

Northern exposure



Health
Northern NSW
Local Health District

Newsletter, Issue 7
August 2015

And the winner is...



The 2015 Northern NSW Local Health District Quality Awards were held last month with Amara Fonseca's project "Prostate Intensity Modulated Radiotherapy (IMRT) in seven mouse clicks: Development, evaluation and implementation of a class solution across districts" named Overall Winner and winner of the Local Solutions Category. Amara is pictured with NNSW LHD Board Chairman Dr Brian Pezzuti. For story and photos, go to Page 3.

Drug initiative celebrates 15 years

For the past 15 years, one local combined Health and Justice program has been quietly and diligently working with offenders of illicit substance use problems and the often accompanying anti-social behaviours.

The Magistrates Early Referral into Treatment (MERIT) program arose from the 1999 NSW Drug Summit, with Lismore identified as the location to trial a pilot program.

The two-year pilot program was so successful that MERIT programs were rolled out across the State and now operate in 63 Local Courts

spread across all NSW Local Health Districts (LHDs), reaching potentially 81 per cent of charged defendants.

In the past 15 years, MERIT has provided assistance to more than 2000 local residents struggling with illicit drug use.

Since early beginnings, the Lismore team has expanded to include a service across the entire Northern NSW Local Health District (NNSW LHD) with outreach to Grafton and two permanent staff in Tweed Heads.

To Page 4

Photo: Robert Lendrum, Counsellor, and Shannon White, Manager, cut the cake.



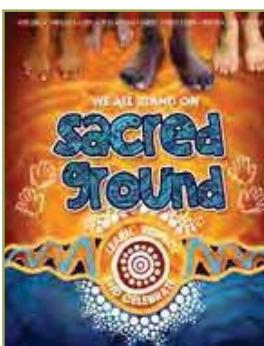
What's
Inside?



Page 3: Work has begun on the new multi-storey Lismore Base Hospital carpark in Uralba Street.



Page 7: We interview Maureen Lane, Manager, Planning and Performance, Northern NSW Local Health District.



Page 8: Naidoc Week celebrated across the Northern NSW Local Health District.

Say No to Unsafe Work Practices

Acting Editor, Lee McDougall

I have now had my first full month in the role of Acting Media Manager for the Northern NSW Local Health District.

In many ways it has been an interesting month. When I am not in this role, I am a Child Psychologist working in a community health setting. That role is incredibly challenging – and rewarding – yet it is in many ways very insular.

While I work as part of a great team, we all tend to have a very narrow focus within our clinical role.

In the past month, my focus has turned away from the coal face of clinical practice, and tuned into what has felt like a

magical mystery tour of 'The Big Picture'.

That Big Picture has included discovering the challenges of trying to plan for the health needs of an ever changing, ever ageing population, all within tight fiscal constraints, against a backdrop of increasing Government regulations and requirements.

I have also had reinforced the invaluable contribution made by volunteers to the LHD in two very different events.

In the first, I had the pleasure of attending a tour of the Lismore Base Hospital Mental Health Inpatient Units – both the Adult Unit and Child and Adolescent Unit – with the Mental Health Support Group to see the enormous tangible,

and psychological difference, of the contributions made by their volunteers.

In the second, I had the pleasure of attending the 62nd Annual General Meeting of the Byron Bay Branch of the United Hospitals Auxiliary. This tireless group of people, who have a core of around 15, with a total membership of about 40, manage to annually fundraise and contribute almost \$45,000 worth of hospital equipment to Byron Hospital.

By any standard, this is remarkable and I offer my support and congratulations to all members of the UHA throughout the NNSW LHD.

Till next month ...



Your say

Do you have anything you would like to share with your colleagues and readers of Northern Exposure (NE)?

Contributions can be emailed to susan.walker@ncahs.health.nsw.gov.au and should be no longer than 250 words.

Midwives Bree, Nat, Danielle - Quiet Achievers

While the national proportion of Aboriginal and Torres Strait Islander people sits at 2.5%, for Northern NSW Local Health District it is 4.7% and in the Richmond Network, three Quiet Achievers are ensuring this figure continues to grow safely.

Bree Forsyth, Natalie Gray, and Danielle Torrens are three midwives employed in Ballina, Casino, and Lismore by the Aboriginal Maternal and Infant Health Service (AMIHS). The Service provides ante- and post-natal support and care for Aboriginal families.

"Many clients who are familiar with the service ring the moment they find out they are pregnant and we continue to support them until the baby is eight weeks old, so there is an opportunity to build a strong relationship and break down some of the historical mistrust that may be held regarding mainstream health services," Danielle said.

"There is a high rate of teenage pregnancy in this service, and many of the young women we work with have never had a consistent



From left, midwives Danielle Torrens, Bree Forsyth, and Natalie Gray with the Aboriginal Maternal and Infant Health Service (AMIHS).

GP or one person in their life who has just valued them as an individual, so as a midwife we are in a very privileged position to make a positive difference in this young person's life, and for that of their baby," Bree said.

"Working with these young women can be very rewarding as we may be involved for up

to 12 months, and when you see their lives improve from the choices and decisions they make as a result of the education we have provided, it's wonderful," Natalie said

The three midwives agree that while working as sole practitioners can be challenging, their Aboriginal Health Workers who work

alongside them, and the Aboriginal clients they work with daily, make the role incredibly rewarding.

"It is such a privilege to be let into the lives of these women, and their broader Aboriginal community, and to share their journey as they enter the exciting and wonderful role of motherhood," Bree said.

Quality Awards showcases talent across LHD

A project dedicated to patient-focused care won the 2015 Quality Awards' Agency for Clinical Innovation (ACI) Award, at the awards night held in Tweed Heads on 29 July.

