

# Northern exposure



Health  
Northern NSW  
Local Health District

Newsletter, Issue 4  
May 2015

## New Primary Health Networks to deliver better local care



Federal Minister for Health Sussan Ley (pictured left), has announced the new Primary Health Networks (PHN) were on track to begin rolling out from July 1.

PHNs will replace the Medicare Local system with 31 new PHNs which will be "outcome focussed" on improving frontline services and will generally align with State Local Health Districts (LHDs) to ensure better integration between primary and acute care services.

The Northern NSW Local Health District (NNSW LHD) is delighted the North Coast Medicare Local (NCML) based in Ballina is one of the successful applicants to become a PHN.

The key difference between PHN and Medicare Locals is that PHNs will focus on improving access to frontline services, according to the Minister. PHNs will also deliver improved access to primary care services for patients, as well as better co-ordination with local hospitals, while at the same time improving the overall health system efficiency.

## Dementia Outreach funding secured

A strong coalition between the Federal Member for Page, Kevin Hogan, NNSW LHD Executive Director, Allied Health Chronic and Primary Care, Vicki Rose, Dr Alison Semmonds, Geriatrician and community activist, Meg Pickup have secured the funding for the vital NNSW LHD Dementia Outreach Service.

"This funding of more than \$640,000 is terrific news and I would like to give credit to the LHD Health Professionals, who worked with me to ensure the continuation of this much needed service," Mr Hogan said.

The funding provides certainty for people with dementia, their carers and health professionals. The Dementia Outreach Service based in Ballina, assists people living with dementia and their carers.

Wayne Jones, Acting Chief Executive welcomed the funding on behalf of the NNSW LHD and thanked all involved who worked hard behind the scenes to help NNSW LHD to retain this important program.

Last December, the Government announced a review of programs funded under its Home and Community Care (HACC) package, which included Dementia, with the aim of better co-ordinating and streamlining services to improve the level of care.

Mr Hogan said during the review process it became apparent that our health service was using money classified for another purpose

Ms Ley said many of the successful PHNs were consortiums harnessing the best skills and knowledge from a range of sources, including allied health providers, universities, private health insurers and some of the more successful former Medicare Locals.

PHNs will work directly with GPs, other primary health care providers, secondary care providers, hospitals and the broader community to ensure improved outcomes for patients.

By aligning PHNs with State LHDs, the Federal Government also aims to reduce the merry-go-round for many patients with chronic or complex conditions between primary care and hospital treatment.

Ms Ley said that in addition to general health, six key priorities have been set for the PHNs targeting mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

Ms Ley said the Government had also created PHN Community Advisory Committees, which will ensure all patients and local communities can provide feedback to, and have direct input into the PHN to ensure it supports the provision of services that meet the localised health care requirements which are unique to each region.



L-R: Alison Semmonds, Geriatrician; Lisa Diet, Integrated Care Coordinator, Ballina Community Health; Kevin Hogan, Helen Cust, Carer and Lisa Beasley, Manager Community and Allied Health Richmond Network.

to provide direct delivery of Dementia Services to the community. Both our local specialists and I did not want to lose this funding so I started lobbying the Minister to ensure the Service would continue," he said.

"I argued that these funds were being used to provide a high quality service that was desperately needed by our older than average community, and the minister agreed."

# Workplace Safety is everyone's job



Ice is mentioned in the news almost daily and the effect it is having on communities is devastating. Staff working in hospital Emergency Departments (EDs) are seeing more Ice related presentations, which puts the Staff helping them at risk. A Symposium on Ice is being held in early May when Bulgarr Ngaru Medical Corporation, NNSW LHD and NCML will discuss the challenges and actions that can be taken to address the Ice problem in our community.

As mentioned in the last issue, the interview with Dr Austin Curtin is on page 7, which is about his recent deployment to Afghanistan. He was generous with his time for this interview and I thank him for that - I had over an hour of discussion recorded! His knowledge is extensive and it was a history lesson for me in many ways. It covered how Regional Base Hospitals were established near Air Fields during the second World War, so returning injured soldiers had close access to medical services. This was similar to where he was based working at the Kandahar Air Field in Afghanistan.

The **Your Say Survey** has been extended to 8 May 2015, so those of you who have not had a chance to complete the Survey can do so. It only took me about five minutes to complete. That's not long for you to **Have Your Say**, so take the opportunity and do it! Here's the link <https://www.orcsurveys.com/YourSay2015Survey/>



I had a phone call this past month from CASPA - Child and Adolescent Specialist Programs and Accommodation, about information sessions on becoming a Specialist Foster Carer. The caller, Alex Spengler from Mee Crosscultural Productions, on behalf of CASPA wants to inform health workers of the urgent need for Carers. There is an allowance provided for each child, training and support is available 24/7. CASPA believes that people who have specific educational/professional background can be more emotionally resilient and might see foster caring as a career path as well. They need people to take on board CASPA's therapeutic approach and team work perspective around the kids in need. People who see the amazing training and support CASPA provides will regard providing foster care as an opportunity rather than a burden. If this is something you may consider, you can contact Alex on 0405 160 631 or email alex@meeproductions.net

Janet Cormack, LHD Coordinator, Out of Home Care Child Protection has also provided an article on becoming a Foster Carer, which is on page 4. Sadly, there is a great need for Foster Carers in our community.

NNSW LHD 2015 Quality Awards are coming, more information can be found at: <http://int.nswlhd.health.nsw.gov.au/clinical-governance/clinical-quality-systems/quality-awards/>

## Karenne Batson - Quiet Achiever

**Nominated by Jenny Shaw, Executive Officer/Director of Nursing at Mullumbimby & District War Memorial Hospital.**

Jenny interviewed Karenne, who was unaware she was being nominated as a 'Quiet Achiever'. Jenny also wanted to find out from Karenne how she felt about the new Byron Central Hospital.

Karenne Batson is the Hospital "Your Say" Champion and puts her hand up for everything, but quietly and without fuss. She is the Christmas Party organizer, office organizer, always remembers Staff birthdays and goes above and beyond the call of duty.

