

## YourSay

### Better Staff Feedback

The feedback provided by Northern NSW Local Health District (NNSW LHD) Staff in the second Your Say Survey was generally much better than the feedback received in response to the first Your Say Survey. Particularly pleasing was the 10% improvement in the Engagement Index to 68%, which result was just above the NSW Health State average.

Another pleasing feature of this second Your Say Survey was the big increase in Staff participation in the Survey. The proportion of Staff who completed the survey was up 12% to 35%, so the results represent the views of a greater number of our Staff.

While the Survey results were up pretty much across the board, it needs to be acknowledged that the increase was off a low base. Essentially the results have gone up from below the NSW Health average to around average. It will be important to maintain this positive momentum into the third Your Say Survey with a view to generally achieving above average results.

The NNSW LHD Chief Executive, Chris Crawford welcomed the positive results and thanked the many Staff who took part in the Staff Survey. He said that while the results represented an improvement, there is still more to do.

"The input received from Staff will be analysed and the Workplace Culture improvement strategies will be adjusted, if required, to take account of the feedback received," Chris Crawford said.



Grafton Base Hospital ED Staff receiving Your Say Surveys to complete.



Survey Champions Kimberley Montgomery and Josie Wills

Other positive feedback received included jobs making good use of skills (81%), line managers treating employees with respect (77%), opportunities given to complete mandatory training requirements (76%), proud to be part of this workplace (72%) and working here makes me want to do the best job I can (72%).

While there were good improvements demonstrated by the results in the following areas, being communications, work environment, being valued and provision of a clear direction for the future by senior Management, they require more improvement.

"In particular Managers and Staff need to work together to fully implement the Workplace Culture Improvement Plans to improve communications, the work environment and the valuing of Staff," Chris Crawford said.

"With the NNSW LHD Healthcare Services and Strategic Plans now complete, a clearer sense of direction for the LHD can be communicated to Staff. In my next Roadshow to Hospitals and Community Health Services, I intend to draw on these major plans to lay out a sense of direction for NNSW LHD into the future," Chris Crawford explained.

The Survey results are accessible from 12 noon on 6 September 2013, through the following link on the Health website at [www.health.nsw.gov.au/workforce/yoursay/2013](http://www.health.nsw.gov.au/workforce/yoursay/2013).



Jillian Adams, Manager Health Promotion and Katie Willie, Manager Workforce Change and Sustainability Service going over the Your Say Survey results.

# Say NO to Unsafe Work Practices



*A word from the Editor, Susan Walker*

## **Good News for Staff and their families**

In December 2012 the LBH Medical Imaging Department acquired two major new pieces of equipment. They are Magnetic Resonance Imaging (MRI) and Positron Emission Tomography Computed Tomography (PET/CT) Scanners, which are accommodated in their own specially constructed new area within

the Department. The past nine months have been an intense learning period for the Staff involved in the functioning of these two machines with their state of the art technology.

The PET/CT has become an integral part of patient care for those undergoing cancer treatment, providing a pioneering service for healthcare in rural NSW. The MRI Scanner now has three Radiographers trained in this specialty. This innovative service is now a crucial element in treatment, providing a fast and effective scanning service.

The Imaging Department is very pleased to advise that these services are now very much available for the NNSW LHD Staff and their families. They should make their Doctors aware that they would like to have their PET/CT and/or MRI Scans at the LBH Medical Imaging Department, if they are required to undergo this type of diagnostic test (more information is on page 4).



convinced of the benefits of having fluoride added to their water supplies. Eventually all three Councils supported fluoridation.

Then when the process of introducing the fluoride into the Rous Water Supply was about to commence, successive legal challenges delayed this occurring. After these legal challenges failed Lismore City Council (LCC) voted to withdraw its support for fluoridation of the water supply. The Ballina Shire Council (BSC) also decided to revisit its original decision to support fluoridation (see story on page 11).

The LCC Councillors voted 5-4 to withdraw their support for fluoridation. In response, NSW Health and NNSW LHD representatives have mounted a strong campaign to support fluoridation. NSW Ministry of Health Chief Health Officer, Dr Kerry Chant, visited the area to meet with the BSC Councillors to provide them with information on the benefits of fluoride in the water, as did Dr Brian Pezzutti and Dr Sue Page, NNSW LHD Board Members. As a consequence BSC voted 8-2 to maintain its support for fluoridation. It is important that the LCC reverse its decision to oppose fluoride by supporting a rescission motion next week.



## **Fluoride Supported**

The process to get fluoride introduced into the Rous Water Supply has been a long one. There are four Councils that make up the Rous Water Supply and three of the four were willing to be

# Debbie Dawes - Quiet Achiever

Wendy Park, Deputy Director of Nursing at The Tweed Hospital (TTH) has nominated Debbie Dawes - because of the following reasons :

- A**lways willing to take on any task asked of her with a tireless energy.
- C**omes to work each day with a smile that she shares generously with the team.
- H**ome life and family are a priority in Deb's life and she works hard at keeping the balance right.
- I**nteresting people and situations are what provide Deb with the motivation to achieve her goals.
- E**ver the professional Nurse, always listening to colleagues and providing support.
- V**ery few vices has Deb displayed except for the occasional altercation with a wine bottle.
- E**ach day at work provides a new challenge to be worked through and hopefully sorted before the days end.
- R**espect and admiration is given to Deb by all who work with her for the job she does so successfully.