Sarah Lawty's "Drain the Pain" project reduced the Length of Stay in hospital for End Stage Liver Disease patients.

Northern NSW Chief Executive Chris Crawford stated that the calibre of this year's entrants was exceptionally high, making the task of choosing the seven category winners quite difficult.

"I would like to thank the judging panel for their efforts in selecting the category winners, and the overall winner," Mr Crawford said.

"There was a great variety of projects this year and it is so encouraging to see how each part of our organisation is looking at ways in which we can do things better to improve our service delivery to patients and clients."



Winner of the Clinical Practice Improvement Category and the ACI Innovation Award Sarah Lawty, for her project "Drain the Pain" with presenter and Board Member Dr Joe Ogg.



Winner of the Corporate Practice Improvement Category Katrina Van Blanken for her team's project "If You Don't Say, We Don't Know. Could This Be Covered by Compo?" with presenter Neville Smith.



From left, presenter Annmarie O'Rourke, Graeme Turner, and presenter Kirsty Fowler. Graeme's team won the Integrated Health Care Category for "An Integrates approach to the identification and management of Aboriginal and Torres Strait Islander people with Chronic Kidney Disease".



From left, Kate Collins, presenter Don Hardman, and Maxine Molyneux, who won the Preventative Health Category for their project "Use of e-newsletters to increase access to information about the importance of packing a nutritious healthy lunchbox".



From left, Darren Watts, presenter and Board Member Rosie Kew, and Grafton Mental Health Manager Samantha Osborne. Darren and the Clarence Valley Mental Health Team won the Collaborative Team Category for their project: "A Day on the Green".

Carpark woes to become ancient history



Lismore media record the first official sod turned for the LBH carpark by, from left, Chief Executive Chris Crawford, Member for Lismore Thomas George, and Hospital Auxiliary president Rita Richards.

The Member for Lismore Thomas George MP last month turned the first sod of earth to mark the start of the new Lismore Base Hospital (LBH) carpark project.

The sod turn marked the commencement of construction on the new carpark, with building contractor Woollam Constructions appointed to complete the project.

Enabling works have been carried out on the construction site during June and July and included site set-up and demolition of the existing five houses previously located on the car park site.

The \$9.27 million Lismore Base Hospital carpark will be primarily delivered under

the NSW Treasury-supported Car Parking Portfolio Model, where carparks are self-funded, supported with user charges, and managed by a professional car park operator.

Stage one of the carpark includes 270 spaces in a multi-storey building off Dalziell St and ground level off Uralba Street. The carpark has been designed and planned to allow for future staged expansion.

The construction of the LBH carpark will substantially increase car parking capacity and improve the amenity of the local area.

Construction of the carpark is expected to be completed in early 2016.

In Brief...

Online HealthRoster

Northern NSW LHD staff now have access to the online self-service function in HealthRoster.

The new service, Employee Online (EOL), came into effect in June and provides staff with the opportunity to monitor and manage their roster and leave requests remotely.

EOL enables staff to view and print their personal roster, make requests for study days, ADOs and annual leave, make requests to work certain shifts, track progress of leave requests, and check their roster is correct before rostering information is forwarded to Payroll.

ACCC homeopathy claim a success

The Australian Competition and Consumer Commission (ACCC) has succeeded in its claim against website Homeopathy Plus!, brought in response to online published articles relating to homeopathic whooping cough vaccines.

The Federal Court accepted the claim by the ACCC that the claims by Homeopathy Plus! regarding the homeopathic prevention and treatment of whooping cough were misleading and deceptive as there was no scientific evidence to support the website's claims.

Smoke free dining

From 6 July 2015 commercial outdoor dining areas went smoke-free.

This saw all smoking – including cigarettes, pipes and water pipes – banned in seated outdoor dining areas of restaurants, cafes, and licensed premises while food is served.

The existing law banning smoking within 4 metres of an entrance to a public building has also been extended to hospitality venues.

Casino's new \$3 m ED

The Commonwealth funded \$3 million redevelopment of Casino and District Memorial Hospital Emergency Department (ED) is now complete.

The redevelopment saw the inclusion of four treatment bays, one dedicated paediatrics consult room, two resuscitation bays, a redesigned ambulance entry area, a multifunctional safe assessment room, a new triage area, an expanded waiting area, piped medical gases to resuscitation and observation bays, a dedicated emergency department staff room, and enhanced security for the ED.

"The clinical service delivery achieved through the refurbishment of Casino and District Memorial Hospital ED will significantly improve capacity and will support a broad range of emergency medicine to better meet the current and future needs of the surrounding community," NNSW LHD Chief Executive Chris Crawford said.



The new \$3 million redeveloped Casino and District Memorial Hospital Emergency Department will significantly improve capacity and clinical service provision.

"Casino & District Memorial Hospital ED previously did not have a secure Mental Health room and there were frequently difficulties in transferring MH patients requiring involuntary

admission to the acute Mental Health Unit at Lismore Base Hospital due to transport issues.

"This has now been addressed with the new ED as has the previous issue of overcrowding."



MP Kevin Hogan tours Lismore Base Hospital Mental Health Units with volunteers and staff.

Hogan visits mental health

Federal Member for Page Kevin Hogan MP visited the Lismore Adult and Child and Adolescent Mental Health Units recently to gain a greater understanding of the important role of volunteers.

The tour was co-ordinated by the Mental Health Support Group, a charitable organisation providing much needed support to patients within the Adult Mental Health Inpatient Unit

and/or the Child and Adolescent Inpatient Unit.