Her professionalism and ambassadorship make her the ideal person to act as "concierge" and the Staff at Mullumbimby Hospital are grateful to have Karenne as an integral part of the team.

Karenne started working at Mullumbimby Hospital in 1994 as a Telephonist. In 1997 Karenne completed the Distance Education 'Coding' Course via HIMA, which took her two years to complete. Karenne said it is a very worthwhile course because being a Coder ensures employment. Coders provide a key role in deciphering the Doctors medical recording, which is essential to determine the acuity of patients. It was a difficult course for a non-clinical Staff member due to its complexity but it was rewarding, according to Karenne. It is also something "different" from her job as a Telephonist.

Jenny Shaw asked Karenne what she liked about working at Mullumbimby Hospital and she said the friendliness and closeness of all Staff. There is a good bond and everyone works well together as a team.

Karenne is currently the Admin-in-Charge and co-ordinates the Roster, LHD systems (eMR, PAS, PBRC) and says that revenue changes are a big focus at present. Karenne says that being a Coder is very



beneficial, when it comes to capturing and understanding the service category into which each patient is placed.

Jenny Shaw also asked Karenne if there was anything she disliked about working at Mullumbimby Hospital and she said that with the many changes, the Staff are facing at the moment, it has made her job much busier. She is looking forward to the new Byron Central Hospital being commissioned and said Staff will be able to focus on more specific duties, rather than being a jack of all trades at the new Hospital. Currently, Karenne works across both Mullumbimby and Byron Hospitals as a Coder, dedicating one day per week at each site for coding and the remainder of the week she works at Mullumbimby Hospital.

# Dealing with a different type of ICE Age

*Ice and Base are methamphetamines, part of the amphetamine family of drugs which also includes Speed. The difference between Ice, Base and Speed is that Ice is the most pure form, followed by Base then Speed. The 'high' experienced from Ice and Base is much more intense, and with intense reactions come powerful responses including comedown, the potential for dependence (addiction) and chronic physical and mental problems. Ice is known by a variety of other names, including: crystal meth, meth, crystal, shabu, batu, d-meth, tina and glass. Base is also known as: speed dexedrine, shad, go-ee, glass, tina, paste, oxblood, shabu, yabba and crank.*

Our Hospital EDs are seeing more presentations of people affected by Ice and as a result, more incidents occur due to their instability.



Kevin Hogan, Federal Member for Page is so concerned he wants a Whole of Government approach to wiping out the Ice problem. He said more people are using Ice and one hit can send a user into a psychotic rage.

Mr Hogan and the Assistant Minister for Health, Fiona Nash, recently met with Lismore Police Inspector, Cameron Lindsay to discuss ways of curtailing this destructive drug. Following the meeting it was revealed that Police in the Northern Rivers are arresting a person a day for Ice related crimes. Of significant concern is the impact on families and the increasing number of children who are facing severe neglect, as well as information that teens as young as 13 are using the drug.

The Government is already working on the problem, including spending \$200 million for drug and alcohol treatment, research and education. Earlier this month, a National Ice Taskforce was formed, to try to work out new ways of dealing with the drug. The Australian Science Media Centre brought together some experts to talk about the science behind this addictive drug.



A fact not widely known about Ice, or other methamphetamines, is that they are used in various forms. Director of the National Drug and Alcohol Research Centre, Professor Michael Farrell said that knowing how it is used helps us to understand the effect it can have on users.

"When it's smoked, the speed with which it gets spilled into the blood and into the brain and the intensity of the high in the initial experience has quite an impact on addictiveness. It releases a lot of these chemicals into the synapse that gives people a very positive feeling and it enhances dopamine release."

Dr David Caldicott, a senior lecturer in clinical medicine at the Australian National University in Canberra, said the way people are using Ice has changed dramatically in recent years.

This shift can account for some of the problems with the drug we're seeing today. There's much greater acceptability about meth being smoked, which is not perhaps held with the same disdain in the community, as injectable meth is regarded.



*Dr Brian Pezzutti, Chair, NNSW LHD Board is one of the first to be immunized by Kathryn McKee, RN at LBH Clinic. Dr Pezzutti encourages everyone to be vaccinated against the flu.*

*Below: Jenny McKay, STEPS Program Coordination is one of many who were vaccinated at the Lismore Public Health Unit by Bernadette Williams, School Based Immunization Coordinator.*



# Health Workers could have just what it takes to be a Foster Carer

**Children and Young People in care need a place to belong.**

Did you know that in our LHD we have on average every month 10 children and young people removed from the care of their biological parents and placed under parental responsibility of the Minister for Family and Community Services?

The reasons for removal vary but commonly include mental health concerns of the parent, drug and alcohol problems and domestic violence. Adverse childhood experiences such as abuse, neglect or growing up with a parent who struggles with mental illness or substance dependence changes a child's physiology.

In high doses this childhood trauma affects brain development, the immune system, hormonal systems, and even the way Deoxyribonucleic Acid (DNA) is read and transcribed. It triples the lifetime risk of heart disease, lung cancer, increases the risk of depression, suicidality and creates a 20 year difference in life expectancy.

child placement  
family happiness  
court case worker plan  
Foster care  
support healing trauma  
home hope  
loved safe



Children and young people who have been exposed to high doses of childhood trauma, require a high level of love and care. To begin to heal they need safety and stability. They need Foster Carers who can tolerate the behaviours that they exhibit and who can understand the emotions and the fears that underpin these behaviours. Foster Carers need to be patient as healing takes time, a long time.

Health employees could have just what it takes to be a Foster Carer; after all, many health workers are attracted to healthcare due to their altruistic qualities. A shortage of Carers means sometimes children are placed out of the area in which they started their life and it can mean siblings are placed separately. If you have thought about becoming a Foster Carer and want to be put in touch with an Agency who could answer your questions contact the LHD's Out of Home Care Coordinator, Janet Cormick on 0266516016 or email [Janet.cormick@ncahs.health.nsw.gov.au](mailto:Janet.cormick@ncahs.health.nsw.gov.au)



*Felitti, V.J, Anda, R.F et al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 14 (4)*

## National recognition for Organ Donation in the Local Health District



Mike Lindley-Jones is Director of The Tweed Intensive Care Unit & Director Organ & Tissue (O&T) Donation NNSW LHD. He recently attended a National Conference.

