

Northern exposure



Health
Northern NSW
Local Health District
Newsletter, Issue 1
February 2015

NNSW LHD Integrated Care Submission Successful

The Ministry of Health (MOH) has announced the Northern NSW Local Health District (NNSW LHD) has been successful in its tender submission to the Integrated Care – Planning and Innovation Fund. This means that NNSW LHD will be allocated \$535,000 in 2014/15 and addition funding in 2015/16 and 2016/17 subject to meeting specified benchmarks to significantly improve the integration of health services within the Northern Rivers. The key to this improvement in integration will be to make the health services more patient centred.

The funding received from the MoH will be seed funding that will be a catalyst to assist Clinicians to change the current Models of Care. The aim is to provide more timely and better linked up primary health services, so patients who can be treated in the community do not default to hospital care, because the required primary health care is not available.

Partnership underpinned Submission

NNSW LHD was joined in making this submission by its partners - the North Coast Medicare Local (NCML), NSW Ambulance Service and the Bulgarr Ngaru and Bullinah Aboriginal Medical Services. The partners will work 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 system navigation;
- Greater access to out of hospital primary health care; and
- Reduced avoidable hospital admissions and unplanned readmissions.

The partnership is dedicated to working together to transform how we deliver care, focusing on organising care to meet the needs of a defined cohort of patients. These patients would benefit from ongoing wrap around services and improved flow of information between the different health care providers.

Integration Strategies

The Integrated Care Planning (ICP) will build and deliver proactive integrated care for patients with chronic diseases and complex needs identified using evidence based tools and processes. They will be founded on the Patient Centred Health Care Home (PCHCH) model. In particular the ICP will include:

- Pooling of resources and commitment to service redesign.
- Purchase of care coordination for patients who need it, with the care coordination anchored in their Aboriginal Medical Service (AMS) or General Practice team as part of the PCHCH;
- Expanded scope of service from paramedics;
- Improved interaction and integration between PCHCH and hospital through facilitating General Practice "in-reach";



Standing: Sharyn White, Manager Strategic Development & Program Design, NCML; Kerry Wilcox, Cardiac Services Coordinator/Chronic Care, NNSW LHD; Steve Blunden, CEO, Casino AMS and seated: Dan Ewald, Clinical Advisor, NCML; Vicki Rose, Executive Director Allied Health, Chronic & Primary Care; Catriona Wilson, Cardiac Liaison Nurse and Rebecca Davey, CNC Chronic Care, Aboriginal Health.

- Tools for shared care planning for patients with chronic diseases and complex needs; and
- Workforce development and support to increase the capacity for quality chronic disease management.

By the middle of 2017, the greater integration of care will need to be self-sustaining. When the seed funding ceases the efficiencies generated by the new Models of Care introduced will provide the economic underpinning of this new service model.

The ICP will be evaluated with particular reference made to service utilisation, patient experience and patient outcomes.

Also in this issue:

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Say NO to Unsafe Work Practices



Welcome to the first edition of Northern Exposure for 2015.

I must say it seems a while since it was Christmas but in preparing this issue I came across a couple of photos to remind me that it was a great opportunity to share lunch with some of the Staff, which was organised by the Workforce Directorate. Thanks to Yvette Bowen who did all the shopping and even found time to make two large fish pies getting up early to do so. We were treated to an abundance of delicious salad, seafood and dessert.



Tweed Hospital Volunteers Christmas party from left - Standing Howard Clare, Assistant Director of Nursing (DoN); Maree Darcy; Ann Scheife, DoN Tweed & Murwillumbah and Bruce Smith as Santa

Now that 2015 has commenced with lots of projects underway, it will be interesting to see how we have progressed by this time next year.



Staff attending a Christmas lunch organised by Workforce

I attended a community meeting about the Byron Central Hospital on Wednesday 21 January 2015, which had a large attendance of local residents and representatives from Health Infrastructure and Chris Crawford, Chief Executive, who were available to respond to the many questions raised.

The new Doctors who will be undertaking their Internships at Lismore Base Hospital (LBH) and The Tweed Hospital (TTH) have commenced this week. I will cover their arrival in the February issue of Northern Exposure.

I look forward to receiving input on your achievements, photos and stories for inclusion in Northern Exposure during 2015.

Wendy Thomson - Quiet Achiever

Nominated by Jennifer McKay, CNC Women's Health, Grafton Community Health.

New to the role of Clinical Nurse Consultant (CNC) Women's Health for the Clarence Valley, I have had big shoes to fill whilst Wendy Thomson has been away on leave. However, due to the exceptional organisational skills, care and expertise, which Wendy has consistently offered to the women of the Clarence Valley as a CNC for more than 12 years, it's like slotting into a well-oiled machine.

Wendy is an unassuming hard worker who keeps a low profile. Despite the high demands of her position, Wendy maintains a professional approach and decorum with a smile. I am delighted that as a quiet achiever, she has been recognised recently and awarded a Staff Appreciation Certificate by the NNSW LHD Board. This is well deserved!

Wendy manages a unique service to the LHD and NSW-wide. It is a CNC2 led Family Planning, Women's Health & Women's Health General Practice service. Wendy works alongside a Women's Health General Practitioner (GP) Dr Marion Leaver offering a free confidential service for women in a safe supportive environment.

Wendy has pioneered Outreach Clinics extending to and involving the local communities. Currently, twice weekly Women's Health Clinics are held across the Clarence Valley rotating between Glenreagh, Iluka, Maclean, Grafton, Nymboida and Yamba. Services for Women's Health Care include pap smear screening, breast checks, screening for sexually transmitted infections, postnatal checks, pelvic floor muscle assessment and education. The Women's Health Service offers advice, information and referral on many issues, including contraception, menopause, osteoporosis, menstrual issues, gynaecological issues, pregnancy issues, sexual difficulties, and

counselling on any issue relating to Women's Health.