Mental Health Support Group President Barbara Swain stated that she had invited Mr Hogan to visit the Units to see the vital work the Group provides to patients, including pet therapy, providing clothing and toiletries, and supply of appliances and other items to support people as they leave hospital.

Merit turns 15

From page 1:

"Behaviours are an important feature when looking at substance use or addiction through a biopsychosocial lens, as behaviours not only affect the substance user but their families and community as a whole," the Director of Mental Health and Drug and Alcohol Services for the NNSW LHD, Dr Richard Buss, said.

"The core aim of the MERIT program is to intervene in the cycle of drug use and crime by addressing the health and social welfare issues considered to be instrumental in bringing defendants into contact with the criminal justice system."

The MERIT program operates in the NSW Local Court system and is a court-based, pre-sentence diversion program under which arrested defendants with illicit drug use problems undertake treatment and rehabilitation.

Hearings and final sentencing are deferred while the defendant completes the program.

Chief Executive Report...

Quality Awards

Last week the Northern NSW Local Health District held another very interesting Quality Awards ceremony.

The Quality Awards is definitely my favourite event each year. The innovative work undertaken every year by Staff, as individuals or in Teams is always very creative.

It increases the quality of the services that the LHD provides and gives practical effect to our objective of pursuing continuous quality improvement.

The big winners from the wide variety of quality projects that are undertaken are our Patients.

Staff also benefit not just from the self-satisfaction that comes from successfully designing an improved way of providing a service, but also on occasions the outcomes of the projects are more streamlined ways of providing services that make the process of service delivery easier and safer for Staff.

A very big congratulations to all of the Finalists and Winners of the Quality Awards, who are recognised elsewhere in this issue. The presentations they gave at the Awards ceremony to showcase their projects really excited the audience as they were fantastic.

Smoking

You may have heard through the media or by reading earlier issues of NE that more initiatives are being introduced to discourage people from smoking.

In particular, smoking will be banned from outdoor dining areas and from parts of Clubs and Pubs where it was previously allowed.

Also some Local Councils are banning smoking from plazas and the like where the community gathers in larger numbers. For example, when I recently visited the City of Sydney, I noticed that smoking is now banned in Martin Place in the centre of the City.

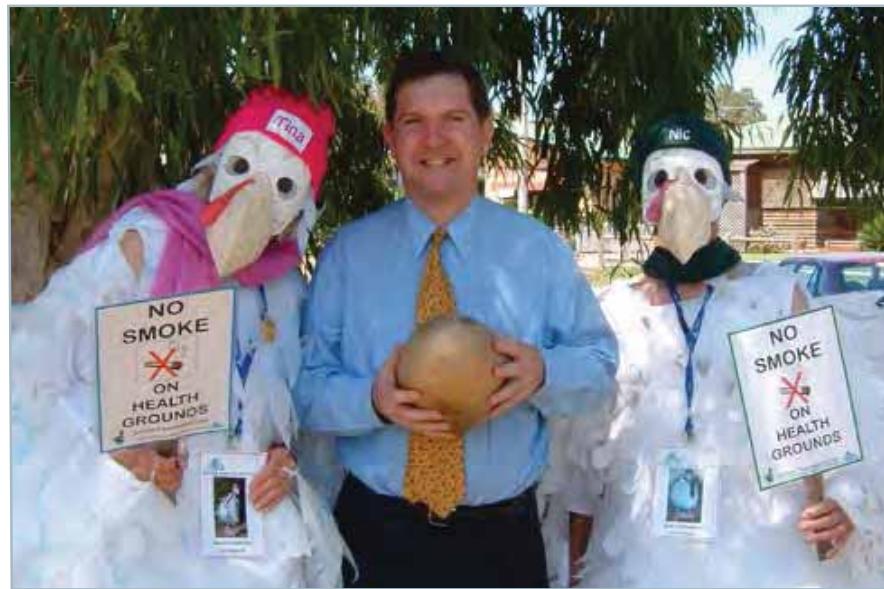
The LHDs are also being asked to increase our efforts to discourage smoking. In particular, we will be strengthening our enforcement of the No Smoking Policy on Health Facility campuses.

Also we will be working with Staff to ensure that they are not smoking in entrances to Facilities, which causes other Staff to walk through a group of smokers as they enter our Facilities.

As well, we are going to be more active in promoting ways to give up smoking, and alternatives to smoking.

Should you be a smoker, now is the time to consider giving it away. It is not only very bad for your health but it has become increasingly anti-social.

The LHD will assist you to stop smoking if you are prepared to give ceasing to smoke a go.



NNSW LHD Chief Executive Chris Crawford with Cold Turkeys Nic n Tina spreading the Smoke Free Health Care Policy message.

Privacy

The importance accorded to Patient Privacy by the community should not be under-estimated by Health System Staff and Consultants.

On a recent visit to Canada, I read in a local newspaper that the registration of a Medical Officer had been suspended because he took a photograph of a Patient without his consent and then distributed the photo to others without the permission of the Patient.

This is but one example that illustrates that the regulatory authorities, which enforce privacy legislation, have become less forgiving about breaches of privacy. No longer are they looked upon as innocent mistakes.

The attitude now of regulatory authorities is that Staff and Consultants working in the Health System should be aware of their responsibility to respect Patient privacy and if they do not do so, then some form of disciplinary response will follow.

In the NNSW LHD the responsibility of all Staff and Consultants to respect privacy is taken very seriously.

We have Policies and Procedures in place to ensure that our legislative responsibilities are met. Education and training is provided on these Policies and Procedures to assist Staff to understand their full ramifications.