**The setting:** The austere and rather formal conference centre at the Grand Hyatt, Melbourne.

**The occasion:** The plenary session at the recent national conference on Organ Donation.

**The people:** Around 500 delegates from all over Australia, including the Deputy Federal Health Minister

**The discussion:** Comparing relative performance and how to improve outcomes in Organ Donation for Australia.

A slide was shown, a de-identified funnel plot comparing the performance of various LHD's in Australia, with three LHD's statistically above expectations in terms of performance. These three above average outliers were then named. To Dr Lindley-Jones surprise (and pleasure) NNSW LHD was one of them.

Organ Donation occurs after someone has died and their organs are used to save or improve the lives of up to 10 other people. It is a hugely emotional event; there is always great sadness for the family. But it's a huge event for Staff too, who are caring and looking after a family in their grief and at the same time trying to coordinate the complex process of organ donation.

However, there is a strong positive to all this. The recipients have their lives transformed, and there are many patients in our LHD who are a testament to the benefits of a life changing transplant.

Moreover the families of the donors become engaged too. The death of a loved one is usually a distressing event, but knowing that their Organ Donation has saved the lives of others is comforting. Studies show that families of Organ Donors are more likely to grieve 'well'.

So congratulations to the Staff in the LHD who play a part in this process. The NNSW LHD has achieved well in Organ Donation over the past few years. Particular recognition should be given to those who work in the EDs, Intensive Care Units and Operating Theatres across the LHD. Organ Donation has also received enormous support from the LHD Executive. Organ Donation is an emotional issue, it is hard work but it can be so rewarding.

# Chief Executive Report

## Take care when being familiar in the workplace

The recent experience of the New Zealand Prime Minister, John Key highlights the problems that can emerge from being too familiar in the workplace. Mr Key regularly pulled the ponytail of a waitress during the frequent visits he made to a local café with his wife. The waitress did not challenge or complain about Mr Key's conduct but has said that her body language should have indicated to Mr Key that she did not like her ponytail being pulled. She eventually went public with her complaint on Facebook and Mr Key apologised for his behaviour. What relevance has this got for NNSW LHD you might ask?

In the last twelve months a couple of complaints have reached my desk from Staff who have felt that their personal space has been breached by other Staff members. As is the case of Mr Key, there was a power differential between the person doing the touching and the person being touched. Therefore, the Staff members being touched felt reluctant to complain about the person who had breached their personal space until it all became too much. Also like the Mr Key's case, there was no suggestion of sexual overtones in the touching. Some of us have 'touchy feely' personalities, while others of us do not like 'our space to be invaded'.

The lesson is that we all need to be very careful about being too familiar with one another in the workplace. What one Staff member may think is a friendly gesture, may make another Staff member feel uncomfortable. Some may say that this attitude will create a very stiff and sterile workplace. I am not saying do not be familiar in the workplace. Just take care, be sure you know that a touching gesture will be well received and be conscious of the other Staff member's body language.

## Time for a Jab

Winter time is approaching and the NNSW LHD is in the process of putting its Winter strategies into effect to help our Hospitals and Health Services to better cope with the extra pressures that arise during Winter. The first strategy is to offer free flu injections to prepare Staff for the Influenza season. The objective of the flu shot is to help Staff avoid getting the flu, or if they do get it, to cause it to be less severe than it would otherwise be.

To set an example and to reassure those Staff, who are apprehensive about having an influenza injection, the Board Chair, Brian Pezzutti and I have been photographed having our flu shots. These photos appear in this edition of Northern Exposure. I encourage all Staff to take advantage of the offered free flu shot to better prepare them to avoid coming down with influenza this Winter.

## "Your Say" Staff Survey extended

The time for completion of the "Your Say" Staff Survey has been extended by two weeks until 8 May 2015. As I would like as many Staff as possible to complete the on-line survey (paper version also available), which takes about ten minutes, I again encourage all Staff to undertake this Staff Survey.

## Leading for Better Patient Outcomes

One of my favourite functions, held recently, is to attend the Celebration Day of the Leading for Better Patient Outcomes course. It is put on jointly by the Clinical Excellence Commission and NNSW LHD and provides training to around thirty new or aspiring leaders within our LHD.

At the Celebration Day the participants present on the Projects they have undertaken either by way of a Story Board or a Powerpoint



Delma Makejev, LBH Infection Control gives Chris Crawford, Chief Executive his flu vaccination for the year.

presentation. It was pleasing to hear and read about some very good projects put forward by the participants. A couple of these projects I want to follow up for wider application within our LHD. After viewing and hearing the presentations, I was pleased to have been given the opportunity to present Certificates to those participants who had successfully completed the course.

## Special Executive Meeting

On 19 March 2015, the NNSW LHD held an all day Special Executive Meeting to plan its priorities for the next eighteen months, with particular emphasis on what it wants the LHD to achieve in 2015/16. The meeting was divided into three sessions.

The first session considered an invitation that has been received from Sydney LHD, one of the largest and more successful LHDs, to partner with it. The Executive determined on a range of initiatives upon which NNSW LHD can beneficially partner with Sydney LHD. Liaison between our two LHDs to follow up this decision has commenced.

Secondly, the Executive considered a range of priority matters, which have been referred to it by the Board or which came out of discussion at the recent Senior Management Forum or which had been raised by Executive Members. Some of these priorities I have referred to in my recent Priorities Roadshow Presentation.

The outcome of the discussion of these priorities is that a Paper will be prepared for the Executive. This Paper will focus on how we can build a more Harmonious Workplace and how such a workplace can be used as a platform to create a more Patient Focused organisation.