Wendy's dedication to ensuring the well-being of her female clients is evidenced not only by the clinical outcomes, such as improved health and accessibility of services, but also that Wendy's Clinics being well attended by local women. The reputation she has maintained in the local community and with local GPs and NGOs is very high.

Wendy has excellent communication skills which engender trust and promote positive health outcomes and education. Her care of her clients is genuine. She is approachable and encouraging. She creates opportunities to educate and screen teenagers, young mothers, Aboriginal and Torres Strait Islander and menopausal women.



Wendy has a particular interest in preventing domestic violence and teenage pregnancy. She co-facilitates an evening program for local women offering emotional/mental health skills. Wendy is a Core of Life Facilitator and has lobbied for training to sustain this school program with new Educators now trained. She has partnered with CRANES to assist the "Strong Aboriginal Women Program" provided by the NSW Education Centre against Violence in the local area.

Commonwealth Health Head Visits NNSW LHD

The Secretary of the Commonwealth Department of Health, Martin Bowles, visited NNSW LHD on 14 and 15 January 2015. He is the first Commonwealth Health Secretary to visit the Northern Rivers, while in Office, for a very long time, if ever.

Nostalgic Visit

There was a special reason that caused Mr Bowles to make the NNSW LHD, his first NSW site visit. It was a nostalgic trip for him, as he started his career in Health in the Northern Rivers. Before Mr Bowles left in 1998 to take up his appointment to the position of Chief Executive Officer (CEO) of the Mid-Western Area Health Service (AHS), he had held from 1996-1998 the position of the Northern Rivers AHS (NRAHS) Director of Hospital Services, then the NRAHS's second most senior management position.

Mr Bowles was surprised about how much had changed as he visited facilities in Ballina and Lismore. He toured the Rehabilitation and Brain Injury Units at Ballina District Hospital (BDH) and the Mental Health Service Complex, Cardiac Catheter Laboratory, Integrated Cancer Care Centre, PET/CT and MRI at Lismore Base Hospital (LBH), all of which had been developed since Mr Bowles left the Northern Rivers. He also viewed the Northern Rivers University Centre for Rural Health (NRUCRH) facilities on the BDH Campus and opposite LBH, which were also new to him.

Operational Briefings Provided

Arrangements were made for Mr Bowles to receive briefings from an operational perspective on health priorities, which would be relevant to health decision-making at the Commonwealth level.

He met with NNSW LHD Board Members, the NNSW LHD Executive, Clinicians and NCML, NRUCRH and Lismore Headspace representatives. A range of matters were discussed with Mr Bowles. These included changes to GP funding arrangements, Commonwealth Aged Care Split from Health, Medicare Locals transition to Primary Health Networks, Activity Based Funding, Sharing of Commonwealth Medical Benefits Scheme and Pharmaceutical Benefit Scheme data with the States, Integrated Care, E-Health rollouts, National Emergency Access (NEAT) and National Elective Surgery Targets (NEST), National Dental Partnership Program, Healthy Children's Initiative and Commonwealth contributions to Health Service Infrastructure upgrades.

Integrated Care Model

The Headspace Service was utilised as an example of integrated care in action. This youth Mental Health Service, which is governed by the NCML is supported by a number of organisations, including NNSW LHD and a range of Clinicians and has established collaborative relationships with Schools and Community Services, which allows it to make contact with adolescents and young adults, who may require its services. It is a Commonwealth funded service.

Uniquely qualified as Health Secretary

Mr Bowles is uniquely qualified to be the Commonwealth Health Secretary. As well as holding the senior Rural Health Management positions of Director of Hospital Services and CEO, he also held the Metropolitan Management positions of CEO of the Wentworth AHS and Acting Executive Director of Prince of Wales Hospital. So he has had extensive operational Health Management experience.

Since leaving Health he has held Senior Management roles in



Above at the Board/Executive Dinner L-R: Vicki Rose, Executive Director, Allied Health/Chronic & Primary Care Chronic Care; Jean Collie and Alan Tyson, Board Members; Chris Crawford; Malcolm Marshall, Board Deputy Chair; Martin Bowles, Federal Health Secretary; Tony Beashel, Acting Chief of Staff, Chief Executive Unit; Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group and Lynne Weir, Executive Director, Richmond Clarence Health Service Group. Below from left around the table: Tony Beashel, Vicki Rose, Annette Symes, Executive Director, Nursing & Midwifery; Jenny Cleaver, Executive Assistant to Chief Executive; Chris Crawford; David Hutton, Executive Director, Clinical Governance; Bernadette Loughnane; Martin Bowles and Richard Buss, Executive Director, Mental Health and Drug & Alcohol.



major Departments, including Education, Defence, Environment and Climate Change and Immigration. Mr Bowles is best known for his time as Secretary of the Commonwealth Immigration Department, where he maintained a high public profile, as a spokesman for the Government's Asylum Seeker Policies. So Mr Bowles brings to his new role as the Commonwealth Health Department Secretary a unique mix of Senior Health operational and Senior Commonwealth Department Leadership experience.

Many Challenges ahead

It is this combination of skills that gives me confidence that he will contribute positively to the future Health System developments. He is approachable, willing to consult and looks for practical solutions. This does not mean that all his decisions will meet with universal approval, as many difficult decisions lie ahead of him.

Already he is off to a good start. He has told his Departmental Officers that he wants the Commonwealth Health Department to resume its strategic leadership of the Australian Health System, a role which it has neglected in recent years. He has appointed Mark Cormack, who also started his Health career in the Northern Rivers – as NRAHS Director of Planning – to develop a detailed document on how the Commonwealth can again provide this leadership to the Health System. We wish Martin well with his challenging role.

