

Northern exposure



Health
Northern NSW
Local Health District

Newsletter, Issue 10
November 2014

Rural Health Plan Launch: A New Road Map For Country Health Services



L-R: Jenny Preece, Rural Health Manager, ACI; Lismore MP Thomas George, Linda Cutler, Royal Flying Doctor Service, Professor David Perkins, Centre for Rural and Remote Mental Health, Lindsay Cane Chief Executive Officer of Royal Far West, Health Minister Jillian Skinner, Parliamentary Secretary for Regional Health Melinda Pavey and Leanne Ovington Director of Nursing and Midwifery at Batemans Bay and Moruya Hospitals at the launch of the NSW Rural Health Plan.

NSW Minister for Health and Medical Research, Jillian Skinner launched the NSW Rural Health Plan: Towards 2021, at the University Centre for Rural Health in Lismore on Friday 7 November 2014. The Plan is a comprehensive framework which guides rural, regional and remote health services to ensure they continue to meet the needs of communities well into the future.

The Rural Health Plan will strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to home as possible for people in rural communities.

Mrs Skinner said she established a Ministerial Advisory Committee for Rural Health last year to formulate the State's first Rural Health Plan in more than a decade. The plan demonstrates the need to focus on integration, information and infrastructure to enhance the health services in rural communities. It formalises a principle in health I am incredibly passionate about - ensuring patients have access to the right care, in the right place, at the right time and she thanked all those who worked on the plan and those stakeholders who sent submissions in to guide the delivery of rural health services into the future.

The Rural Health Plan shows there is no such thing as a one-size-fits-all approach when it comes to rural health and the NSW Government is responding by providing care tailored to country communities, said

Thomas George, Lismore MP and he thanked the Minister for choosing to launch the NSW Rural Health Plan in Lismore.

"Lismore is a region that is also home to Dr Austin Curtin, the co-chair of the Ministerial Advisory Committee for Rural Health and this launch demonstrates communities like ours are at the heart of planning health services for the future."

"Lismore has a proud history of quality medical care and the \$80.25 million redevelopment of Lismore Base Hospital (LBH, the refurbishment of Murwillumbah Hospital's Emergency Department (ED) and the new Bonalbo Multi-Purpose Service are bolstering health services for the benefit of patients and retention of staff."

Parliamentary Secretary for Regional Health and Ministerial Advisory Committee for Rural Health Co-chair Melinda Pavey welcomed the launch of the plan saying the development of the Rural Health Plan has been a rewarding project. Now complete it has provided a framework to support our rural facilities, their hard-working staff and the broader system to enhance patient care and, importantly, improve their health outcomes.

To view the NSW Rural Health Plan: [Towards 2021, please visit: http://www.health.nsw.gov.au/rural/rhp/Pages/default.aspx](http://www.health.nsw.gov.au/rural/rhp/Pages/default.aspx)

Say NO to Unsafe Work Practices

A word from the Editor, Susan Walker



Shay Sten and Susan Walker

This past month the Local Health District has had a run of VIP visits starting with the NSW Health Secretary (previously referred to as Director-General), Dr Mary Foley, who was visiting the area as part of the Senior Management Council, whose members are the NSW State Government Departments Heads. Also visiting were Health Minister Jillian Skinner, NSW Premier Mike Baird, NSW Treasurer, Andrew Constance and Peter Carter, NSW Health Director of Mental Health and Drug & Alcohol.

These visits took place mostly in Lismore and often provided the VIPs with a for a first-hand look at the progress being made on the Lismore Base Hospital (LBH) Stage 3A Redevelopment, being managed by Health Infrastructure (HI).

When entering the site one must dress in appropriate protective clothing, which means long pants, long sleeved shirt, hard hat, gloves and covered shoes. Unfortunately, I forgot about the long pants and was taken over to the site office and provided with said long pants, as per the above photo taken with Shay Sten, Project Secretary Infrastructure North West.

The occasion above was for a 'Name the Crane' Competition that HI had organised for local Primary Schools and HI asked if Thomas George would announce the winner, who named it 'Steely Steelo'. The children were taken to the site office, where we were all briefed on correct procedures when on site and given protective clothing.



Above L-R: Geoff Ong, Project Director, HI; Lynne Weir, Executive Director of the Richmond Clarence Health Service Group; Thomas George, Lismore MP; Mandy Hill, Teachers Aid, Lismore Heights Public School; Justin Ingram, Site Manager; Shay Sten, Project Secretary, HI. Front: 'Name the Crane Competition' Winner Josie Bligh-Jones (8) with Alisha McPherson (10) second and Isabella McPherson (6) third.



Above: Lynne Weir with Mary Foley and Chris Crawford

Quiet Achiever - Kylie Everman

Nominated by Ellis (Elly) Bradshaw, Aboriginal Health Education Officer on behalf of Lismore Aboriginal Health.



Kyle Everman

I would like to nominate Kylie Everman, Exercise Physiologist from Lismore Base Hospital (LBH) Physiotherapy Department for her never-ending dedication and commitment to Aboriginal Health and the Aboriginal Community of Lismore, not only within her work-place, but in her own personal time as well.

In saying this, Kylie has recently given up many hours of her personal time to assist and be part of the Lismore "Gurgun Bulahnggelah" Pioneers team who entered in the 2014 NSW Aboriginal Knockout Health Challenge. The program is fun and an exciting one that encourages

and motivates Aboriginal communities throughout NSW to reduce their risk factors for Chronic Disease.

The Challenge runs as a partnership between the NSW Ministry of Health, NSW Rugby League and Cancer Institute NSW. It involves a series of mini challenges that includes weight loss and fitness/sports competitions for Aboriginal people aged 18 years and older, who live in NSW.



Each team consists of 20–30 participants of which 20 need to complete, in order for the Team to compete for funds which they can put back into their community to promote healthy lifestyles.

Left: Kylie Everman at the rear giving instructions and encouragement to the Team members.

NSW Premier Mike Baird Visits

While in Lismore, Premier Baird visited the LBH Stage 3A site accompanied by Thomas George, Malcolm Marshall, Deputy Chair of the NNSW LHD Board, Wayne Jones, Chief of Staff, Chris Ingall, Chair of the LBH Medical Staff Council and Narelle Gleeson, Director of Nursing. Premier Baird also toured the LBH Emergency Department before meeting with Troy Harvey, Senior Project Director with Health Infrastructure for a briefing on this \$80M Redevelopment.



L-R: Chris Ingall, Mary-Lou McFadzean, Narelle Gleeson, Anne Drinkwarter, Michael Steenson, Adam Blenkhorn and Premier Baird.



L-R: Malcolm Marshall, Wayne Jones, Premier Baird, Marshall Fittler, Thomas George, Chris Ingall, Troy Harvey and Narelle Gleeson.



L-R: Malcolm Marshall, Thomas George, Narelle Gleeson, Marshall Fittler, Community Member, Chris Ingall and Premier Baird at the meeting with Health Infrastructure on LBH Stage 3A Redevelopment.