Deb is one of the great Quiet Achievers, who never believes that she has done enough in whatever area she takes on as a Manager.

# Doors Open for UCRH Clinical Training Centre



Above L-R: Mr John Lambert, NNSW LHD Capital Works Manager; Mr Rob Nienhuis, Australian Pacific Projects Pty Ltd; Prof Lesley Barclay; James Robinson, University of Sydney (USYD) Ms Janelle Saffin; Prasanthi Purusothaman, University Western Sydney; Dr Jane Barker, Lucy Holloway and Luke Van Twest from USYD.

Top L-R: Mr Chris Crawford, Chief Executive, Prof. Lesley Barclay, Director, UCRH; Ms Janelle Saffin, Federal Member for Page; Dr Brian Pezzutti, Chair, NNSWLHD Board and Mr Michael Roberts, local Aboriginal Elder. Above L-R: Ms Vicki Rose NNSW LHD A/Executive Director of Allied Health/Chronic & Primary Care, Prof Lesley Barclay; Mr Anthony Franks, Aboriginal Chronic Care Officer and Mr Wayne Jones, Chief of Staff, Chief Executive Unit, NNSW LHD admiring the artworks donated by Woodburn Primary School Class 2/3.

The new clinical training facilities at the Lismore University Centre for Rural Health (UCRH) were opened by Member for Page, Janelle Saffin, on Friday 23 August 2013.

Professor Lesley Barclay welcomed those present and thanked all those involved for their contributions.

Prof Barclay explained the "Nyumbalighu" (pronounced Nyoom-balee-gu) is a Bundjalung word meaning 'learning' and reinforces the importance of this Centre being part of our local

area. The Nyumbalighu Simulation Centre will enable more medical students to train locally so investing in the health workforce of the future. It will also allow local Clinicians to refresh and upgrade their skills.

The Australian Government, through Health Workforce Australia (HWA) provided the total funding of more than \$2.46 million for the simulated learning environment. The funding provided for the old Blood Bank building to be demolished so that a new building could be constructed on the UCRH site, as well as associated staffing, equipment and assets.

The new building connects to the UCRH building adjacent to it via a long corridor and will allow for more students to have clinical training places in medicine in our region. It's estimated that about 600 students will use the facility in the coming year.

The Nyumbalighu Simulation Centre is in a perfect position to facilitate clinical training, being directly opposite Lismore Base Hospital (LBH), a major benefit of the close liaison between UCRH and NNSW LHD.

It is important for those in the health workforce to understand the unique health needs of our region. We know that the people who train in our area are far more likely to stay, live and work here. This facility will advance health care education in this region, training the next generation of health professionals and importantly, improving health care outcomes for all.



Above L-R Wendy Gleeson, Sharene Pascoe, Dr Charlotte Hall and Erica Campbell in the Simulation Room



Above: Dr Megan Passey with Simulation baby

# Good News for Staff & Families from PET/CT/MRI

LBH Award Winning Medical Imaging Department is offering NNSW LHD Staff and their families access to highly sophisticated medical imaging equipment.

The equipment in Imaging is world class. The MRI is a newly released 3.0 Tesla machine – the image quality is without peer in the region. The PET/CT is also newly released and the “fused” PET and CT images are extraordinarily detailed.

Woollams Constructions, who were the Builders of this new facility have been recognised by the NSW Master Builders for their construction work on this Project and have received two Awards, one for Best Commercial Project and the other for Best Commercial Builder. The Project is now in the running for National awards.

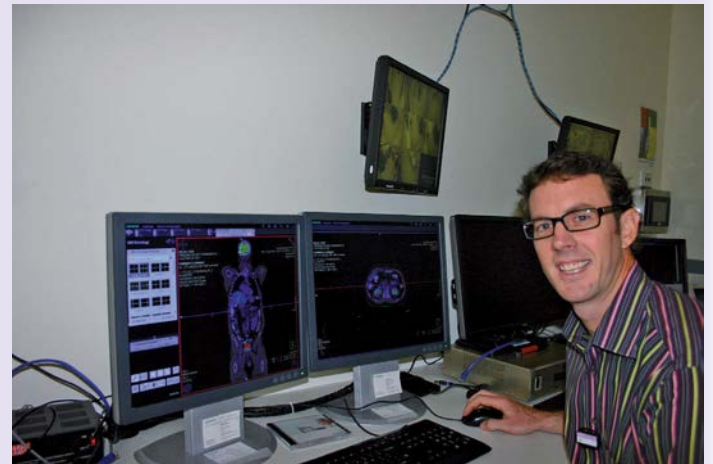
This state-of-the-art facility is now able to share the benefits with local Specialists and is encouraging them to refer their patients to the LBH Medical Imaging Department, so they can take advantage of these new services.