Hospitals Busy Over Christmas/New Year Period

-Staff thanked for working during the holidays

The large and coastal NNSW LHD Hospitals had to cope with a very busy time during the Christmas and New Year holidays. This was caused by the usual double whammy that strikes the Northern Rivers during this period. The Region's largest influx of tourists occurs over this period, as holiday-makers flock to our beaches. As well, many General Practices shut down and take holidays for up to two weeks at this time. Therefore, our Emergency Departments (ED) experience a significant rise in Patient attendances.



TTH ED L-R: Ryan Armstrong, Ed Armstrong, Ed Egan, Nicole Taylor, Tony Lochead, Rob Davies; Berndette Loughnane and Martin Snide.

The busiest Hospitals over this period were The Tweed (TTH), Lismore Base (LBH), Byron, Ballina and Maclean District Hospitals. These Hospitals usually make special preparations, which are now referred to as "Summer strategies", to prepare them to be able to respond well and provide high quality and timely care during this period. It is mainly an ED issue, as the increase in presentations tends to be from Patients with Triage Category Four and Five illnesses, many of whom would normally have been seen by a General Practitioner. For example, LBH usually sees around 50 Triage Five Patients per week but during this period, Staff have been attending to around 100 of these lower acuity Patients each week. This contributed to pushing up the normal number of Patients attending the LBH ED each week from around 600 to over 700 Patients per week.



LBH ED L-R: Steve Diamond, CMO; Tracey Barker; Paula Scarp, RN; Dr Liesel Whyte, Louise Atherton, RN and Kate Speakman, Intern.

Records Set

Records were set by TTH ED during this time. In one week TTH ED treated around 1,200 Patients, well above its usual average of 900 Patients per week. Despite treating so many Patients, during that week TTH achieved a NEAT result of 88.0%, a remarkable achievement! This is well above the target of 81% set for giving timely treatment to Patients, so they exit the ED within four hours of arrival. This is a tribute to the dedication of TTH ED Staff and their Managers and is in part due to the Summer strategy preparations made to be ready for this peak period should also receive acknowledgement.

The Mental Health Service, which put into place special arrangements to support TTH ED, when it found out at short notice that it did not have the usual number of Tweed based Registrars available over this period, should also receive acknowledgement.

The Chief Executive, Chris Crawford gave recognition and thanks to all the Staff, who worked over the holiday period. He said, "Staff who work during the holidays are making a special sacrifice, as they are working so other Staff can spend this time enjoying the holidays with family and friends, in the knowledge that our Patients are being well looked after." From the NNSW LHD Board and Executive a special thank you is given to all the Staff, who worked over the Christmas/New Year holiday period.

Salary packaging tips!

How does packaging affect you if you pay HELP, child support or have a secondary income?



Although salary packaging can be hugely beneficial, there are some circumstances in which you should check the impact it may have on your financial position. While it can still be beneficial on a net basis, that may not always be the case. Today, we'll look at the two main situations where we recommend financial advice be sought before you proceed with packaging.

HELP debts (previously known as HECS debts)

Salary packaging tax-free cap benefits such as mortgage, rent, credit card or general living expenses can have the effect of increasing your HELP repayment obligations - and that increase will often come in the form of a lump-sum bill from the Australian Tax Office at year-end. It may be that the salary packaging benefit outweighs this lump sum bill but that needs to be confirmed. Consequently, the increase in your take-home pay that would otherwise result from salary packaging may be offset. It's important that anyone with a HELP debt check and confirm the impact packaging will have on their financial position.



Child Support

Salary packaging any tax-free cap benefits (as detailed above, these include mortgage, rent, credit card or general living expenses) will give rise to a Reportable Fringe Benefit Amount ("RFBA"). This RFBA will increase your reportable income for child support calculations and in turn, your child support payment obligations may increase.

Just like when you have a HELP debt, the positive impact of salary packaging on your take-home pay may be outweighed by this extra cost. Therefore, it's important that anyone paying child support check and confirm the impact packaging will have on their financial position.

Anyone with HELP debts or paying child support should also note that these circumstances will not be applied to any saveshare calculations when calculating your saveshare fee. It will be up to you to confirm that salary packaging tax-free cap benefits are worthwhile, given saveshare fees, additional HELP charges or increased child support payments.

Visit www.smartsalary.com.au for a full list of items you can salary package, or call us on **1300 4SMART** for more information.



Chief Executive Report

Upcoming NSW State Election

The NSW State Election will be held on 28 March 2015, which is in about eight weeks away. Therefore, it is timely for me to issue a reminder to Staff about their participation in election campaign activities. The first action I recommend to Staff, who may intend to be a candidate at the election or who may wish to campaign on behalf of a candidate or may just wish to raise issues as part of the campaign debate is to re-read the NNSW LHD Code of Conduct to refresh themselves about its content.

The key matters that require careful attention relate to the making of public comment and the attendance of candidates at health facilities. Staff are not permitted to make public comment, either through the media or at public gatherings, that is attributed as being a comment on behalf of NNSW LHD as a whole or a section of NNSW LHD. Nor should comments of Staff quote them as holding a position with NNSW LHD, which could suggest that they are speaking in their NNSW LHD role. The best way to avoid such attribution arising is for a Staff Member to make clear that he or she is speaking in an individual capacity and not to include in any correspondence or media statements the role which he or she plays within NNSW LHD.

With regard to candidates, they cannot visit NNSW LHD facilities without the approval of the Minister for Health and Medical Research, which is rarely granted in the lead up to or during election campaigns. The aim of this approach is not to disrupt the operation of local Hospitals and Health Services by their being utilised as backdrops for election campaign activities. This arrangement, which is longstanding, also applies to Members of Parliament and candidates, who may be visiting from outside of the NNSW LHD. The only exception is for the local Member of Parliament, who may visit Hospitals and Health Facilities within his or her Electorate. As a courtesy, they are encouraged to provide prior notice to the relevant facility before they undertake such a visit.

