

More timely Care Provided

The latest Bureau of Health Information (BHI) Quarterly Report for April-June 2013 has found that NNSW LHD Hospitals are generally providing more timely care. This is of great benefit to our Patients.

Surgery and Emergency Targets met

All 934 Category One elective surgical procedures were completed within the 30 day timeframe. The Category Two (admit within 90 days) target is 93% and the LHD achieved a very pleasing result of 97%, having performed 1,218 procedures within the time-frame. For Category Three, the target is 95%, which is to admit with 365 days and the LHD completed 1,499 procedures with a result of 98%.

A total of 3,651 elective surgical procedures were undertaken across the NNSW LHD for this period. Lismore Base Hospital (LBH) performed 1,189 procedures followed by The Tweed Hospital (TTH) with 956, Grafton with 539 and Murwillumbah with 529 patients having their elective surgery.

"I want to say a big thank you and extend my congratulations to all the hard working Clinicians and Staff for achieving these good results."

The LHD Emergency Department (ED) Staff attended to 41,509 presentations of which 74% of patients left the ED within four hours. The National Emergency Access Target is 71% of patients leaving ED within this period.

These results can only be achieved by the continued hard work and commitment of our Clinicians and Staff. I want to say a big thank you and extend my congratulations to all the hard working Clinicians and Staff for achieving these good results.

There were 891 babies born during this quarter and Staff cared for 68,091 patients, who came to our hospitals and stayed an average three (2.7) days. Approximately half of these episodes were admitted for one night or more and this has remained unchanged over the past nine quarters.

Mental Health Services Top Patient Survey

The recent BHI report about the results of a Survey of Mental Health Patients across NSW Health indicates that our Mental Health Services received the best feedback from Patients.

"The high praise received from Patients is a compliment to the dedication of our Mental Health Staff."

Of the Patients who responded to the Survey, 26% rated the service as excellent, 31% rated it as very good with only 6% rated it as poor. The first two results are reported to be the highest in the State, while the poor rating was received from the least number of Patients, who completed this NSW Health Patient Survey.

Mental illness is a heavy burden for individuals and their families and it can have far reaching consequences on society as a whole. People with a mental illness suffer from a range of disorders such as anxiety, depression and schizophrenia. The high praise received from Patients is a compliment to the dedication of our Mental Health Staff.



Some of the Local Health District Mental Health and Lismore Adult Mental Health Inpatient Unit Staff

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Say NO to Unsafe Work Practices



A word from the Editor, Susan Walker

Over the past month the Public Health Unit has alerted us to concerns around cases of measles and whooping cough. I am often surprised to hear that the diseases I was immunised against as a child are still around. It is really important to be vaccinated, to protect your family and those in the community.

Paul Corben, Director of North Coast Public Health advised one person who visited Tweed Heads recently was diagnosed with measles. Six measles cases have also been reported in Queensland over the past month and a further three cases of measles in NSW. Measles is highly infectious among people who are not fully immunised and is spread through coughing and sneezing.

Symptoms can include fever, tiredness, runny nose, cough and sore red eyes, which usually last for several days before a red blotchy rash appears. Complications range from an ear infection and diarrhoea, through to pneumonia and swelling of the brain (encephalitis). Vaccination is the only way of preventing the occurrence of measles in our community. For vaccination to be effective, a high level of measles, mumps and rubella (MMR) vaccine coverage must be maintained.

Whooping cough has also reappeared. Mr Corben said it is important to be aware that immunity against whooping cough is reduced over time whether that immunity was gained through having the disease or from vaccination. So it is vital to ensure that all family members, including adolescents and adults, are up-to-date with their vaccinations. In particular, it is important to protect newborn babies, because they are at highest risk of

severe disease. This is why vaccination against whooping cough is strongly recommended for pregnant women who have not had a booster in the previous 5 years. Ideally, women should be vaccinated before or during pregnancy but if not, then as soon as possible after the birth.

NSW Health website has helpful fact sheets you can find by going to:

<http://www.health.nsw.gov.au/infectious/pages/default.aspx>

On a positive note, I had the pleasure of interviewing Anne Farrell for this issue. Anne is the Nurse Manager at Maclean Hospital and has been working at Maclean for 40 years!

I've also been speaking with some of the Hospital Auxiliary members because they have all held their Annual General Meetings during July and August. This was mentioned in the last issue of Northern Exposure but there wasn't enough spacing to cover all the Auxiliaries so I have dedicated a page in this edition to the remaining Auxiliaries.

Jennifer McKellar is the newly elected President of The Tweed Hospital (TTH) Auxiliary. They have over 100 members and are very organised. Jennifer sent me TTH Auxiliary Newsletter and I was impressed to read their first priority

"Our first priority in the Auxiliary is 'friendship' between all members and then, 'hand in hand' with this goes with us all in helping to raise money to purchase much needed equipment for The Tweed Hospital's doctors, nursing staff and patients."

How true, much can be achieved when all are friends and share a common goal.

