population group compared to other regional areas."

This has not, however, meant a higher incidence of new infections but rather that positive gay men are choosing to live healthy lives up here on the beautiful North Coast.

"We would encourage all health practitioners, who work with gay men to come on board with the Ending HIV campaign by promoting its key messages of testing more - so people know their HIV status, treating early and maintaining current levels of safe behaviours such as using condoms. Together we can all work to help end the HIV epidemic in NSW," said Marie. The campaign can be viewed at www.endinghiv.org.au

Say No to Unsafe Work Practices



This program is aimed at raising the awareness that safety in the workplace is paramount and Staff can say NO if they feel work practices are unsafe or there is a risk to health and safety by performing a work task.

Do not be coerced into doing something that may cause an injury to a patient, work colleague or yourself.

This may include requests such as:

- Lifting or moving a load that is too heavy
- Using illegal manual handling lifts e.g. shoulder lift, cradle lift
- Lift or move a heavy load without the

assistance of others or the available lifting equipment

- Lifting a person if it is unsafe to do so due to their size, positioning etc.
- Taking short cuts to save time.

YOU CAN SAY NO

If you consider any task you have been asked to perform, to be UNSAFE.

The Work Health & Safety Coordinator in your area can deliver a short in-service to Staff with a view to preventing and reducing workplace incidents and injuries.

The Chief Executive has asked Work Health and Safety Staff to be pro-active in ensuring that a safe workplace is being maintained.

Pay Slips now Online

From 1st June 2013 fortnightly payslips and annual payment summaries will be provided electronically via StaffLink, replacing the current paper based system.

By moving to e-payslips access to pay information is faster, it is available on the same day as funds are deposited, and from any location.

Further benefits include: added security, removing the risk of paper payslips being lost or stolen, environmental and cost savings by removing the printing and delivery of over 120,000 paper payslips each fortnight with more detailed pay and entitlement information being available in the online payslips than in the printed versions.

StaffLink is a web based program that can be accessed online – both from work and from home. Staff have the option of logging on to StaffLink to view and print your pay details, or to elect to receive your payslip automatically via email each fortnight.

If you don't already know them, your StaffLink system log in details are available upon go live from the HealthShare NSW State Wide Service Desk (1300 285 533), and detailed instructions for accessing your pay information online are available from http://intranet.hss.health.nsw.gov.au/__data/assets/pdf_file/0006/159261/StaffLink-v12.1-ESS-Participant-Guide-Final.pdf

PAYSLIPS VIA EMAIL

If you are already paid via StaffLink, you may have already made arrangements to receive your payslips electronically via email - in which case this will simply continue.

Should you wish to receive your payslip via email and haven't already activated this function, please log on to StaffLink to nominate a personal or work email address. This functionality is available now for current StaffLink customers.

Please note you will not automatically receive an email payslip from 1 June 2013. You will need to log on to StaffLink, to activate this function and nominate an email address.

For further information, please visit the HealthShare NSW Intranet (<http://intranet.hss.health.nsw.gov.au>) or contact Russell Wisemantel on 6620 2756 or e-mail Russell at: NCAWorkforceSupport@ncahs.health.nsw.gov.au

Letter of Praise

The following letter appeared in the Northern Star:

Hospital that Cares

Three cheers for Lismore Base Hospital. The care I received was attentive, genuine and efficient, and what's more, free.

Chantal Wilson
Nymboida

Congratulations



Dona Powell is one of the After Hours Nurse Managers at Grafton Base Hospital (GBH). Dona undertook a research project through the Rural Research Capacity Building Program, which is operated through HETI, (Health Education Training Institute). Dona was awarded the annual report prize for her work 'Can you see me? Experiences of Night Shift Nurses in Australian regional

hospitals. A qualitative case study.' Her prize was funding to attend a conference, where she had a paper accepted. Her paper was accepted by the Honorary Society of Nursing, Sigma Theta Tau International 24th Nursing Research Congress in Prague to be held in July. As well, it was published in the reputable British Journal of Advanced Nursing in February 2013. This is great recognition for GBH and our Health Service.



Mike Noonan is a Registrar working in TTH ED and he was selected as a Finalist to represent the NNSW LHD in the 2013 NSW Minister for Health / Investec Registrar of the Year Award. Though he didn't win it is a significant acknowledgement to be selected as a Finalist. He is congratulated on this achievement.

Welcome



L-R: Angela Sutherland and Helen Mitchell

The Richmond Network has a new Quality Manager - Angela Sutherland, who has come from the Gold Coast. Helen Mitchell has been acting in this role for five years and will return to her substantive position after the Richmond Network has undergone Accreditation Survey against the new National Safety and Quality Health Service Standards in September.