

## 2013 Quality Awards

On Wednesday evening 19 June, the Northern NSW Local Health District (NNSW LHD) held its third Quality Awards Ceremony. The aim of these Awards is to recognise innovative, sustainable improvements that have real life impacts on the quality of healthcare provided to our communities.

The entries were of a high standard and represent the work undertaken by clinical teams from across the LHD. A total of 22 entries were submitted to this year's Quality Award eight categories. Each category was judged by a panel of three judges whose task was to identify two finalists in each category where possible.

The judging panels identified finalists in six out of the eight categories for 2013. Our congratulations go to the following finalists. Within each of these six categories a winner was chosen. Then the six category winners were judged against each other. This produced the overall winner - Excellence in cognitive screening of the older person - Ann Moehead, Brad Ward, Steve Conroy and Collette MacInnes. This quality project is particularly relevant here on the North Coast, where a higher proportion of the population is over sixty-five years of age.

### Category 1 - Patients as Partners

- Allowing Natural Death - Development and evaluation of an innovative model for end of life care in a rural setting- Claire French, Sue Bryant and Greg Fairbrother
- Women with Midwives with Women – a Publicly Funded Homebirth Model of Care offered by Mullumbimby Community Birthing Service - Jenny Shaw, Suzanne Weir, Leanne Crumpton, Jenny Penn, Cathy Adams, Chris Smith, Ti Harrison, Maudie Collins, Deb Hayoe, Michelle Popple and Sarah Vial.

*Judges voted both as equal Winners.*

### Category 2 - Integrated Healthcare

- Connecting Mental Health and Maternity Services in Collaborative Care - SAFE START Antenatal Continuity of Care Clinic - Lindy Urane, Julijuana Vranic, Brad Mills and Amber Dalby - **Runner Up**
- Hep C Matters - Kerry McKee and Kerrie-Ann Lahrs - **Winner**

### Category 3 - Healthy Living

- Super Seniors' Health Challenge - Mary-Clare Maloney and Jillian Adams - **Runner Up**
- Patient Care Area Air Quality - Bruce Smith, The Tweed Hospital (TTH) Engineering Department - **Winner**



Above: The overall Winners were from left: Steven Conroy, Clinical Psychologist, NSW Dementia Behaviour Management Advisory Service with Hazel Bridgett, Member NNSW LHD Board; Anne Moehead, Nurse Practitioner Psychogeriatrics/ Dementia; Brian Pezzuti, Chair, NNSW LHD Board; Brad Ward, Clinical Psychologist and Collette MacInnes, CNC Psychogeriatrics/Aged Care Clarence Valley ACAT.

### Category 4 - Building Partnerships

- Community Health in Schools - Leonie Hamilton, Kim Kendall, Sheila Keane, Libby Cardell, Marleen Westerveld, Maggie Scorey, Christine Moss, Chris Hauritz, Susie Boyle, Mark Downward, Emma Willmott, Dan Bock, Amy Hill, Karen Hanna and Rhonda Whelan - **Winner**

### Category 5 - Collaborative Team

- Follow the Yellow Brick Road – Improving Clinical Review Compliance at Kyogle Hospital - Melissa Ingram, Willa Maguire, Bruce Taylor, Vinay Potumuthu, Nancy Martin, Julie Cadet, Vicki Wale, Alison Wilson, Maree Owen, Joan Olive, Joe Llewellyn, Julie Tibbs, Sandy Tomkins, Bernie Lanigan, Gail Jenkins, Jill Blackburn, Kate Blinkhorn, Annette Scofield, Ella Graham, Lorraine Kirch, Mark Boyd, Betty Tarran and Glenda Irvine - **Runner Up**
- Donate Life and Give Our People a Second Chance of Life - Mary Campbell, Darlene Rotumah, Mike Lindley-Jones and Delene White - **Winner**

### Category 6 - Excellence in Mental Health

- Mental Health Family and Carer Feedback: a valuable resource for service improvement - Mim Weber and Julie Butler - **Runner Up**
- Excellence in Cognitive Screening of the Older Person - Ann Moehead, Brad Ward, Steve Conroy and Collette MacInnes. - **Winner**

Finalists presented a five minute power point presentation at the Quality Awards Function.



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

Another month has passed by so quickly that we are now half way through the year.

So much has taken place over the first half of this year with construction works from one end of the Local Health District to the other. There is also the planning for future developments, such as the Health One at Coraki, which will be similar to that of the HealthOne at Pottsville that opened earlier this year.

I had the pleasure of interviewing Denys Wynn for this issue and we spoke about how much has changed since he first came to Lismore Base Hospital 30 years ago. We talked about the huge advances in technology, such as the transfer of images to computers and sending information by e-mails. Technology has moved at an incredible speed, so we wondered where the next wave of advances will take us to.

Congratulations to all those who contributed submissions to this year's Quality Awards, again it is fantastic to see Staff working and collaborating with others to bring about positive changes for those who work in health and provide health care to patients.

All were impressive but the entry in the Healthy Living category, which was submitted by Bruce Smith, Engineering Manager at TTH caught my attention. It was titled 'Patient Care Area Air Quality' - a bit of a tongue twister to pronounce but it was about improving the air quality in one of the Hospital Wards.