It was agreed that the building of a more Harmonious Workplace, should not just involve cracking down on bad behaviour, such as discrimination, bullying and harassment but also on taking positive steps to address workplace irritants, which make Staff feel unsupported. The Paper will also address the issues of succession planning and health literacy.

During the third session, the Executive undertook its first preliminary discussions about the development of the 2015/16 Budget. This lead into a first presentation to the Board on the challenges and opportunities that NNSW LHD will face in putting together next year's budget.

*Chris Crawford*

# eASY Rolling

## “What is Antimicrobial Stewardship?

It is a process of governance around the use of antimicrobials that to date has been supported by a paper based system that is now being replaced by a computer based system called eASY.”

As part of an ongoing commitment to quality improvement and Antimicrobial Stewardship, the NNSW LHD has invested in eASY (electronic Antibiotic Stewardship sYstem). eASY will be rolled out across the NNSW LHD during May and June 2015. It will go-live at Lismore Base Hospital (LBH) on 18 May, Grafton Base Hospital (GBH) on 1 June and The Tweed Hospital (TTH) on 8 June.



### What is eASY?

eASY is a computer based decision support system that provides the following functions to clinicians:

1. Online, evidence-based clinical decision support for the treatment and prevention of infectious diseases based on recommendations from the Therapeutic Guidelines: Antibiotic v.15.
2. Support and prescriber feedback from the Infectious Diseases (ID) Physician and Antimicrobial Stewardship (AMS) Pharmacist regarding infection type and antimicrobial choice, dose and frequency, the duration of therapy and timely conversion to oral antimicrobials, plus advice for therapeutic drug monitoring e.g. gentamicin and vancomycin.
3. Real-time reporting capacity. eASY has the in-built ability to generate reports including antibiotic usage, rates of optimal therapy and adherence to guideline therapy contributing to the monitoring and analysis of antimicrobial prescribing.
4. Provides a rapid point of reference for the restriction status of antimicrobials for clinicians.

### Why are antimicrobials restricted?

Antibiotics are restricted according to the recommendations made by the Clinical Excellence Commission (CEC), and local expert advice. These recommendations are based on considerations for



patient safety, disease state complexity, risks of antimicrobial resistance, best practice prescribing and risks to public health.

There are three levels of restriction: Green (antimicrobials that should be prescribed appropriately but no restrictions are placed on use), Amber (antimicrobials that are restricted to pre-approved indications, with ID advice required for non-approved indications) and Red (ID advice must be sought prior to prescribing). Amber and Red antimicrobials are generally only kept in the pharmacy, or in key clinical areas

where delayed use would be detrimental to the patient. The full list of antimicrobials available and the level of restriction applied will be on the eASY website.

### Accelerating Antimicrobial

#### How does eASY work?

All restricted (Amber and Red) antimicrobials will require an online eASY submission to be **STEWARDSHIP PROGRAMS** completed by the prescribing doctor. A temporary approval code is generated from this submission which should be written on the patient medication chart. The submission is then reviewed by the AMS pharmacist, and where necessary the ID physician. If therapy is approved the treating team will be notified via pager or SMS and an approval code generated to be documented on the medication chart. If therapy is declined the treating team will be notified via a phone call, and informed of the recommended changes to therapy.



Training for eASY will be held at LBH in the David Thomas Room from 4-7 May, GBH in the Skills Laboratory on 20 May (additional training will be provided as requested), and TTH in the Riverview room on 27-28 May and 1 June.

Flyers with more information about training will also be distributed across the LHD. For further information please contact:

**Sean Alcorn**, AMS Project Manager, on 0402696220 or e-mail [Sean.Alcorn@ncahs.health.nsw.gov.au](mailto:Sean.Alcorn@ncahs.health.nsw.gov.au)

Will Franks AMS Change Manager, on 0419729249 or e-mail [Will.Franks@ncahs.health.nsw.gov.au](mailto:Will.Franks@ncahs.health.nsw.gov.au)



### What is a novated lease?

A three way agreement between you, your employer and a finance company.

With a novated lease you've got choice - salary package a new, used or even your current car!

#### • Time for your dream new car?

- Smartleasing can save you time and money:
- Our buying power means we'll find your new car at a great price
- Pay no GST on the purchase price of the car
- Our affiliations with local car dealers means we can source your ideal car and even arrange the test drives for you

#### • Got your eye on a used car?

Salary package a used car as long as it's less than 8 years old at the end of the lease.

#### • Happy with your current car?

No problem, whether you own your current car outright or it's on finance - you can effectively 'sell and lease back' this car.

### What is an associate lease?

Your associate (spouse, partner, family trust or company) 'leases' a family car that they own to your employer - and your employer then provides the car back to you as a salary packaged fringe benefit. For your associate to be eligible to do this they must register for an ABN. The main advantage of an associate lease is that you can divert some of your taxable salary to a family member, trust or company to be taxed at a lower rate.

#### Better still—with ANY car lease you can enjoy these great benefits:

- Tax savings on your lease payments, insurance, rego, CTP, fuel and other running costs
- Fleet rates on service and maintenance
- A choice of fuel cards
- A wide range of vehicle insurance, warranty and membership products and services.

#### Interested?

To find out how you could benefit from a car lease with Smartleasing, call them on **1300 118 245**.

# Interview with Austin Curtin

Dr Austin Curtin is a highly respected Lismore Surgeon and a former member of the NNSW LHD Board. His extensive medical knowledge has been of enormous benefit to the LHD and NSW communities from his contribution towards improving health services. He travelled across NSW as Co-Chair of the Ministerial Advisory Committee to provide valuable feedback in the development of the Rural Health Plan. He received the 2015 Lismore Citizen of the Year Award, for his dedication over the past 30 years to ensuring residents of the Northern Rivers receive the best medical care possible. He is passionate about further education and training and this is reflected in the positions he holds as Clinical Sub-Dean at Sydney University, Adjunct Professor at Southern Cross University and a Medical Educator. He was instrumental in helping to establish the University Centre for Rural Health in Lismore, making it possible for local students to achieve their academic ambitions and to help develop a new generation of health professionals to care for patients into the future. He is a Major in the Australian Defence Force Reserves and has served in Afghanistan. In this interview I asked Dr Curtin about his recent deployment to Afghanistan as we commemorate 100 Years of the ANZAC landing in Gallipoli.