As usual Office-bearers of such bodies as Unions and Medical Staff Councils can make comment on health issues as spokespersons on behalf of those organisations. They need to make it clear that they are speaking in their official capacity as an Office-Bearer of one those organisations and are not speaking on behalf of NNSW LHD.

Work Health and Safety (WHS)

In this edition, you will note on page 11 the special recognition that is given to the large improvement at BDH in its recent WHS Numeric Profile result. It has been very pleasing to see that so many of the Hospitals that have undergone WHS Numeric Profiles in the past year have either improved their results from their previous Profiles or have achieved an above 80.0% result or have done both, as was the case with BDH. This is a consequence of local Hospital Management and Staff working closely together, assisted by members of the LHD WHS Team. Led by Yvette Bowen, WHS and Injury Management Manager, the LHD WHS Team has been working hard across the District to improve our WHS performance. Local Staff and Managers have brought into this process and have been improving our work practices from a WHS perspective. There is more to do but we are definitely headed in the right direction in improving our WHS performance.

This improvement in our WHS practices is already producing practical results. In 2014 NNSW LHD had around 50 less Workers Compensation claims lodged compared to the year before. Good WHS practices are a preventive health measure, as they make it less likely for Staff to get injured and so need to submit a Workers Compensation Claim. When that does occur, the Injury Management Service becomes involved with the Rehabilitation Team working with Staff to assist them with their return to work. The Rehabilitation team are working hard to support Staff who become injured.

Regular readers of Northern Exposure (NE), will note that above Susan Walker's Editorial is the message, "Say no to unsafe work practices". This message has been included in NE editions over the last couple of years, at my request, to remind all Staff that they have not only the right but also an obligation to say "No" if they believe that they are being asked to undertake a task that they regard as unsafe. This allows the task to be reviewed and a determination made about whether it is in fact unsafe and if so, how the objective of the task can be achieved in another safe way. As there are other important WHS messages that need to be emphasised, I have asked Sue to rotate a few WHS messages above her editorial. You will see these appear in future editions of NE.

Agency for Clinical Innovation (ACI) new Strategic Plan

The ACI is currently conducting a consultation process about its next three year Strategic Plan. It was pleasing to have Ms Denyse Bartimote, ACI Strategic Plan Consultation Co-ordinator, travel to Lismore to seek input into this Strategic Planning exercise. A meeting was held between Ms Bartimote and the NNSW LHD to answer various questions upon which the ACI is seeking input as part of its consultation process.

The Executive generally expressed satisfaction about its relationship with the ACI and indicated that both at the Clinician level and at the Management level NNSW LHD has received good support from the ACI. In particular, support of TTH Clinicians by the ACI was mentioned. Also the Executive Members referred to the many new service models, which have been developed by the ACI's Clinical Networks that have been or are being or soon will be implemented within NNSW LHD. These include Pathways for Acute Myocardial Infarction and Stroke, Rehabilitation Network Model of Care, Management of Fractured Neck of Femur, Osteoporosis Prevention of Re-fracture Project, Improved Acute and Chronic Pain treatment and Better Diabetes care, including improved Foot care.

It was raised that the ACI needs to be clearer about the support that it can provide to LHDs which are implementing these new service models. The other process type issue raised dealt with the long clinical policy documents that the ACI circulates on a fairly regular basis. We again emphasised the importance of previous NNSW LHD advice to the ACI, which has been patchy in its follow up, that these documents need to include a one page summary and where applicable a flow chart, so Clinicians can more easily utilise them in urgent situations.

At a higher level, it was suggested that the ACI needs to spend more time addressing the "appropriateness" of providing various types of clinical care. Increasingly in these tight financial times, questions are being asked as to whether all the care provided is appropriate. In some cases this raises difficult moral and ethical issues but in others, it raises queries about over-servicing. Not all over-serving is driven by economic imperatives; other causes, such as defensive medicine, inertia and lack of sufficient evidence, are also factors in this regard. Another matter raised was the need for the ACI to provide advice to the whole of the NSW Health System about whether the efficacy of expensive new drugs, products and techniques sufficiently justifies their introduction, when they are assessed on a cost/benefit basis. The advice given by the Executive Members to Ms Bartimote was that the ACI has more of a role to play in assisting the LHD's to address "appropriateness" and high cost innovations.

NCCI, Lismore Radiotherapy Open Day 2014 – A Review

In November last year the North Coast Cancer Institute (NCCI) in Lismore hosted an open day as part of National Radiographers and Radiation Therapists Week. The aim of the open day was to increase the understanding of Radiotherapy and the Radiation therapist's role for hospital and community health staff.

Stephen Manley, Cancer Systems Innovation Manager, welcomed visitors and then introduced the presenting staff. Radiation Therapists Rachel Farrell, Trudy Otter, Alexandra Grimshaw and Andrea Laszczyk discussed the role that Radiation Therapy plays in a cancer patient's journey as well as giving an overview of the role of the Radiation Therapist and demonstrating the equipment used.

The diagrams below illustrate the patient pathway from a Radiation Therapist's perspective:



Presentation by Radiation Therapists

Around 20 people visited the Radiography Department including volunteers from the Cancer Council, Nursing and Allied Health Staff from LBH, Community Health Physiotherapists, Ballina Cancer Network Committee Members and University Centre for Rural Health Co-ordinators.

