

\$180 million to complete Lismore Base Hospital Stage 3B

When Health Minister Jillian Skinner and Lismore MP Thomas George came to Lismore Base Hospital (LBH) on 20 May 2015 to announce the final stage of LBH major redevelopment had received planning approval the excitement was palpable. The Minister's pre-election funding promise was finally a reality.

The wholly NSW Government-funded, \$180 million Stage 3B redevelopment will build on the current \$80 million Stage 3A project, which began construction one year ago.



While in LBH Mrs Skinner viewed the fly-through video of the Stage 3B development saying how it demonstrates the scale of the multi-million dollar project. Once built, Stage 3B will expand critical care services to include new operating theatres, maternity services, new inpatient beds, medical imaging, paediatric beds and ambulatory/outpatient areas.

"The Stage 3A five-storey tower has taken shape - constructed with enough concrete to fill three Olympic swimming pools and a steel reinforcement weighing the same as three jumbo jets - and was designed to allow for the 3B construction.



R-L: Minister Skinner, Thomas George, Brian Pezzutti and Troy Harvey from Health Infrastructure view the fly-through video located in LBH Foyer.

"Topped with its very own helipad, the LBH will be a beacon for health care across the Northern Rivers," said Minister Skinner.

"With planning approval granted for LBH new \$9.3 million car park LBH patients will soon have the complete package when they visit the new facility - from an expanded ED and a new renal dialysis unit, to more spots to park the car when receiving treatment," said Thomas George.

On completion, the new LBH will have 11 levels and include; a new ED, an emergency medical unit and emergency fast track; a new operating theatre suite; new maternity services - including birthing rooms and a special care nursery; a new inpatient paediatrics unit; new community and ambulatory care services; new clinical and non-clinical services; a new ambulance drop-off and bay; an expanded medical imaging facility; a new renal dialysis unit; refurbished spaces to accommodate an expanded community health unit and a new helipad.



Above ready to tour works from left: Minister Skinner, Brian Pezzutti, Chair NNSW LHD Board and Thomas George, Lismore MP. Below in the vast space that will be LBH ED with floor space four times larger.



Up on the 8th level L-R: Narelle Gleeson, LBH Director of Nursing, Minister Skinner, Mary-Louise McFadzean, ED NUM, Katherine Willis-Sullivan, Director of Medical Services

Say No to Unsafe Work Practices



From the Editor, Susan Walker

Another busy month has flown by but it has certainly been an interesting one.

I had the opportunity to go to the Nursing and Midwifery Culture and Compassion Conference and I wished I could have stayed longer. It was fascinating and hilarious at times.

The keynote speaker Dr Louise Mahler, who is an expert in the psychology of face-to-face engagement was very entertaining. Dr Mahler received much acclaim after presenting to Nurse Managers at state-level. Dr Mahler moved from the Vienna State Opera back to Australia and observed a 'missing ingredient' in leadership and completed an award-winning PhD around the 'unsung' wisdom of the mind-body-voice connection she calls 'Vocal Intelligence'. Those who attended the conference were treated to her fabulous voice, use of the diaphragm and tremendous sense of humour.

On a different note, I was also able to attend the End of Life Seminar held at The Tweed Hospital (TTH) in early May. Though very confronting it addressed really important issues we will all face at that time in our lives. The Keynote speaker was Ken Hillman a Professor of Intensive Care at South Western (SW) Sydney

Clinical School, University of NSW and actively practising clinician in Intensive Care at Liverpool Hospital. Guest speakers included Dr Ian McPhee, a Specialist in Critical Care who has worked as a Visiting Medical Officer (VMO) at TTH and Murwillumbah Hospital for the last 20 years. Prior to that he worked in metropolitan areas and rural NSW as well as a stint in Indonesia. Dr McPhee said without question his 'defining years' were spent as a Senior Registrar in Ken Hillman's Unit at the then emerging powerhouse of SW Sydney Health Service delivery being Liverpool Hospital. Other Speakers included Helen Adams, a Palliative Care Nurse for over 20 years and Assoc. Prof Amanda Walker, a Specialist in Palliative Care Medicine who works as a Clinical Director at the Clinical Excellence Commission. I found Prof. Walker fascinating to listen to and I felt very privileged to be able to hear about those important topics discussed. One thing that has stayed in my mind from the Responding to End of Life Seminar was an example of how one elderly woman was brought back from death six times who finally begged to "let me go". The other thing was that it costs around \$3,000 per day to be cared for in an ICU. Often some family members can't bear the thought of losing a loved one and feel they need to do everything in their power to save them. That's why having an 'Advanced Care Directive' is so important.

There is much more in this issue that I hope you find interesting. Please send in nominations of Quiet Achievers, as you can see below nominations of Quietly Achieving 'Teams' are also welcome.

Quiet Achievers - Healthy Children Team

Nominated by Anna Huddy, Program Coordinator, Healthy Children Initiative, NNSW LHD Health Promotion

I have been undertaking the annual performance review meetings with my team and am again so appreciative of their creative, innovative and committed approach to their work. We work with Early Childcare Services (ECS) Preschools and Long Day Care, and Primary Schools to improve the nutrition and physical activity behaviours of their students through a whole of setting approach.