Regular maintenance had showed a Biofilm and growth build up. The cost of cleaning air-conditioning ductwork was between \$50k - \$80k per year. Testing was conducted with the aim to improve the indoor air quality; reduce energy consumption and maintenance costs.

Bruce told us that we eat approximately 2 kg of food per day and we drink approximately 2 litres of water per day, and that we breathe approximately 24 kg of air per day (that was a surprise to me - I hadn't thought about the amount of air I breathe). So it stands to reason that we should want to know that the air we breathe is actually healthy for us.

The outcomes were very positive. Some of the improvements are reduced mould growth throughout the ward; reduced cleaning chemicals; reduction in time cleaning and decrease in the number of Staff experiencing respiratory issues - so less sick leave and no more patient complaints regarding visible mould.



*Brian Pezzutti, Board Chair; Hazel Bridgett, Board Member with Bruce Smith*

## **Debra Lindsay - Quiet Achiever**

***Nominated by Ellen Palmer, Executive Officer/Director of Nursing, Casino & District Memorial Hospital.***

Debra (Deb) is a vivacious, level-headed and very competent Registered Nurse who is, and has been a valued team member and employee of Casino & District Memorial Hospital over many years.

Deb consistently demonstrates clinical leadership and has positive work relationships with patients; their significant others; clinicians and clinical support services staff across all levels of the organisation. She is always positive and solution-focused in her outlook and is willing to assist others wherever needed.



Not one to shy away from a challenge, especially if the cause can highlight patient, consumer and workforce system improvements and outcomes, Deb took on the Casino Hospital Quality Coordinator portfolio role in 2007.

The upcoming National Standards Survey will be the third Australian Council on Healthcare Standards (ACHS) accreditation process Deb has coordinated and led at Casino

Hospital. Another bow is assisting the Richmond Network Small Hospital and Multi-Purpose Health Service Centres Accreditation alliance.

Whilst, in her words, the Quality role can be challenging with differing personalities, perspectives, systems complexity and time allocation, she really does enjoy the whole of health perspective and finds the role very interesting.

Deb enjoys liaising and interacting with all levels of staff and engaging staff in opportunities to improve a process and/or situation, by linking data gathered on site (our performance as an organisation), to bring a positive approach to altering or improving how we care for the community and work at Casino Hospital.

Deb has seen significant changes to quality management and governance over the past six years, including the effects that information technology has had on the role's functions.

Casino Hospital has many employees who are very effective and committed to their roles, Debra Lindsay is one of those and the Casino staff are glad to have her as part of our team.

The Quality Systems Assessment (QSA) is a Clinical Risk Management Program with a focus on learning and improvement. It has been developed to provide clinicians and managers with a convenient and accurate means for determining compliance with policy and standards, identifying clinical risks and deficiencies in practice, as well as highlighting and sharing exemplary practice relating to clinical quality and patient safety.

The QSA program is auspiced by the Clinical Excellence Commission (CEC) and has a five yearly assessment cycle. Year one is a baseline assessment of various quality and safety issues. Years two-four are focused/thematic assessments of specific high risk topics and Year five is a repeat baseline assessment.

The program has four main elements:

- Multi-level self assessment: this approach allows for responses at different levels of the organisation to be correlated and to assess the effectiveness of governing and reporting structures;
- Feedback data and reporting: the CEC provides Local Health Districts (LHDs) with reports on their results so they can act, address their strengths and weaknesses;
- Improvement plan development: each level of the organisation (District, facility and department) is expected to develop an improvement plan to address identified risks found through the QSA self assessment; and
- On-site verification: annually twenty percent of all organisations are visited to verify the accuracy of a sample of the previous year's self assessment responses.

Each year, some sites within NSW LHD have a QSA Verification Visit. This year, a team of QSA Assessors visited Lismore, Casino and Ballina from 3 - 6 June. The visit began with a presentation by the Clinical Governance Unit detailing progress with implementation of QSA Statewide recommendations from 2007 to 2011.

Over this five year period there were 45 Statewide recommendations that were applicable to the LHD. Of these, 18 recommendations

have been fully implemented and significant progress has been made towards a large number of the remaining 27 recommendations.

Some examples of fully implemented recommendations are:

- Development and implementation of a robust system for responding to Safety Alerts/Notices/Information Bulletins from the Ministry of Health;
- Implementation of a consistent and timely death screening process across all sites;
- Systems in place for the management of complaints or concerns about clinicians;
- Implementation of procedures for checking correct patient/site/procedure and auditing of compliance with these procedures;
- Participation in Clinical Leadership Programs;
- Regular Hand Hygiene auditing; and
- Implementation of the Between The Flags Program and auditing compliance with calling of clinical reviews and rapid responses.

Some examples of recommendations that are currently in progress are :

- Safe Clinical Handover;
- Management of blood and blood products;
- Medication reconciliation ;
- Antimicrobial stewardship;
- Implementation of the adult and paediatric sepsis pathways; and
- Schedules for environmental cleaning and auditing compliance.