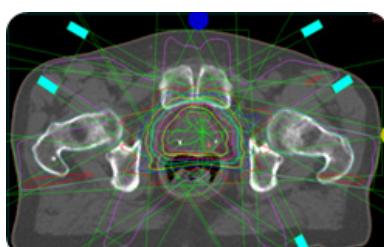
The Radiotherapy Staff enjoyed the opportunity to demonstrate what their work entails as well as the opportunity to demonstrate the complexity of the Radiation Therapist's role, which demonstration was well received by other staff and visitors alike.

Feedback forms were distributed on the day and the responses provided by attendees were overwhelmingly positive, particularly for being given the opportunity to spend time in the treatment bunker observing the range of equipment utilised and getting a better understanding of the patient's experience.

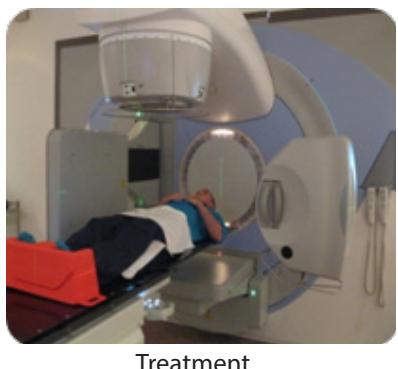
Below left: Staff and visitors in the Bunker of one of Lismore's two Linear Accelerators and right, Staff and Vistors enjoy a barbecue at the end of the day to celebrate National Radiation Therapists Week 2014, which was held to thank the Radiation Therapists, Nurses, Radiation Oncologists and Physicists for their tremendous contributions.



Simulation



Planning



Treatment

North Coast NSW Human Research Ethics Committee -Vacant Positions

The role of the North Coast NSW Human Research Ethics Committee (NCNSW HREC) is to review and consider the ethical implications of research involving human subjects, which is proposed to be undertaken within Northern NSW (NNSW LHD) and Mid North Coast Local Health Districts (MNC LHD).

The HREC is currently expanding its membership with the following positions open for recruitment:

1. One Layman position
2. One Laywomen position.

To be eligible for appointment in the lay categories - there must be no affiliation with the NNSW LHD and/or MNC LHD

and applicants must not currently be the engaged in medical, scientific, legal or academic work.

3. One Pastoral Carer eg: Minister Religion or Aboriginal Elder.
4. One Lawyer, who is not engaged to advise the institution.

Positions on the NCNSW HREC are voluntary and do not attract any remuneration. If you are interested or know someone who may be interested in applying to join the Committee, please contact the Executive Officer, NCNSW Human Research Ethics Committee at:

PO Box 821, Murwillumbah NSW 2484
Tel 0266 720 269 Mob: 0421 028 924
EthicsNCNSW@ncahs.health.nsw.gov.au

Interview with Mim Weber, Mental Health Program Coordinator

Mim's background is in Social Work and she has worked in Education, Disability, Health and Welfare.

I asked Mim about herself – are you from this area?

No. I was actually born in Amsterdam and my family migrated to Australia when I was seven. We came to live in Adelaide which is where I grew up. I also lived in the Pilbara for six years where I was the Manager of the equivalent to the Department of Community Services. This was an amazing adventure and a really fantastic experience. Then after six years I found it was time to take a rest as it was a very stressful job and I needed to do something different.

Did your work in the Pilbara involve working mainly with the Aboriginal communities?

It was a real mixture because obviously there were the Aboriginal communities but it was also a big mining area, so there were numerous mining communities with very few community support resources.

Where did you live?

I lived in Port Headland for three years and Karatha for three years. In Port Headland there were 76 different languages spoken in a population of only 13,500 people, which was a fascinating mix.

Were these languages mostly from the different Aboriginal communities or from overseas people working in the mines?

There were various Aboriginal languages spoken and people from middle European and some Asian countries also spoke different languages, so it was a very interesting time.

What did you do after leaving the Pilbara?

I moved to the Northern Rivers in 1994 and started with Child and Family Health as a Social Worker.

What did you do then?

I took on the Eating Disorders Service Coordinator position at Lismore and District Women's Health Centre where I set up an Eating Disorders service. As this was a part-time Coordinator position, I also established a part-time private practice for a while. This is when I did my PhD.

How did you come to do the PhD?

The Eating Disorders Service was an Assessment and Referral Service. My question was "Is that a good way of utilizing the tiny bit of money that was available?" I approached the University to see if they would evaluate it and they said if you are going to do all this work why don't you do a Masters or a PhD? So I did the PhD, which was a wonderful experience. I immersed myself in the eating disorders world much more than I would have if I was just a part-time worker. I discovered I was a bit of a nerd, and loved the research. I learnt so much more than I otherwise would have.

When did you return to the Health Service?

It was about six years ago. Initially I came back to child protection but I really didn't want to do that again and then an opportunity arose in the Mental Health Service.

What does the role you do now encompass?

This is a fabulous job and I feel very lucky to have it. My work is really about how we can make this service a better Mental Health Service. There is a bit of policy implementation, which means working with Managers and Staff about how to implement the new policies that come out. For example, Sexual Safety in Mental Health Services, Transfer of Care and Suicide Risk Assessment. Although it is very challenging, it is enjoyable because it's really about how we translate policy into action; what's the capacity in the service and what support and training do we need to put in place to support the staff so the policies can be implemented.

Do you work with Carers?

Yes, this is another big part of my role, which is all about how our services can work more effectively with the Families and Carers of the people who use our Mental Health Services. It is always very grounding to connect with the Carers because they talk about their



real experiences, some of which are very positive and some are about things we need to improve on. To have this connectedness is so important when I work with policy development and implementation.

Can you give an example of this work?

Some examples of my work with Families and Carers are: The development of Clinical Procedures for our Staff, which address some of the dilemmas they encounter in their work with Carers. Carers provided lots of input into this document and into many of the documents I work on.

What other documents have you worked on?