Above: Minister Skinner with Thomas George overlooking the progress being made on the LBH Redevelopment.

Murwillumbah Hospital ED Stage 3 Officially Opened

While visiting the North Coast, the Minister for Health and Medical Research, Jillian Skinner took the opportunity to officially open the Murwillumbah District Hospital Emergency Department (ED) Stage 3.

Mrs Skinner said this was her second visit to Murwillumbah Hospital this year and she was delighted to officially open the \$450,000 redevelopment. It was at the opening of stages one and two in April, when the Minister Skinner announced the \$450,000 additional funding to complete the final stage of the ED upgrade.

Murwillumbah Hospital's ED is now 60 per cent larger as a result of this redevelopment and the upgrade has enabled the creation of a new resuscitation area and three acute observation bays.

The \$1.7 million stages one, two and three upgrade to the Murwillumbah Hospital ED has delivered:

- A new ambulatory care entrance at the front of the hospital;
- A triage area, reception and waiting room with enhanced security;



Above: Minister Skinner with Wendy Park, NUM ED, Thomas George behind Wendy and Dr Paul Fischer, Assistant Director of MDH ED in the new resuscitation area with access to Tele-Health.

- Linkages to the Rehabilitation Unit;
- An Emergency Medical Unit (EMU) with three bed bays, a paediatric consultation room
- An enlarged centralised staff and new utility room;
- A new resuscitation area;
- Three acute observation bays.

Mr George welcomed the completion of works on the Murwillumbah Hospital ED, saying Murwillumbah Hospital is at the very heart of its community. The Doctors, Nurses, Allied Health Professionals and Staff at Murwillumbah Hospital provide tremendous health care for this community and I'm pleased to see they can now do so in upgraded facilities.



The month of October is set aside each year to recognise the people in our community who live with a mental illness and those who care for them. The national theme for Mental Health Month this year was 'be YOUnique'!

NNSW LHD Mental Health Service held a 'be YOUnique' event at Lismore City Hall to support the community and to raise awareness about Mental Illness.

Richard Buss, NNSW LHD Executive Director of Mental Health and Drug and Alcohol said this theme is aimed at promoting acceptance and an understanding of the impact that being proud of who we are can have on our wellbeing.

"We were really pleased to have Bradley Foxlewin, Deputy Commissioner from the NSW Mental Health Commission, who has a lived experience of mental distress here, having accepted our invitation to be the Guest Speaker," Dr Buss said.

Following the formal proceedings there was entertainment, with live music, drumming, yoga laughter, hat and mask making and other activities. A BBQ lunch was organised and there were displays of digital storytelling. This year "Our Lives, Our Places" Image/Photographic Competition was presented.

The day was about celebrating our strengths and differences with the aim of encouraging all of us to consider our strengths and challenges, and to nurture our own 'unique worth'. It is also aimed at reassuring us to take the opportunity to support the people in our lives and celebrate their own individual qualities that make them unique.

The event has been organised by a small steering committee made up of representatives from the NNSW LHD and a cross section of community organisations including C3A - Community Advisory, Advocacy and Action Group, Partners in Recovery, Headspace, CRS, On Track, The Buttery, ACON, Mission Australia and New Horizons.

Activities and entertainment was also arranged for inpatients of the Adult and Child Mental Health Unit as pictured below with Harry Freeman a local Psychiatrist, on the keyboard and Greg Warner on guitar in the Adult Mental Health Unit.



Above right L to R Deborah Stafford, Partners in Recovery Program, Tracey Backshall, Tropical Fruits, Neil McKellar-Stewart, ACON, Ali Corfield, Tropical Fruits, Heather Tomson and Guy Dayhew Lismore Mental Health.

Right: Cristina Massia from the Partners in Recovery Program. Cristina was making masks and hats as part of the be Younique theme with Warren Shaw, Manager of the Richmond/Clarence Mental Health Services.



Above: Mim Webb, Mental Health Program Coordinator

The Glove Box Guide to Mental Health has got country NSW talking. The Guide a partnership between the Rural Adversity Mental Health Program (RAMHP) and The Land newspaper was launched by NSW Farmers President, Fiona Simpson at the Rural Mental Health Network meeting in Sydney.

Local RAMHP worker Steve Carrigg said the past two editions of the Glove Box Guide have made an important contribution towards changing attitudes and educating rural and remote communities; it makes people aware of what to look out for and how and where to seek help.

This year's Guide features personal stories from people across all of life's stages; including teenagers who have experienced a family members' mental illness, stories about postnatal depression and the effects on family members from suicide. For more information on the Rural Adversity Mental Health Program or RAMHP go to www.crrmh.com.au

Chief Executive Report

Rural Health Plan

Last Friday the NSW Minister for Health and Medical Research travelled to Lismore to launch the second NSW Rural Health Plan. It is important to have a Rural Health Plan to guide the development of Health Services in the Regional and Rural localities. Such Plans invariably attract more funding to assist in implementing the initiatives, which they contain. The 2002 Rural Health Plan led to the development of Cardiac Catheter Laboratories and Integrated Cancer Centres in Regional Centres, such as Lismore, for the first time. Two key aspects of the latest Rural Health Plan are a significant enhancement of Information Technology (IT) services in Rural locations. This will improve connectivity of our services and will also, through the expansion of systems such as Telehealth, strengthen outreached service provision.

The second important initiative contained in the Plan, which has already been funded, is the Integrated Care Strategy. Funding is available pursuant to a tender process to support LHDs to better link up all primary health services to avoid Patients defaulting to Hospital care, when they can be well treated in the community setting, if the services are available and are satisfactorily connected. It is a seven year Plan, so the benefits will come through gradually, as was the case with the previous Rural Health Plan, which took around eight years to implement. Importantly, the Minister has announced that the Ministerial Rural Health Committee, which developed the Plan will continue to meet to monitor and advise on the implementation of the Plan.

Partnership Award Winner



Chris Crawford and Vicki Rose with the Outstanding Achievement Award

It was a great thrill for me to be called upon to collect the Partnership Award for Outstanding Achievement on behalf of NNSW LHD at the recent Medicare Local North Coast (MLNC) Awards evening. The Award recognised the strong partnership that NNSW LHD has established with the NSW Family and Community Services Cluster and the MLNC itself, together with a range of

Non-Government Organisations, to breakdown silos and strengthen service delivery to three vulnerable groups. These groups are the homeless, people with a disability and children and adolescents at a significant risk of harm. This partnership is one of many that NNSW LHD has already formed with the MLNC.

It is for this reason that NNSW LHD was particularly pleased that the boundaries of the Primary Health Network North Coast (PHNNC), which will replace the MLNC are the same as the MLNC boundaries. This is the only locality in all of NSW where the PHN and ML boundaries are the same. I am sure the strong advocacy of NNSW LHD in favour of this result was a key factor in producing the outcome. This occurrence should reduce the disruptive effect of the change from a ML to a PHN on the North Coast, so allowing the partnerships between the ML and NNSW LHD to continue seamlessly.