## What was your background?

I come from a family of Doctors. My grandfather was a doctor, a GP at Grenfell and then he went off to the First World War. He joined the Military in June 1915 and by August he was in the Mediterranean. His ship, I think was somewhere near Cyprus, took the wounded off Gallipoli and then he was stationed at the Western front where he was a fulltime Doctor throughout 1916, 17 and 18 and was discharged in January 1919.

## So he made it back?

Yes he married his wife in London in January 1918. Her brother was killed in the War and his name was Bryan, so when their first child was born in November 1918, they called him Bryan after his Uncle and he was my father.

## Was your father a Doctor too?

Dad was a General Physician at St. Vincent's Hospital in Sydney. He served during the Second World War, but was never to leave Australia. He continued his Reserve Military service until retiring at 70. His dedication to his work and care for people had a major effect on my career choice.

## You recently went to Afghanistan - have you been there before?

No. I've been to New Guinea but I haven't been into a war zone before. I joined the military because it is something I would have done when I was younger but it certainly wasn't a popular thing to do after the Vietnam War when I was a medical student. I got married early and had a family early and then of course that becomes your priority and now my family has grown up.

## When did you join?

I started enquiring in 2005 after deciding it was time I joined the Reserves and was accepted in 2007. But I hadn't the opportunity to be deployed because deployments were for six months, which is a very long period. The opportunity arose to do four month deployments so I applied in 2013 and went in August 2014.

## How did you find it, was it confronting?

Absolutely fascinating - probably one of the best things I've done in my life. Confronting - yes, but I've always had an interest in trauma. In January 1982 I was at the Royal Victoria Hospital in Belfast doing trauma because that is where the gun shots were and where the Police were getting blown up.

## Was Afghanistan very different?

Afghanistan was in some ways, much the same. I much prefer going to a country to assist in a formed body such as an Army, rather than going with Médecins Sans Frontière, though I actually donate to those groups and think they do wonderful work. But in



Standing far left is Austin Curtin with Vice Admiral David Johnston (centre) and the team he travelled to Afghanistan with that included two theatre nurses and two intensive care nurses, the younger ones. The Doctors are older, anaesthetist, orthopaedic and emergency physician. The team performed so well they were given an award.

the profession I'm in, as a General Surgeon, it's much better for me to go in a formed body where there is backup, to actually do my job. I can't do that in the jungles of Africa by myself.

## Were you far from the battle zone?

The interesting thing about that deployment is almost everything that happens in the military these days is dependent upon having a resuscitative capability. The military don't want their soldiers fighting further than an hour away from a team that can resuscitate an injured soldier. The surgeon becomes integral to any battle because the surgeon can stop bleeding. So the whole battle zone in the Middle East is based on surgeons, which is fascinating because I hadn't realized that until I got there. We are regarded as an asset.

## What is the resuscitative capability?

The resuscitative capability comprises an Anaesthetist who can manage an airway and pain, a Surgeon who can stop bleeding and an Intensivist, who can manage the patient's physiology in that acute traumatic situation. In the forward capacity, we do damage control surgery - we stop the bleeding and anything that is leaking; we resuscitate the patient; we give them fluids and blood and maintain their blood pressure; we preserve their cerebral function and their cardiac function and ship them straight out to somewhere, where they can be cared for out of the battle zone. People who are injured in war are out of the battle zone within 48 hours, so they can be treated safely. The job was all to do with damage control surgery and resuscitation, which is very challenging.

## Where were you based?

I worked in Kandahar, at the Kandahar Air Field, and the hospital had a 98% survival rate. So if you got to our hospital alive, you had a 98% chance of leaving it alive. That number can be very important for our troops.

## Was it stressful?

Those stresses were really interesting to observe at times because we were on a Base of around 20,000 people. The logistics of supplying them and feeding them was enormous. There were 9,000 soldiers and probably 2,000 were fighting soldiers, the others were all support. You witness the same trauma in the fighting soldiers and would still see some of that in the supporting people as well because there is a lot emotional stuff that goes on in war and it is difficult to reconcile with a life at home. It's not even a seven day a week job it is 24 hours a day 365 days a year. It is grinding - it is day after day - that can become challenging.

# Health Precinct Wins State Award

Lismore City Council was named as the winner of a NSW Local Government Excellence Award in the 'Partnerships for Growth' category for its innovative Lismore Health Precinct project.

Historically, there had not been strong partnerships between the health sector and local government in Lismore. Over the last three years, Council has pioneered the Lismore Health Precinct project, working with the NNSW LHD, St Vincent's Private Hospital, the University Centre for Rural Health (UCRH) and others to achieve greater opportunities for local business, employment, housing choice and better urban design.

The idea of the health precinct partnership was first developed in November 2011 by the Lismore Leaders Group, a think tank of key local leaders.

Since then the Lismore Health Precinct project has taken a multi-pronged approach to leverage positive outcomes for the city and local residents through collaborations. These include:

**Lismore Health Precinct** – design workshops to investigate development options for the LBH area, resulting in a multi-level carpark and increased housing choice for health workers. This also involved consulting local residents, with Council initiating 'Coffee Cart' consultation meetings.

**Health Precinct Housing Intensification** – options were investigated to change planning controls in order to facilitate medium-density housing in the precinct to provide housing options for health workers and viable clinic space for health professionals.

**St Vincent's Private Hospital** – a steering committee was formed to ensure well-managed urban design that supports hospital growth in a primarily residential area.

**Buy Local Project Northern Rivers** – an online portal was developed where local businesses could be automatically notified of tenders from health services and Council, facilitating a greater degree of project work being undertaken by local businesses.