The LHD is currently waiting for the draft Verification Visit Report for comment. Assessor feedback, at both the LHD and facility levels was very positive. The team acknowledged and commended the progress that has been made with implementing the Statewide recommendations.



Front row L-R: Chris Crawford, Chief Executive; Michelle Shiel, QSA Assessor; Damien Limberger, QSA Assessor; Bernadette King, QSA Program Leader, CEC and David Hutton, NSW LHD Executive Director, Clinical Governance.  
Rear L-R: Pam Mitchell, Quality Systems Manager, Clinical Governance Unit; Rosie Kew, NSW LHD Board Member; Charles Pain, Director, Health Systems Improvement, CEC; Sharon McKay, QSA Assessor and Brett Courtenay, QSA Assessor.

# Capital Works Projects underway across the Local Health District

The NSW Member for Lismore Thomas George and the Federal Member for Page Janelle Saffin were joined by NNSW LHD Deputy Board Chair, Malcolm Marshall in turning the first sod, marking the start of works for the Lismore Base Hospital \$80.25 million Stage 3A Redevelopment, which is for new Pathology Unit.

The redevelopment is a jointly funded project with \$60.25 million from the Australian Government's Health and Hospitals Fund (HHF) and a New South Wales Government contribution of \$20 million.

The commencement of early works on site paves the way for the creation of a brownfield site upon which the main construction works to build the new Emergency Department (ED) will be undertaken.

**Maclean Hospital 14 Bed Sub Acute Ward** below shows progress being made despite bad weather work is expected to be completed in August. Top photo shows the newly built exterior and bottom shows interior.



Top: Janelle Saffin, Federal Member for Page with Thomas George, Member for Lismore  
Front row L-R: Tony Beashel, NNSW LHD Acting Chief of Staff; Malcolm Marshall, NNSW LHD Deputy Board Chair; Kevin Carter, Richmond Network Business Manager; Troy Harvey, Health Infrastructure Senior Project Director and Woollam Site Foreman, Grant Burt.



Above The Tweed Hospital (TTH) 8 Chair Dental Extension and below the new Transit Lounge at the front of TTH, which will provide improved clinical throughput by creating a primary waiting area for both patients leaving the hospital and ED patients waiting for results.





# Chief Executive Report

## Board Activities

As previously foreshadowed, a Board Page (see page 9) is now included in Northern Exposure.

You might be interested to know that like Staff and Managers, Board Members also undergo an annual Performance Review. Each Board Member completes an assessment form, which is utilised by the Board Chair and Member, when the Performance Review is undertaken. As well, the Board as a whole, assesses its own performance over the previous twelve months and determines priorities and areas for improvement for the following year. The quarterly LHD performance reviews undertaken by the Ministry of Health are an input into the Board's annual assessment process.

## Quality System Assessment (QSA)

The Clinical Excellence Commission (CEC) has recently sent a strong Team of Clinicians to NSW LHD to undertake a verification of the most recent late 2012 QSA Self-Assessment that had been undertaken by NSW LHD Clinicians. The outcome of this verification visit was very positive with the CEC Team finding that the self-assessment gave a generally accurate account of the how NSW LHD is positioned with regard to the topics being assessed. The three topics that were assessed, during this visit were Clinical Review and Mortality Review meetings, Clinical Supervision and Credentialing and End of Life Care and Management.

The visit of this CEC Team also provided an opportunity for a couple of other matters to be discussed. In its opening presentation to the CEC Team NSW LHD took the opportunity to set out the extent to which it has implemented the QSA Recommendations from previous years. Using a traffic light scoring methodology, NSW LHD demonstrated that it was mainly Green for the 2007/08 QSA, half Green/half Amber for the 2009 QSA and mainly Amber for the 2010 and 2011 QSAs. There were very few Recommendations against which no progress has been made.

Another matter discussed was the likely effect of the introduction of the new National Standards on the QSA process. On behalf of the CEC, its Team made it clear that it is not the CEC's intention to have the QSA duplicate the assessments that will in future be undertaken by Surveyors, who are reviewing compliance with the National Standards. Therefore, they indicated that the QSA is likely to be modified to avoid unproductive duplication. They were not able to be more specific at this stage about what form these modifications might take. As this information becomes available it will be circulated within the LHD.

## Quality Awards

As the many excellent projects that were recognised by the 2013 NSW LHD Quality Awards are given coverage elsewhere in Northern Exposure, I will not refer to them in detail in my Report. However, I want to congratulate all the winners on their excellent projects and acknowledge how well and concisely they presented on them at the Awards Ceremony. Well done! Even the Projects that did not win Awards were of a high standard.

Many of the Projects were relatively small ones that set out to pursue a particular objective to achieve a positive outcome. This they did and in most cases, without using much in the way of extra resources. I always find our Quality Awards Evening an inspiring night and this year was no exception.

## Third Activity Based Funding (ABF) Roadshow

My third ABF Roadshow is underway. Already I have made presentations to frontline Clinicians and Managers at Murwillumbah, Ballina and Grafton Base Hospitals. Shortly, I will make two presentations at each of Lismore Base Hospital (LBH) and TTH. The feedback on my presentation has generally been positive. It has stimulated many questions and has been a catalyst for lively discussion. The key message that I am taking back from the sessions I have held so far, is that there is a thirst for knowledge about ABF and for accurate comparative information about Clinical Group and individual Clinician performance on a Diagnostic Related Group basis. More of this type of information will be made available shortly.