Further, we conduct audits of which Staff have accessed Patient Medical Records. Should Staff or Consultants have accessed the Medical Record of a Patient without a legitimate reason for doing so, then they will receive a "please explain" letter.

It being the Medical Record of a colleague or a friend does not give Staff and Consultants the right to access that Medical Record. Our first round of audits found that some Medical Records had been

inappropriately accessed.

In those cases, the Staff and Consultants who undertook the inappropriate access received a warning letter. In future such inappropriate accessing of Medical Records will be treated as a disciplinary matter.

The best rule to follow is not to access Medical Records or release Patient Information if you are in any doubt about whether you are entitled to do so.

Should Staff and Consultants be uncertain about their privacy responsibilities, please ask your Manager how you can obtain training regarding your responsibilities.

Strategy Directions

With the State Election behind us and a stable NSW Government elected for a fixed four year term, there is now a considerable degree of certainty about the Health Policies that will be pursued over the next four years.

Given that the previous Government was re-elected and the same Minister for Health re-appointed, there will also be considerable continuity in the Health Policies being pursued.

This situation provided the NNSW LHD Board with a sound foundation upon which to determine the strategic directions for NNSW LHD for the next four years.

Within the framework established by the NSW Government, the Board discussed at a Special Meeting the priorities that it wishes to pursue over the next four years.

This meeting has determined a draft set of priorities, which the Board will further consider and finalise at its next couple of regular Board Meetings.

Chris Crawford

Stop calling 000

The NSW Ambulance Service has called on the public to stop using triple-0 for minor ailments as it battles to deal with an extra 132 calls a day this winter from people with cold and flu symptoms.

"A small proportion of people have a perception that if you dial triple-0 an ambulance will come quickly," NSW Ambulance chief executive commissioner Ray Crean said.

"If you are in a life-threatening situation then of course call the cavalry, but if it's a minor ailment we will look to refer or treat you in other ways.

"While we are dealing with your minor ailment, someone else's life could be in the balance by us not responding to them."

Smoking link to schizophrenia

Smoking tobacco every day may increase the risk of developing psychosis, suggests a new study.

The research, published in *The Lancet Psychiatry*, challenges previous ideas about the link between psychosis and smoking.

It is well known that people with schizophrenia have a higher rate of smoking than the general population, but it is unclear why.

"While it's always hard to determine the direction of causality, our findings indicate that smoking should be taken seriously as a possible risk factor for developing psychosis," James MacCabe, a psychosis expert who co-led the research at King's College London's Institute of Psychiatry, said.

However he stated that tobacco was only one of many factors, including certain genetic, diet, lifestyle and other influences, raising a person's risk of developing schizophrenia.

Courtesy ABC Science

Region celebrates NAIDOC Week

Flag ceremonies, Blue Light Discos, parades, trivia nights, cake cutting ceremonies and sports days were all held throughout the NNSW LHD during July to celebrate NAIDOC Week 2015.

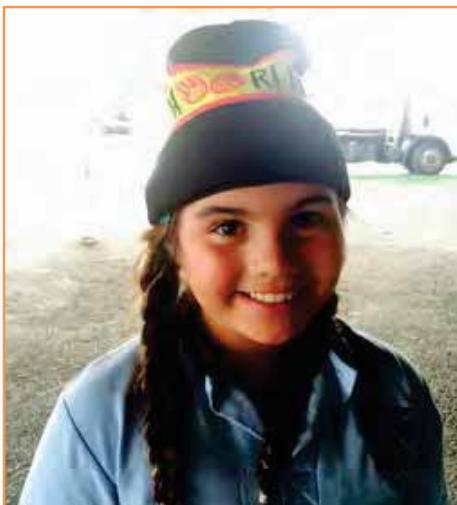
This year's theme was We All Stand on Sacred Ground: Learn, Respect and Celebrate.

Award ceremonies were held across the region, with Local Government

Councils making NAIDOC Week Awards to recognise the contribution of local Aboriginal people to their communities.

This year's theme highlights Aboriginal and Torres Strait Islander peoples' strong spiritual and cultural connection to the land and sea.

Pictured are events and activities from Tweed, Ballina and Lismore.



Grafton Staff go healthy for annual Expo

Staff at Grafton Base Hospital are on the path to healthier lives following the third successful Staff Expo.

About 70 per cent of staff participated in the GBH Staff Health and Welfare Focus Group's Expo which showcased the organisation-based services that can be provided to staff to help improve their health and wellbeing.

Stallholders focussed on top to toe aspects of staff health, wealth, nutrition and fitness and included dental, mental, women's, respiratory, sexual,

cardiac, diabetic, physio, foot and financial health, infection control, pathology and audiology.

Special thanks go to Work Cover, Health Promotion, Bupa, Beyond Blue, Salary Packaging, Farmer Lou's (local green-grocer) and the

Summerland Credit Union for their involvement.

Staff completed Get Healthy at Work surveys



Staff pedaled a bicycle to create fruit smoothies at the recent GBH Staff Expo.

and participated in a range of activities while enjoying sausages, salad and freshly made sushi for lunch.

Interview with Maureen Lane

This month we speak with Maureen Lane, Manager, Planning and Performance, Northern NSW Local Health District.

Q: What does your job entail?

I work with a Team of very experienced people in the Planning and Performance Unit.

One of our most important roles is to work with the Executive and Board to develop clinical service plans which are used to set priorities, and to guide the development of, Health Services into the future. These Plans also support funding applications for new services.

Another important element of my role is supporting NNSW LHD to be ready for new opportunities. For example in developing the Clinical Services Plan for Byron District Hospital, we were able to work with the Executive, Board, and Ministry of Health (MoH) to attract the funding required to construct the new hospital.