We developed an Information Booklet about Mental Health Services in the Northern Rivers. With the help of Jodie Kenny, our Data Manager, we built information and resource pages into the Mental Health Website. This provides important links to resources for families and carers but also for other people wanting easy access to information about Mental Health Services.

Do you work with Consumers of the service?

Yes, I work with Heidi Keevers, the Consumer Partnership Coordinator for Mental Health Services. Heidi has really strong connections with people who have a lived experience and who have used our Mental Health Service. Together we set up the Mental Health Forum, which is a Committee of the LHD Board.

Who is represented on the Mental Health Forum?

Membership includes three Board Members, two senior Mental Health Service Managers, and a number of people who have lived experience of Mental Health illness, are Carers or Community representatives. This Forum meets every two months to discuss a range of Mental Health Service development and review matters. It's a fantastic group of people, there can be robust discussion, and I believe it's making a difference. For instance, the NNSW LHD Mental Health Service is actively considering the reform of its services, and there are Forum members on each of the reform Committees. Heidi and my job is to support the Forum members in their contributions on those Committees and in the other work they do.

Is there anything else you are working on?

Early last year I started working on the concept of Trauma Informed Care (TIC), this is really exciting work.

Please see article on TIC in the next edition of Northern Exposure.

End of life care for patients with Implantable Cardiac Defibrillators

In response to an increasing number of patients who have Implantable Cardiac Defibrillators (ICDs) and who are approaching the end of their life, Kerry Wilcox, Cardiac and Chronic Disease Program Manager, developed guidelines specifically for NNSW LHD to ensure the process of temporary and permanent deactivation of ICDs could be addressed easily and ensure the patients' needs and wishes can be readily met.

Pacemakers combined with ICDs are putting patients at a high risk of sudden death from a cardiac arrhythmia such as in heart failure. Patients with advanced progressive illness may at some stage reach a point where continued defibrillation is no longer consistent with the goals of their care. In addition, many patients with pacemakers are unaware that they have a defibrillator as well as a pacemaker in place.

When approaching the end of life there is a risk of the patient developing rhythms that may trigger defibrillation. Delivery of shocks near the end of life may be ineffective, painful to the patient and distressing to the carers and relatives. Deactivation will not be painful and dying will not be more painful if the device is turned off.

Deactivation of ICDs can be a difficult time for patients and their relatives and concerns should be addressed as early as appropriate in the patient's management to avoid unnecessary distress. In a progressive illness the use of Advanced Care Directives can assist the patient to accurately communicate his/her wishes, so allowing the family to be confident in the knowledge that they are acting in a manner that is consistent with the patient's wishes.

Previously deactivation of these devices only took place in hospital settings under a Cardiologist's care, however this is often inappropriate when a dying patient wishes to remain at home. Permanent ICD deactivation can be arranged by contacting the device company, which will send out a technician to the patient's home, if they have written authorisation and the Technician is accompanied by a Palliative Care Nurse.

Where necessary the application of a strong clinical ring magnet to the device will temporarily deactivate the defibrillator but the magnet must be applied according to the specific company instructions, and



L-R Fran Leaton, Heart Failure Liaison Officer, The Tweed Hospital and Kerry Wilcox, Cardiac and Chronic Disease Program Manager.

permanent deactivation should be arranged as soon as possible. The Community Nurses now have access to an approved process to follow when they are requested to assist deactivation of these devices and can apply it in the patient's home when necessary with the approval of the Patient's Medical Practitioner.

If you have any questions you can contact Kerry Wilcox, on 66207521 or Kerry.wilcox@ncahs.health.nsw.gov.au

NSW Guidelines for the Deactivation of Implantable Cardioverter Defibrillators at the End of Life www.aci.health.nsw.gov.au

Caring for people with gastrostomy tubes and devices



Kirsten Campbell and Tanya Hazlewood (ACI) with Mark Banbury from NNSW LHD, a member of the Reference Group.

The Agency for Clinical Innovation (ACI) Gastroenterology and Nutrition Networks, in collaboration with the Gastroenterological Nurses College of Australia (GENCA), has developed "A Clinician's Guide: Caring for people with gastrostomy tubes and devices".

The Guide makes recommendations about caring for people with a gastrostomy tube and their families. It also provides Clinicians with practical advice related to the different stages of the patient journey from deciding to initiate gastrostomy tube feeding to insertion, tube/device removal, and transition or transfer of care. The Guide was prepared by a multidisciplinary reference group consisting of experienced Nurses, Dietitians, Gastroenterologists, and Speech Pathologists from New South Wales, Queensland and South Australia.

Ms Susan Pearce, NSW Health Chief Nursing and Midwifery Officer, officially launched the Guide on 1 December, 2014. A copy of the document is now available on the ACI website, along with presentations from the launch event.

The ACI will host a number of education workshops for clinicians in metropolitan and regional areas in 2015.

Latest Board News



Board members at the meeting held on 28 January 2015 are from back row: Rosie Kew and Malcolm Marshall. Second Row: Joe Ogg, Allan Tyson and Lesley Barclay. Front: David Frazer, Brian Pezzutti, Leone Crayden, Jean Collie and John Moran.

Board Annual Review

In recent months NNSW LHD Board Members have undergone individual self-assessments and performance discussions with the NNSW LHD Board Chair and prior to the first Board Meeting for 2015, undertook a Collective Board Evaluation that relates to the seven governance standards as set out in the NSW Health Corporate Governance and Accountability Compendium (CGAC) being:

1. Establish robust governance and oversight frameworks.
2. Ensure clinical responsibilities are clearly allocated and understood.
3. Set the strategic direction for the organisation.

4. Monitor the financial and service delivery performance.
5. Maintain high standards of professional ethical conduct.
6. Involve stakeholders in decisions that affect them.
7. Establish sound audit and risk management practices.