The other important topic discussed at these sessions relates to the accuracy of the Coding. Due to incomplete or inaccurate documentation it is felt that some Coding may not accurately represent actual clinical practice with regard to some DRGs. This causes the length of stay of patients treated by some Clinicians to be much longer than at Peer Hospital and State Averages. It is very pleasing to know that our Clinicians are keen to receive and review this data.

## 2013/14 Budget

Now that the NSW State Budget has been delivered, work is underway to get the NSW Health Budget out to the frontline. NSW LHD has recently received its Budget from the Ministry of Health. Now that the Budget has been received NSW LHD Management will slice up the budget between Hospitals, Streams and other Services, submit a draft Budget to the Board for consideration and feedback and then once the Budget is approved by the Board, allocate budgets to each Hospital and Service. Once the Budget is issued, then NSW LHD must post on its Internet Site certain prescribed information about the Budgets that have been allocated, so that this information is available to local communities. More detailed information will be provided about the 2013/14 NSW LHD Budget in my next Report.



Above at the Senior Managers Forum held in Lismore on 14 June from left: Narelle Gleeson, Director of Nursing & Midwifery LBH; Andre' Jenkins, Director Information Management, Clinical Excellence Commission, who spoke at the Forum on the eChartBook and Chris Crawford.

*Chris Crawford*

# Signing seals collaboration



SCU Vice Chancellor Peter Lee and NNSW LHD Chief Executive, Chris Crawford sign the MoU with rear left: Prof Iain Graham from the School of Health & Human Sciences and Annette Symes, Executive Director of Nursing and Midwifery

NNSW LHD Board (LHD) recently gave its approval for a Memorandum of Understanding (MoU) to be signed between the LHD and Southern Cross University (SCU) School of Health and Human Sciences.

Chris Crawford, Chief Executive said that over the past five years a partnership between the LHD Midwifery Directorate and the SCU School of Health and Human Sciences had evolved.

"They are collaborating in the promotion of Staff opportunities for education, research capacity and capabilities within both organisations. This involves LHD Staff participating in the development of curriculum and LHD Clinicians teaching in the School's programs and supporting students on placements," Mr Crawford said.

LHD Staff participate in the selection process of academic Nursing and Midwifery Staff with the Head of the School of Health and Human Sciences. A Collaborative Practice Unit has been established and a funding partnership for a post doctoral fellow and a senior research fellow has commenced.

"The MoU further strengthens and formalises the relationship between the NNSW LHD and SCU," Mr Crawford said.

SCU Vice Chancellor, Professor Peter Lee welcomed the agreement saying, this is evidence of the valued partnership with the LHD. SCU is working towards tighter cooperation between clinicians, academics, research and teaching to improve the delivery of health care to the community.

Professor Iain Graham, Head, School of Health and Human Sciences said, we are working to increase clinician involvement and provide new opportunities for joint appointments as the School continues to grow and develop to meet the challenges of healthcare reform in Australia.

The Collaborative Practice Unit (CPU) for Nursing and Midwifery is about evidence based practice, professional role development and research. It represents three core strategic directions for nursing and midwifery in the LHD.

Ensuring a true collaboration of Industry and the Academy, the CPU is led by Ms Rae Conway and Dr Greg Fairbrother. Rae is well known to most within NNSW LHD and is working as a Senior Research Fellow for the CPU. Rae brings a wealth of industry experience from both a clinical and managerial perspective. Greg Fairbrother is a Post-doctoral Research Fellow with SCU. Greg's experience in clinical and organisational research and evidence based practice is substantial and his aim is to capacity-build and foster collaboration in these fundamentally important areas.

Both Greg and Rae work closely with Prof Andrew Cashin (Professor of Nursing, SCU) and Annette Symes, who have been instrumental in the establishment of this new Unit. Andrew is looking forward to additional practical academic contributors becoming involved in the CPU in the future. Rae Conway said,

*"We are excited at the prospect of fostering greater collaboration between the clinical and academic strands of the Nursing and Midwifery profession here on the NSW North Coast."*



Rae Conway and Greg Fairbrother

The CPU is centred in Crawford House, the LHD Administration Offices. It also functions from offices on the SCU Lismore Campus. Its goals are multifaceted but focused on developing seamless lines of communication and support between clinicians and academics.

Three initial aims are:

1. To foster, support and monitor the development and conduct of clinical nursing and midwifery research;
2. To support understanding of and use of evidence in clinical practice;
3. To contribute to the professional role development of nurses and midwives of the LHD.

Some initial projects being led by the CPU are:

- Mixed method inquiry around enablers and barriers of evidence based practice in nursing and midwifery;
- Participatory action research projects around modelling the Nurse Educator and Clinical Nurse Educator roles and the Clinical Nurse Consultant role in the LHD;
- Mixed method inquiry re efficacy and context of workplace coaching in nursing and midwifery.