Judy Jones - Quiet Achiever

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

Judy Jones has been an employee of Casino and District Memorial Hospital since she began her administrative career, and whilst we are not going disclose the year, we can say this is in excess of 30-years.

Over this period, Judy has worked in and across most administrative functions. Today Judy has carriage of Casino's Administrative and Medical Officer rostering arrangements, which include the surgical waiting list and administrative services supervisor. As well, Judy also provides the Site's Management Teams' administrative support, and all this within a 24-hour substantive position.

Obviously Judy has experienced and witnessed many significant changes in Casino's health care operations over the years and is therefore a valuable source of corporate knowledge.

Judy's attitude, manner and high performance is definitely that of a quiet achiever as she gets on with doing what is required as well as being perceptive, practical and solution focused in her work interactions.



If we had to choose a top characteristic, without a doubt this would be her work ethic and dedication to her work – the things that we see consistently demonstrated every day we work with Judy at Casino District Memorial Hospital.

\$4.5 million Election promise for Ballina Hospital

One of the Election announcements made by the Coalition was that Ballina District Hospital will get a second Operating Theatre and its Medical Imaging Department will be doubled in size.

Now that Joe Hockey is the Federal Treasurer and Kevin Hogan is the member for Page, the promised upgrades totalling \$4.5 million will assist Ballina Hospital to play a larger role in the provision of networked surgical services across the Richmond Valley.

This funding will provide support to these vital departments in delivering high quality and contemporary models of care. Having two Operating Theatres means that Ballina Hospital will be able to provide more surgery locally for the residents of the Ballina Shire and surrounds.

This is a win for the local community and will in turn take some pressure off Lismore Base Hospital (LBH).

The allocation of \$4.5M will significantly enhance the clinical services available from Ballina Hospital to meet the demands of the growing population in the Ballina region.



Treasurer - Joe Hockey

Mr Hockey said at the time, "We are prepared to invest in rural and regional healthcare to ensure that people have a better quality of life and that the Federal Coalition Government will deliver this for the Ballina community as a matter of urgency."

Child Protection is Everyone's Business



Above L-R Rosalind Sare, Child Protection Counsellor, Lyndy Urane, Safe Start/COPMI Coordinator; Vicki Bardon, Aboriginal Mental Health Coordinator and Christa MacDonald, Child Protection Counsellor

In April this year the Ministry of Health (MoH) launched its new Child Wellbeing and Child Protection Policies and Procedures for NSW Health. These new policies replaced the NSW Health Frontline Procedures for the Protection of Children and Young People.

The new policies bring together in a single document the tools and guidance for health workers to meet their legal and policy responsibilities within the NSW Government Child Protection System.

The document articulates the professional and legal responsibilities of all health workers to promote the health, safety, welfare and well-being of children and young people, working collaboratively with interagency partners in the shared system of Child Protection in NSW.

These responsibilities apply whether workers are providing health care directly to children and young people or to adult clients who are parents/carers or are pregnant.

Following the launch of these new policy and procedures for Child Wellbeing and Child Protection, Anne Norman, Child Wellbeing Coordinator for NNSW LHD, undertook a series of Road Shows to all Hospitals and Community Health Centres across the LHD.

Anne recently completed the Road Shows, which she said enabled her to explain to Staff that because Child Protection is core business for NSW Health workers, they must respond to the needs of children and young people after making a Report to Community Services, or to the Child Wellbeing Unit and that they will take reasonable steps to coordinate the provision of services with other agencies working with children and families.

Child Protection Week this year was held during 1-7 September 2013 with several Child Protection Awareness activities being undertaken across the LHD.

Raising Awareness in recognition of Child Protection week in Lismore were Mental Health Coordinators Vicki Bardon and Lyndy Urane, Alana Williams, LBH Aboriginal Liaison Officer, Kelly Sharf Aboriginal Youth & Family Mental Health Worker and Child Protection Counsellors Rosalind Sare and Christa MacDonald who had an information activity in the foyer of LBH.

Passers-by were offered fresh fruit and health promotion pamphlets and encouraged to contribute to the Child Protection Quilt, as a way of increasing community awareness. Squares of fabric were provided for comments and were then pinned onto the quilt. Thanks to Staff and community members for acknowledging the importance Child Protection and contributing to the overall event.

Prostate Cancer Patients Don't Regret Modern Radiotherapy

In a recently published article in the International Journal of Radiation Oncology, Biology and Physics, Professor Tom Shakespeare stated that he and his team asked 257 of their Prostate Cancer patients whether they regretted their radiotherapy and if they would go through it all again.

"We found only 3.8% of patients regretted their choice of treatment, which included modern radiotherapy and hormone treatment. When specifically asked about the radiotherapy component of their treatment, only one in 200 patients (0.5%) would probably not choose radiotherapy again," said Professor Shakespeare.

'Decision regret' is considered an increasingly important patient-centred outcome, reflecting satisfaction with treatment, side-effects experienced, cure rates and quality of life.

'Decision regret' has been evaluated by other Researchers in patients, who have had surgery or older types of radiotherapy for Prostate Cancer. In these previous studies, up to 53% of patients who had surgery or old radiotherapy live to regret their treatment.