The cost of most PET/CT and MRI scans is covered by Medicare item numbers and they are free to patients, via bulk-billing.

Medicare does not provide a rebate for a few PET/CT and MRI investigations. However, the LBH Medical Imaging Department is able to offer a service for a special non-rebatable fee of \$360.

Prior to a referral being made for a non-rebatable scan, discussion should take place between the Chief Radiographer, Denys Wynn and the Referring Specialist, so that any unusual issues can be addressed.

If you or a member of your family are in need of these services or any other imaging service, please contact Imaging Reception on 6620 2440 to arrange an appointment.



*Above Andrew Dixon, Senior Nuclear Medicine Scientist, who undertakes most of the PET/CT scans in the LBH Medical Imaging Department.*

## ‘Frailty in the ‘Older Person’



*L-R: Barbara Anderson MoH, Ann Kelly AARCS Worker LBH, Dr Hugh Fairfull-Smith Geriatrician, Dr David Kitching Psychogeriatrician, Concord Hospital, Judy Kolesnyk CNC LBH*

NNSW LHD has one of the fastest growing and ageing populations in the nation and many of these people need care and assistance in their everyday living.

Anne Moehead, Nurse Practitioner Psychogeriatrics and Dementia said, “To meet this need, we hold Professional Development Days for our Staff to keep them up-to-date in the care and management of our elderly patients. This year the focus was on Frailty in the Older Person.”

The Symposium was well attended by Staff from across the LHD who came to hear presentations on current national and

international best practice in the management of functional, cognitive and emotional frailty of the older person.

“Clinical leaders and researchers discussed new and emerging practices on evidenced based clinical care that achieves and influences excellence in patient outcome,” Anne Moehead said.

The Conference began on Thursday 22 August 2013 with presentations from:

- Dr Ruth Hubbard, Senior Lecturer in Geriatric Medicine, University of Queensland
- Dr Nancy Pachana, a Clinical Psychologist and Neuropsychologist and
- Dr Eamonn Eeles, Researcher with Dementia Collaborative Research Centre.

In the evening Dr Brian Pezzutti, Chair, NNSW LHD Board and Dr Alison Semmonds, Geriatrician, who was appointed to LBH earlier this year, addressed those in attendance. The evening provided an opportunity of networking and relaxing with colleagues.

On Friday 23 August, Dr Hugh Fairfull-Smith, LHD Geriatrician introduced the guest speakers, who provided a full day of education.

The day was very informative for local Clinicians and offered an occasion to share knowledge and experiences.



# Chief Executive Report

## Allied Health Supervision

It was pleasing to be invited by the Chief Executive of the Health Education and Training Institute (HETI), Heather Gray to attend a recent Forum on Allied Health Clinical Supervision. The Forum was attended by a senior group of Allied Health Staff and provided me with lots of learnings. Below I share a few of the interesting points that were made at the Forum.

There are two types of Allied Health Clinical Supervision, one is for students and the other is for fully qualified Allied Health Practitioners. The focus of the Forum was on the latter type of Clinical Supervision. On the international stage there are differences of opinion about how Allied Health Clinical Supervision is best conducted. The Europeans favour Peer to Peer Supervision, while in the United States, Senior to Junior Supervision generally prevails.

The two main speakers at the Forum were Sue Fitzpatrick, Head of Speech Pathology at Illawarra Shoalhaven LHD, who is writing a doctorate thesis on Allied Health Clinical Supervision and Patricia Bradd, Director, Allied Health at South Eastern Sydney LHD.

The main reasons put forward to support Clinical Supervision were to support Staff and Patients. It is said to increase the well being and confidence of Staff, respond to and reduce risk, and so produce better outcomes for Patients. It is now regarded as the best practice approach and it facilitates having in place good governance arrangements.

The available evidence currently supports one on one Clinical Supervision. At this time there is no evidence supporting the efficacy of Multidisciplinary Clinical Supervision. The best form of Clinical Supervision is regarded as being for one hour each month on a Senior to Junior basis. Such an arrangement becomes difficult for quite Senior Clinicians, so special arrangements for them need to be put into place.

Strong arguments were advanced in favour of "effective" and "best practice" as opposed to "good enough" Clinical Supervision. For this higher level of Clinical Supervision to occur, it was said that the Clinical Supervision needs to be undertaken using an established set of standards and criteria. This allows the supervision to be measured against a particular standard, which allows its efficacy to be more effectively assessed.

It was not only interesting to hear the detailed arguments in favour of Clinical Supervision but also to have it acknowledged that NNSW LHD (as the North Coast Area Health Service) was one of the first group of NSW Health Services to adopt a Allied Health Clinical Supervision Policy.

## Clinician Engagement

The NNSW LHD Executive has finalised the detailed Paper that it has been developing on Clinician Engagement. This Paper was considered at the recent NNSW LHD Board Meeting. The Board has provided some feedback on the Paper and has asked that it be circulated to key bodies within NNSW LHD, so that input on it can be received. The Board will then consider the Paper

together with the input received and will make decisions on the recommendations contained in the Paper.