Bonalbo Multipurpose Service

The announcement by the Member for Lismore, Mr Thomas George MP, on behalf of the NSW Government, that the Government has allocated \$15.0 million towards the development of a Multipurpose Service (MPS) at Bonalbo is a significant achievement and is something of a textbook demonstration of how a priority project can be advanced. On two previous occasions over the past ten years, NNSW LHD had raised the possibility of changing the Bonalbo Hospital into an MPS. On those occasions, UnitingCare Ageing (UCA), which operates the local Residential Aged Care Facility (RACF) had not been supportive of making

such a change. Without the support of UCA, any proposal to establish a MPS in Bonalbo could not proceed, as UCA holds all the RAC Bed Licences for that locality. At this third attempt, UCA agreed to work with NNSW LHD to explore the feasibility of establishing an MPS. A Feasibility Study Report was produced, which put forward two options for combining the Bonalbo Hospital and the Caroona-Bonalbo RACF into an MPS. This allowed NNSW LHD to make representations to the MOH and also to the local Federal and State Members of Parliament seeking support for the creation of an MPS in Bonalbo.

At around this time the Government had asked Health Infrastructure (HI) to commence work to develop more MPSs. Due to the agreement reached between NNSW LHD and UCA to support an MPS in Bonalbo, when HI created the list of the fourteen MPSs to be developed in the next round, Bonalbo was on it. Once the MOH and HI commenced the more detailed work on these fourteen potential MPSs, it became apparent that due to the planning that had been undertaken as part of the Feasibility Study exercise, that the Bonalbo MPS Planning was more advanced than that of most of the other thirteen potential MPSs. As a consequence, the Bonalbo MPS was included as part of a group of four high priority MPSs within this fourteen MPS round. Some strong advocacy by the NNSW LHD Board Chair and the Member for Lismore, Thomas George assisted to have the Bonalbo MPS become the first MPS funded in this new round.

Sick Leave

The section of my last NE Report about sick leave has caused a fair bit of controversy. Much of this I attribute to that part of my report being too concise and therefore lacking context. In response I provide the following additional information. Firstly, I want to emphasise that the vast majority of NNSW LHD Staff use the sick leave entitlement appropriately. My focus on sick leave is about those Staff who use sick leave excessively. Excessive sick leave is defined as taking eight or more periods of sick leave in a year. Staff will receive initial advice that their sick leave is moving towards excessive utilisation after they have had five episodes of sick leave in a year. Secondly, the intention of my report was to say, NNSW LHD wants to assist two categories of Staff who are taking excessive sick leave. These are Staff who are taking sick leave to allow them to deal with personal, often family, pressures. Sometimes if our Managers are able to be more flexible in their management of Staff, then sick leave can be avoided for this category of Staff.

Some Staff are reported to be taking excessive sick leave due to their pursuing unhealthy lifestyles. NNSW LHD currently provides, and is looking to expand wellness initiatives, to assist these Staff to undertake healthier lifestyles. If Staff wish to engage in unhealthy lifestyles and do not take excessive sick leave, then that is their choice, it is not the role of NNSW LHD to interfere in their lives. But where it leads them into taking excessive sick leave, it becomes the business of NNSW LHD. It lets down their colleagues and the organisation as a whole. Our first response is a positive one, offering assistance but if that is not taken up and the excessive sick leave continues, then that group of Staff need to be treated in the same way, as the third group of Staff, who take excessive sick leave.

The third group of Staff who take excessive sick, as reported to me, utilise sick leave as extra holiday leave. A sign that this is occurring is where the taking of sick leave abuts the taking of other forms of leave. NNSW LHD will utilise the Sick Leave Policy, Procedure and Toolkit to respond to the taking of sick leave by these Staff and the above two categories of Staff, who are unable to successfully work with their Managers to reduce their levels of sick leave. While the utilisation of the Sick Leave Policy has been patchy in the past, it is now being utilised much more rigorously by Managers to reduce the excessive use of sick leave. In closing, I recognise that some Staff who use excessive sick may have a good reason for doing so, such as a serious illness, which requires multiple episodes of treatment in a year. Where this is raised with Managers, they will recognise that such sick leave use is entirely appropriate.

Chris Crawford

Boost to Education Programs for Clarence Health Service

The Clarence Health Service Education Centre conducts a wide range of educational activities for staff and students. Each year, with support from the University Centre for Rural Health (UCRH), North Coast over 350 students are placed in the Clarence Valley.

Student placements are an important strategy in building and developing the future workforce in rural and regional areas. The ongoing development of staff helps to attract and retain clinicians in rural health care settings.

Facilities for providing educational programs to students and staff have been given a major boost thanks to funding provided by Health Workforce Australia, via the University Centre for Rural Health, North Coast and the University of Wollongong.

High fidelity manikins and technology have been installed and this provides the opportunity for students and staff to learn in a simulated clinical environment for real life training and development.

The upgrade to the Education Centre has also provided additional spaces to deliver quality teaching and learning for medical, nursing and allied health students. The provision of additional teaching spaces for small group work, case based learning, telehealth tutorials and large educational workshops will now be possible.

The new facilities will enhance student and staff learning and help to train and develop the workforce for now and the future.



Southern Cross University students with Wendy Gleeson, Simulation Educator.

The Education Centre was officially opened on 15 October by Chris Crawford and was attended by clinical staff, medical and nursing educators, students, local community members, the Dean of Medicine from the University of Wollongong and the Director of the University Centre for Rural Health, North Coast.

The Federal Member for Page, Mr Kevin Hogan spoke about the important role of education and how it contributed to attracting and retaining rural clinicians.

This collaborative project between the NNSW LHD, Universities and the Federal Government has resulted in improvements to support teaching, learning and professional development for staff and students in the Clarence Valley.

Research Award to Michael Koenen for Keeping Them Warm

Congratulations to Michael Koenen, Clinical Nurse Specialist at the LBH Operating Theatre Suite, who undertook a research project titled 'Keeping Them Warm' - A comparative trial of two passive warming methods, which was part of the Rural Research Capacity Building Program from HETI and he won the Best Research Project.

Inadvertent perioperative hypothermia is a common problem for patients undergoing surgery. Heat redistribution from the body's core to the periphery after induction to anaesthesia is another major contributor to heat loss. Cotton and reflective blankets are routinely used in operating theatres for perioperative warming of patients undergoing short procedures.

The study aimed to determine if thermal insulation with reflective blankets is more effective than cotton blankets in reducing the temperature gradient from the body's periphery to the core during the preoperative phase in adult patients undergoing short surgery, thus reducing the intraoperative drop in core temperature.

A prospective randomized trial was conducted in LBH Operating Theatre Suite. 320 adult patients who underwent an elective surgical procedure with general anaesthesia, with surgery time of less than one hour, were randomly allocated to one of two groups. One group received reflective blankets and the other cotton blankets.