"Since patients are more likely than ever to be cured of their Prostate Cancer, it is vital that they are happy with their decision in the longer term.

"Patients who have surgery or older types of radiotherapy, appear to have much higher levels of regret compared to patients who have been treated with modern radiotherapy techniques, such as intensity modulated radiotherapy (IMRT)," said Professor Shakespeare.



Above Professor Tom Shakespeare explains treatment for prostate cancer

"The Cancer Council recommends that all patients with newly diagnosed Prostate Cancer should talk to a Radiation Oncologist. However, many patients are never referred for that discussion. Our research reinforces the need for all patients to consider modern radiotherapy as an excellent choice to cure their Prostate Cancer," said Professor Shakespeare.

The North Coast Cancer Institute (NCCI) is an Integrated Public Cancer Centre spanning Port Macquarie, Coffs Harbour and Lismore on the NSW Mid North and far North Coast. Professor Shakespeare is the lead Prostate Cancer Radiation Oncologist for NCCI.

- Breast Cancer Awareness Month - Take the Time to Invest in Your Own Health

Breast Cancer Awareness Month aims to educate and empower women to take charge of their own breast health. This October BreastScreen North Coast is reminding all women aged 50-74 years to take personal action by phoning 13 20 50 for a free mammogram.

In NSW less than 50 per cent of women aged 50-74 have their recommended mammogram every two years.

Jane Walsh, Director of the North Coast Screening and Assessment Service said, "Women need to be aware that early detection significantly increases the chance of survival from breast cancer to as much as 97%, and for women aged 50-74, a mammogram every two years can detect a breast cancer the size of a grain of rice, long before it can be seen or felt."



Jane Walsh at the BreastScreen Reading Station



Kirsty McCann, BreastScreen Administration Trainee in LBH Foyer

New research shows that 'lack of time' is the most common reason why women skip their mammogram, so this October we are asking women to take time out of their busy schedules and make an investment in their own health by booking a mammogram.

A GP referral is not necessary, appointments take only thirty minutes. Thirty minutes every two years is one of the best health decisions a woman can make.

The BreastScreen program on the North Coast offers free screening mammogram appointments at its fixed sites located at Tweed Heads, Lismore, Coffs Harbour and Port Macquarie and mobile unit. For dates and location of the mobile unit visit www.bsnsw.org.au

Chief Executive Report



Timely Treatment

As set out in the front page article, the latest BHI Report demonstrates that there have been significant improvement in the provision of timely treatment for Elective Surgery and Emergency Department (ED) patients.

A big thank you needs to be given to our Surgeons and Emergency Medicine Specialists and the teams, who work with them, for achieving these results. They have been achieved through hard work, improved systems and targeted investment of extra funding.

Even more pleasing is that these improved results are continuing. During the past Winter period more timely treatment was provided to both our ED and Surgery Patients, than has occurred in a very long time. Receiving timely treatment is of great benefit to our patients. It means that their outcomes are likely to be better than when their treatment is delayed, their pain is addressed more quickly and their anxiety about their conditions is resolved earlier.

In July and September, NNSW LHD met all the Triage benchmarks and in August NNSW LHD met all benchmarks except Triage Three, which was missed by only 1.0%. As well the National Emergency Access Target was comfortably bettered in each of these months. These are very good results, which were achieved at the busiest time of the year. At the same time the Elective surgery benchmarks were also being achieved with 100% of Category One, 96% of Category Two and 97% of Category Three Patients receiving their care within the benchmark times.

As always, there is more to do. Each year under the National Program, benchmarks increase. So we are being challenged to do still better. Three strategies are being pursued to further improve our performance. These are: undertaking some capital works to rearrange some of our ED infrastructure to streamline the way Staff can provide care, making more use of direct admissions to Hospital beds, so bypassing the busy EDs and rolling out the Whole of Hospital Program. Each of these measures will further improve the timely provision of ED services.

Rural Health Plan

The consultations about the Rural Health Plan are now complete and the drafting of the Plan is underway. The main themes set out in the Discussion Paper released to facilitate the consultation process were confirmed. As well additional matters were raised. Given that different parts of rural NSW face different challenges, the priorities raised at the seven consultation sessions were not the same. However, overall there was a considerable amount of consistency in the feedback received.

Transport was an important issue overall but was a higher priority in western NSW where the distances to be travelled are greater. As well, while workforce issues were identified as important in all areas, they were considered particularly critical in western NSW, where it is very difficult to attract Staff to particular positions and localities.

The most consistent theme that came out of the consultation was the need to provide more services in the non-inpatient and community settings, so as to avoid Hospital admissions, unless they are absolutely necessary. In tandem with this feedback, the need for more integrated care was identified as very important. This includes integration of Hospital and Community, Acute and Non-Acute and GP and Community Health Care.

Two key enablers to facilitate more integrated care were identified as improved Information and Communications Technology (ICT) and Transport services. Already ICT had been identified as a high priority. Much work has been put into producing a Paper, that sets out how all aspects of Rural ICT can be improved. The implementation of the recommendations contained in this Paper will require a substantial funding investment.