## Upcoming Roadshow

It was pleasing to receive good feedback about my Third Activity Based Funding (ABF) Roadshow. It not only provided Clinicians and Managers with new information about ABF but it stimulated much debate and discussion.

My next Roadshow, which will be to a wider group of Hospitals and Health Services, will focus on the priorities for 2013/14 in particular and for the next three years more generally. Given that much of the main planning for the NNSW LHD for the foreseeable future has now been completed, the Roadshow Presentation will also focus on the NNSW LHD Vision for the Future. This Roadshow will be undertaken in late October and early November 2013.

## Information Communications Technology (ICT)

Given the importance of ICT, the NNSW LHD Executive has been giving considerable attention to how it can be improved. The FirstNet Remediation Project initiated by the Minister for Health and Medical Research has lead to some improvements in our ICT Services but much more needs to be done.

The Executive has focused on three changes to improve our ICT. Firstly, with the Board's support, it has established a joint Working Party with the Mid North Coast LHD to investigate how the hosted ICT Service that covers the whole North Coast can be split. In this age, ICT Services are so fundamental to how NNSW LHD provides its services, Clinical and Non-Clinical, it is considered that we need to have direct control over our own ICT Service.

Secondly, I have been engaging with HealthShare to gain its support for upgrading the basics of our ICT Service. This includes a focus on bandwidth, terminals, mobility and software. So far the response from HealthShare has been positive with a couple of proposals that could generate improvements under consideration.



Thirdly, I have been pushing for the fast-tracking of the implementation of the next three modules of the Electronic Medical Record (eMR) to be implemented in NNSW LHD. These are the Pharmaceutical, Community Health and Patient Notes modules. Recently, I had the opportunity to meet with the President of Cerner, where I pushed the case for Rural LHDs to receive these additional eMR modules in a timely fashion.

In response to these representations, ICT Workshops are being held around the Rural and Regional parts of NSW to seek feedback from frontline Clinicians and Staff, and from Managers about ICT requirements. One such Workshop was held in Ballina on 9 August 2013, which I am advised was a productive session.

# Yamba Community Health Centre on the way



Above: Chris Gulaptis, Janelle Saffin and Jim Agnew 'Turn the Sod' marking the commencement of works for Yamba Community Health Centre.



Above left-right: Malcolm Marshall, Deputy Chair, NNSW LHD Board; Chris Gulaptis; Dan Madden, EO Grafton and Maclean Hospitals; Janelle Saffin; Jim Agnew; John Lambert, Area Manager Capital Works; Chris Crawford; Rob Nienhuis, APP and Steve Cansdell.

On Monday 2 September 2013 a large crowd gathered to see Jim Agnew, OAM join Janelle Saffin, Federal Member for Page and Chris Gulaptis, Member for Clarence (who was representing the NSW Minister for Health, Jillian Skinner), to Turn the Sod marking the commencement of works on Yamba's \$5.5 million Community Health Centre.

Funding of \$4.3M for the Yamba Community Health Centre project is being provided under the Commonwealth's Health and Hospital Fund, with a further co-contribution of \$1.2M from the NSW Government.

The development of community health services in Yamba has been a priority on the North Coast for a number of years.

Minister Skinner visited the Yamba site in May 2012 to announce that NNSW LHD's proposal to develop a Yamba Community Health Centre, funded under the Health and Hospital Fund was successful.

At that time Minister Skinner met Mr Agnew and acknowledged his tireless work as a campaigner and advocate for local health services.

At the Sod Turning Ms Saffin also acknowledge Mr Agnew's advocacy for health services in Yamba saying he had collected over 10,000 signatures in support of the proposed Community Health Centre, which he had submitted to NSW Parliament.

"This new purpose-built facility will enable local residents to conveniently access key community health and related services in their own town," said Ms Saffin.

The new building will be located next to the Ambulance Station on the corner of Treelands Drive and Roberts Close, Yamba and will have a total floor area of 810 square metres.

Construction of the new Yamba Community Health Centre should be well advanced by the end of this year, and following the fit-out it is expected to be ready for opening in the second quarter of 2014.

Planned services at Yamba Community Health Centre include –

- Community Health Nursing, Child and Family Nursing
- Mental Health support services
- Oral Health services with two dental surgeries
- General, and Child & Family Counselling
- Child Protection and Sexual Assault Services
- Allied Health Services, School Health Clinics
- Aboriginal health chronic care program and group clinics
- Women's Health Outreach Clinic
- Drug and Alcohol Services
- Specialist Palliative Care clinician outreach clinic
- Diabetes outreach and health promotion clinic
- Telehealth for Aged Care Assessment Team services, including Geriatrician and Psychogeriatrician.



## Maclean District Hospital Sub Acute Ward

The 14 Bed Sub Acute Ward extension at Maclean District Hospital is almost complete. The extension also includes an upgrade to the Substation and a large Physiotherapy Room.

Left: Jacob Perot, Project Officer NNSW LHD Capital Works, Howard Watt, Maintenance Engineer Maclean Hospital, Jim Agnew and John Lambert, Manager Capital Works on the balcony that comes off the new Sub-Acute Ward.