As well, a range of clinical research and practice development projects are being facilitated or supported by the CPU. These include large clinical audits, original quantitative and qualitative research projects and work-based action research projects. Some 12 projects are presently either in play or complete.

To contact the CPU call 02 6620 7232 or e-mail [rae.conway@ncahs.health.nsw.gov.au](mailto:rae.conway@ncahs.health.nsw.gov.au) or [greg.fairbrother@ncahs.health.nsw.gov.au](mailto:greg.fairbrother@ncahs.health.nsw.gov.au)



*Denys Wynn was appointed Chief Radiographer at Lismore Base Hospital (LBH) in August 1980, at the time he was one of three Radiographers employed by LBH. He came from Townsville with a plan to stay for three years. In those days about 6,000 exams (x-rays) were taken per year. Now they do about 3,500 per month.*

***Things have changed since then, the scope and advances in technology has moved incredibly fast?***

The change in technology has been stunning. In those days the typist used a manual typewriter to type up the medical imaging reports. By 1989, we changed to computerised RIS (Radiology Information System), where they store all the records of people who have been seen at Radiology. RIS was used for 10 years and in 2003 the next advance was PACS (Picture Archiving and Communication System). This allows for images to be stored centrally and to be available for viewing anywhere in the hospital at any time. PACS was also rolled out to Kyogle and Ballina to enhance services and centralise the reporting back to Lismore.

***Staffing would have increased with this advancement?***

Yes, staff has grown from four radiographers in the late 1980s-1990s to now, where we have around 17 radiographer positions.

***The services you provide have also changed haven't they?***

We provide a huge amount of interventional services and we have a screening room that is basically another theatre.

***This is where Surginet comes in?***

Yes, because we perform a lot of interventional procedures it is important to have these procedures recorded into the Surginet (the computerised patient administration system used in operating theatres). We had a link to Firstnet (the computerised patient administration system used in emergency departments), which was installed in 2010.

Firstnet provides access to medical imaging. Orders for imaging come from the wards via Firstnet, which means the wards are able to view reports using this system. Surginet is an electronic computerised system that provides a way to record who comes in for a procedure and to track what procedures they have had. So it makes sense to record patients imaging data into Surginet so that all patient information is recorded into the same system.

***When do you expect to have Surginet ready?***

Surginet is a complex implementation system that involves installation to all theatres across the Local Health District. Having good and accurate data into the one system that records what we are doing for patients computerised is very important.

## Interview with Denys Wynn, Manager Medical Imaging, Lismore & Ballina Hospitals

When completed, which is expected to be 1 July, the Medical Imaging Department will be able to link in. Surginet is change and we should embrace change and go with it because it is for the betterment of our patients and the staff who care for them.

***This provides consistency across the whole LHD***

Yes, but it will also be implemented across the State. It will provide better patient care in the sense that it is now absolutely detectable about who has had what, where and when. Just because a procedure happens outside of theatres, doesn't mean it is not a procedure that shouldn't be recorded using those same rigorous rules.

When theatres moved towards the correct patient/correct procedure/correct side - the CCC check, there was an immediate reaction to apply those same procedures in imaging. As a result of that, we spun off the adoption of CCC check for the State because at the time, the then Department of Health were stunned to discover how many procedures were also undertaken outside of the operating theatre. A lot of procedural work was done in imaging, endoscopy, ICU and ED. It is imperative these procedures have the same rigour as in theatre.

***So Medical Imaging is not just about taking x-rays, it also does a lot of procedural work, drains and tubes, biopsy?***

Yes, we have come a long way from that. While we still do huge volumes of imaging we also do quite complex procedures, such as a tube into someone's ureter to embed a drain affectively that links their kidney to their bladder. We do lots of stenting and ballooning of vessels.

***X-ray does much more than I realized***

Nobody moves around the Hospital without coming through here. Imaging is the key to what everyone does. My philosophy is to do it as well as we can, that meets the level of this hospital. We have to be flexible and consistent as to where the hospital is going.

***"My view is that X-ray is the Engine Room of the Hospital."***

***You stayed much longer than three year?***

The reason I stayed after three years was that I grew to love and admire the standard of work being done here and the people that do it and frankly, I wanted to be part of that. Also, the fact that in a family sense, it is a wonderful place to live, bring up my children and being part of a community that I find enriching and rewarding. I'm now deeply involved in the community.

***I've heard you say that working at LBH has given you a fantastic career and opportunities?***

You know, in my early days I had set myself a goal to manage an imaging department in a teaching hospital and I stayed here for my family. I am humbled at having been given the opportunity to be part of that at any level.

***So you have hit your goal?***

It crept up on me, it had passed from my mind over the years and now I look back over the past 33 years and feel I have actually achieved it.

# Latest Board News



Above from left: Turning the first Sod for LBH Stage 3A Redevelopment Malcolm Marshall, Board Deputy Chair with Thomas George, Member for Lismore and Janelle Saffin, Federal Member for Page.

## Governance

NNSW LHD Board Membership is broad with representatives from clinical, financial, government, education, non-government and community sector. Many of the Board members also undertake other governance roles outside of Health.