The next step will be the development of a draft Rural Health Plan document, which will be considered at the next meeting of the Ministerial Rural Health Advisory Committee to be held in December. Following on from that consideration, the draft Plan will be fine-tuned and released for wider consultation. After receipt of further input as part of this consultation process, the Plan will be finalised.

The final Plan will then be submitted for endorsement by the Government and released as an approved Plan in the first half of 2014. This Plan will provide direction and momentum for the further improvement of Rural Health Services over the next few years. It will provide some extra resources and will set out the strategies that need to be prioritised for improving the way Rural Health Services are delivered.

Amber Care Bundle

While I was recently in England I took the opportunity to meet with one of the National Health System (NHS) Medical Officers, who has responsibility for progressing a relatively new initiative call the "Amber Care Bundle". This Program has been adopted by the NSW Clinical Excellence Commission, which is working with LHDs to roll it out within the NSW Health System.

It was particularly interesting to speak to one of the pioneers of the Amber Care Bundle at the NHS to hear his perspective on how it should work and to identify its objectives. It is quite a detailed Program, which is worthy of its own article in a future edition of Northern Exposure. Therefore, I will only touch on a few key themes.

The Amber Care Bundle puts in place a more proactive approach to end of life issues. It sets out criteria that are utilised to identify patients, who are near the end of their lives. Once a patient is identified as being in this situation, it triggers various responses. These responses are largely about improved communication and Patient input into end of life decision-making. They are not about automatically withdrawing clinical support and putting such patients into a Palliative Care stream. All too often, I have heard from families of Patients, who have died, that they were not aware the Patient was so sick. Their grieving process is made harder because they did not get to say "good-bye".

The aim of the Amber Care Bundle is to fully inform the Patient of the critical situation of his/her health and to give the Patient the opportunity to make decisions on the type of health care he/she wishes to receive in the future. This can vary from making every reasonable effort to extend his/her life to entering a Palliative Care stream. It also means that the families of the Patient can be more fully informed, including receiving regular health updates on the patient's condition within prescribed time periods.

Already the treatment of some of our end of life Patients would conform with the Amber Care Bundle approach. The aim of rolling out the Amber Care Bundle is to make this approach more consistent and widespread.

Chris Crawford

Launch of Sepsis Pathway 4 CAKES, 4 DAYS, 4 SITES



Vicki Wale, Clinical Nurse Educator undertook a unique way of getting the message out on Sepsis during the week leading up to World Sepsis Day.

Vicki visited 4 sites across the LHD and transformed herself into 4 different personalities, taking with her 4 cakes - one for each site - where she delivered important Sepsis Education to all Staff on duty. Culminating her journey at Nimbin she delivered Resus4kids and DETECT Junior education with a decidedly Sepsis slant.

- Did you know every four seconds someone dies of Sepsis.
- Sepsis happens when the bodies response to an infection spirals out of control.
- The body starts attacking its own organs and tissues.
- More than six million babies and small children die of Sepsis each year.
- If treated within the first 4 hours your chance of survival is 50%.
- After 12 hours your chance of survival sinks to below 15%.



Above Staff at Kyogle MPS on Tuesday 10 September 2013 front L-R Willa Maguire CNS, two students from Southern Cross University (SCU), Mel Ingram NUM, two SCU students, Nancy Martin EO/DON and Sandra Tomkins and at back: Linda MacDonald and Maree Owens.



Bonalbo on Wednesday 11 September 2013 from left Collette Byrnes, John Byron, Dr Sharon Maja, Lynne Cone, Evelyn Edwards, Anne Baker and Peter Doyle, Nurse Manager.



Above: At Nimbin on Friday 13 September 2013 - from left Craig Hawkins, Heike Gottschliech, Megan Childs, Anne-Maree Schweitzer, Vicki Wale, Viola Asi, Heather Anderson and Cassandra Harding. Leslie Day and Mel Moran out of view.

Left: Vicki in one of her unique characters the "Sepsis Samurai" at work in Nimbin.

"Sepsis is like a Ninja, hard to find," says Vicki.



Urbenville Health Service on Thursday 12 September 2013. From left Assistant in Nursing, Kim Grey, Sherryl Mathieson, Vicki Wale, Debra Baker, Jean Elevsen, Cindy Martin.

In conclusion, Power Point Presentations are ALWAYS made more interesting by wearing funny hats says Vicki Wale, who is now on a diet.

Interview with Anne Farrell, Nurse Manager Maclean Hospital

Anne Farrell is a highly respected member of the Clarence Valley Community, so much so that she was named the Clarence Valley Woman of the Year in 2012 for her devotion to the Hospital, nursing profession and the community.