# A career in Audiometry Nursing

*Jan Wright is a Clinical Nurse Consultant in Audiometry based at Lismore Child and Family Health and a Vice President of the Audiometry Nurses Association of Australia Inc. For Northern Exposure, Susan Walker visited Jan to discuss her role and the importance of hearing.*

When people considering hearing services, their initial thoughts are often of hearing aids. However, many children suffer hearing loss in their early years that can be assessed and managed in a different manner.

"Many of the clients who come to community health based hearing clinics are preschool or early school aged children," says Jan.

"This is the most common age when parents or carers become aware that perhaps the child is not hearing as well as they should be, or there may be other issues such as speech and language delay or behaviour or developmental concerns."

Signs of hearing loss vary greatly, but can include:

- a history of recurrent ear infections;
- not responding when spoken to (a common complaint and often the caregiver may describe the child as 'ignorant' or 'naughty');
- family history; learning delays; or there may have been some physical trauma.

Although universal newborn hearing screening has been undertaken in most Australian States and Territories since early last decade, there are still many risk factors for progressive hearing loss, or hearing loss that develops after the newborn period and into childhood and beyond.

***"A hearing impairment can impact on the client, family, learning and employment opportunities, as well as the client's social and community interactions."***



It is important to remember that just because a baby 'passed' its newborn hearing screen, he or she can still potentially develop hearing loss that may be either a temporary or permanent loss due to a variety of factors.

Whilst there are a few public audiology clinics located at major city hospitals, many families do not have access to these,



particularly those living in rural areas. Also many families do not meet the limited criteria for assistance through the Commonwealth funded Office of Hearing Services.

Usually based in Community Health Centres, Audiometry Nurses are often the first point of contact for parents who have concerns about their child. As part of the initial investigations, a hearing assessment can rule out hearing loss being the cause of a variety of concerns.

History given by the parent or caregiver may flag warning signals about other issues that may need to be addressed by other members of the health care team such as Speech Pathologists, Counsellors, Occupational Therapists, GPs or Paediatricians for example.

This is where the primary health care team works together in developing an appropriate plan to assist the family in achieving the best outcomes possible for that child.

Many of our young clients have 'conductive' hearing loss which is often a temporary situation, where the cochlea function is normal; however it does require specific management to regain normal hearing health. If the Audiometry Nurse diagnoses a 'sensori-neural' hearing loss following assessment, then among other management strategies, the client is referred to the appropriate audiologist and ear, nose and throat specialist.

"Many adults can also be seen at the community health hearing clinics, depending on the service description for that particular clinic. We need to remember that hearing is one of our most important senses," says Jan.

"A hearing impairment can impact on the client, family, learning and employment opportunities, as well as the client's social and community interactions."

Audiometry Nursing is a little known but very rewarding nursing specialty that requires postgraduate qualifications. Currently the Audiometry Nursing course is being offered at the Australian College of Nursing over two semesters via distance education with some clinical practice requirements.

If you would like more information about what Audiometry Nurses do, or about the course, email: [jan.wright@ncahs.health.nsw.gov.au](mailto:jan.wright@ncahs.health.nsw.gov.au)

Over the past couple of months the United Hospital Auxiliaries across the State have been holding their Annual General Meetings. Since 1933 The United Hospital Auxiliaries of NSW Inc, through over 200 local Auxiliaries, has been responding to the needs of health facilities and community health facilities. Auxiliaries are tireless workers and raise funds in whatever way they can, all for the benefit of patient comfort. They are an amazing group who provide our health facilities with items of equipment from 'wish lists'. As there are so many, this is the first group of NNSW LHD Auxiliaries. More will appear next time.



Above Ballina Auxiliary L-R: Jeanette Coulter, 1<sup>st</sup> Vice President; Lexi Stacey, Secretary; Pauline Howard, President; Narelle O'Donnell, Treasurer and Helen Bevan 2<sup>nd</sup> Vice President. The Ballina Hospital Auxiliary raised a net total of \$49,466.00 this financial year and gifted a total of \$41,145.58 in equipment to the Ballina Hospital.



Above: Amongst the donations made by the Byron Hospital Auxiliary was a mannequin used for EMET training. Dr Blake Eddington demonstrates to the Auxiliary members how the mannequin is used.



Above LBH Auxiliary Representatives Rita Richards and Diane Miller in the Hospital Coffee Shop where they have items for sale. They are holding up photos of some of the equipment they purchased from the \$62,967 they raised over the past financial year.



Left: Anne Schneider, Mullumbimby Hospital Auxiliary Secretary is pictured with some of her newly knitted 'Trauma Bears' for the Hospital ED. The bears are in great demand and even older children (teenagers) are keen to receive comfort from these special bears, when they unfortunately

have to seek medical care. A great example of welfare services in action by our volunteers.



Above members of the Nimbin Auxiliary with Mollie Strong, State President (at front second left) at their AGM. The Auxiliary help raise funds to purchase special pieces of equipment to aid and comfort local patients attending the 24 hour seven days a week Nimbin MPS, including those living in the MPS's Aged Care Residential Facility. Items include a portable oxygen concentrator and bath shower chair, blanket warmer a low bed and air mattress.