The Board's review allows the Board and Board Members to reflect on its role and responsibilities as outlined in the CGAC and craft strategies to ensure that good Governance is enduring.

Board Meeting 28 January 2015

The first NNSW LHD Board Meeting for the year was held on the 28 January 2015. The Board welcomed the two new Members appointed by the Minister of Health and Medical Research, the Hon. Jillian Skinner of Dr Jean Collie from Grafton and Dr John Moran from Murwillumbah.

Partnerships With North Coast NSW Medicare Local (NCML)

The NNSWLHD Board at its December 2014 meeting discussed the working relationship and positive partnerships that have been formed with the NCML and resolved to provide a strong reference for the NCML as part of its application to become the North Coast Primary Health Network. The Board considers that should the NCML submission be successful that the two organisations will continue to work closely together to deliver effective and integrated models of care that benefit the North Coast Community.

In the meantime, the NNSWLHD Board and Executive will continue to hold combined meetings with the NCML and in September 2014 the NNSWLHD Board endorsed the holding of twice yearly combined meeting of the NCML and NNSW LHD Clinical Councils. It also endorsed the NNSW LHD Community Engagement Advisory Council expanding its role to become the peak Community Advisory Group for both NNSW LHD and NCML thus providing community input across the whole spectrum of health care.

Board Member Profile - Deborah Monaghan



Deb Monaghan was appointed to the NNSW LHD Board for a term of 1 January 2011 to 31 December 2016. Ms Monaghan's principle areas of expertise and knowledge are as a Peri-operative Nurse and about Indigenous Health.

Deb Monaghan is a Bundjalung woman from Baryulgil, who has lived most of her life in the Clarence Valley.

Deb undertook her Registered Nurse Training at Grafton Base Hospital (GBH) from 1981 to 1984. She then worked at a number of hospitals in New South Wales, Queensland and the Northern Territory including Royal Darwin, Ipswich General and Dubbo Base Hospitals.

Deb completed her Midwifery studies through Charles Sturt University (via distance education) whilst working at Lismore Base Hospital. She has a keen interest in rural and remote nursing and has worked in an isolated indigenous community.

Whilst working in rural and remote areas, Deb has gained first-hand experience of the difficulties people face in accessing health services. Since returning to Grafton in 1996 Deb has worked for the local health service as a Perioperative Nurse in the Operating Theatres at GBH.

Deb has also worked for the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINAM) as a project officer and has volunteered as a mentor to promote nursing as a career choice for Indigenous people.

Deb is active in promoting health issues within the communities of the Clarence Valley. As well as being passionate about improving health services for our communities. Deb is also keen on walking, travelling and fishing.

Deb is Chair of the following Board Committees:

- Mental Health Forum
- Integrated Aboriginal and Torres Strait Islander Health and Wellbeing Plan Committee.

Deb is a Member of the following Board Committees:

- Health Service Development Committee
- Ngayundi Aboriginal Health Council.

fit4School

HealthChecklist

Is Your Child Fit for School?

The NSW LHD Health Promotion team has put together a checklist and website packed with information to help parents ensure their children are in good health and ready for Primary School.

Jillian Adams, Manager of Health Promotion said research evidence shows children with health problems, which have not yet been detected and addressed, are more likely to have difficulties enjoying school and learning well.

The website gives contact details for free before school health checks such as vision, hearing and speech, and practical information on subjects like sun safety and healthy lunch box packing.

Goori Jarjum's School Health Check Day



Towards the end of last year Karen Elphick, Aboriginal Health Education Officer organised a Pre-School Health Check Day for Parents and Carers of all Aboriginal and Torres Strait Islander children who start Kindergarten in 2015 at Yamba Community Health Centre.

Karen said attendance was up 500% of 4 year olds having health checks on the previous year and no doubt, this was due to Karen's good promotion and organising of activities for the children.

The Allied Health Team were available to give

Cassandra McClelland from Smile Face painting with some of the Children who attended the Health Check day.

the children their Hearing test as well health checks on Eye Sight, Dental and pre-Kindergarten Health Screening during the day.

Activities organised for the day included face painting, a juggling workshop with Morning Tea and Lunch provided. All children who registered and attended received a backpack, lunchbox and a drink bottle.



This information will help parents and carers to consider a range of health and wellbeing topics and if necessary get help to address these concerns.

The checklist has been designed so that parents and carers can easily determine whether all relevant aspects of their child's health have been assessed and address any concerns by contacting local health services.

The website can be accessed at:

<http://nswlhd.health.nsw.gov.au/health-promotion/kids-and-families/fit-4-school/> or by going to <http://nswlhd.health.nsw.gov.au/health-promotion/>, clicking on the Kids and Families tab and then on the Fit 4 School tab.

On Track Annual Toy Run Gives to Kids



L-R: Leone Crayden and Peter Hewitson from On Track hand over \$500 to Michael Douglas, Acting NUM, Bernadette Loughnane, Executive Director, Tweed Byron Health Service and Trevor Shearn, On Track Disability Services Manager.

Each year, the roar of motorbikes are heard across the Gold Coast and Tweed, signalling the start of the annual On Track Toy Run. The men and women on the bikes bring smiles and joy into the lives of the disadvantaged children, parents and the elderly of our community. Not only do they deliver toys and gifts but they also deliver a much needed dose of Christmas cheer.

The event is organised by On Track Community Programs, in collaboration with the Gold Coast Harley Davidson Club. Leone Crayden, On Track Community Programs Chief Executive Officer and member of the NSW LHD Board, said they not only delivered toys and gifts but also raised \$500 for both The Tweed Hospital and the Tweed Early Intervention Service.

Congratulations

Great result for Ballina Hospital Staff

Congratulations to the Ballina Hospital Staff on achieving an excellent result in the latest Work Health and Safety Numerical Profile result.