The NNSW LHD Health Care Service Plan and Integrated Aboriginal Health and Wellbeing Plan are good examples of LHD-wide Health Service Plans we have worked on. These are complex Plans that involve a lot of consultation and analysis of information. Reporting on the achievement of these Plans is supported by the Unit through the Health Services Development Committee. At these meetings, different Services report regularly on how the Plans are progressing.

Q: You also have responsibility for Performance, do you not?

We also work with the Executive and the Board in negotiating the Annual Service Agreement with NSW MoH and from this we develop the LHD's annual Business Plan which informs local Business Plans to ensure the LHD meets the targets laid out in the Service Agreement.

Q: How does planning take account of the LHD abutting the NSW/QLD border?

Another important part of our role is coordinating Cross



Border Executive Committee meetings. The North Coast community now has access to a number of services at Gold Coast University Hospital and NNSW LHD has to ensure the best possible access to these services for our residents, while also meeting the demands from Southern Queensland residents who use our services. This is particularly important for The Tweed Hospital.

Part of our cross-border success has been the development of really good relationships across the different Queensland and NSW services, and encouraging people to communicate effectively with each other for the benefit of our patients. We are also working closely with clinicians on a range of Clinical Pathways to improve the transfer of patients to and from QLD.

Q: Any other responsibilities?

Also part of the Team is the Health Funded Non-Government Organisation Coordinator and the Carer Support Manager. So yes, while it is called Planning and Performance, the role encompasses so much more.

Q: What challenges does the role present?

The biggest challenge for my position is meeting some very tight timeframes. These are usually generated by the MoH. This can impact on having enough time to consult everyone to develop meaningful plans.

Q: Why is Planning and Performance so important?

Planning supports the LHD to move forward in a thoughtful, structured way. There are always new technologies, new challenges, and new demands on service provision. The LHD is about people, and Planning is about how we can ensure we provide the best services to these people within funding and policy constraints into the future.

Planning helps us to take the long-term view and think about the future and to work together to improve facilities and services. It also provides the evidence we need to convince government that we need funding for new and improved services.

Q: Tell us about yourself. How did you end up in this role?

I was the Manager, Community and Allied Health covering Ballina and Byron Shires from 1998 until 2005.

During that time I also acted in the Director of Primary and Extended Care Services for over a year. The LHD was undergoing a restructure from Northern Rivers Health Service to North Coast Area Health Service and the position I was in was going to be absorbed, so I applied for this position.

Q: How long have you been with NSW Health?

I started my nursing training in 1970 at Royal North Shore Hospital. I worked as a nurse in a number of roles until 1997 before moving into management.

Q: What other positions have you held?

My first job as a registered nurse was at Murwillumbah Hospital. In 1974 I was the first Community Nurse appointed in the North Coast Region and was based at Byron Bay District Hospital. Later I returned to work in the Byron Hospital.

After completing my Midwifery training at Royal North Shore in 1981, I returned to Byron Hospital to work as a Midwife and General Nurse.

In the 1980s I returned to community nursing in Ballina and worked as a Child Health Nurse and Diagnostic Audiometrist.

I then moved into management first as the NUM at Ballina Community Health. During that time I was also elected to Ballina Shire Council as a Counsellor, serving a four-year term. This was a very useful experience particularly for my current role. I then progressed through management positions until I commenced this position in 2005. There was also a lot of study along the way.

I also had the wonderful role of Mother to my two children, and now Grandmother to Charlotte Rose as well as wife (and business manager) to my talented husband who is an artist.

Q: What changes have you seen over the years?

I could probably write a book on this but what really stands out for me are the changes in technology and the impact these changes have had on Health Services. When I commenced my nursing training, a surgical patient usually had at least a 10-day hospital stay. Now, due to advances in technology, the same surgical patient is often done in day surgery via key-hole techniques with better results.

Q: What is the best thing about working for NNSW LHD?

The people! I am fortunate to have a fair amount of community contact, most recently with the Aboriginal community, and there are some wonderful people living on the North Coast and working for this LHD.

Commitment to Aboriginal people

Achieving health equity to improve the health and wellbeing of Aboriginal people living within Northern NSW is the vision of Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020.

The Plan has been more than 12 months in development, with 35 community consultations occurring across the region.

During these consultations, Aboriginal people and staff across all Agencies raised their concerns about the complexity of services and the need for everyone to work together.

"Aboriginal health means not just the physical wellbeing of an individual," NNSW LHD Chief Executive Chris Crawford said.

"It also refers to the social,

emotional, and cultural wellbeing of the whole community in which each individual is able to achieve his or her full potential as a human being, thereby bringing about the total wellbeing of his or her community.

"Strong partnerships were forged during the development of this Plan, and we hope to build on those partnerships as we strive to deliver the range of strategic actions by 2020."

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 sets out the priorities and actions for the NNSW LHD, and other key agencies, for the next five years.

The Plan provides a genuine commitment to collaboration in service planning and delivery



From left, Heather McGregor TAFE, Steve Blunden Bulgarr Ngaru Medical Aboriginal Corporation, Inspector Nicole Bruce, Chris Crawford Chief Executive NNSW LHD, Deb Monaghan NNSW LHD Board Member (seated), Mark Moore CEO Bullinah AMS, Kym Langill FaCS, Scott Monaghan Bulgarr Ngaru Medical Aboriginal Corporation, Vahid Saberi Primary Health Network CEO at the launch of the plan.

at all levels and across key Aboriginal people. Agencies and in partnership with



Northern NSW LHD managers hear from the Anti-Discrimination Board of NSW on bullying, harassment, and discrimination.