It was a real pleasure to have a chat with Anne about her long career at Maclean Hospital, where she has worked for 40 years, arriving in mid-1973. Anne was born in Mullumbimby and attended the local school. She then went on to do general training in Murwillumbah and Midwifery at the Mater Mothers in Brisbane after which she returned to Mullumbimby Hospital where she worked for about 16 months before moving to Maclean in mid-1973. She had her first baby at Mullumbimby Hospital, six weeks later she got a call asking her to come back to work. Anne hadn't thought about returning to work but the Matron said they needed Staff at the Hospital and not having anyone to care for the baby told her to bring the baby with her. Anne said at the time there were two of them with babies while working at the Hospital. ...things have certainly changed!

You have seen lots of changes since you first started?

Yes, Maclean has evolved. There have been big changes now that we have a new ED, which opened in November 2011, thanks to the generosity of the Fairweather Estate. Also the new Sub-Acute Ward is almost complete.

What was it like when you first started?

There were three functioning floors and about that time the Mareeba Nursing Home opened and many patients went to the Nursing Home.

What became of that floor?

Now it is all theatres. Back then it was used for offices, pharmacy and physiotherapy.

What is the biggest change you have noticed?

Computerisation and disposables - In days gone by lots of sterilizing was undertaken. It was hard work, you had to make more dressings and swabs. The needles were all reused and so sterilized and autoclaved. Now it's the big throw away era, which is so much easier but expensive.

What is sterilized now if there is lots of throw away?

Equipment, the instruments are sterilized off site. Nothing like swabs or dressings, as they all come pre-packaged. Dressing products are marvellous now compared to what was on the market when I trained. In those days there were only very simple dressings. Now a dressing is put on and left for a certain amount of time and they are impregnated with all the healing materials.

This is wound management?

Yes, wound management has been revolutionised. All patient management has been revolutionised. There wasn't the use of intravenous antibiotics at the beginning of my career. Intravenous antibiotics get people better more quickly and the turn-around is very fast, which is good for the patient as they don't need to stay in hospital so long and can go home earlier.

What is your biggest challenge?

Now days, it is staffing the hospital. It is a different era altogether from when I first started nursing, people are not as committed as they once were and it is harder to attract staff.



What is your greatest reward?

Staff and Patient's satisfaction is my greatest reward, seeing the people who come by are happy and OK and the community are fantastic to us. The lift was also purchased by another family and the hydrotherapy pool was also donated by a family. We have wonderful support from the Maclean Hospital Auxiliary, they are incredible the way they raise money for the hospital as it is not a rich community but they all support their local hospital in whatever way they can.

“Staff and Patient’s satisfaction is my greatest reward”

How do you start your working day?

The day starts at 7.00am when I get handover from the Night Staff and then I go absolutely everywhere in the hospital to say hello and to see if everything is OK in the Department. It's not far, it's not like Royal North Shore Hospital but it is important to see the staff and patients. The days are long but it is my own doing. If there is a problem I need to solve it before I leave, and I'd like to think if I had a problem someone would help me.

Does that happen often?

Yes, every day. Small Hospitals have different challenges. I know so many people in the community and I like to think I can assist them when they need help. Assistance is often needed at the end of shift time. Patients and families feel comfortable asking me for help and I would find it impossible to refuse. Sometimes this may require assistance with transport or medications.

I love my work and the community and all that it entails.

Thank you to Our Hospital Auxiliaries

In the last Northern Exposure issue we acknowledged the LBH, Ballina, Byron, Maclean and Mullumbimby Hospital Auxiliaries and the Nimbin MPS Auxiliary. For this issue we acknowledge Bonalbo, Casino, Grafton Base, Murwillumbah, The Tweed Hospital and the Kyogle and Urbenville MPS Auxiliaries, for their tremendous contribution. They all recently held their Annual General Meetings, so this provides an opportunity to recognise their continued support for our hospitals. There are over 200 Auxiliaries in NSW that continue to volunteer their time all with the aim to help their local hospitals. They are a tireless group of workers and raise funds in whatever way they can, all for the benefit of patients comfort and for the staff who care for them.



Above the Casino Hospital Auxiliary at their AGM with from L-R: Edna Fuller, President; Mollie Strong, Regional Representative; Robyn Spruce, Secretary and Deborah Jaynes, Treasurer. Casino Hospital Auxiliary remains focussed on fundraising. Robyn says the ageing volunteer numbers and the difficulty of attracting younger volunteers remains a problem.



Above: Grafton Base Hospital Committee, standing L-R: Jan Gillett, 1st Vice President; Gwynne Quilty, 2nd Vice President; Christine Robinson, Treasurer; Elizabeth Holdway, Publicity Officer and seated L-R: Marcia Bartlett, Assistant Secretary; Joyce Thompson, Secretary and Alba Linklater, President. (Margaret Granham, Assistant Treasurer is absent).

Right - In August a Charity Bike Ride was held to raise money for the Bonalbo Hospital, Kyogle and Urbenville MPS Auxiliaries. Presenting the cheque from the Charity Bike Ride is (left) Greg Watson and Marcel Little (far right) to the Kyogle MPS Auxiliary representatives Jan Harlum, Ellen Dougherty and Elaine McIntosh. The Auxiliaries continue to raise money throughout the year but this was an added bonus for the MPSs.