The Board is keen to ensure its members are across the range of governance areas relevant to the NNSW LHD. Therefore, last year NSW Health engaged the NOUS Group, a management consulting and leadership development firm, to develop and trial a number of Governance Training units designed to reflect the Health and Government Sector.

The Board highlighted Clinical Governance as being one of its priorities and put 'its hand up' to trial a session entitled **Clinical Governance Oversight** which was held in Lismore on 28 November 2012.

This year, a schedule of one hour sessions are being conducted in-house prior to Board Meetings. These sessions provide Board Members with information on specific topic areas they require including: public sector environment; financial management; service provision and commissioning; strategy performance and risk and organisational culture.

On 19 and 20 June 2013 three Board Members Dr Joe Ogg, Ms Rosie Kew and Mr Mark Humphries attended a two day Governance Training program run by the NOUS Group in Sydney covering some of the topic areas listed above.

## Establishment Allied Health Advisory Council

Following approval by the Board to establish an Allied Health Advisory Council (AHAC), the inaugural meeting was held in Lismore on 6 June. The purpose of the AHAC is to provide strategic leadership across NNSWLHD. The AHAC will progress matters related to Allied Health Workforce, especially attracting and retaining Staff, ensuring allied health practice models reflect best practice, build skill capacity.

Pictured front left around the table - Andrew Neill, Physiotherapist from Casino; Rosie Kew, Occupational Therapist and NNSW LHD Board representative; Monique du Sautoy, Speech Therapist from Byron and Mullumbimby; Vicki Rose, A/Executive Director Allied Health/ Chronic & Primary Care; Amy Hill, Occupational Therapist from Ballina and Helen McGregor, Podiatrist from Lismore. Other members on Video-Conference were: Mark Banbury, Dietitian from The Tweed Hospital; Suzanne Callander, Social Worker from Grafton; Steven Conroy, Psychologist from Tweed; David Sampson, Medical Radiation Therapist and Chris Wear, Radiographer from Grafton.



In addition to NNSW LHD Board Governance Committees, Board Members participate and report back on a number of NNSW LHD Committees relating to Clinician, Community and Stakeholder Engagement and NNSW LHD Service Planning.

The NNSW LHD Board members are represented on the following Committees with responsibilities for:

### Governance

- Finance and Performance Committee - David Frazer, Chair and Mark Humphries
- HealthCare Quality and Safety Committee - Rosie Kew, Chair and Lesley Barclay
- Audit and Risk - Malcolm Marshall
- Medical and Dental Appointments Advisory Committee - Hazel Bridgett, Chair and Allan Tyson
- Health Service Development Committee - Brian Pezzutti, Chair and Deborah Monaghan
- Disaster Planning Committee - Sue Page

### Community/ Clinician and Stakeholder Engagement

- District Clinical Council - Rosie Kew and Sue Page
- District Allied Health Council - Rosie Kew
- Ngayundi Aboriginal Health Council - Deborah Monaghan, Leonie Crayden and Sue Page
- Mental Health Forum - Hazel Bridgett, Chair and David Frazer and Deborah Monaghan
- Education, Workforce and Research Forum - Sue Page
- Community Engagement Advisory Council - Hazel Bridgett

### Current Planning Activities

- Health Care Services Plan - Hazel Bridgett and Joe Ogg
- Former Campbell Hospital Master Planning Committee - Hazel Bridgett and Malcolm Marshall
- The Tweed Hospital Master Planning Committee - Leonie Crayden and Mark Humphries
- Bonalbo Multi-Purpose Feasibility Study Steering Committee - Malcolm Marshall

Minutes of the Clinical Council are available on the Intranet at <http://int.nswlhd.health.nsw.gov.au/chief-executive/district-clinical-council/> and Abridged Minutes of the Board are available on the Internet at <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/>



**'Give Me 5 for Kids'** is 92.5 Gold FM's annual fundraising appeal where the 92.5 Gold FM host various fundraising events with the sole purpose of raising much needed funds for the children's wards at the Gold Coast Hospital and The Tweed Hospital (TTH).

All funds raised are shared between the two hospitals and so keeping it local and where it's needed, ensuring our sick children receive the best possible care. Funds raised are used to purchase vital equipment that would otherwise see them travelling long distances to receive the treatment they need.

On Friday 31 May 92.5 Gold Coast FM morning presenters kicked off the month's fundraising, which ended on 30 June with a live broadcast between 5-9am from TTH. They invited local celebrities and corporations to take part in a bed challenge - where they were handcuffed by police to hospital beds until they raised \$1,000 each.

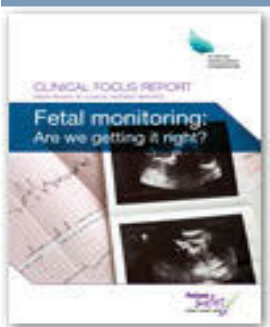
Give Me Five for Kids is supported by more than 40 radio and TV stations across regional Australia and has been running for almost 20 years.