Up to eight temporal artery and two foot temperatures were measured during the perioperative period. There was a significant increase in foot temperature and a significant reduction in temporal artery/foot temperature gradient in the



Michael Koenen and colleague, Tracy Cook with the warming blanket, which comes in a tiny packet - as you can see by the size of the squares.

reflective blanket group compared to the cotton blanket group. Reflective blankets provide an effective alternative over cotton blankets to warm patient's periphery and hence reduce core to peripheral temperature gradient pre-operatively. They may also be a more cost effective passive warming method for adult patients undergoing elective surgery under one hour, given that many patients in the cotton blanket group required several blankets.

Michael especially would like to thank his Nursing colleagues, Managers, Anaesthetists and Surgeons for all their help and support during the research project. Without their patients and expertise this research project would have not been possible.

Peter Carter, NSW Health Director of Mental Health

During Mental Health Month, NNSW LHD Mental Health in Lismore had a visit from Peter Carter, NSW Director of Mental Health and Drug & Alcohol. Richard Buss NNSW LHD Executive Director of Mental Health and Drug & Alcohol invited me to interview Mr Carter.

On arriving for the interview Richard Buss said this was the first time Area Mental Health had received the NSW Health Director of Mental Health attend for a meeting with the NNSW LHD Mental Health senior management team, which lasted for around two hours. It was a great opportunity.

How did you come to be in this role and what did you do prior?

It was a wonderful stroke of synchronicity. I've been in the health sector for over 25 years in New Zealand and Ken Whelan, who is now the NSW Health Director of System Purchasing and Performance, phoned me up one day to ask if there was anyone I knew who could take on this role for six months, while the incumbent was on secondment. I gave him some names and he called me back a little later and asked what I was doing and if I would be interested. It was at a time when I had that opportunity, so I put my name into the hat, went for the interview and got the secondment, which was fantastic. Then the incumbent decided he didn't want to return, so I applied and got the job.

Do you have a background in Mental Health?

I've worked mostly in mental health, in mental health service provision, and in disability and aged care services. It's a great job and I love living in Australia.

What is the function of the Director of Mental Health?

There are a few functions. One of the primary functions is to support the Minister for Mental Health and the Minister's Office and I am essentially the link between my team, the Mental Health Directorate and the Minister's Office. I meet regularly with the Minister, at least once a fortnight, to support the Minister with advice on a whole range of issues and anything that is coming up; we provide advice on that directly to the Minister.

Mental Health is a contentious area, it is interesting to note that every month we get stats on how many ministerials come to the Ministry of Health. The Mental Health and Drug & Alcohol Directorate gets the highest number.

I lead the team to manage all the contracts we have and the relationships with the LHDs and Non Government Organizations (NGOs). There are Performance Agreements in place with LHDs and contracts in place with NGO providers.

For me, probably more importantly and more rewarding, is what has taken place today, coming to the Lismore Campus and meeting with the staff, sharing ideas and knowledge and providing a facilitative role on the need to move forward.

What is the priority?

My priority and the Ministry's priority is that our first major investment has to be in the Community LHD services, so they can increase the capacity to support people in their own homes, rather than have them coming through our inpatient units and then going out. We need to develop the capacity to support a growing NGO sector. The NGO sector will be the next part to develop. If we do it the other way around, if we grow an NGO sector without being able to support them, then people will fall over in the community. So we really need the LHD services to be increased in terms of their clinical resources and capacity to support the NGOs. The NGOs will continue to provide the social support, provide housing support and help get people back into work, but they need the clinical expertise that health can provide through the LHDs.

NNSW LHD Mental Health hold a day in Lismore each year with the local Real Estate Agents to help raise awareness about mental



L-R: Warren Shaw, Manager Richmond/Clarence Mental Health Services; Dr Justine Hoey-Thomson, Psychiatrist; Peter Carter, Richard Buss, Director Mental Health NNSW LHD and Michael Martin, NUM 1 Lismore Adult inpatient Unit.

health so the Estate Agents get to know the staff working in the Service, this helps to break down the stigma of mental illness and not paying rent.

Yes, it is often around having a good NGO to support people to maintain their tenancies, if that's in place then Landlords can be reassured they are going to have better tenants because they are being supported.

Can you provide an update on the new Mental Health Plan?

The Mental Health Commission has put together the draft Strategic Plan, which has been submitted to the Government and we are now reviewing the Plan in terms of how it can be implemented and funded. It will then go back to the Government Expenditure Review Committee at the end of November, with a proposal of what we are able to do and the planning and timeframes around what we are able to implement. As far as release of the Plan goes, I'm not exactly sure of the timing. It's a great Plan, it has a very clear vision.

In general we are okay with the number of inpatient beds we have across the state. There are some that may be located in the wrong place and some are perhaps not providing the right services and that we could do with a few more in particular locations. What we really need is more services in the community. We also need to put more resources into some of the good community services that we already have.

How does NNSW LHD compare with other LHD mental health services?

A couple of things. There are some great facilities, I was impressed with the Child and Mental Health facility here in Lismore. Under Richard's leadership, the local team are enthusiastic and willing to move forward, I've noticed that there is a lot of innovation here, demonstrating how things can be done differently. I've really enjoyed seeing the change that has occurred and the change that will happen over the next ten years, which will be largely made outside of the metropolitan area. Rural areas have a lot of innovation, when resources are limited you're made to think outside the square about how best to use these resources. I worked in a rural area in New Zealand and the difference is the sense of community.

What impression will you take back from your visit to Lismore today?

I will take back an impression of a fantastic Child and Adolescent Service. It's a beautiful facility and I think it's the right therapeutic environment for kids - that was really nice to see. Also, having spent time meeting with the members of the team and seeing that everyone is enthusiastic and ready to make some really significant changes. I was inspired by what's possible in developing our LHD based community services. The other thing that was really neat about today was there was no reluctance in the conversation about where NGOs fit into the scheme of things. People were quite comfortable with the fact that NGOs are part of the team, it's just a matter of defining how we can work better together.



NSW CHILD AND FAMILY HEALTH SERVICES
NURTURING FOR THE NEXT GENERATION

On 20 July 1914, the NSW Baby Clinics, Pre-Maternity and Home Nursing Board were established by a Ministerial Minute.

The Centre in Alexandria opened first on 24 August 1914, followed by Newtown, and Bourke Street in Darlinghurst.

In 1914, the Government also funded 20 NSW Districts under the Bush Nursing Scheme. By the early 1980s, there were about 500 Early

Childhood Health Centres in NSW, staffed by qualified Child and Family Health Nurses.

Over the past 100 years, almost 7.4 million babies have been born in NSW, most of who have been seen and cared for by NSW Health's Child and Family Health Nurses, or baby health sisters as they were known in the past.