In 2012 Ballina Hospital Staff achieved a 68.33% Numerical Profile result. Two years down the track, in December 2014 Staff at the Hospital have achieved a numerical profile result of 81.7%.

This is an excellent result and is attributed to all the hard work Staff have undertaken to make such a big improvement, especially those who had a leadership role and contributed to this excellent result. Well done!



*Kyogle Memorial Health Staff Back: Cathie McLaughlin, Betty Tarran, Claire French, Lincoln Nettleton, Matt Collins, Ken Fleming, Chris Crawford, Nancy Martin, Daniel Short.
Seated in front is Willa Maguire, Rodney O'Reilly, Alison Wilson and Urel Smith.*

Congratulations Jennifer Collins on 50 Years of Nursing



Jennifer Collins and Lynne Weir

Australia in 1974 to take up a position with the Royal Hospital for Women. Over the past five decades Jennifer, first nursed patients at Concord Hospital and the Correctional Service and Justice Health Services before moving to the North Coast in June 2006 when she commenced nursing at the Urbenville Multi-Purpose Service (MPS).

Lynne Weir, Executive Director of the Richmond Clarence Health Service Group went to the Urbenville MPS to present Jennifer with a Certificate of Appreciation signed by the NNSW LHD Board Chair, Dr Brian Pezzutti and Chief Executive, Chris Crawford acknowledging her 50 years of service to Patients and the Nursing Profession.

Late last year the NNSW LHD was advised that Jennifer Collins, a Nurse at Urbenville had been nursing for 50 years.

Jennifer started her nursing career with the NSW Public Health system at the Royal Newcastle Hospital on 16 July 1964 as a Student Nurse where she remained after becoming a Registered Nurse until leaving to train as a Midwife in Aberdeen, Scotland in October 1968.

Jennifer returned to

Long Service Recognition

In December last year the Chief Executive, Chris Crawford presented long service badges to Staff at Kyogle Memorial Health.

45 Staff members were entitled to receive recognition for their service. The longest serving Staff were Bruce Clark with 38 years, Joan Olive with 35 years, Bruce Taylor with 36 years and Maree Simpson with 37 years, who all received a 35 year badges. Thirty year badges were presented to Denise Clark and Dorothy Lyons - both with 34 years of service, Joseph Llewellyn with 33 years and Kevin Jones with 32 years of service. Other Staff received 25, 20, 15 and 10 year badges. All of these periods are significant lengths of time to be employed with the local Health Service.

Mr Crawford thanked the Staff who have worked for more than 10 years within the NNSW LHD and its predecessors. He said badges are presented in recognition of their dedication and commitment to health service provision over such a long period of time. These Staff are the backbone of our health services and provide our corporate memory. Without their consistent contribution it would not be possible to provide a high standard of health care, Mr Crawford concluded.

During 2015 Mr Crawford intends to present badges to Staff at sites, which have not held presentation ceremonies in the past five years. These sites include:

- Richmond Mental Health and District Mental Health Service
- Ballina District Hospital
- Lismore Base Hospital
- The Tweed Hospital & Community and Allied Health Service
- Richmond Network Community and Allied Health Service.

Welcome



Above from right: Karen Hennings with Mike Baird, NSW Premier and Thomas George, Lismore MP.

Karen Hennings was welcomed to the Richmond Community and Allied Health Service late last year by local MP, Thomas George and Premier Mike Baird after the McGrath Foundation announced that Karen had been appointed as the dedicated McGrath Breast Care Nurse to support local families experiencing breast cancer. Karen is a welcome member of the Community and Allied Health Team based in Lismore and will provide invaluable physical, psychological and emotional support to women experiencing breast cancer from the time of diagnosis and throughout treatment. This support is provided free of charge and can be accessed through self-referral.



Lewis Grove, Physiotherapist has returned to his roots in Kyogle after working abroad for the past 20 years. Lewis commenced at Kyogle Health on 8 December 2014 and brings a wealth of knowledge and experience to the Team. Lewis started his Physiotherapy career in 1992 at Central Sydney Area Health Service and RPA. In 1995 he moved to work in greater London at The Royal Marsden Hospital & NHS Trust. He then moved to USA working in Florida and Arizona to compare and contrast the healthcare delivery models in Australia, UK and USA. While living in Phoenix he was on the Rehabilitation team at St Joseph's Hospital & Medical Centre - a 600 bed hospital and level 1 trauma centre. It has about 5,700 employees and is home to the Barrow's Neurological Institute and the Muhammad Ali Centre for Movement Disorders. He completed a Clinical Doctorate Degree in 2010 and became credentialed by the McKenzie Institute. He is now undertaking further post graduate studies in Public Health.

Farewell



Above L-R: Tracey Wood, Mary Price, Karen Falls, Julie Dodds, Area Transport Manager and Karin Dansie

Mary Price retired on 9 January 2015 after over 28 years of service with NSW Health, 18 of which were with the Local Health Service. Mary was the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) Coordinator and had been working in IPTAAS since 1 June 1998. Many of her former colleagues came to farewell Mary at a morning tea arranged by Julie Dodds. Mary will be missed for her mentorship to new recruits to IPTAAS and great sense of humour.



L-R: Janne Boot, Manager, Workforce Change & Sustainability Service with Jasmine Creighton and Yvette Bowen, Manager of Work Health Safety & Injury Management.

Jasmine Creighton commenced with the health service in May 1999 working in Area Reception until transferring to the Workforce Directorate in 2009, where she remained until quietly leaving on 5 October 2014 to spend more time with her children. Jasmine was invited to celebrate a Christmas lunch at the District Office in Lismore, organised by Yvette Bowen, which provided many of us an opportunity to say a delayed goodbye and wish her well in the future.