Above some of the Maclean District Hospital Auxiliary members, who helped to raise \$89,109 over the last financial year.



# Latest Board News



**Members of the Coraki HealthOne Planning Community Reference Group rear: Lisa Beasley, Manager Community & Allied Health Richmond Network; Carol Hill, Community Member; Ellen Palmer, EO/DoN Casino Hospital. Seated front: George Thompson, Community Member; Lynne Weir, Executive Director, Richmond Clarence Health Service Group with Community Members Patricia Hughes, Paula Starkey and Suzie Carey.**

## Coraki HealthOne Planning Community Reference Group

Board Member Ms Hazel Bridgett, Chaired the former Campbell Hospital Master Planning Committee, which also included Deputy Board Chair, Mr Malcolm Marshall. One of the actions arising from this Committee was to establish a Coraki HealthOne Planning Community Reference Group (CRG).

At a Community Meeting held in Coraki on 20 May 2013, Expressions of Interest were sought from community members within the Coraki and Surrounds area to join the CRG. From the expressions of interest received an initial seven community members were appointed to the CRG with the first meeting being held on 12 July 2013.

Ms Hazel Bridgett provided an overview of the Coraki HealthOne Value Management Study and the five different options that were considered for the former Campbell Hospital Site.

Ms Lynne Weir advised of a proposal to bring more Allied Health Services back to Coraki in the short term, which is along the lines of what a HealthOne Service would undertake. This proposal was supported by the CRG.

## Community Meeting Multi-Purpose Service Bonalbo

An initial Community Meeting was held in Bonalbo where Chief Executive, Chris Crawford and Uniting Care Ageing Regional Chairman, Alan Hoskins updated the Bonalbo Community Representatives on proposals for developing a Multi-Purpose Service (MPS) in Bonalbo.



A follow-up meeting was held on 14 August 2013 attended

**Left: Bundjalung elder Uncle Harry Mundine Walker welcomes more than 200 people to Bonalbo Bowling Club to hear about health centre plans.**

by Deputy Board Chair Mr Malcolm Marshall and Ms Lynne Weir, Executive Director of the Richmond Clarence Health Services Group to seek feedback on eight design options for the development of a MPS.

These options included General Practitioner Clinic and Residential Aged Care Services. Responses to these design options were provided by around sixty members of the community who attended this follow up meeting.

## Wealth and Depth of Contribution from North Coast to State and National Health Activities

NNSW LHD Board Members, Executive Members, Clinicians and Community/Consumer Representatives make a valuable contribution by providing advice and advocacy at the State and National level.

Below is a small sample of the vast range of Committees and other bodies to which residents from the NSW North Coast contribute, many of whom are involved in more than one Committee. The Board acknowledges all North Coast contributors, who share their knowledge with others that enhance capacity and ultimately, the health services provided to our patients.

- Prof Lesley Barclay** - Chair National Rural Health Alliance
- Dr Sue Page** - Representative on the Australian Medicare Local Alliance.
- Dr Brian Pezzutti** - Member of Mental Health Commission of NSW Mental Health, Community Advisory Council
- Ms Hazel Bridgett** - Representative on the Health Workforce Australia, Rural Medical Generalists Pathway Project Advisory Group
- Mr Chris Crawford** - Member NSW HealthShare Board
- Dr David Hutton** - Representative on The Australian Council on Healthcare Standards (ACHS) Council
- Dr Ian Fielding** - Member of Agency of Clinical Innovation (ACI) Surgical Services Taskforce
- Dr Richard Buss** - Member of the Management Committee for the Centre for Rural and Remote Mental Health
- Dr Austin Curtin** - Co Chair Ministerial Advisory Committee for Rural Health
- Dr Tony Lembke** - Clinical Lead National E-Health Transition Authority (NEHTA)
- Ms Sheila Keane** - Member Services for Rural and Remote Allied Health (SARRAH) Board
- Mr Tomas Ratoni** - Member of the Agency for Clinical Innovation (ACI) and Clinical Excellence Commission Boards..
- Ms Cathy Adams** - Chair of the NSW Maternity Risk Network
- Ms Maryanne Sewell** - Member ITIM (Institute of Trauma NSW) Clinical Review Committee
- Mr Greg Davies** - Member of the NSW Oral Health Advisory Group
- Ms Jenny Smith** - Member NSW Health Aboriginal Strategic Leadership Group

NNSW LHD is interested in compiling a registry of residents, who are involved with any peak Committees. It would be appreciated if you would go to the following link and provide your details.

<https://www.surveymonkey.com/s/nnswregister>

# New Learning Management System for Health Staff,



Above at the first Staff Training Sessions held at Ballina District Hospital for HETI Online LMS is Melita George (far left) and Khiem Luu (far right) from HealthShare NSW Corporate IT Program with from L-R: Mary Hutchins, Joanne Moore (Project Lead), Jasmine Creighton, Kerry Leitch and Trevor Everest from the NSW LHD Workforce Change & Sustainability Unit.