These nurses work from Early Childhood Health Centres, to provide a free service for all new parents in NSW and offer health, development and wellbeing checks for children from birth to age five. They offer universal health home visiting or clinic services for the almost 100,000 children born in NSW each year, as well as support, education and information on all aspects of parenting.

Ann Schefe, NNSW LHD Acting Executive Director of Nursing and Midwifery said, "Child and Family Health Nurses are recognised as having specialist clinical skills and have a key role in providing community child and family health services as well as other services, including day stay services, residential and outreach programs.

"When a Child and Family Health Nurse meets with a family, they are not just thinking about health as an absence of disease but as a state of complete physical, mental and social well-being. They are striving to work with each family not only to avoid distress but also, to be as healthy as they can possibly be for now and for life," Ms Schefe said.



Above front: Di Bigg, Clinical Nurse Consultant, Child and Family Health Nursing, Tweed Byron Health Service Group, co-ordinated an Education Day for Child and Family Health Nurses working across the NNSWLHD focussing on Best Practice. Peter Jeffree, Executive Officer/Director of Nursing at Ballina Hospital presented Certificates of Appreciation to all the nurses on behalf of the Executive Director of Nursing and Midwifery.

Top: Photo of all the C&FH Nurses who attended the Day.

Core of Life

A group of more than 20 health and youth focussed professionals attended the Core of Life Facilitator Training Workshop held in Coffs Harbour over two days in late August.

Core of Life is an innovative 'hands on' health education program for young people and families about pregnancy, Birth, Breast Feeding and Early Parenting.



The program began as a result of demand in communities and schools for more accessible information on these topics. Most young women and families were not accessing support services during the early pregnancy and antenatal period. Equally relevant to both boys and girls, Core of Life presents evidence-based information on the reality of parenthood in effective, dynamic and meaningful ways. It also supports networks available within our communities. Alleviating teenage pregnancy rates and encouraging early access to care are goals of Core of Life.

Through the use of role play, interactive videos, music, games and discussion, young people are encouraged to assume responsibility for their own health and well-being.

Another aim of Core of Life is to inspire adolescents to heighten their awareness and identify risk behaviours in regard to detrimental effects of smoking, drug taking and alcohol use as it relates to Pregnancy, Birth, Breastfeeding and Parenting.

The Core of Life program is a collaborative project between the NNSW LHD Women's and Child Health Program, MLNC, and Youth & Family Education Resources. MLNC has established a position to coordinate the project on an ongoing basis. This Project Officer will work with teams of local facilitators based at Ballina, Tweed Heads, Grafton, Maclean, Lismore, Casino and Kyogle areas.

NNSW LHD Sites already have several Core of Life kits available for use in a variety of local settings including secondary schools, homeless youth programs, Aboriginal Health Centres, local community youth groups, TAFE and Justice Centres. For more information please access the website:

<http://coreoflife.org.au>

Community and Clinician Engagement



Report from Brian Pezzutti, Chair of the NNSW LHD Board

It was with great excitement that I attended the NSW Health Awards at the Sydney Showgrounds on Friday 31 October 2014.

The presentations of innovative approaches to improving the safety and quality of the patient journey were outstanding, as was the clever way participants got to see all the stands and speak to the teams presenting.

There was a real buzz of excitement through the day and the award presentation in the evening was just amazing in showcasing the breadth and depth of the finalist's entries. There were many categories for entry and the quality was excellent. I had the privilege to present the Collaborative team award and was pleased to read out the finalists which included the Active Kyogle project. While Active Kyogle did not win they were in excellent company and should be proud to have been a finalist from 23 entrants. Well done Active Kyogle. I hope that we will enter many of our teams next year and encourage NNSW LHD Staff and Clinicians to put forward their projects to our local NNSW LHD Quality Awards when nominations are next sought.

I was particularly taken by the new packaging of food developed by HealthShare and Arthritis Australia that will make a huge difference to the nutrition of many patients. The Prince of Wales Hospital catering Staff have also developed a great way to ensure that the patients who need extra assistance are flagged on their tray to ensure that staff can concentrate on helping those who need it. This simple innovation should translate easily to the NNSW LHD.

Special presentations by the Minister for Health and the Minister for Mental Health and the Secretary, Dr Mary Foley, all underlined the importance of teamwork and integrated care. A full program and details of the finalists is on the Ministry of Health's website at: <http://www.health.nsw.gov.au/innovation/2014symposium/Pages/default.aspx>

Whilst I was in Sydney for the Health Awards, Mr Malcolm Marshall Deputy Board Chair stepped in to meet with the NSW Premier Mr Mike Baird and accompany the Premier on a tour of the LBH Redevelopment Site.



L-R: Thomas George, Malcolm Marshall (rear), Premier Mark Baird, Chris Ingall (rear), Wayne Jones and Troy Harvey, Project Director, HI.

The Premier also made time to meet with a long standing community volunteer Ms Jann O'Conner, who is one of a number of women volunteers from NNSW LHD included in this year's NSW Hidden Treasures, honouring Rural Women Volunteers.



Premier Mark Baird with Jann O'Connor

The NNSW LHD Board has endorsed the Improving Clinician Engagement Paper and I thank the NNSW LHD Executive Team on their work in developing and consulting on this document. The NNSW LHD Board is now looking forward to reports back on the implementation to the Recommendations contained in the soon to be considered Action Plan, which sets out how the recommendations are/will be implemented.

I refer you to an Memo sent to all Staff by the Chief Executive via email on 28 October 2014 relating to Recommendation 13 - *"The NNSW LHD Executive will develop a template tool(s) that will assist Managers within the NNSW LHD to undertake a comprehensive consultation process, including with relevant Clinicians and other relevant stakeholders about major changes that are proposed to be undertaken within NNSWLHD".*

I request that if you haven't already read this memo to do so and to provide feedback as requested. A copy of the Improving Clinician Engagement Paper is available at: <http://int.nswlhd.health.nsw.gov.au/chief-executive/nsw-local-health-district-board/>

At the October Board Meeting the Board was provided with a progress report on the development of and consultations about the Regional Aboriginal Torres Strait Islander Health and Wellbeing Plan.

The Board was impressed with the work being undertaken on this important plan and I wish to extend my appreciation to the leadership shown in this interagency planning process by Ms Deborah Monaghan, NNSW LHD Board and Staff Member as Co-Chair with Ms Jenny Smith, Manager Aboriginal Health of the Steering Committee and Ms Maureen Lane, Manager Planning and Performance.

On Wednesday 5 November 2014 I attended the Ngayundi Aboriginal Health Council meeting held at Suffolk Park which included a presentation and consultation on the Plan, the discussion and feedback provided was varied and valued.

Community and Clinician Engagement

NSW Department of Primary Industries



Northern NSW Health Full of Hidden Treasures

The Hidden Treasures Honour Role acknowledges and pays tribute to the important volunteer roles women play within NSW rural communities.