The Murwillumbah District Hospital Auxiliary (above) won the 2012 United Hospital Auxiliaries Country Regions Annual Competition for fundraising and proudly hold the Sir Norman Nock Trophy, which has been circulating throughout country hospitals since 1949. The trophy is on display at Murwillumbah District Hospital until the 2013 winner is announced at next year's State Auxiliaries Conference.



Some of the over 100 members of The Tweed Hospital Auxiliary from left: Jean Carter, Maureen Kakoschke, Jan Tobin, Merle Graham and Jenny McKellar in the renovated Courtyard where they have established a memorial water feature in recognition of one of their recently deceased members Ena Seward. Over the past financial year they raised almost \$120,000.00. At the annual Fete held on 5 October, 2013 they raised \$24,844.00.



Latest Board News

Recognising Long Serving Visiting Medical Officers

At the Ballina Medical Staff Council Meeting held in September, Dr Brian Pezzutti, Board Chair presented Certificates of Appreciation to the Visiting Medical Officers (VMOs) who had been working at the Hospital for over 10 years.

Dr Pezzutti said it is his intention to attend all NNSW LHD Medical Staff Council Meetings over the coming months to acknowledge those VMOs who have been providing valuable service to the hospital patients over many years.



Above: Ballina Doctors front L-R: Rohini Ariyasinghe, Meng Yeo, Colin MacDonald, Phillip Lai, Fiona Wagner and Brian Pezzutti. Rear L-R: Chris Jambour, Peter McMillan, Chris Greenway, Timothy Peacock, David Havill and Richard Lucas.



Above: Members of the Board with at back L-R: Mark Humphries, Wayne Jones, Acting Chief Executive; Chris Gulaptis, Member for Clarence; hidden is Joe Ogg; Malcolm Marshall and David Frazer. Front: Allan Tyson, Brian Pezzutti, Alba Linklater and Hazel Bridgett.

October Board Meeting

This year each Board meeting commenced with a Patient Story. The October Board meeting was held at Grafton Base Hospital (GBH) and Dr Andrew White, Director of GBH Intensive Care Unit presented on a patient journey following a cardiac arrest.

The July Board Meeting was also held in Grafton and the patient story showcased for that meeting was presented by Amanda Tutty, Acting Charge Physiotherapist, GBH Orthopaedic Service.

Board Meetings are held at different locations across the LHD. Travelling around the LHD allows the Board members to meet a variety of Staff, who present Patient journeys to the Board members. These Meetings also provide an opportunity for the Board to meet with local stakeholders and tour the facility.

At the October meeting, the Board met with Alba Linklater, President of the GBH United Hospital Auxiliary (UHA) and Chris Gulaptis, Member for Clarence who were invited to attend the meeting to discuss any issues of concern with them.

Similarly the Mayor, UHA President, Local Member and Chair of the Medical Staff Council have been invited to meet with the Board at its November meeting at The Tweed Hospital.



Above: Dr Andrew White, Director, GBH ICU (far left top of table), addresses the Board with a presentation of a patient's journey.

District Clinical Council turns 2

The first meeting of the LHD Clinical Council was held on 13 September 2011 and at its last meeting on 10 September 2013, the District Clinical Council (DCC) celebrated its second anniversary.



L-R: Janelle Jacobson, Chris Crawford, Anthony Franks, Rebecca Delaney, Steve Diamond, Fiona Couch, Luke Schultz, Lynne Weir, Anne Maree Schweitzer and seated Rosie Kew, Jackie Andrews and Murray Spriggs celebrating the DCC second anniversary.

The Board values the robust contribution it has received from the DCC and has endorsed an extension of its Membership to consolidate the Clinical Council following the initial two year period. This includes:

- Extension of tenure for the four Hospital Clinical Council (HCC) nominated members and three additional positions until August 2014;
- Extension of tenure for current membership of six Senior Clinician positions to August 2016; and
- Extension of Chair until August 2014 with the opportunity for reappointment for a further two years.

Water Births available at Murwillumbah Hospital

The Murwillumbah District Hospital, through the Tweed Valley Birthing Service has been providing pregnancy, birth and postnatal care to women in the Tweed Valley and Tweed Coast region for nearly four years.

Recently the service was accredited to incorporate the concept of water birthing and on 5 August 2013, Lauren Solca was the first woman to have a water birth in the Hospital's Women's Care Ward, since accreditation was received.

"Lauren and partner Dave Warne are the proud parents of baby Grace, their second child. Grace's birth will not only be memorable for her parents but also for the Midwives," said Cheryl Colley, Midwifery Unit Manager.

"Providing a 'water birth' option for women is another way the local Midwifery-led service can offer more birthing choices for women," Cheryl Colley said.

Annette Symes, Executive Director of Nursing and Midwifery said, "Since the implementation of the Midwifery-led Model of Care, which commenced at LBH in 2009, it is now available in Midwifery Units at LBH, Mullumbimby and Murwillumbah Hospitals."