Implementation of NSW Health's new online Learning Management System (LMS), known as HETI Online, is underway and the system is receiving very good reviews.

HETI Online is being introduced to standardise the delivery of education and the assessment of Staff knowledge and skills across NSW Health. Its use will ensure there is consistent education and training for all NSW Health Staff, as well as equity of access and opportunity.

The system will provide a centralised database of Staff training reducing duplication of training and making the recording and reporting of user data easier across the state.

Staff at Ballina District Hospital in NNSW LHD were the first to try out the new system and according to Joanne Moore, Project Lead at the LHD's Workforce Change and Sustainability Service, Staff have enthusiastically welcomed their new LMS.

"We have now trained hundreds of our Staff in how to use HETI Online and we have received very positive feedback.

Nurse Unit Managers are particularly happy as the LMS is fully automated. Previously, Staff training was recorded in one system and managers were required to enter training data in another two systems for reporting purposes. HETI Online has eliminated this double-handling," Joanne explains.

"Even Staff who do not use computers every day have found it very easy to navigate and complete courses," she added.

The Corporate IT Programs Project Team responsible for implementing HETI Online, is also receiving very positive feedback from Southern NSW LHD where Staff training and roll out has commenced.

Justice Health and Forensic Mental Health is scheduled to commence its roll out in September.

To find out more about the HETI Online LMS, email [lmshinfo@hss.health.nsw.gov.au](mailto:lmshinfo@hss.health.nsw.gov.au)

## Managing the Bariatric Patient Workshop

The Work Health Safety & Injury Management Unit (WHS&IM) presented a Workshop on Managing the Bariatric Patient on 22<sup>nd</sup> August at the Lismore Workers Club.

Wayne Jones, Chief of Staff from the Chief Executive Unit opened the Workshop, which was held to highlight the increased risk of injury to our Staff if they are managing a Bariatric Patient.

58 Manual Handling Coordinators attended the Workshop from across the LHD.

A Bariatric Training package was developed by the WHS&IM Unit that included a Risk Assessment, Manual Handling Care Plan and a template to assist each site to develop a plan for the Management of the Bariatric Patient.

Presentations included the admission a Bariatric Patient and preparing a Bariatric Manual Handling Care Plan.

Joy Smith, Physiotherapist at Kyogle MPS presented a case study on the transfer of a Bariatric Patient between LBH and Kyogle MPS, and Karen Heap from Patient Transport spoke about the issues presented with Patient Transport/Transfer.



Paul Burke, Acting Duty Operations Manager from NSW Ambulance conducted a practical demonstration on the use of a hover mat and identified the issues faced with transportation of the Bariatric Patient by Ambulance Officers.

Gretel Jones presented a Physiotherapists insight into managing a Bariatric Patient and Casino Manual Handling team presented a case study on admission of a Bariatric Patient.

The afternoon was a practical demonstration of manual handling equipment, including lifters, beds, chairs and aids presented by several State-wide Suppliers, who showcased their equipment. Staff had hands on access to equipment designed to assist in preventing injuries and maintaining the patient's dignity.

The workshop was very informative and provided a rare opportunity for Manual Handling Coordinators to come together and network.

Thanks to Lyn Harris and Laurie McLeod for their coordination of the workshop.

# SUPPORTING FLUORIDATION

Fluoride has been a hot topic on the North Coast for a number of years and the decision by Lismore City Councillors (LCC) to vote against fluoride in the water resulted in a visit by Dr Kerry Chant, Chief Health Officer and Mr Wayne Smith, Director of Environmental Health from NSW Ministry of Health.

Dr Chant met with Ballina Shire Councillors (BSC), who were also reconsidering their support for fluoridation, prior to their Council meeting to respond to questions and to discuss the benefits of fluoridation.

Dr Chant said, "Councillors denying water fluoridation would mean future generations would not have access to the most effective and socially equitable means of preventing tooth decay. There is no valid scientific or health evidence that appropriately managed fluoridation of drinking water supplies will cause negative health effects."

As a consequence the information provided by Dr Chant and others, including NNSW LHD representatives, the BSC Councillors voted 8-2 to maintain their support for the introduction of fluoride into the Rous Water supply.

In the week of 9-14 September 2013, Dr Chant will return the Northern Rivers. She will brief the LCC on the benefits of fluoride prior to their voting on a rescission motion to rescind their decision of a few weeks ago to oppose the introduction of fluoride into the Rous Water supply.



Mr Wayne Smith and Dr Kerry Chant

Already approximately 96 per cent of the NSW population has access to fluoridated water and this is expected to increase to 98 per cent by 2015. Community water supplies in Sydney have been fluoridated for more than 50 years without adverse health impacts.

The most recent NSW Child Dental Health Survey, conducted in 2007, states children living on the NSW North Coast have the poorest oral health in the State.

The Survey found that five and six year old children without access to fluoridated water had an average of 2.62 decayed, missing or filled teeth compared to 1.40 in children from fluoridated areas of NSW.

Fluoridation has been endorsed by numerous organisations, including the World Health Organization and the National Health and Medical Research Council.