Launching the Buy Local Project Northern Rivers were L-R: Lismore Mayor Jenny Dowell, NNSW LHD Chief Executive Chris Crawford, Lismore MP Thomas George, Lismore City Council Business Facilitator Mark Batten and General Manager Gary Murphy, NSW Business Chamber Regional Manager John Murray, ICN Deputy Director Peter Webster and UCRH Director, Professor Lesley Barclay AO.

**Health Workforce Plan** – a collaborative partnership between North Coast Medicare Local (NCML), the UCRH, St Vincent's Private Hospital and the NNSW LHD to address the looming skills shortage in the local health sector.

Council's Executive Director Sustainable Development Brent McAlister said he was thrilled that the Lismore Health Precinct project had been recognised and applauded the project partners for their hard work and foresight.

"Local leaders have never worked together in this manner before," he said. "To come together to solve complex issues that could not be done alone is an excellent whole-of-community sustainability outcome. The success of these projects builds trust and confidence, and opens doors for future projects.

"We have already seen that this innovative approach is delivering health and employment outcomes and the award is a wonderful testament that this partnership approach is a model in best practice."

## Patient Perspectives Provide Positive feedback for NNSW LHD Hospitals



In December last year the Bureau of Health Information released its 'Patient Perspectives – Exploring aspects of integration for Adult Admitted Hospital Patients.'

Dr Brian Pezzutti (left), Chair of NNSW LHD Board said the Report explored aspects of integration for hospital patients that was based on survey data collected from over 35,000 people, who

were admitted to a NSW Public Hospital during 2013. After reading the Report I was very pleased to read how well the NNSW LHD rated in all the categories. For instance, the results for 'coordination and continuity of care in hospital', the LHD rated significantly higher in all categories:

- Doctors 'always' knew enough about the patient's medical history.
- Nurses 'always' knew enough about care or treatment.
- Care was 'very well organised'
- Doctors and nurses worked together in a 'very good' way.

"Similar results were received under the coordination and care continuity at discharge and provision of information to a relative," Dr Pezzutti said.

Dr Pezzutti said he was enormously proud of our Staff after reading "Across LHDs Northern NSW had significantly more positive results than the NSW average for all four questions on responsiveness to patient's needs and expectations."

Again, under the category for 'involvement of patients in decisions' the LHD scored significantly higher than NSW for all three questions:

- 'Completely' involved in decisions about medication taking home;
- 'Definitely' involved in decisions about discharge;
- 'Definitely' involved in decisions about care or treatment.

Dr Pezzutti said, "The NNSW LHD has performed extremely well in this Report for its Peer Group, especially in coordination and continuity of hospital care and responsiveness to patients' needs and expectations. I extend, on behalf of the NNSW LHD Board, congratulations and sincere thanks to the dedicated Clinicians, Nursing Staff and Support Staff for their outstanding performance in caring for Patients who are admitted to our Hospitals."

# Latest Board News



**L-R: Phil Silver; Standing Joe Ogg, Sue Page, Malcolm Marshall, Brian Pezzutti, Vahid Saberi, Alan Tyson, Chris Crawford, David Frazer, Debbie Monaghan, Jean Collie and Tony Lembke at the NCML meeting.**

Prior to the NNSW LHD Board Meeting held on 29 April 2015, Board members attended a combined NNSW LHD and North Coast Medicare Local (NCML) Board meeting held in Ballina and visited the NEXUS Mental Health Rehabilitation Service in Ballina.

Topics covered at the combined Board Meeting included an update on the transition of NCML to become the North Coast PHN and discussion about collaborations between the two organisations on Integrated Care, Health Pathways and support for vulnerable Communities. The



**Above: Warren Shaw, Manager Mental Health Services for Richmond/Clarence addresses the Board outside Nexus**

Board Members were enthusiastic around what can be achieved for patients through working together. NNSW LHD Board Members then visited the NEXUS Mental Health Community Service in Ballina where they were given a tour and overview of services provided by Warren Shaw, Nurse Manager, Mental



**Left: North Coast Aboriginal Partnership meeting hosted by Bulgarr Ngaru Clarence Valley in Grafton on 1 April 2015.**

**Pictured from left is Lyndal Smith NNSW LHD; Monica Wheeler, NCML; Brian Pezzutti, NNSW LHD Board Chair; Steve Blunden, Chief Executive Officer (CEO) Bulgarr Ngaru Richmond Valley; Chris Crawford, Chief Executive, NNSW LHD; Deb Monaghan, NNSW LHD Board Member; Scott Monaghan, CEO, Bulgarr Ngaru Clarence Valley, Mark Moore, CEO Bullinah Aboriginal Medical Service (AMS) and Vahid Saberi, CEO NCML.**

## Board Member Profile - Rosie Kew

Rosie Kew was appointed for the period 1 January 2011 to 31 December 2014 and has recently been appointed for a further four year term from 1 January 2015 to 31 December 2018. Rosie is a Member of the following Board Committees:

- Chair Health Care Quality Committee
- District Allied Health Advisory Council
- Drug and Alcohol Community Forum.

Rosie has worked as an Occupational Therapist (OT) since 1994 in a range of Hospitals including Hornsby, Liverpool, Port Macquarie and in care settings including Acute, Brain Injury, Sub-Acute and Integrated Care. She has been based at LBH as the Manager of Occupational Therapy and the Professional Clinical Senior for OT in the Richmond Network, since 2006.

When Rosie moved to the Mid North Coast in 2000, she became interested in rural and remote Allied Health through exposure to Services for Australian Rural and Remote Allied Health (SARRAH) – a grass roots organisation that lobbies Federal and State Governments around policy development for rural and remote community access to Allied Health services. She was the OT Advisor for SARRAH for a number of years and participated in the bi-annual SARRAH Summit



in Canberra on two occasions, meeting with the Federal Ministers, Shadow Ministers and Senators involved in Rural and Remote Health and community matters.

Rosie was also exposed for the first time to organisational governance and clinical governance through her role on the former Mid North Coast Area Health Service (AHS) and North Coast AHS Allied Health Councils.