The supportive, good nature and enthusiasm of the team has resulted in our recruiting 117/129 (90.7%) of ECS and 136/166 (81.9%) of primary schools across the NNSW LHD.

The program has state wide targets of at least 60% of schools and services adopting 70% of prescribed practices. Through hard work and a dedicated partnership with education providers, 83.85% of early childcare services and 95.9% of schools now achieve this. To achieve this; Maxine Molyneux (Byron Community Health Centre (CHC), Kate Collins (Maclean CHC), Liz Patterson and Melissa Rahmate (Kingscliff CHC), Martina Pattinson and Kelly Williams (Lismore Health Promotion), a total of 4.6 FTE have so far this year undertaken 263 site visits, of which 21 were out of hours, to support teachers and educators, to provide professional development, present to parents, offer cooking class training, meet with P&Cs, meet with canteen managers and provide resources.

In addition, the team display their creativity and professionalism by writing educator newsletters, parent newsletter snippets, resources to support nutrition and physical activity learning experiences, and parent strategies such as the Lunchbox Challenge series, a subscribable eNewsletter, information displays and handouts and kindergarten orientation information sessions. These are just examples of the broad range of interventions developed to help improve children's nutrition and physical activity.



Standing L:R: Martina Pattinson, Melissa Rahmate, Maxine Molyneux, Freyja Smith and seated: Liz Patterson, Anna Huddy, Kate Collins; Inset: Kelly Williams

Many of the team members also take on Health Promotion work outside the Healthy Children Initiative: supporting the Koori Knockout Challenge, coordinating the Yamba Healthy Town Challenge (Go Kate!), presenting to community groups, promoting Get Healthy and Get Healthy at Work and helping with tobacco use prevention work.

They inspire me with their capacity for embracing the diversity of work across so many partnerships. I am privileged to work with such a warm, enthusiastic, professional, committed and fun team.

Culture and Compassion – Leading the Future

This year the NNSW LHD Nursing and Midwifery Directorate celebrated International Nurses and Midwives Day by jointly hosting a Collaborative Conference with Southern Cross University (SCU) on Monday 11 May 2014 at the SCU Lismore campus.

Chris Crawford, Chief Executive of the NNSW LHD opened the Conference by extending his thanks to Nurses and Midwives across the LHD for the excellent care they provide to Patients in hospitals and in the community.

“Nurses and Midwives are an essential part of care given, not only to the Patients in our hospitals but to people in the community who receive care from the Community and Allied Health Professionals who also treat Patients who can be managed in their homes.

“They not only provide medical care and expertise but emotional support and companionship to their Patients and their families and I congratulate all of them for the care they offer across the LHD.

“This year’s event is an inspirational networking and professional development opportunity for Nurses, Midwives and Educators,” Mr Crawford said.

Adjunct Professor Annette Symes, Executive Director, Nursing and Midwifery, NNSW LHD said she was delighted to have Dr Louise Mahler as the Keynote Speaker.

Dr Mahler is an expert in the psychology of face-to-face engagement, her research is award-winning and her informed, hands-on-approach lends itself to transformational change.

Ms Symes also welcomed NSW Ministry of Health Chief Health Nurse and Midwife, Adjunct Associate Professor Susan Pearce, who gave an opening address at the Conference.

Professor Iain Graham, SCU Dean of Health and Head of the School of Health and Human Sciences, said the Conference was about celebrating the positive impact of Nursing and Midwifery on health care.



L-R: Annette Symes, Executive Director, Nursing & Midwifery; Iain Graham, Dean of Health, SCU; Susan Pearce, Chief Nursing & Midwifery Officer, NSW Ministry of Health and Dr Louise Mahler.



Above: Dr Louise Mahler addressing the audience.

“This is the 2nd annual Nursing and Midwifery conference hosted by the NNSW LHD and the Southern Cross University School of Health and Human Sciences.

The conference is an opportunity to further develop our maturing five-year partnership where we explore the development of Nursing and Midwifery practice within the North Coast region with the aim of improving Patient care.

Through the conference theme of compassion and caring, Nurses and Midwives will learn how they can bring these two qualities into their everyday activities around Patient care.

The conference focused on motivational thinking and motivational stimulus, with the aim of giving Nurses and Midwives the tools to start thinking outside the box to provide care in an environment that is increasingly under pressure from time constraints, rationing and public expectations,” said Professor Graham.

Dr Louise Maher certainly provided motivational thinking and motivational stimulus!



Above Dr Mahler speaking with the audience who were captivated by her unique teaching methods.

Integrated Care Update

Earlier this year the NNSW LHD and partners, North Coast NSW Medicare Local (NCML), Aboriginal Medical Service (AMS) and NSW Ambulance Service were successful in a combined submission to the Ministry of Health for Integrated Care funding through the Planning and Innovation Fund.

Chris Crawford, Chief Executive, NNSW LHD said the funding received from the Ministry is seed funding that will be a catalyst to assist Clinicians such as local General Practitioners, hospital and community health professionals to develop health services that meet the needs of their Patients.

“Integrated Care aims to provide more timely and better links to primary health services for those patients, who can be treated in the community and do not require hospital care.”