The US Centre for Disease Control and Prevention has described fluoridation as one of the top ten public health achievements of the 20th Century.

The health risk of not adequately fluoridating drinking water is not limited to dental cavities. It also risks direct and indirect general health consequences of poor oral health including young children having to undergo general anaesthetics and older people having their quality of life and general health impacted from dental problems.

## Give Me 5 for Kids'

In the July issue of Northern Exposure we covered the 92.5 Gold FM's annual fundraising appeal where the 92.5 Gold FM hosted various fundraising events with the sole purpose of raising much needed funds for the children's wards at the Gold Coast Hospital and TTH, which took place on Friday 31<sup>st</sup> May 2013.

All funds raised are shared between the two hospitals, 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 avoids children having to travel long distances to receive the treatment they need.

In August the Give Me Five for Kids 92.5 Gold FM Radio handed over \$67,232 to TTH and \$156,876 was handed over to the Gold Coast Hospital. Our thanks go to the team for their support.

The 92.5 Give Me Five for Kids team are given a hearty thanks for their support. This support has been on going for around 20 years and is backed by more than 40 radio and TV stations across regional Australia.



L-R: Ann Schefe, TTH & Murwillumbah Hospital Director of Nursing; Lyn Strett Nurse Unit Manager, TTH Paediatric Ward; Sandy Meskell, Clinical Nurse Educator Special Care Nursery TTH; Richard Fowler, 92.5FM Morning Radio Show Presenter; Nick Scott, General Manager, Southern Cross Austereo; Bridgette Daley, 92.5FM Morning Radio Show with representatives from Gold Coast Hospital Foundation.

# Congratulations



**Above: Staff at The Tweed Cancer Care Unit from left Dr Herman Lee, Haematologist; Sue Brooks, NUM Cancer Services; Professor Ehtesham Abdi, Director Cancer Services; Sharon Clark, Manager Clinical Trials and Koomulli Sahadudheen, Registrar Cancer Care and Haematology**

Congratulations to the TTH Cancer Care Unit, which has been named in the top 15 Centres in Australia. Dr Koomulli Sahadudheen, Registrar recently attended a Medical Oncology Group of Australia Conference where he was informed on how well the TTH Cancer Care Unit is performing.

## Praise for Urbenville MPS



Ivy Reid, a Great-Grandmother of 14 from Woodenbong, recently required treatment and hospitalisation at Urbenville Multi-Purpose Service (MPS). Ivy had sustained an injury to her finger while working in her lovely garden. What initially started as a painful prick soon developed into a very sore and swollen finger.

When Ivy was at the local markets one Saturday morning the pain and swelling was so severe that she decided it required a visit to her local MPS for treatment. Ivy arrived at Urbenville MPS and was very quickly seen in the ED by her local GP, Dr Carolyn May.

It was lucky for Ivy that she acted so quickly and received good medical care, which was readily available. Her finger was very inflamed, which meant Ivy needed to be admitted to the MPS facility for treatment, which included IV fluids and antibiotics.

Ivy stayed for six days at Urbenville MPS and says the Nursing Staff made her feel very welcome and she couldn't have been treated better.

Ivy praised the care and attention she received from Dr May, who visited her almost every day. Ivy is very grateful for the care she received and that she was able to stay in her own community, which meant she was able to be visited by her very large and loving family.

Praise was also given to the Community Health Nurses, who recently visited Ivy every second day to treat and dress a surgical wound.

Ivy's husband Ray Reid commented on what a caring and professional team work at the Urbenville MPS.

# Congratulations



Congratulations to Dr Allan Tyson, who has been chosen as the 2013 Guest of Honour by the Grafton Jacaranda Festival Committee.

Dr Allan Tyson is a member of the NSW LHD Board and is also the Chairman of the Grafton Base Hospital Medical Staff Council.

DrTyson has been a strong advocate of local health services and was very involved in advocating for the Grafton Base Hospital redevelopment. He was awarded the Order of Australia medal in January 2011 for his representations on behalf of the Staff, patients and community to Members of Parliament both State and Federal.

## Letters of Thanks

*The following letter appeared in the Byron Shire Echo*

### Wonderful Staff

Some months ago I had a shocking accident when my right foot slipped under a running lawnmower, resulting in a serious foot injury.

Thankfully, emergency staff at Mullumbimby Hospital were there for the initial reassuring care and speedy diagnosis. Four operations later and after a month in two consecutive hospitals, I was finally discharged to come home to Mullum.

Aftercare became the domain of the district nurses, who attended my bedside, dressing my wounds for two months. It is with heartfelt gratitude that I'd like to thank these nurses for the amazing service they offer to our community. They are experienced professionals with bucket loads of empathy, who encouraged every little progress made. Their care was supreme.

It seems to me that nurses are the unsung heroines/ heroes of the medical profession and we are so fortunate to have them in our midst, choosing to do the work they do. I will miss them, as I am now at the stage of learning to walk again, but glad they are there to care for others. Also, to all my wonderful friends and family in this community and beyond, who have supported me with their love and kindness in a time of great need, thank you.

Sharon Muir,  
Mullumbimby