This year the NNSW LHD Chief Executive, in consultation with community members or staff, identified and nominated nine women from within the NNSW LHD footprint for inclusion in the NSW Hidden Treasures Honour Roll.

A Morning Tea is being planned to thank these Women for their valued contributions which cover many years of service. The nine women included in this year's honour roll from NNSW LHD nominations are:

Val Foster, Murwillumbah

Murwillumbah Hospital Pink Ladies and United Hospital Auxiliary



Val Foster with Brian Pezzutti at the Opening of Murwillumbah Hospital ED Stage 1 and 2 earlier this year.

Leisa Hoffman, Ballina

Lismore Adult Mental Health Unit and Member NNSW LHD Mental Health Forum and Health Services Development Committee.

Gwen Kent, Tuckomobil

Palliative Care and LBH Cancer Unit

Jann O'Connor, Ballina

Mental Health Carers Support and Member NNSW LHD Mental Health Forum



Hazel Bridget, Rous Mill (left)

NNSW LHD Board Member and former Board Chair; former Chair of the Area Health Advisory Council a long term advocate for Legacy and community representative.

Barbara Swain, Alstonville

Mental Health Carers Support and Member NNSW LHD Mental Health Forum.

Alba Linklater, Tucabia

Grafton Base United (GBH) Hospital Auxiliaries



Above L-R: Auxiliary members Alba Linklater, President with Marcia Bartlett and Maureen Whitton at the opening of the Clarence Health Service Education Centre and Simulation Suite at Grafton Base Hospital.

Jan Tobin, Tweed Heads

The Tweed Hospital United Hospital Auxiliary

Christina Woodhead, Alstonville

Palliative Care and LBH Cancer Unit

To read their stories and those of other NSW Rural Women Volunteers please visit the Hidden Treasures Honour Roll 2013 at: http://www.dpi.nsw.gov.au/_data/assets/pdf_file/0010/529426/2014-hidden-treasures-honour-roll.pdf

In reading the stories you will notice that a number of other Northern NSW Women heavily involved in volunteering in our health services were also nominated by their communities.

These include:



Joyce Bell OAM Yamba (pictured above) - Maclean United Hospital Auxiliary

Faye Hackett Kyogle - Volunteers at Kyogle Multipurpose Service.

Ilene Fahey Lismore - Lismore Base Hospital Auxiliary

Kathleen Sinnott Banora Point - Tweed Hospital Auxiliary

In all 20% of the 2014 Hidden Treasures live in the Northern NSW footprint which demonstrates the commitment of the local community which exists within our region. Thank you to all Health's Hidden Treasures.

Community and Clinician Engagement



Above at Ngayundi Aboriginal Health Council Meeting from left is Jenny Smith, Brian Pezzutti, Noelene Blomeley, Adrian Davies, Ellis Bradshaw, Dale Williams and Pamela Williams.

Ngayundi Aboriginal Health Council Community Meeting

The last Ngayundi Aboriginal Health Council Community Meeting for the year was held in Suffolk Park on Wednesday 5 November 2014.

The varied program included input from a range of service providers and included an update from the NNSW LHD Chief Executive Mr Chris Crawford, consultation on the Regional Aboriginal Torres Strait Islander Health and Wellbeing Plan, updates from North Coast Medicare Local and about the University Centre for Rural Health's Aboriginal e-social and Emotional Wellbeing Project.

Presentations were also given on the:

NNSW LHD Quit for New Life program which aims to reduce smoking rates amongst Aboriginal women and women who identify as having an Aboriginal baby during the antenatal and postnatal stages.

<http://nnswlhd.health.nsw.gov.au/health-promotion/older-people/smoke-free/whats-happening-locally/quit-new-life/> and



Above from left: Di Creighton, Chris Vannucci Alzheimer's Australia, Monica Wheeler, North Coast Medicare Local and Aunty Kath Lena at the Alzheimer's Australia's 'Your Story Matters'.

Alzheimer's Australia's 'Your Story Matters' a resource for Aboriginal and Torres Strait Islander communities
<http://yourbrainmatters.org.au/your-story-matters>

The next Ngayundi Aboriginal Health Council Community Meeting is being planned for and will be held in Lismore on the 11 March 2014.

Community Engagement Conference 2014 - Ballina Surf Club 4/5 December 2014

Planning is well underway for an Inaugural Community Engagement Conference for the Northern NSW Local Health District and North Coast Medicare Local Northern NSW Region.

The aim of the Conference is to bring together community representatives, Health Service Staff, Non Government Organisation representatives and other services relating to the Conference Theme "Integration and Partnership in Health Care".

The Agency for Clinical Innovation and the Clinical Excellence Commission will both be in attendance to provide information around their roles in advising and providing assistance in Patient Involvement and Community Engagement in Health Services development, delivery and evaluation.

A copy of the Program and Registration Form are available at:
<http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/community-engagement-conference-2014/.>

Please bring this Conference to the attention of any community members involved in your hospital or health service.

Community and Clinician Engagement

Rosie Kew- Winner of the Lismore Mental Health Month Photographic Competition

During Mental Health Month, NSW LHD Mental Health Service's held a photographic competition titled 'Our Lives, Our Places'.

The purpose of the competition was to gather photographs for an image library to be used for the walls of Mental Health Service units, booklets, pamphlets, and webpages.

Rosie Kew is a Board member and Occupational Therapist (OT) and OT Manager at LBH who has learned to use her passion for taking photographs as a therapeutic process for herself.



From left: Mim Weber, LHD Mental Health; Craig Stephens - Third prize winner; Sue Press - Second prize winner; Rosie Kew - First prize winner - Rosie's photo is in the background; Bradley Foxlewin from NSW Mental Health Commission and Neville Keevers - Fourth prize winner.

"I was using the practice of mindfulness as a way of creating balance in my life and began to notice the beauty of the environment around me."

I've always loved taking photos and started to photograph what I was noticing when being mindful.

Now I actively take photos as a way of maintaining a healthy mind especially when I am busy.

I make time to take photographs every day as a therapeutic activity."



Board Member Profile - Mark Humphries

At recent meetings between Board Members and Clinicians, considerable interest has been shown on the makeup of the Board. This interest has included the mix and variety of expertise of Board Members (covering community, clinical, financial, Aboriginal health, primary care, corporate governance and business).

As a result, the Board has decided that future editions of Northern Exposure which feature a 'Board Update', will include a brief profile of one Board Member and the first of these is Mr Mark Humphries from Kingscliff.

Mark Humphries was appointed on 1 January 2013 until 30 December 2016. His principle area of expertise is Business/Financial Management / Public Administration. He is a member of the Finance and Performance Committee.

Mark has a corporate business background covering Sales, Marketing, Human Resources and Training and Performance Management. He was a Director of Cumberland Industries in Western Sydney, an organisation that employs over 500 persons with a disability.

Locally, Mark has been the Principal for Raine and Horne at Tweed Heads. The role involved taking responsibility for company profit performance, training and mentoring in the areas of financial management, sales, property management and administration.