NNSW LHD was joined in making this submission by its partners - the NCML, NSW Ambulance Service and the Bulgarr Ngaru and Bullinah AMSS.

The partners are working together to significantly improve the integration of our health care services. Local General Practitioners and Community Health Staff will be very involved in this process.

The partners are committed to working together in a collaborative way towards achieving shared goals of:

- Improved patient experience and health outcomes.
- Greater access to out of hospital primary health care.
- Reduced avoidable hospital admissions and unplanned readmissions.

The workshop held in Ballina on 22 May 2015 had over 100 health professionals, carers and patients in attendance to discuss how health services could be redesigned to improve integration between the many providers of health care.

It is an example of the Partners’ commitment to working together to transform how care is delivered, focusing on organising care to meet the needs of patients with chronic diseases. These patients would benefit from ongoing wrap around services and improved flow of information between their local General Practitioner, local hospital and community health.

Key speakers at the workshop were local General Practitioners Dr Tony Lembke and Dr David Guest, Scott Monaghan, Chief Executive of Bulgarr Ngaru Aboriginal Medical Service and Graeme Turner, Chronic Kidney Disease Nurse Practitioner from the NNSW LHD. Julie McCrossin, Broadcaster and Journalist facilitated a lively and interactive day.

After the morning’s discussion on “What is integrated care?”, participants worked in small groups to identify local barriers to integrated care. Recurring themes throughout the day were the need for good relationships between health providers, the ability to electronically share up to date patient information and the importance of a seamless and empowering patient journey. A number of consumer representatives shared how vital, it was for their health providers to work as a team.

The third and final panel for the day gave their thoughts about directions for the future and Vahid Saberi, Chief Executive Officer, NCML summed up a fruitful and energising day, thanking organisers and participants.



A number of consumer representatives shared how vital it was for their health providers to work as a team.



“What is integrated care?” - Participants worked in small groups to identify local barriers to integrated care.



Some of the 100 participants who attended the Workshop



L-R: Tim Marsh, Tony Lembke, Vahid Saberi and Scott Monaghan

Chief Executive Report

Discrimination

As I announced in my recent Roadshow presentations, the NNSW LHD Executive has decided to initiate a major drive against discrimination within the organisation. Consequently, advice has been sought from the Antidiscrimination Board about how this initiative should be progressed.

The main focus will be on education. There will be more training provided within the organisation about what amounts to discrimination and how it can be avoided.

In the Northern Rivers we have a significant Aboriginal population. Therefore, we need to make a special effort to avoid discrimination against Aboriginal people. But discrimination does not have to be gender or race based. It can apply to anyone who is treated unfairly, due to their different characteristics. Therefore, it is important that we all set an example by avoiding discrimination and by "calling it out" when it occurs.

Antidiscrimination education sessions will commence this month, with the senior managers within NNSW LHD being the first to undertake them. The senior team is being asked to undertake this education first, as they need to be role models for the whole organisation. The education sessions, being provided by the Antidiscrimination Board, will then cascade through the whole management team. While some discrimination is not deliberate, occurring either through ignorance or insightlessness, it does not excuse it. Education should substantially reduce this type of discrimination.

However, it is acknowledged that some discrimination is deliberately undertaken. While management will make a firm response to all proven instances of discrimination, where it can be demonstrated that discrimination has deliberately occurred, then a strong punitive response will follow. The easiest way to understand why discrimination is so bad is to put yourself in the place of the person discriminated against and think about how you would feel being in that position.

Local On-line Aboriginal Cultural Awareness Program

Last week the NNSW LHD Chair, Brian Pezzutti launched the Northern Rivers Aboriginal Cultural Awareness Program – Respecting Cultural Differences.

This local program has been developed so NNSW LHD Staff can gain a better understanding of the culture, traditions and priorities of our local Aboriginal and Torres Strait Islander Communities. Previously, this information was only provided to a relatively small number of Staff each year at face-to-face education sessions. Now that it has been developed into an online training module all NNSW LHD Staff will have the opportunity to undertake this training. I am keen for frontline Staff, when time allows, to undertake this local On-line Aboriginal Cultural Awareness training. It will help all of us to better understand our Aboriginal Patients and their Support Persons. In this way, we can avoid discrimination and can provide our services in a culturally sensitive manner. I encourage all Staff to undertake this training module as soon as they are able to so.

Human Resource Re-organisation

There has been a recent small but significant reorganisation of the NNSW LHD Human Resource function within the Workforce Change and Sustainability Service. Within the Human Resource function there are three positions. Previously, there were two Managers Human Resource Support and a Culture and Equity Manager.

To ensure that culture and equity are more fully integrated into all the Human Resource work, the current structure has been replaced by a structure which has three Human Resource Support Manager positions, each of which has promotion of culture and equity, as part of its role.

I welcome two new Managers Human Resource Support into their positions. Helena Bernard and Julie Gallagher have been appointed Acting Managers Human Resource Support and join Linda Munro as the three members of the Human Resource Support team. The other permanent member of the team, Virginia Bridge is currently on Maternity leave.



L-R: Chris Crawford, Vicki Rose, Catriona Wilson with Julie McCrossin and Emma Walke, NCML at the Integrated Care Workshop in Ballina.