The Midwifery-led Model of Care offers women with a normal pregnancy, an alternative to traditional maternity care. Women



Above from L-R, Midwives Jane Crawford and Hayley van Cuylenburg with Lauren Solca holding baby Grace and Dave Warne with their son Caleb.

who use this model are able to have continuity of care with the same Midwife throughout their pregnancies, births and early post natal periods.

"This service was commenced in response to the growing worldwide recognition that midwife-led care offers an appropriate and cost effective maternity care option for women experiencing a normal pregnancy and birth," Annette Symes said.

Partnering with Patients - CEC TOP 5 Initiative



At the TOP5 Launch L-R: Isla Attewell, ACE CNC; Ann Kelly, Acute Age Related Care Service; Anne Reynolds NUM Surgical Ward; Judy Kolesnyk, CNC; Mary-Clair Maloney, Area Falls Prevention Coordinator; Narelle Gleeson, DoN and Judy Tasker, RN provided information to Staff and Visitors about Aged Care Health issues.

The Lismore Base Hospital (LBH) implements the Clinical Excellence Commission (CEC) TOP 5 Initiative, which is to:

- Talk to the Carer
- Obtain the information
- Personalise the care
- Develop 5 strategies

Executive Director of the Richmond Clarence Health Service Group, Lynne Weir said, "Staff have shown a great deal of enthusiasm for the TOP 5 Initiative and a significant amount of work has been undertaken involving a multidisciplinary team to implement the project."

Narelle Gleeson, Director of Nursing said, "The CEC established the Partnering with Patients Program to foster the inclusion of patients and family, as care team members to promote safety and quality. The Program recognizes the importance of improving quality of care by responding to the needs and preferences of patients while equally engaging Staff in creating supportive environments for all.

The TOP 5 initiative acknowledges the value of Carer information about patients, who have memory and thinking problems. For this initiative, the focus is on patients with dementia who require hospitalisation.

TOP 5 is an approach to engage with Carers to gain information that personalises care. It formalises personal information gathered from the Carer, which is then available to every member of the team who interact with the patient, thus improving communication.

Talking to the Carer helps Staff to understand signals given by the patient, allowing them to communicate better and to allay patient fears. Strategies are developed in partnership with the Carer to ensure that they are workable in a hospital environment.

The benefits include improved treatment outcomes, reduced length of stay, improved care experience and staff satisfaction.

TOP 5 supports the CEC model of patient based care where each patient is everyone's responsibility from the Board to the Ward.

The important role that Partnering with Patients can play at all levels to improve care, processes and the health care system has been acknowledged internationally and in the Garling Inquiry into the Acute Care Services in the NSW Health System.

The NSW Office of Preventive Health and NNSWLHD are pleased to present
The NSW Get Healthy Information and Coaching Service®;
An effective service with population health reach and impact and Health Promotion Mini Expo

The presentation will cover:
The impact of the Get Healthy Service (GHS) on participant health outcomes
Participation in Local Health Districts
Referral pathways for your clients
Promoting the GHS to your clients and clinicians
Enhancements for 2013-14 – Aboriginal specific, Type 2 Diabetes prevention and Gestational Weight Gain



When - Monday, 4 November, 2013

Tweed Heads: Clinical Education Research Institute at The Tweed Hospital, Tweed Heads

Health Expo and morning tea 11.15am-12pm;
Presentation: 12.00pm-1.00pm

Lismore: University Centre for Rural Health, Uralba Street, Lismore

Presentation: 3.00pm - 4.00pm

Health Expo and afternoon tea, 4.00pm - 4.45pm

RSVP is essential for catering

Email jillian.adams@ncahs.health.nsw.gov.au or SMS 0458 227 913 by Monday 21st October, 2013



Plus... Health Promotion Mini Expo

Learn about a range of other free and low cost health promotion programs you can refer your clients to, or use to improve your own health.... for children's weight loss, exercise, smoking cessation, mental health promotion and falls prevention. Morning/afternoon tea provided



Advantage Salary Packaging

The taxation laws provide generous tax concessions for not-for-profit organisations. One such concession allows NSW Health employees to 'salary package' part of their fortnightly wages. As a result, you will pay less tax each fortnight.

This 'tax free' amount is in addition to the tax-free threshold for income (\$18,200 p.a.). You can earn up to an extra \$9,095 extra tax free a year by salary packaging, or nearly \$350 a fortnight. For most staff, that means a tax saving of nearly \$70 a fortnight. Start now and this figure doubles, as you can get \$9,095 tax free between now and 31 March 2014. To receive this entitlement you must join salary packaging. It is easy.

Advantage Salary Packaging have been managing the program for over 10 years, so you will find them knowledgeable and helpful. For further information contact Advantage. Phone 1800 555 582 or visit www.salary.com.au or book a free appointment time to see an Advantage representative or complete the online application at www.salary.com.au

Staff Updates



Moira Waters, Planning & Performance Officer, has been relieving Maureen Lane, as Acting Director of Planning & Performance while she is on leave. Maureen returns on 28 October and this busy role is in Moira's capable hands.

Moira has been working on the NNSW LHD Health Care Services Plan 2013-2018, which is the highest level Clinical Service Planning

document for the LHD. It outlines future directions for clinical service development and key priorities to be implemented over the next five years.