Rosie was appointed to the NCAHS Board in December 2010 and has been playing an active role in organisation-wide governance ever since. She brings to the Board a balanced and relevant view of the delivery of health services at the coal face providing this input into the Board decision-making processes. Rosie has a special interest in the Quality and Safety of Hospital, Community, Allied and Mental Health Services and of ensuring equitable access to health care for the vulnerable in our community. In addition, she has had a lifelong passion for landscape and weather photography and is a keen weather watcher and storm chaser when time allows!

# Many achievements to celebrate: HealthPathways' anniversary

It is 12 months since HealthPathways commenced as a partnership between NCML and the Mid North Coast LHD. Since then the program has expanded to Northern NSW with a second partnership between NCML and the NNSW LHD. There are now 85 localised referral pathways published on the HealthPathways website with a further 73 in development.

Traffic to the website has been substantial with Google Analytics showing that from when the website went live at the end of March 2014 until 23 February 2015 there were 24,209 page views, 3,271 sessions and 1033 unique users.

## What are HealthPathways?

HealthPathways are published on an online information password-protected portal to be used at the point of care by General Practitioners (GPs), Specialists, Nurses and Allied Health professionals. Each pathway starts with a particular health condition and defines a pathway for management that reflects evidence-based best practice in the context of locally available resources and facilities. The program links up GPs, Hospital Clinicians, Allied Health professionals and Private Medical Specialists into the health reform process.

HealthPathways have proven to be effective in improving patients health journeys and enhancing efficiency, quality and clinician engagement. Developing HealthPathways is a multidisciplinary effort with representatives from all health sectors involved. The project has really created great interest among health professionals and there are 83 work group members taking part in 14 HealthPathways work groups (48% GPs, 12% Allied Health and 26% Specialists).

## Key features

To quickly view newly published Pathways, users can access the New to HealthPathways section on the site's home page at: <http://manc.healthpathways.org.au> - The the username for the

## Winsome Homeless Clinic



One of the partnerships between NNSW LHD and NCML is the Outreach GP Clinic for the Homeless at the old Winsome Hotel in Lismore, which has been operating since 2013 in one of bedrooms. A purpose built Clinic is being developed downstairs to provide easier access for patients, which should be finished by the end of May. A number of local GPs have worked at the Clinic over the past two years.



**Dr Annette Beisenherz; Renal Nurse Practitioner, Graeme Turner and medical student, Catherine Stephan.**

website is manchealth and the password is conn3ct3d

HealthPathways now offers information on 32 Specialist services. This can be accessed in the NCML Health System section of the website. Also a new pathway on the Ebola virus has been developed providing assessment, management and referral information and clinical resources for GPs.

NCML would like to thank Paul Corben, Director, North Coast Public Health Unit and the Communicable Disease team, for

providing their assistance with the development of this pathway. A special alert was recently added about Hepatitis A, following the contaminated frozen berries outbreak.

The work of the Northern workgroups continues apace with a draft of the Psychosis pathway in development, including an examination of Anti-Psychotic Depot Medication. Renal and Drug and Alcohol topics are also progressing.

Because HealthPathways needs to be current and relevant, a feedback button has also been incorporated into the portal. It's located in the top right hand corner of every pathway. Feedback will be accessed and actioned by the HealthPathways team in a timely manner. There is also a handy desktop icon which can be installed on PCs for quick and easy access. This icon can be found under the HealthPathways Features section on the NCML home page.

## Making contact

The HealthPathways team is headed up by Sharyn White, Manager Strategic Development and Program Design, NCML and includes Dr Dan Ewald, Clinical Advisor NCML; Dr David Gregory, Clinical Advisor NCML; Fiona Ryan, Project Officer NCML MNC and Kerrie Keyte, Project Officer NCML NNSW.



**L-r: Jane Conway, Disadvantaged Clinics Program Officer NCML; Mieke Bell, Winsome Management; Vahid Saberi, Chief Executive, NCML; Bronwyn Browne, Community Health Nurse; Peta Crawford, Nurse Unit Manager, Community Health; Chris Crawford, Chief Executive NNSW LHD; Chris Clark, Regional Manager North, NCML; Michael Timbrell, Executive Officer, St Vincent De Paul; Paul Murphy, Winsome Manager; Monika Wheeler, Program Manager, NCML.**

# Don't Let Confusion Cloud the Risk of Falls

One in three people older than 65 have a fall each year and up to one fifth of these people experience multiple falls. According to Neuroscience Research Australia poor balance is the cause of the majority of falls in older adults.

"People with confusion, including those suffering dementia and delirium, are at a higher risk of falling" said Julia Dayhew, Falls Prevention Coordinator for NNSW LHD.

It is important to find the reason for the patient's confusion so that interventions can be put in place to help prevent a fall. Signs of confusion can be sudden and fluctuate, and can also be accompanied by increased agitation, disorientation or changes in the level of consciousness.

"Families and Carers of patients in hospital can provide Staff with valuable information should they find their loved one is more confused than normal, so it is essential to consult with the family.

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

The good news is by participating in activities that improve balance and strength, we can help ourselves prevent falls as we get older. Strength and balance is essential for us to continue everyday activities such as walking up and down stairs and responding successfully to unpredictable hazards even in our own home.

## Privacy Awareness Week 2015

Privacy Awareness Week is an annual initiative and this year the theme is about protecting your personal information online, no matter your age. With the popularity of smartphones, mobile apps and using online services on the rise, it is important to know what privacy settings are available and help keep you safe and informed.

### Privacy Matters @ Any Age

Your online privacy is always important no matter who you are. Follow these simple tips to stay safe on:

**Privacy Settings:** Set privacy and security settings on websites to limit who you share information with, especially when using social media.

**Location Settings:** Do you want your location known? If not, turn it off in your privacy settings and delete apps that won't work without your location settings activated.

**When In Doubt, Throw It Out:** If you don't know who the email is from, don't open the attachments, click on links or reply to messages. If it looks suspicious, it probably is.