Currently Mark operates a business consultant service to the real estate and training sectors throughout Australia and is a property auctioneer on the Tweed and Gold Coasts.

Since making the sea change from Sydney to Kingscliff in 2006 Mark has thrown himself into community service.

Having joined the Salt Surf Life Saving Club in 2006 and serving on the committee, Mark has been an active patrolling member for eight years and has assumed the positions of Club Captain, Vice President and is the current President. The Club is currently preparing approvals to build a new \$2M Clubhouse at Salt Beach.

Mark has been donating his services as a Charity Auctioneer supporting families and organisations to raise funds and has an impressive website: <http://www.charityauctioneer.com.au/>

Mark is the resident MC at the Kingscliff Chamber of Commerce Breakfast meetings. You are welcome to contact Mark to discuss community fund raising opportunities.

Nurse & Midwife of the Year Awards



Nominees L-R: Elizabeth Dolan, Vicki Wale, Anne Flanagan, Heather Gould (blue shirt), Darlene Berwick, Alison Leaver, Tracey Brooke, Lisa Clare, Nicole Taylor. Absent Wendy Thomson



Above Mick Heffernan (Jane Ackerman's husband) and Annette Symes, NNSW LHD Executive Director of Nursing & Midwifery.

The Jane Ackerman Memorial Award for Clinical Excellence and the Meryl Brown Memorial Award for Outstanding Achievement in Nursing/Midwifery Management were recently presented at an Awards Ceremony. These Awards are presented to Nurses/Midwives in NNSW LHD who have demonstrated outstanding qualities as clinicians, mentors, leaders or educators.

Judges were looking for exceptional individuals who deliver outstanding patient care. They want to find a nurse/ midwife who pursues excellence in nursing or midwifery, has delivered positive outcomes in the face of adversity, or has performed above and beyond the expectations of her/his role.

The nominations are judged by panel of Nurses, Educators, Community and Volunteer staff. A Trophy is presented to the top three nominations in each category and the winners have their name inscribed on a perpetual shield which represents the Jane Ackerman Award for Clinical Excellence or the Meryl Brown Award for Outstanding Achievement. Both winners will also receive an education scholarship to the value of \$1,000.

NNSW LHD Chief Executive, Chris Crawford presented the Awards to the top nominees. Mick Heffernan presented the winner of the Jane Ackerman Clinical Award to Alison Leaver, Paediatric Nurse at LBH. Peter Jeffree, EO/DON Ballina Hospital presented the Meryl Brown Management Award to Nicole Taylor, Acting NUM, Medical Ward 3 at TTH.

Lismore Health Campus Work Health and Safety Team Challenge

During Safe Work Australia Month the Lismore Health Campus Work Health and Safety Committee promoted Safe Work Australia month by holding a Work Health and Safety Team Challenge held on 29 October 2014 in the Mental Health Carpark with a parade of teams.

Teams of three from across the Lismore Health Campus competed in eight events related to Work, Health and Safety. Events included the Work Health and Safety Rap challenge; the Spill Challenge and matching the right fire fighting equipment to the right type of fire. The Lismore Health Campus Work, Health and Safety Committee would like to acknowledge the generosity of our sponsors: Smart Salary; Lease Plus; Olympus; Fresenius; Guardian Funerals; Parkview Funerals; Woollam Constructions and Summerland Credit Union.



Winners of the Best Cheer Squad Team - Domestic Services with Lismore Mayor Jenny Dowell Presenting Certificate.



**Above: First place: Team SWOT - Occupational Therapy
Below: Physiotherapy Team - Get Plastered**



Sugar Hit Over the Top

One in five (21.2%) 2 – 15 year olds' drinks at least six cups (1.5 litres) of sugar-sweetened drinks per day according to The Health of Children and Young People in NSW Report of the Chief Health Officer 2014, released on Monday.

Jillian Adams, Manager of Health Promotion said that some children are drinking more than 11 cups a day and that this level of soft drink consumption is of concern. Soft drinks and other sweetened drinks have been banned from sale in Public Schools and since 2007 have been strongly discouraged from sale in Catholic and Independent schools.



Jono Huddy contemplating 1.5 litres sweetened drinks which contain the equivalent of 21 teaspoons of sugar.

Unfortunately, many children are still consuming large quantities of soft drinks. It would make such a difference to their health, especially their dental health, if they drank water or low fat milk instead - it's such an easy swap. I think most families can make the change while at the same time find they are saving money.

The report also found that while one in four children is overweight or obese, there is an early indication that there is a decline in overweight levels generally. A copy of the report is available here: <http://www.health.nsw.gov.au/epidemiology/Pages/Report-of-the-Chief-Health-Officer-2014>.

Antibiotic Awareness Week 2014 No action today, no cure tomorrow.

From 17-23 November, NNSW LHD will be participating in Antibiotic Awareness Week 2014. The week is observed around the world and provides an opportunity to learn more about the problem of antibiotic resistance and to think about ways to optimise prescribing and use of antibiotics in order to address this significant global problem.

Antibiotic resistance represents one of the greatest threats to human health today. Inappropriate and over use of antibiotics are major drivers of antibiotic resistance. As antibiotic resistance is increasing, the development of new antibiotics is declining. Fewer new antibiotics have been developed in recent years meaning many of the medical advances that rely on antibiotics to control infection (such as organ transplantation, surgery and neonatal care) may be under threat.

The theme for Antibiotic Awareness Week in Australia is "Preserve the Miracle". The Australasian Society of Infectious Diseases, the Australian Society of Antimicrobials and other professional associations are supporting Antibiotic Awareness week in Australia. The campaign for clinicians in hospitals is being coordinated by the Australian Commission on Safety and Quality in Health Care (the Commission) and is focussed on No action today, no cure tomorrow, promoting seven actions to improve antibiotic prescribing and use:

1. Obtain cultures before starting therapy
2. Use Therapeutic Guidelines: Antibiotic
3. Document indication and review date
4. Review and reassess antibiotics at 48 hours
5. Consider IV to oral switch
6. Seek advice for complex cases
7. Educate patients about antibiotic use.

Resources to support the week, are available from the Commission's web site at www.safetyandquality.gov.au/aaw2014



National Anaesthesia Day



Above: Anaesthetist Medical Officers Scott Popham and Dale Murphy speaking with patient Glen Williams about not smoking while promoting National Anaesthesia Day earlier this month.

Stop smoking before your anaesthetic – every day helps

Research shows that smoking makes your recovery from surgery more difficult. However, if you stop smoking for even just a short time before you have an operation it will significantly reduce the risk of problems during and after your surgery. Stopping smoking can mean fewer complications with your anaesthetic and the operation itself. The chance of wound infection is decreased and you may spend less time in hospital, enjoy a faster recovery and your future health will benefit.