Child Protection

There are some changes occurring in relation to Child Protection. Firstly, NNSW LHD is working more closely with our colleagues in the Family and Community Services (FACS) Cluster to strengthen our response to Child Abuse. This means we must be sure that we are reporting to FACS all instances of Child Abuse, which we are obliged to report to them.

Ongoing Training with regard to Child Protection reporting is being pursued. This will assist Staff to better understand when and how to report and will also assist them to take advantage of the easier ways to report. Finally, I advise that the hosted Child Protection Unit that is currently shared between Mid North Coast and NNSW LHDs will split from 1 July 2015. A new separate NNSW LHD Child Protection Unit will replace the shared Unit. It is anticipated that when this new Unit is fully up and running in the next couple of months it will be able to give better support to frontline Staff in dealing with Child Protection issues. I ask that all Staff, who have Child Protection concerns brought to their attention, take the necessary action to report them to FACS or internally if that is the appropriate response.

Positive Feedback from Patients

The Bureau of Health Information (BHI) has now released its Report on Feedback provided by ED Patients. NNSW and Northern Sydney LHD EDs received the most positive feedback from Patients as reflected in this Report. The feedback received from NNSW LHD ED Patients was higher than the State average in forty-three out of forty-five categories. Significantly higher than State average results were received in the following categories: Doctors "always" knew enough about the Patient's medical history; Nurses "always" knew enough about care or treatment; Care was "very well organised" and Doctors and Nurses worked together in a "very good" way. Similar good results were received for the coordination and care continuity at discharge and provision of information to a relative categories. Congratulations to the NNSW LHD ED teams, this is very high endorsement from the people who count the most, our Patients.

Chris Crawford

Responding to the End of Life - A Consultative Seminar



L-R: Mr & Mrs McPhee; Dr Ian McPhee; Prof Ken Hillman and Kath McPhee.



L-R: Bernadette Loughnane; Helen Adams, Dr Amanda Walker and Chris Crawford.

Much interest in End of Life Seminar

The recent End of Life Seminar held at TTH and video-conferenced to LBH and GBH attracted an attendance of over eighty participants. This reflects the growing interest within the NSW Health System in improving our response to End of Life care and treatment.

At a joint meeting between LHD, Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation (ACI) representatives a couple of months ago, better handling of the end of a Patient's life was rated as the number one matter for these three organisations to work on together. The Minister for Health has identified putting in place better care options to support Patients dying at home as a high priority. An improved approach to End of Life care is particularly important as the much larger Baby Boomer population cohort enters the period of their lives where they will die in greater numbers. We need to be ready for that occurrence, which will happen over the next twenty years.



The End of Life Seminar was designed as the launch of a process, which will lead to improvements in how End of Life care is provided within the NNSW LHD. The outcomes from the Seminar will be turned from the suggestions and ideas raised at the Seminar into practical recommendations for change that will be put to a second Seminar later in the year. Then the specific recommendations endorsed at that second Seminar will be put to the NNSW LHD Executive and Board for approval. Once the recommendations are approved, arrangements will be made for them to be implemented.

The initial End of Life Seminar was divided into two parts. The first was a plenary session, which was addressed by four speakers. Each of the speakers came at the subject from a different perspective. Dr Ian McPhee, a TTH Anaesthetist, combined a uniquely personal perspective as a patient grappling with potentially End of Life issues with an intellectual understanding of the intricacies of End of Life issues. Professor Ken Hillman, an experienced Intensivist who is very knowledgeable about End of Life, spoke about its Challenges, Dr Amanda Walker, from the CEC, spoke about the Amber Care Bundle, as a better approach to dealing with the

End of Life experience and Ms Helen Adams, a Clinical Nurse Consultant in Palliative Care, spoke about End of Life from a Nursing perspective. These presentations were followed by good questions and discussion, which really helped to flesh out many of the matters that need to be dealt with to improve End of Life care.

Some of the interesting issues raised during the discussion were: the amount of active support required from family and friends to enable a person to die at home, the support required by even a strong surviving spouse, who can experience deep grieving and sometimes mental health issues after caring for a dying partner, which can include where the death has occurred at home with that home being a constant reminder of the way the partner died.

It was made clear by the speakers that Politicians are unlikely to take the lead on End of Life issues, because they are afraid of being accused of supporting less clinically intensive options as a means of saving money. Therefore, it was emphasised that leadership on End of Life issues must come from within the Health System, particularly from Clinicians.

The second part of the Seminar was a series of facilitated Workshops, which occurred in TTH, LBH and GBH. Four topics were considered, being:

1. How to implement the Amber Care Bundle;
2. How to ensure that End of Life care is both Patient-centred and integrated;
3. How to optimise the donation of organs from Patients at the end of their lives and
4. Recognition and management of Patients in acute care who are clinically deteriorating.

Together the facilitator and questions designed to prompt responses on key issues assisted the Workshop participants to put forward useful suggested solutions and ideas that require more follow up work. This important input will be the catalyst for the next stage of our endeavour to improve End of Life care and treatment in the NNSW LHD.