Getting back to work vital

There are more than 700,000 Australians currently living with a brain injury, with as many as two out of every three people living with a brain injury acquiring their injury under the age of 25.

In a bid to assist those living with a brain injury return to the workforce, the Northern Brain Injury Rehabilitation Program (NBIRS) recently launched its exciting initiative, the Vocational Intervention Program, in Ballina.

"Currently, only 29 per cent of people return to work after a brain injury in NSW, despite

work being the main goal of most people," NBIRS Ballina Rehabilitation Co-ordinator Karen Thompson said.

"The Vocational Intervention Program (VIP) will assist around 78 individuals with a brain injury to access employment over the next two years. NBIRS Ballina is one of three selected regions for the program, which commenced in April 2015."

NBIRS will work closely with Coffs Harbour Employment Support Service (CHESS) to deliver the VIP program. For information contact NBIRS Ballina on 6620 6361.

Saying no to bullying

Northern NSW LHD senior management last month attended a workshop conducted by the Anti-Discrimination Board of NSW to explore how discrimination, bullying, and harassment affect the workplace.

Attendees were provided with an overview of the Anti-Discrimination Act, 1977, as well as Federal Laws, the Fair Work Act, WH&S, and Common Law and their application within a Health setting.

Anti-Discrimination Board Workplace Relations Consultant Margaret White provided information on what constitutes bullying in the workplace, including issues of: abusive, insulting, offensive language; spreading misinformation and rumours; regular teasing, pranks and practical jokes; exclusion or isolation; interfering with property; too much, too little, or meaningless work; unreasonable timeframes, and detrimentally changing rosters.

Just what is normal?

The concept of what is 'normal' for an average Australian is being challenged by the latest NSW Health initiative that aims to address the current perceptions of what being healthy actually looks like.

Make Healthy Normal addresses the current perception that 'normal' has become unhealthily distorted and directs people to the Make Healthy Normal website for information and resources to help support behaviour change.



The campaign will also reinforce existing, effective NSW Health programs that support sustained lifestyle changes, such as the free Get Healthy Information and Coaching Service for adults and the Go4Fun program.

Make Healthy Normal aims at encouraging people to increase the number of healthy choices made every day, to be healthier, and have increased quality of life and reduced disease.

Latest Board News

Report from Dr Brian Pezzutti, Chair of the NNSW LHD Board



At its last meeting the Board asked that I congratulate and thank Clinicians and Staff for the tremendous results achieved in the 2014/15 year.

Most pleasing to the Board was the improvement in the services that were provided to our Patients. The LHD Hospitals provided timely services to our Patients with both the Emergency Service and Elective Surgery targets achieved. This means that in two consecutive years Patients have received very timely treatment from our services. This is a tribute to the hard and smart work of our Clinicians and Support Staff.

By working co-operatively in teams, and by introducing improved systems and processes, Clinicians and Staff have been able to improve the Patient flow through our Hospitals, which results in more timely care being provided. This has been in part achieved by an improvement in engagement between Clinicians and Managers, which I have begun to notice.

As many of you would know this is a hobby-horse of mine, because improved Clinician engagement leads to better services for Patients. Therefore, I will continue make improving Clinician engagement a priority for the Board and Executive.

The other pleasing result achieved in the past year has been an improvement in service quality.

The quality indicators, which are monitored by the Board, demonstrate that less major incidents occurred in 2014/15 and performance-against-indicators of poor care, such as Hospital Acquired Infections, was also improved.

In the context of a growth in the number of Patient treatments provided of 3.0% to 4.0% per year, these are very good results of which Clinicians and Staff should feel justifiably proud. More Patients have been provided with higher quality services in a more timely fashion. Patient surveys are highly complementary of the way they are treated and the way they see us working together.

This is exactly what Patients are seeking from us. It can only happen through the dedicated hard work of the LHS's Clinicians and Staff. So on behalf of the Board, I again say "many thanks" to all of you.

As well as delivering high quality services, the Board has a responsibility to oversight

the spending of the LHD's \$690 million budget. Part of any new funding received is expended on providing more clinical services to meet the growth in the number of patients requiring our services.

A financial priority for the Board has been to improve and expand the LHD's building infrastructure.

The advocacy by the Board, supported by Clinicians and the Community, has been successful with major infrastructure improvements being, or about to be undertaken, at Tweed Heads, Byron, Lismore, Coraki, Bonalbo and Grafton during the next three years. Where it is able to do so, the Board allocates some of the extra funding received to enhance services. While enhancing these services and treating more Patients, the LHD improved its budget performance by reducing its deficit by two-thirds to a small amount.

The Board, the CE, and his Executive have had some major wins in getting enhancements to our Budget that are helping to overcome historical issues with the operating Budget.

We have also been assisted by our privately insured patients using their insurance when they use our services and by the continuing focus on more efficient service delivery through the good work of Clinicians and Staff.

Board Member Profile — Leone Crayden

Appointed: 1 January 2011 to 30 December 2016

Board Committees: Mental Health Forum; Ngayundi Aboriginal Health Council

Leone began her career as a nurse, later completing further studies in Administrative Leadership, and post-graduate qualifications in Community Sector Management, Social Science (Research) and Governance.

Leone was the Chairperson of the Mental Health Coordinating Council (MHCC) of NSW for seven years and has had previous roles and membership on the Ministers Priority Taskforce on Mental Health, the inaugural Joint Guarantee of Service Committee and Chair of the MHCC Working Safe Tool Kit Committee.



Until recently Leone was CEO of On Track Community Programs, a multifaceted community organisation to provide support to people with mental illness, disabilities, and experiencing homelessness.