The development of the Health Care Services Plan involved a comprehensive needs analysis and consultation process with NNSW LHD clinicians, managers, service providers and other key stakeholders including Aboriginal community controlled organisations, NGOs, other government agencies and community representatives.

The development of the Health Care Services Plan provides the opportunity to plan for services to meet the needs of a growing and ageing population and identify new and emerging models of care.

The NNSW LHD Health Care Services Plan 2013-2018 is now available on the NNSW LHD intranet/document library through the following link: <http://int.ncahs.nsw.gov.au/documents/view.php?documentid=4891&status=&message=>

For any further information please contact Moira Waters, Acting Manager Planning and Performance on 6620 2897.



Tony Beashel, Manager, Corporate Services, Chief Executive Unit, is taking some much deserved leave and returns in January 2014. Those who know Tony will be amazed at how tidy he left the office!



Matt Long, Manager Clinical Redesign has bravely taken on this role as acting Manager of Corporate Services while Tony is on leave.

Letters of Thanks

Praise for hospital

This letter appeared in the Daily Examiner on 20 September 2013

I am compelled to express my unreserved thanks to all the staff at the Grafton Base Hospital. The care shown to my late mother, Patricia Brindell, is a refection of the dedication and professionalism of our health services locally and I have nothing other than praise for all involved.

Christopher Brindell, Grafton

Congratulations



Frances Guy, Clinical Midwifery Consultant (CMC) with Mid North Coast LHD was recently honoured in the NSW Health Excellence in Nursing and Midwifery Awards for her work as a CMC with the former North Coast Area Health Service. NSW Minister for Health and Medical Research, Jillian Skinner presented Frances with the Award, saying she was recognised for her outstanding work during 2009 in her position as CMC in helping to establish a new model of midwifery practice at Lismore, Murwillumbah and Mullumbimby in the NNSW LHD. Frances also negotiated for a public funded home birth model for Mullumbimby in 2012 and is a mentor to many Midwives by supporting them to evoke change and empowering them to develop skills to facilitate safe care in midwifery models of care.



Rural Research Capacity Building Program



The 2013 Intake Applications have been finalised. There were 33 applications for the 21 places on offer. Congratulations to the NNSW LHD candidates, Chris Bentley, Lisa Delaney, Francesca Leaton, Nicole Rappell and Maryanne Sewell pictured left.

The 2012 cohort have been assessing the progress of their projects in midway interviews with Program Coordinators and HETI management. The Candidates have been sharing their plans to complete their projects and feedback on the program itself was received.

NNSW LHD Key achievements for the 2012 group include: **Catherine Helps**, who has had an abstract accepted to present at the International Midwives Conference in Prague 2014.



Liz McCall (left) has completed her data collection and has been accepted to present her findings at two conferences - the Rural Health and Research Congress 2013 and the Australasian Professional Society on Alcohol and Other Drugs Scientific Conference 2013.

Farewells



Jean Colley, Director of Medical Services at GBH retired recently. Jean made a valuable contribution since she commenced eight years ago and will be greatly missed by the GBH Executive and Staff.

Before coming to Grafton Jean had a series of high profile roles in Queensland Health, working in Medical Administration and Health Service Management.

Jean was very active in the Royal Australasian College of Medical Administrators and Chaired the Directors of Medical Services Meetings for the NNSWLHD until her retirement. Jean plans to continue as a Medical Quality Surveyor for ACHS and still maintains her interests in medical student education.

A Farewell Afternoon Tea was held for Jean with a large attendance by colleagues, confirming the high regard and respect Staff hold for Jean.



Cathy Adams (CMC) has been successful in obtaining a secondment to the position of Network Manager - Midwifery Practice, Royal North Shore Hospital, Northern Sydney Local Health District. The secondment is for a period of two (2) years and commenced on Monday 23 September 2013.

Annette Symes, Executive Director of Nursing & Midwifery extended her thanks to Cathy for her significant contribution to the Midwifery Services and Workforce in the NNSW LHD. Cathy's professionalism and clinical expertise will be missed. We wish Cathy all the best in her new position and look forward to her return in two years.

Vale' Lyle Burgoyne



NNSW LHD, acknowledges the contribution Lyle Burgoyne made as a Midwifery Nurse working in the Women's Care Unit (WCU) at Murwillumbah District Hospital (MDH), who sadly passed away recently.

Lyle commenced training as a general and midwifery nurse in 1975 at the Gold Coast Hospital in Southport. He later studied paediatric training at the

Princess Margaret Hospital in Perth before commencing with MDH in 1981.

During this time, he worked for many of these years as a Midwife in the WCU before taking a position as a Caseload Midwife with the Tweed Valley Birthing Service at MDH, where he found working as a Midwife brought him his greatest job satisfaction.

Those who had the privilege of working with him say he was never happier than when he had a baby in his arms.

He will be remembered as a man of great integrity, a passionate nurse and midwife, and a loyal friend who always had time for everyone. We extend our condolences to his family and friends.