Smoking and anaesthesia

If you are having an anaesthetic for surgery you face greater risks if you are a smoker. These risks include more complications during and after your operation; your body is starved of oxygen; it is more difficult for you to breathe during and after surgery; it can lead to blood clots and you will have more trouble recovering.

The good news is that it is never too late to quit – even stopping just 24 hours before your operation helps, but the longer the better.

After 24 hours, your blood pressure improves and more oxygen reaches your heart. After one week, your lungs are better at removing mucus, tar and dust. After three to 4 weeks, your body is better at fighting wound infections. Quitting 6-8 weeks before surgery improves your lung function. Hospitals medical professionals can support patients to stop smoking in preparation for their operations. Ask your anaesthetist for support.

Congratulations



Well done to the Ballina Hospital Dragon Boat team members on winning the community team race at the Rainbow Region Dragon Boat Regatta recently. They were among 18 teams who came from as far as the Sunshine Coast and Coffs Harbour to compete.

It takes about three years to get the technique right to paddle a boat that's around 220kg. It's all in the teamwork and hitting the water at the same time with the paddle. It is a whole body workout if you do the stroke properly.

Dragon boating has become popular with women recovering from breast cancer as scientific research has proven that the activity reduces lymphedema, a swelling of arms common with breast cancer survivors.

It is also good social fun and a great way to exercise and meet people.

Thank you our Hospital Auxiliaries they make such a difference



Above: Byron Hospital Auxiliary held a very successful Golf Day with the help of Joy Taylor, Pattie Milgate and Teddie Taylor (cook) all set to go; this was very popular meal break for the golfers.

Byron Hospital Auxiliary reports the Auxiliary held its annual Charity Golf Day at the Byron Bay Golf Club with a full field of 130 golfers. It was a late evening finish at about 6.30 pm. Mick Heffernan presented the Memorial Jane Ackerman trophy and gave each of the four members of the winning team a medal which they were delighted to receive.



Above the Tweed Hospital Auxiliary had a very successful Fete with the sale of over \$3,000 worth of raffle tickets and other goods making a grand total of around \$24,000.

Every day 41 Australian women learn they have breast cancer and seven lose their lives to the disease. Local organiser Jane Kelly explains; 'Each time a woman hears she has breast cancer, those around her in the community are also affected.'

Support for women and families affected by breast cancer is an important issue in our local community.' Breast Cancer Network Australia's (BCNA) Mini-Field of Women events provide an opportunity for the public to pay tribute to all those affected by breast cancer.

Farewell



Above: Chris Crawford presents Denise Harris with a badge and Certificate of Appreciation at her Farewell in Tweed while Bernadette Loughnane, Executive Director looks on.

Denise Harris commenced at The Tweed Hospital on the 23 July 1987 as a Clinical Nurse Specialist in Intensive Care (IC). Her career has continued to advance over this period firstly, to the position of NUM of the Acute Medical Ward and High Dependency Unit. Then she progressed to NUM of the IC, High Dependency and Coronary Care Ward and in October 2002 she was promoted to Assistant Director of Nursing for the Division of Medicine and Critical Care, where she remained until resigning on the 24 October 2014 after more than 27 years of service.

Denise has also provided valuable support to TTH Executive team through her knowledge, skills, experience and representations on Clinical Expert Panels and is highly regarded by her colleagues and those at TTH and will be missed.

Remembering Ann Tippett

On Friday 24 October 2014 a memorial service was held at Tweed Community Health in memory of Ann Tippett. The service was attended by Anne's husband (Brian), her daughters, her grandchildren as well as staff who respected and worked alongside Anne for many years. Ann Tippett commenced as a Registered Nurse at TTH on 22 September 1977. She became Team Leader of Tweed Community Health 28 April 1982 and NUM in 1987 until her retirement on 8 October 2010 after 33 years of service with LHD. Ann passed away on 28 September 2011 after a short battle with cancer.



Corinna Cotterill, community nurse at Tweed Community Health arranged the memorial service for Ann three years after her passing. Corinna arranged the laying of a plaque outside the Tweed Community Health building to commemorate Ann's 33 years of service. The plaque describes the life of Ann so very well "we learn something from everyone who passes through our lives. Some lessons are painful, some are painless but all are priceless". Above Brian Tippett and Corinna Cotterill after unveiling the plaque to Anne.

A Patient's Thanks

After my emergency experience on Sunday at The Tweed Hospital there are only good things to say in support of doctors, nurses and staff at this, a public hospital.

The vital work these people are involved with daily, usually under stress and pressure, is probably taken for granted by most of the general public.

Most people do not think about the role our hospitals fill in the care of the injured and sick. It's only when a person DOES need medical assistance that the 'hospital' comes into play.

I am in total awe of the work these professionals achieve every day at this hospital and have only utmost respect and a high regard for the healing work they personally deliver to the public 24/7.

Am on the road to healing and it is only through the expertise of medical staff at the Tweed Hospital that I am recovering.

Mary Grant, Tweed Heads

Nimbin Hospital Thanks

Recently a friend, suffering from Ovarian Cancer was an acute patient in Nimbin Hospital before being transferred to the Gold Coast University Hospital where, sadly, she died.

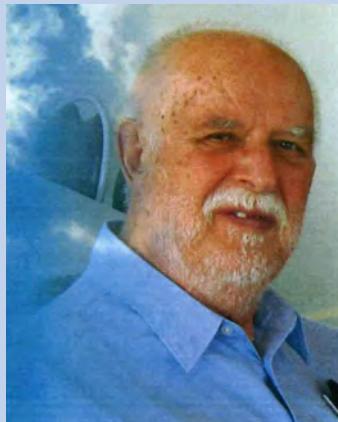
I would like to place on record my admiration and appreciation for the absolutely splendid proficiency and professionalism of the nursing care at the Nimbin Hospital. The nurses, administration and ancillary staff are to be congratulated for their light touch, transcendental compassion, humour and transparent competence. My friend often commented on how she felt safe and nurtured and didn't have to fret or worry - all was being done that could be - and this enabled her to face the future fearlessly. In these days of continual cut-backs, restructures and tight staffing levels it is just marvellous to see such splendid levels of care. It speaks volumes for the quality and dedication of the staff at the Nimbin hospital.

Please pass on to all Staff my heartfelt thanks and admiration.

I have taken the opportunity to pass on my views to the Hon. Jillian Skinner, MP, Minister for Health and Minister for Medical Research, and the Hon. Thomas George, MP, Member for Lismore.

Yours sincerely, Robert Cameron

Vale' Jim (Roland) Arnold



Jim passed away on 25 August 2014 aged 81. He was a very special man and employee. He commenced with the NCAHS in July 2006 where he has worked at Casino Dental Clinic as a Dental Officer.

He was a great friend and work colleague, a truly dedicated employee delivering a honest and reliable service to the Casino community, where he was respected and liked by both staff and patients alike. Jim was a true professional with 'old school' dignity and empathy. A true gentleman in every sense of the word who just loved coming to work. He will be greatly missed by both his patients and colleagues.