Whilst working in the community, housing, and homeless sector, Leone maintained several successful private businesses providing a balanced approach to the Community and private sector.

Leone was chosen as the Regional Achiever of the Year in 2006 for her work in mental health and community housing services.

This year Leone was appointed the Co-Chair of the Agency for Clinical Innovation Network on Mental Health.

Living and working on the NSW and QLD Border she is aware of the cross-border issues faced by the NNSW LHD.

Having lived in the Tweed area for more than 30 years, Leone is passionate about the health and wellbeing of the people of the North Coast.

Leone has been the primary carer for a person with a mental illness and is a strong advocate for peer workers and the importance of the expertise of people with lived experience.

Reconciliation Action Plan

The Board at its July meeting endorsed the development of a Reconciliation Action Plan (RAP) for the Northern NSW Local Health District and has requested this be progressed by the NNSW LHD Executive.

The Board believes that a RAP will build on the recently launched Integrated Aboriginal Health and Wellbeing Plan, and on initiatives undertaken to increase the number of Aboriginal people employed by the NNSW LHD.

RAPs outline practical actions the organisation will take to build strong relationships and enhanced respect between Aboriginal and Torres Strait Islander peoples and other Australians.

Abuse victims urged to speak out

Richmond police believe a different strategy is required to combat child abuse within Aboriginal communities.

A recent two-day conference held in Casino, involving around 50 community members, social workers, and educators from remote areas, raised concerns that child sexual and physical abuse was under-reported in communities such as Tabulam, Casino, Woodenbong, and in the Mulli area.

The conference heard how children fear retribution and 'loss of family' if they speak out about abuse, and how power is used to silence children, with senior community members often using their stature to manipulate the vulnerable.

Inspector Nicole Bruce, from the Richmond Local Area

Command, said the problem was not necessarily bigger in those communities, but it was difficult to gauge the true extent because nobody talks.

"Historically within the Aboriginal community there are a lot of barriers that have built up and a lot of myths to dispel," Inspector Bruce said.

"The obvious one is that when you report something, the welfare is going to take you away, and that's simply not the case these days."

Aboriginal Education Officer at Bonalbo Central School, Rachel Moore, said there's not enough information in the community due to rural isolation, and the fear of embarrassment to themselves and their own community.

Ms Moore said a safe house for children and women was



Part of the team tackling child abuse in the Casino area, from left, Rachel Moore, Aboriginal Education Officer Bonalbo Central School, Di Weeding-Smith, Joint Investigative Response Team, Tamara Manson, Health Clinician, Inspector Nicole Bruce, Richmond Police.

one of the answers that she would like explored.

"There's no safe place for children, and we've been

talking about a safe house at Tabulam for a very long time, because there's nothing out there," Ms Moore said.



Front row from left, Di Andrew, NSW eHealth Trainer; Miranda Van Gramberg, Clinical Change Manager; Mark Lowe and Donna Evans, CHOC trainers. Back row from left, James Nunn, Clinical Change Manager, and Rachel Johns and Sandra Reid, CHOC trainers.

eMR and CHOC 'go live'

The electronic Medical Records (eMR) Community Health and Outpatient Care (CHOC) project will roll out across the NNSW LHD from this month, with staff in community health settings being introduced to an electronic, integrated medical record system.

eMR CHOC will see electronically-saved clinical documentation, pathology and radiology orders and results, other consult orders, scheduled appointments, and clinical observations amongst other data being available and accessible in one place (PowerChart).

It is important to note that CHOC is in Powerchart which is live in the hospitals across NNSW LHD enabling one record to be viewed in community and hospital settings.

The CHOC Project team recently completed User Acceptance Testing (UAT) in Grafton and Maclean with end users (clinical, managerial, and administrative staff) from each stream testing scripts through an end-to-end patient journey in the test environment.

For information contact Agarva Moller on 0437 981 506.

eMR2 coming next year

As Northern NSW Local Health District (NNSW LHD) Community Health Centres receive the roll-out this month of the electronic Medical Records (eMR) Community Health and Outpatient Care (CHOC) project (see side story), work is commencing in acute settings on the eMR2 project.

The sharing of clinical information across emergency departments, wards, theatre, and community health is the aim of the eMR2 project currently being undertaken across both NNSW LHD and the Mid North Coast Local Health District.

Recently joining the eMR2

project team as eClinicians are Alison Williams and Adrian Walsh who both have extensive clinical backgrounds.

To assist staff in the transition, the eMR2 (electronic Inpatient Documentation) Project held two kick off events in July at The Tweed Hospital for TBHSG and at LBH for RCHSG.

A survey has been sent out to all workshop participants, which will be reviewed and used to inform the Reference Group.

For further information contact Mary Mackenzie, at mary.mackenzie2@ncahs.



From left, Adrian Walsh, Mary Mackenzie, Matt Long, Kevin Gunn, Tess Dellagiacoma, Wendy Roulston, and Alison Williams (front).

New support service for homeless

By Amanda Shoebridge, Communications Officer, Northern Rivers Social Development Council.

Homelessness on the Northern Rivers is often invisible to the public, with the vast majority of homeless people living out of sight in unstable housing conditions, on the floors or couches of friends and families, or sleeping rough.

"It is the hidden nature of homelessness that means that the Australian Bureau of Statistics data often washes over the truth," Shay Kelly, Manager

of the new Connecting Home Program based in Lismore, said.

"Because so much of the homeless population is hidden from view, it is very difficult to measure the number of homeless people in

the Northern Rivers region, and if we can't see them, we can't help them."

The Connecting Home program is being delivered

throughout the Northern District by the Northern Rivers Social Development Council and the

Communities North Consortium.