Interview with Mitchell Dobbie



Above is Mitchell Dobbie Drug and Alcohol Manager for the Tweed Byron Health Service Group. With Ice becoming such a big problem in society I wanted to talk to someone about this and how the users can be managed. Mitch kindly agreed. interviewed for this issue and I asked him....

How did you get into Drug and Alcohol (D&A)?

I first worked as a Volunteer managing a charity for an Outreach Service with Drug Arm in Queensland that have Street Vans. Drug Arm later appointed me the State Manager for Queensland and I did that for about seven years. We built the service up to about 300 volunteers across the whole State with around 20-30 Staff.

What was the drug of choice then, heroin?

Yes, in the 90s it was primarily heroin. But then we started to see amphetamine in Brisbane, what they call base - which was injectable at the time. What changed is that methamphetamine has gone from a liquid to a powder to a crystal, more purified and smokable.

What did you do then?

I completed some research work on Outreach Vans and then worked for 'Community Solutions'. I was also completing a Masters in Health Science and the last part of my Masters' course was to work in a D&A Rehabilitation Clinic.

Did you find work in a Rehab Clinic?

Yes, Drug Arm in Western Australia (WA) had a Rehab Unit in Geraldton called Rosella House, so my family and I moved to WA. I worked there for 18 month's co-ordinating the Program - by the time I left, the service had the highest retention and completion rate in WA. Then a position came up for the Regional Manager D&A for WA Country Health Service, in the Midwest. It was a great opportunity because on occasions I relieved the Director of Population Health and Allied Health and the Operations Manager for Geraldton Hospital, which also took me further north to Carnarvon. The area I covered for the Mid West was half the size of NSW - 612,000 square kilometres with staff all over the place. Sometimes it required travelling eight hours to a community to attend a one hour meeting, so one hour to Byron is great.

Now you cover from Tweed to Byron - a much smaller area?

Yes, and there are 14 staff. A lot of what I did in WA has been transferable such as court diversion, methadone program, generalist counselling, that type of thing. There was a higher population of Aboriginal people in WA, so I had a large contingent of Aboriginal staff, which provided insight into the family dynamics in a community.

Was Ice a big problem in WA while you were there?

Yes, the service had become aware of Ice around seven years earlier. When the mining boom started and people were going from here to WA, the Mines would do random drug testing so that's when people stopped smoking cannabis or any other such drugs, because they stay in the system for around 3-6 months and are easily detected. I was surprised when I returned to the East Coast that Crystall Methamphetamine was just starting to become more prominent.

So methamphetamine doesn't stay in your system long?

Correct, it's water based and washes out fairly quickly.

Do you deal with this most days?

Yes, across the LHD the teams are dealing with this on a daily basis and are working with the hospitals and the community to address patients who are presenting. Drug use is part of society and responsible alcohol and drug use starts at home. If you want to reduce the issue it comes down to us as a society dictating what level of drug use is acceptable and how it's managed - currently there is a demand.

I've heard that it can give you a lot of energy?

That's right, it's a stimulant. I guess the closest most people might be able to equate to it is that it's like drinking 50-60+ coffees, if you have ever drank too much coffee you seem to achieve a lot but after a while you may become anxious jittery and find it hard to sleep. Magnify this by 50-60 times and you may have a small glimpse of what some people experience, people don't start out this way, just like coffee it's not until something happens that you realise that you are now drinking 10-15 cup of coffee a day, and you may need help to manage it.

The point is current data indicates that the number of people using hasn't increased, the statistics indicate that it's about 2%. The issue isn't about the number but more to do with the administration. What they believe is happening is that out of that 2% there was a percentage who were injecting to a point where they became chaotic. In other words possibly 40% of the 2% would inject the drug to a level that caused them to end up psychotic. But now more of the 2% are smoking it and smoking it a lot more, so instead of 40% there might be about 60% presenting more chaotic, which is why we are seeing increased presentations to EDs and increased police call outs.

What makes them so violent and psychotic, is it the long term use?

While there are a number of competing and complex reasons, one of the suggestions is if I kept you awake for 5 or 6 days, how would you feel? So we are talking about people who are using for 4 - 5 days straight, their sleep patterns and eating habit are quiet disrupted, their physical body is exhausted, especially if you are using long term and take high amounts, this increases the risk of psychosis and violent responses.

How do the EDs and Police manage these people?

They have a very difficult job - they are usually the first to respond to a given situation with more resources are being taken up with the management of people presenting in a psychotic state. A number of initiatives are occurring - the development of teams that specialise in D&A - especially the more acute end - to help alleviate and support the Staff to address D&A presentations. As a LHD we are putting strategies in place to play a more active and supportive role for the hospitals. A current report has suggested that intervention by D&A Staff equates to significant cost saving to health.

How are these people treated?

The thing is, regardless of whether it is made illegal or legal from our perspective there will always be a need for people to be supported. We see a lot of acute people who have chaotic lives. We need to get the integration correct, otherwise these people will keep presenting and their level of health need will continue to increase, so we are working to support their eventual return to the community.

Any closing comments?