*Top left - L-R: 92.5 Gold FM Team - Bridget Daley, Richard Fowler and Peter 'Spida' Everitt during the live radio program from TTH.  
Top right - L-R: Peter 'Spida' Everitt, David McMaster, Director of Paediatrics for the Tweed/Byron Health Service Group; Bridget Daley, Richard Fowler and Ann Scheffe, TTH Director of Nursing. Above: Freemasons representatives L-R: Les Hicks, Bruce Arnol and Graham Moon with 92.5 representatives donate \$500.*

Over the years millions of dollars have been raised to pay for invaluable medical equipment and provide support for families.

## Clinical Excellence Commission's Patient Safety Program



The CEC's Patient Safety Program seeks to deliver a standardised, system wide approach to ongoing improvements in the safety and quality of health care in NSW. The Patient Safety team utilises IIMS to identify risks to patient's safety. The information obtained from IIMS data analysis is used for many CEC projects and reports.

### Clinical Focus and Patient Safety Reports

Clinical Focus and Patient safety reports are developed from reviewing de-identified information from the NSW IIMS system. These reports have triggered system wide improvements, such as the Sepsis Kills project, as well as raising awareness at the clinical level. The reports also contain recommendations for system-wide improvements.

### The latest Clinical Focus report is on Fetal Monitoring: *Are we getting it right?*

Fetal monitoring is recognised as an important component of antenatal and intrapartum care. Despite rigorous surveillance, some babies are compromised and sustain significant injury or die during pregnancy/ labour and delivery.

The report describes the analysis of 29 RCAs and 128 IIMS notifications (SAC 2-4) lodged during the period January 2010 to April/ May 2011, where inadequate surveillance may have contributed to poor fetal outcomes. The report highlights the contributing system factors and recommendations for improvement. The report can be downloaded from the following address.

[http://www.cec.health.nsw.gov.au/\\_\\_documents/programs/patient-safety/clinical-focus-report-fetal-monitoring-april-2013.pdf](http://www.cec.health.nsw.gov.au/__documents/programs/patient-safety/clinical-focus-report-fetal-monitoring-april-2013.pdf)

Other CEC Clinical focus Patient safety reports are:

- Fractured Hip Surgery in the Elderly July 2011
- Diagnostic tests - How access and follow-up affect patient outcomes September 2011
- Clinical Focus Report - Review of Clinical Incident Reports Recognition and Management of Sepsis
- Patient Safety Report - Review of Clinical Incident Reports Clinical supervision at the point of care

These reports can be found on the CEC website <http://www.cec.health.nsw.gov.au/programs/patient-safety>

# Light Your Imagination & Improve Your Practice

Tracey Beck is a Diversional Therapist in the Transitional Care Unit/General Ward at Ballina Hospital. Tracey was selected to present at this year's National Australia Diversional Therapy Conference held at The Novotel Olympic Park in Sydney on 17 & 18 May.

The Conference theme was 'Light Your Imagination and Improve Your Professional Practice'. The keynote speaker was Dr Leon Earle, a highly respected Gerontologist and social analyst both locally and internationally.

Her presentation was 'Life in a Quilt' – a program that she conducted at Ballina Hospital with patients from the Transitional Care Unit and General Wards over a period of approximately two months.

Tracey said the 'Life in a Quilt' program emerged from an observed need for patients, who experience isolation and loneliness due to memory impairment and the difficulties in communicating their needs. There need is to be able to share a little bit more about themselves, those unique experiences that shaped their lives. Patients constructed a small paper patchwork quilt with images of the things that were important to them which when completed became an instant communication aid.



*From left: Dr Leon Earle, Tracey Beck and Bronwyn Bishop MP.*

The presentation outlined the program benefits and outcomes and research which underpinned this type of therapy.



## National Women's Health Conference



About 500 women attended the Conference from all over Australia. Julie Hornibrook presented papers with Dr Frances Doran, in a collaborative approach between the Women's Health Centre and Southern Cross University.

The papers titled - 'Innovative Group Project Supports Women in Transition from Pregnancy to Motherhood' profiling the Lismore and Bullinah pregnancy and postnatal groups and 'How far have we come?'

The second paper was a qualitative study that found layers of barriers to access termination services in Northern NSW Australia.

Both presentations are on the website <http://www.womenshealth2013.org.au/presentations/index.html>

*Left: Ellie Saberi, NNSW LHD Women's Health Co-ordinator and Julie Hornibrook, Chairwoman Council of Women, Lismore District Women's Health Centre at the National Women's Health Conference held in Sydney 8-10 May 2013*

# Thanks to Bunnings in Ballina

The Ballina Hospital Auxiliary approached Bunnings with a request for some for gardening equipment, to enable patients to continue their love of gardening whilst undergoing rehabilitation.

The Auxiliary were surprised and delighted when Bunnings generously donated goods in addition to labour to improve two garden areas in the Transitional Care Unit and General Ward.

This included a raised garden bed to enable patient therapy and to beautify the courtyard garden areas in both the Transitional Care Unit and General Ward. Patients now have an opportunity to experience gardening with a raised garden bed.

It also means patients' visitors now have a more welcoming and inviting space to visit their relatives, during their hospital stay. In addition, it is hoped the patients will continue to garden on discharge.