In the six months since its inception, the Connecting Home Program has

worked with 1101 young people from 16 to 25 years across the Local Health District.

The Connecting Home Program works with people

who are homeless, or at risk of homelessness, to achieve long-term housing goals, whether that be supporting people to reconnect with their families or to find secure accommodation options.

If you are assisting a person requiring support, the best contact for State-wide information and referral to the appropriate Specialist Homelessness Service provider is: Link2Home: 1800 152 152

For direct referrals email firstresponse@connectinghome.com.au or phone 02 6698 5609.



GP co-location a success

A pilot program to explore the co-location of Chronic Disease Management and General Practice has been deemed a success.

Two NNSW LHD Nurse Practitioners, Graeme Turner NP Chronic Kidney Disease and Anne-Maree Cheffins, NP Chronic Disease and Rural Emergency, agreed to participate.

Both Graeme and Anne-Maree have previous experience co-locating with General Practice and know the potential value to patients in providing services in this medical model.

The practices they co-located with were not a homogenous group.

Four were medium-sized practices with several GPs and between 3000 and 9000 patients; one was a large practice with 10 GPs and 17,000 patients; three practices had less than 2000 patients; two were sole GP practitioners; and one was an Aboriginal Medical Service.

The independent evaluation of the pilot found that despite coming from opposite ends of the private and public continuum in Primary Health Care, Graeme and Anne-Maree



From left, Dr David Guest of Goonellabah Medical Centre, Diabetes Educator Sharon Lewis, Meeting Facilitator Julie McCrossin, and Nurse Practitioner Graeme Turner at the Integrated Care Strategy Planning Workshop May 2015.

developed individualised ways to work with each Practice to make co-location work at each site.

Graeme and Anne-Maree saw more than 200 patients during the course of the pilot. They showed great commitment and skill in understanding each practice's unique approach to chronic disease management and, in collaboration with GPs and practice staff, succeeded in providing integrated seamless care for the patients.

At an information sharing session towards the end of the pilot program, the seven practices that attended were unequivocal in their appreciation for Graeme and Anne-Maree's skills and for their positive contribution to patient care.



Members of the Nimbin United Hospital Auxiliary help Jean Happy 100th birthday Jean

The Nimbin Auxiliary members held a morning tea at the Nimbin MPS recently to celebrate the 100th birthday of Jean Stephens.

Faye Scherf, Vice President baked a wonderful mud cake made in the form of "100", which was enjoyed by all.

Jean has always been a wonderful supporter of the Auxiliary and still shows a keen interest in all the Nimbin UHA fund raising efforts to support the Nimbin MPS.

Jean began her nursing career in her late teens, but left after her marriage and with the approach of her first child's

birth.

In 1962 Jean resumed her nursing career after a 25 year break to have her four children.

Jean undertook Enrolled Nurse training and practice at Nimbin Hospital when Dr Kroll became the resident doctor. Following Dr Kroll's unexpected death in 1970 Jean was transferred to Lismore Base for a short period until Nimbin regained a doctor.

Jean's employment as an Enrolled Nurse ended in 1979. She has remained an active member of the Nimbin Hospital Auxiliary for more than 50 years.

The last word ...



Farewell Rhod

Murwillumbah District Hospital staff gathered last month to farewell Rhod Brindley, who retired from his role as Engineering Manager.

Rhod, pictured far right, commenced working for Murwillumbah Hospital in 1999 and always displayed a willingness in his work.

Over the years, Rhod was involved in overseeing the major refurbishments of the Operating Theatre, Paediatric Ward, Emergency Department and Medical Ward.

New tune for Mental Health

The recent generosity of Lismore Commonwealth Bank staff will be music to the ears of the Lismore Child and Adolescent Mental Health Unit.

Bank staff made voluntary contributions from their salary as part of a Community Grant program, with the Mental Health Support Group attached to LBH being provided with almost \$10,000 to purchase musical equipment, which

will be used during therapy sessions.

Photo: from left, Mental Health Network Manager Warren Shaw, Mental Health Support Group treasurer Suzanne Warmerdam, Group volunteer Colleen Morgan, Group Coordinator Barbara Swain, Coordinator, Commonwealth Bank Manager Julie Magner, Child and Adolescent Mental Health Unit Nurse Unit Manager, Nicholas Myres.



Another good year for Byron

Members of the United Hospital Auxiliaries from Tweed Heads and Mullumbimby travelled to Byron Bay last month to help celebrate another successful year for the Byron Bay Hospital Auxiliary.

Pictured below from left, Maureen Weir, Secretary, Mollie Strong, President, and Pam McRae, Treasurer were again elected as officer bearers at the group's Annual General Meeting.



Boost for GBH Palliative Care

Elders Real Estate Grafton recently provided a boost to the Grafton Base Hospital's Palliative Care 'unit'. Pictured from left are Karen Gorton from Elder's Real Estate, Heather Baker DDON, Norelle McIntyre NUM Medical/Palliative Care Ward, Brooke Lancaster from Elder's Real Estate, Roseanne Vaessen RN, Carolyn Johnson RN, and Angela Killings RN.



This letter was recently received by Judy Thomas, NUM, at Maclean Community Health Centre.

Dear Judy,

In having recently moved to Tuncurry, I am missing the marvellous facilities that your

Centre offers to all of us. The staff I've had the good fortune to meet, the volunteers, and receptionists have all been very professional and friendly.

So as to maintain this level and promote rehabilitation and care, I would like to make a

small donation as a mark of my appreciation.

My best wishes are extended to all concerned (cause you are the best people) for a rewarding future in your great work.

Yours sincerely,
Bernie Pooley.