I have been involved in D&A work for a long time and we don't often see the success stories. Once they are OK they don't need to come back but every once in a while we may run into someone the service has helped and they are doing fine, which makes it rewarding. Also, in the recent Tweed/Byron Nursing & Midwifery Awards, the Tweed D&A Service won Bronze for the Opioid Treatment Program and Silver for the Tweed MUMs Drugs in Pregnancy Team. This was in recognition of Team's "Compassionate care" and strong focus that is underpinned by a bio-psychosocial approach, strong referral, follow up and discharge planning ethos.

Ice Symposium an Action Plan with Four Pillars



At some of the Workshops held at the Ice Symposium at far left is Dr David Helliwell with representatives from NCML, Bulgarr Ngaru, Lismore City Council, including Lismore Mayor Jenny Dowell and Police. Above: second from left is Mitch Dobbie, Tweed D&A Service.

The Methamphetamines Symposium held in Lismore on 8 May 2015 was co-sponsored by North Coast NSW Medicare Local (NCML) Bulgarr Ngaru Aboriginal Medical Corporation and the NNSW LHD to draw up a plan to address four pillars of action. The four pillars are:

1. Preventing uptake of methamphetamines
2. Reducing supply
3. Reducing the impact of the drug and
4. Building health workforce capacity to deal with the problem.

Other participants in the Symposium included representatives of the Police, Ambulance, Aboriginal Medical Services (AMS), The Buttery, Northern Rivers Social Development Council, Rekindling the Spirit, Communities for Children, the Department of Family and Community Services, Headspace and the Australian Drug Foundation.

At the Symposium NCML's Substance Misuse Program Officer Christine Minkov said people are choosing Ice because of its purity and potency, its availability and its long lasting, intense high which can be achieved through smoking the drug.

Richmond Area Command's Detective Inspector Cameron Lindsay said that while 345g of methamphetamines had been seized in the Richmond area last year, more than 600g had already been

seized this year. He said that the use of Ice meant that Police were dealing with a level of aggression and violence not faced before from methamphetamine users. Detective Inspector Lindsay talked about one man stabbing himself while walking along the street with a broken bottle until he died.

NSW Ambulance District Manager Inspector Glen Eady also spoke of the difficulties of dealing with Ice users who they described as a danger to officers.

Addiction specialist, Dr David Helliwell said that while methamphetamine users were a small percentage of the population, those who used it got into lots of trouble.

"There's been a three-fold increase in patients in the last couple of years. Methamphetamine use is often related to disadvantage - unemployment, isolation, low incomes. We need to improve people's circumstances and employment rates to reintegrate them into society. What's lacking is a whole of government response."

CEO of Bulgarr Ngaru Scott Monaghan said that in the area of Aboriginal Health the biggest problem was people getting a prescription for methamphetamines and copying or selling them. Families and friends are most affected by use and it's tearing communities apart.

Care of the Confused Hospitalised Older Person (CHOPs)



Anne Moehead, Nurse Practitioner Psychogeriatrics/Dementia with patient Stanley Selby - aka Professor Kerry Reid-Earl from MaskED.

The CHOPs Program is being rolled out in LBH with the help and guidance from the Agency for Clinical Innovation (ACI).

In an attempt to deliver the message in an innovative manner a 'Knowledge Café' was organized for Friday 8 May 2015. The Knowledge Café is a method of sharing knowledge and experiences surrounding a specific topic. In this instance two questions were posed to the participants:

1. What are the challenges faced in caring for the older confused person (as carer/ward staff/executive/ patient)?
2. How then do we improve the journey when the older person with confusion presents to hospital - as Carer/Ward Staff/ Executive/Patient?



Each of the participants had the opportunity to discuss the questions with a member of the Ward Staff. They then had the opportunity to meet and interact with Stanley Selby our patient (Professor Kerry Reid-Earl from MaskED).

The Knowledge Café provides a useful method to connect people who may not usually meet and to generate new thinking and ideas by sharing lessons learned and ideas across teams, departments, organisations and sectors. Feedback from the event indicated it was a most enjoyable way of appreciating the many and complex facets of caring for the confused patient.

Latest Board News



Official Launch of Respecting the Differences – Northern NSW Online Aboriginal Cultural Awareness Program

NNSW LHD Board Members, Chief Executive and Senior Staff, Lismore Mayor Jenny Dowell, North Coast NSW Medicare Local Staff, Bullinah Aboriginal Medical Service (AMS) Chief Executive Officer, Mark Moore, Aunty Muriel Burns, Ngayundi Aboriginal Health Council Chair, Elders and Community Members attended the Launch of the 'Respecting the Difference Online Cultural Awareness Program' on 27 May 2015. This launch date was significant as it coincided with the National Reconciliation Week.

Jenny Smith, Manager Aboriginal Health advised that this training was developed as an additional tool to supplement the face to face Cultural Awareness Training Program and the Health Education Training Institute (HETI) statewide online training program and is aimed to provide local content presenting a closer look at the local Aboriginal Torres Strait Islander People within NNSW LHD.

This program has taken over 12 months to be created, through continual community consultation and through the Cultural governance and guidance of the Ngayundi Aboriginal Health Council.

This program will provide NNSW LHD Staff with local background knowledge, which will complement the HETI Statewide online training and will result in more culturally sensitive treatment of our local Aboriginal and Torres Strait Islander Patients.