Richmond Sand and Gravel also kindly donated 2.5 cubic metres of soil to enable the project to be completed. In addition, two timber garden bench seats were also donated which will be used in the long corridor enabling patients to take rest stops.

## NSW Public Sector Workplace Giving Program



The NSW Public Sector Workplace Giving Program was launched by the Director-General, Mary Foley on 21 June 2013.

Workplace Giving is an important opportunity to build awareness of workplace giving, encourage staff participation and celebrate the positive and collective impact employees can make to charitable causes.

The NSW Public Sector Workplace Giving Program is voluntary and includes nine sector-wide charities so that together we can have a meaningful impact on the causes important to us across the public sector.

The Program allows all employees to make regular donations through the payroll system to the selected charities. By choosing to support charities via these deductions employees receive an immediate tax benefit and don't need to keep receipts or wait until the end of the financial year to claim the deduction.

Public sector employees have a long tradition of supporting charitable organisations within the broader community. With over 100,000 employees across the Health Cluster, if we donated as little as \$2 a pay, together we could make a difference of over \$5 million in a year.

The NSW Health Intranet shares information on the Program and how to sign up. For charity profiles visit - [www.nsw.gov.au/workplacegiving](http://www.nsw.gov.au/workplacegiving)



Above seated - Gwen Berger and Kitty McInness with Claudia and Amy from Bunnings



Tracey Beck, Diversional Therapist and Kitty McInness planting the new raised bed garden in the Transitional Care Unit



Kitty McInness at the completed raised bed garden planted with vegetables.



### b.Supported - Support Group

Need to talk with other people who have similar experiences.

Would you like support for alcohol, drug use or mental ill health issues? Then this is for you - b.supported !

Where: The Grow House, on the corner of Ballina and Wyrallah Roads, Lismore

Time/Day: 10am-12noon on Thursday's

How: Ring b.well on 6687 1658 to get a place

*b.well is a Buttery Wellness Outreach Service for people with mental health and drug and alcohol issues.*

*The b.well spiral is a Koru, which represents peace, tranquillity and spirituality along with a strong sense of re-growth or new beginnings.*

# Congratulations



**Lieutenant Commander Peter Smith**, a Registrar at LBH has been awarded the Conspicuous Service Cross in the Queens Birthday Honours list. He is on secondment from the Navy while completing his training as an Anaesthetist and received the award for his outstanding achievements as the officer-in-charge of the submarine and underwater medical unit at HMAS Penguin. Lt Cdr Smith said he was surprised and honoured, and felt very humbled. He said working at LBH has been great. It's the biggest hospital in the area and definitely punches above its weight for the size of the hospital.

## Farewell

Staff at Murwillumbah Hospital held a Farewell Morning Tea Hospital recently for Dr Jon Stephenson and Dr Alan Secombe. Dr Stephenson had worked for 29 years in rural hospitals and Dr Secombe had given over 36 years working in rural hospitals, the majority were also at Murwillumbah Hospital. Both had been involved with student training at the University of Rural Health and also participated as Chair and Members of the Medical Staff Council. They will be very much missed by their colleagues.



Back L-R: Drs Chris Millar, John Moran, Tony Camilleri, Richard Wellm (Chair of Medical Staff Council), Shauna Purser (in front) Peter McMahon, Doug Warne, Joe Biles, Graham Higgins with Front L-R Jon Stephenson and Alan Secombe.

## Letters of Thanks

### *How grateful I am*

*This letter appeared in the Daily Examiner and the Clarence Valley Review*

*In the early hours 13 March, I was involved in a car crash in an area called Tyndale.*

*I was transported to the Grafton Base Hospital via ambulance. I spent the night there being checked to ensure that I hadn't incurred any serious injury. They did cat scans, x-rays, blood tests etc.*

*Fortunately, for me, my injuries were mostly superficial caused by the air bag and seat belt. I was, however, very shaken by the accident; in which my car was totally ruined. The care I received at Grafton Base Hospital was something I shall never forget. The dedicated team of caring, professional people looked after my clinical and emotional needs with a kind and generous heart. I would, in particular, like to mention the two RNs on duty in A & E that night, Bev and Diane. They were just wonderful and delivered a high level of care in an efficient and generous manner. Diane's sense of humour really helped, and we had a few laughs despite my predicament.*

*I would also like to mention the social worker at the hospital, Rebecca, who went out of her way to assist me to continue my disrupted journey to Sydney.*

*As it happened, two dear friends of mine from Forster, Mary and Tony Gohery, drove up to collect me and I spent a couple of nights with them before they drove me to Sydney on Friday. It's truly amazing how kind folk can be!*

*We hear so many negative comments levelled at our health care system these days, that I felt I had to get this letter 'out there' so that these good people would know just how grateful I am to them and to let others know that there are unsung heroes amongst us who deserve recognition and thanks.*

*With my deepest appreciation and thanks.*

*Carmel Smyth,  
Concord Sydney*



**Alison Semmonds, Geriatrician and Cassandra Tibika Speech Therapist at the Ballina Hospital Biggest Morning Tea. Over 50 people attended raising \$305.55 for the Cancer Council.**