**Be Aware When Shopping Online:** Use one credit card or a secure payment option (e.g. PayPal) for purchases. Look for the symbol and a website address with "https://". This means the site is more secure.

**Keep Security Software Current:** Have the latest security software because it is the best defence against viruses, malware and other online threats.

**Make Passwords Long and Strong:** Combine capital and lowercase letters with numbers and symbols to create a more secure password. Don't automatically select the "remember my password" option.

**Think Before You Tag:** Ask before you tag or post pictures of friends or family on social media.

**Need Help With Your Privacy Settings?** Read our fact sheet online: line: For more information contact the Information and Privacy Commission website [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au)



Promoting Falls prevention from L-R: Lea McAllister; Sarah Lawty; Julia Dayhew; Adrian Hallmann; Jenny Siddle; Kym Hickey; Maria Nind; Colin Phelan and Nicola Scanlon

Community Health Education Groups (CHEGS) has been offering a range of gentle exercise classes and Falls Prevention Programs in the Northern Rivers for decades. Current groups include gentle exercise, Tai Chi and Qigong, as well as the free eight week Falls Prevention Program – 'Stepping On'.

For more information on CHEGS and classes offered near you visit <http://www.chebs.org.au>. Falls Prevention visit <http://www.cec.health.nsw.gov.au/programs/falls-prevention>

## Aboriginal Murals at The Tweed Hospital



L-R: Ragina Rogers; Tony Lochead, NUM ED; Leslie Biles, Wardsperson; Karen Hart, ED Assistant; Dana Williams, AHEO; Robyn Lord, ED Admin; Christine Slabb, Indigenous Artist presents artwork to Rob Davies, ED Director; rear Lyndal Smith with Letitia Kelly, AHEO and Barry Paulson, Enrolled Endorsed Nurse.

Ragina Rogers, Aboriginal Hospital Liaison Officer (AHLO) at TTH and Murwillumbah Hospital initiated a concept of displaying Aboriginal artworks aligned with 'Closing the Gap'. TTH now has beautiful Aboriginal murals by Christine Slabb, Design Concepts Indigenous Artist and Graphic Designer on display throughout TTH ED, Waiting Room and Emergency Medical Unit

The design depicts the Tweed River, with the outgoing tide, water flowing down from the hinterlands, trickling into the small towns, through the mangroves and passing TTH to the open sea.

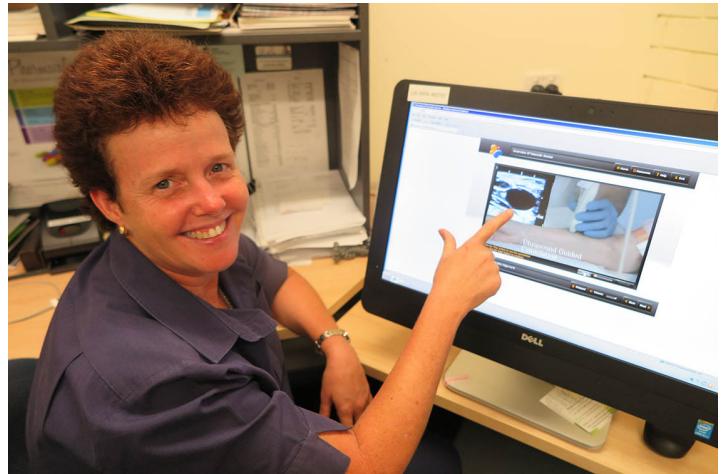
# Congratulations



**Congratulations to Tony Lochead, Nurse Unit Manager at TTH ED who recently clocked up 30 years in TTH ED. Staff got together to celebrate this milestone with Tony, (pictured in red shirt) with some members of his team. Ann Scheife, Director of Nursing also attended and said Tony is well respected and a valuable member of the Tweed Byron Health Service Group Senior Clinician Team.**



**Lynne Blundell** from Grafton Base Hospital Midwifery Ward has achieved her Post Graduate in Midwifery and was recently presented with the prestigious Dean's Award at Charles Sturt University in Wagga. This Award is only given to exceptional students who achieve a grade of Distinction or High Distinction in all of their course work subjects. It is an honour to receive the Dean's Award as it recognises a student with outstanding academic performance. Congratulations Lynne on achieving this level of excellence.



**Chanelle Osborne**, Renal Vascular Access Coordinator at LBH was part of a Project Team to develop an e-Learning package for the (Australian) Nephrology Educators Network website. The Project Team comprised five other members.

An abstract on the Learning Package has been accepted for the upcoming European Vascular Access Society 2015 Conference in Barcelona and has also been accepted for presentation at the EDTNA/ERCA conference in Germany. The Program can be viewed on the International Society of Nephrology website.

<http://www.theisn.org/hemodialysis/education-by-topic/hemodialysis/dialysis-vascular-access/itemid-1386>

Jane Milz, NNSW LHD Renal Manager said this is a great outcome for the Project Team and a wonderful example of regional services developing a significant resource that is now being presented internationally. Thanks go to the Radiology team who provide such invaluable support and expertise to our renal patients and in particular for their contribution and patience with this filming.



International Volunteers Day was celebrated at Mullumbimby & District War Memorial Hospital on Monday 13 April 2015 with a High Tea. Attending were members from the Hospital Auxiliary, Lilac Ladies and the Hospital Chaplain. Jenny Shaw, Executive Officer/ Director of Nursing is standing fourth from left with the Volunteers.

## Thank You

*The following letter was sent to Dan Madden and Management of Maclean Hospital by Muriel Burns.*

*I want to thank you for one of your Health Workers' who does so much for us in our community "Yaegl". She puts her work first and goes out of her way to help us in every possible way. We All feel comfortable with Karen (Elphick) when talking to her about our needs. I am Chairperson of Ngaynudi Aboriginal Health Council and have been so for the last 8 years. Chris Crawford of NNSW LHD is my Boss. He comes to us often to speak to us at Executive and Community Meetings. We will support Karen in everything she does for Elders, young people and children in good health for our people.*