Jenny Smith thanked Chris Crawford, Chief Executive; Dr Brian Pezzutti, Board Chair, the Board and the Ngayundi Aboriginal Health Council for their leadership and support, which has enabled this valuable tool to be developed.

New Board Members attend Governance Training



Brian Pezzutti presents Jean Collie with Board Governance Certificate

Doctors Jean Collie and John Moran, who joined the NNSW LHD Board on 1 January 2015 together with other LHD Board Members, completed a two day Board Governance Training Session in Sydney in April this year.

The two day program included the following modules:

Governance, Public Sector Environment, Organisational Culture, Performance and Risk, Financial Management and Reporting, Activity Based Management and Clinical Governance Oversight.

'BE INVOLVED'

The Board endorsed a two page "Be Involved" template aimed at advising the community of the various ways individuals can contribute to their local hospital and health services, including volunteering and as community representatives.

The template allows for individual hospitals and services to provide contact details for interested members of the community to contact them directly.

Why become involved?

Your engagement with the Health System will allow you to contribute to improvements to and the delivery of health services to the community.

A copy of the template is available at:

<http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/links-forms-and-resources/>

Celebrating International Nurses & Midwives Day

On International Nurses Day the following message was sent out by Annette Symes, Executive Director of Nursing and Midwifery.

International Nurses' Day, the birthday of Florence Nightingale, gives us all the opportunity to reflect on and appreciate the role of Nurses' within our LHD.

I take this opportunity to thank each of you for the skilled and compassionate care you provide to our community. I feel privileged to work with you.

On behalf of the Nursing and Midwifery Directorate I wish you a happy International Nurses' Day – hoping you have a wonderful one.



Above - Grafton Base Hospital (GBH) Midwives



Above GBH Beth Stacey, Nurse Unit Manager (NUM) and Danielle Howell Endorsed, Enrolled Nurse (EEN) went to great lengths to look the part. Heather Baker thanked Staff who provided morning tea, especially Rhonda Martin who baked 3 dozen scones for patients and staff.



Midwives and student midwives from Tweed Lismore and Mullumbimby walked with friends, children and clients from Belongil Beach to Main Beach Byron Bay. The walk raised money for the The Rhodanthe Lipsett Trust. The Rhodanthe Lipsett Trust provides financial assistance to Aboriginal and Torres Strait Islander students of midwifery.



Casino District Hospital (CDH) celebrates with cutting the cake which is shared between the longest and newest staff members of Hospital. Left is RN Andrea Cameron commenced in February and is undertaking transition to the Emergency Care program while EEN John Thomas has been working at CDH since 1977 and works in

Anaesthetics in the Surgical Services Departments.



Above: TTH surgical Team.



Left: TTH also conducted a Career Highlights expo' for International Nurses Day. Specialty Nursing areas and roles set up displays encouraging Staff to think about taking on these roles in the future. Tables included: Nurse Practitioners, Clinical Nurse Consultants, Clinical Nurse Specialists, Critical Care Nurses, Community Nurses, Clinical Nurse Educators and Essentials of Care.



Ellen Palmer, EO/DoN at CDH with Lynne Weir, Executive Director of the Richmond Clarence Health Service Group who visited the CDH for International Nurses Day.

Heart Week 3-9 May 2015

Did you know that each year, almost 10,000 Australians die of a heart attack? That's one Australian life claimed every 53 minutes. More than 1 million Australians aged 30-65 are at high risk of having a heart attack or stroke — but they may not even know it.

During Heart Week LBH Cardiac Rehabilitation Nurses conducted heart checks as part of the Heart Foundation's Annual campaign in raising awareness to help improve the heart health of all Australians. The healthy heart checks include:

- Risk Factor Evaluation
- Blood Pressure Checks
- Diet & Exercise Advice
- Cholesterol Testing



L-R: Cardiac Nurses Tess Nation and Kym Clements check L-R: Janet Campbell, Admin Officer and Brad Mills, MUM LBH.

For Heart Foundation Information Service call 1300 362 787 or go to website <http://www.heartfoundation.org.au/>

National Palliative Care Week Sunday 24 - Saturday 30 May 2015



Joanne Cooper is pictured with Paul Campbell from the Motor Traders Trades Bowling Day Organising Committee, who for the past 5 years have donated funds to Palliative Care. So far they have raised approximately \$25,000.

During National Palliative Care Week, Palliative Care Australia (PCA) is encouraging Australians to break the last taboo and talk about dying.

Joanne Cooper, Palliative Care Clinical Nurse Consultant for the Richmond Community and Allied Health Service said PCA wants to normalize death and dying. To do this Australians need to feel more comfortable talking about what are their wishes and needs as they approach end of life.

Australians need to be comfortable and confident enough to ask for the care they want. PCA encourages all Australians to use National Palliative Care Week as a conversation starter – get together with those close to them, celebrate life (have a meal or a coffee) and talk about death. How do you want to be cared for? What values are important to you? What do you want when you die? Have you considered if you wish to be buried or cremated? Do you want to pass away at home or in a hospice? Have you established a power of attorney? We need to talk about this sensitive topic with our loved ones.

Vision Screen - StEPS that make a difference



L-R: Statewide Eyesight Vision Screening Program (StEPS) Staff; Lisa Sugar, Anne Mobbs, Alison Leaver, Lindsay Lucas, Suzanne Wright, Liane Knight, StEPS Orthoptist; Sandy Steel, Genevieve Dayman, Cheryl Beerens and Jennifer McKay, StEPS Program Coordinator. Front row children L-R: Edward, Lincoln and Liliana Kowald.

StEPS Program Co-ordinator Jennifer McKay invited Liane Knight, Orthoptist to present at a Workshop Training Day to Nurses involved in Primary Vision Screening for the StEPS program. Vision screening is essential for early detection and locating visual problems to improve a child's eyesight. The result of improved eyesight also benefits the children's school work and they have greater confidence in themselves. Our thanks to the Kowald family for coming to the StEPS Workshop.



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Congratulations

GBH Quality Improvement Project Leads to Aboriginal Artworks Display

Grafton Base Hospital (GBH) was chosen to take part in the Aboriginal Identification in Hospital Quality Improvement Project (AIHQIP), which has been implemented in eight NSW Hospitals. The Aim of the project was to work in partnership with the ED in collaboration with Bulgarr Ngaru Aboriginal Medical Service and the local Aboriginal Communities of Malabugilmah, Baryulgil and Grafton.

This partnership was to identify Aboriginal and Torres Strait Islander patients, who presented to the ED as an Incomplete Emergency Attendance (IEA) or were Discharged Against Medical Advice (DAMA), so that we could improve the identification of Aboriginal and Torres Strait Islander people to ascertain if there was an increase in these presentations.

Carmel Monaghan, GBH Aboriginal Liaison Officer, who worked on the Project said, One of the recommendations that came from the (AIHQIP) Project identified a need to display Local Aboriginal Artwork in the ED for a more cultural and friendly environment to improve access for Aboriginal and Torres Strait Islander people who present to the ED. The Clarence Valley is home to three distinct Aboriginal Communities - Bunjalung, Yaegl and Gumbaynggirr from the upper and lower Clarence area.



Above at the Opening of the Aboriginal Artworks Display at GBH. Far right is Carmel Monaghan who worked on the Project.

As a result, Local Aboriginal Artists from the Clarence Valley were invited to showcase their artwork, which was on display for the community recently. Selected artwork will be purchased by GBH for display in the ED.



Rebecca King who is an EEN at TTH, recently won a NSW Nurses & Midwifery Association (NSWNMA) State Award for her poem entry. The NSWNMA hosted a short story and poetry competition. The criteria was about Nursing, inspirational and entertaining. Rebecca said her poem called "A Day in Emergency" covers all manner of injuries and sicknesses and has mini examples ranging from a child with a pea up his nose to a major trauma.

Letters of Thanks

The following letter appeared in the Northern Star on 20 May 2015

In praise of nurses

I would just like to share an experience with Lismore Base Hospital.

My wife had surgery today which was a success, it was a pretty involved operation considering her history.

We would like to thank everyone in the perioperative unit, the Women's Care Unit, the anaesthetists, doctors, nurses, admin-you name it, we thank them.

You all went well and truly above the call of duty - the care and professionalism showed by all was truly incredible.

While sitting there, other patients were treated the same, so it was not just us.

If I can say, one nurse was bloody extraordinary and I only know her first name was Helen. When my wife arrived at the Women's Care Unit after her operation, Helen came and gave us a run down of the whole operation and what had happened. Her knowledge was mind-boggling and it was explained so well it made my wife, Tania, and I feel really good.

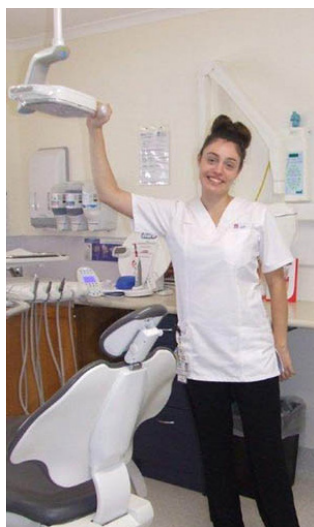
Tania has long QT Syndrome and has a pacemaker/defibrillator implant and it was this hospital that saved her life back in January 1994 and had her airlifted by the Westpac Life Saver Rescue Helicopter to Prince Charles Hospital in Brisbane.

We have had a fair few visits to the hospital over this time and all have been great.

Thomas George, these staff deserve to be looked after and treated well, no ifs and butts.

As far as we are concerned Lismore is truly lucky to have such a great hospital.

Steve Cselka, Evans Head



Welcome

NNSW LHD Oral Health Service welcomes Oral Health Therapist **Timea Salamon** to our region. Having graduated from the University of Queensland in 2014, Timea was chosen to participate in the Oral Health Therapist Graduate Year Program, enabling new Oral Health Therapists to gain a variety of skills and experiences through placement within the LHD Oral Health Services. Timea provides general dental care to all children from 0 years up to 18 years of age. Timea will be involved in a new

program commencing this month, aimed at Kindergarten children. The program includes giving positive oral health messages to the children and offering a dental assessment at a school. Any follow up treatment needed can be provided at the nearest Public Dental Clinic. All children in the community are eligible for free dental care at the public dental clinics.