Byron Central Hospital
nearing completion

Preparations for the full commissioning* of the new Byron Central Hospital (BCH) at Ewingsdale are now under way, with representatives of all departments engaged in a structured building training process.

In a first for the Northern NSW Local Health District, two hospitals (Byron District and Mullumbimby & District War Memorial Hospitals) will combine into one purpose-built facility with construction and landscaping, including car

* To Page 3
New Year brings many of the same challenges

Happy 2016.

It has been an interesting and busy first month as Acting Chief Executive. I wish to thank all staff who worked over the Christmas and New Year period.

Working closely with the Executive and travelling throughout the health district has again reminded me of the dedicated and talented staff found within the NNSW LHD.

While the New Year arrived with many of the same challenges faced during 2015, the most topical issue for the month of January has been the growing concern of the security of our staff and patients. This has placed our staff at risk of harm.

Hence the New Year period.

Executive Update

As Board Chair I would like to wish all Staff and the North Coast Communities the best for 2016. This will be an exciting year for the NNSW LHD with a number of new models of care, innovation, and staff and patient experience.

I advise the first round of recruitment to select a new Chief Executive was not successful and a second round of recruitment utilising a Recruitment Consultant has commenced.

The Board is resolute in its commitment to attracting and recruiting the best possible Chief Executive to lead the new NSW LHD and its Staff, Clinicians and Communities and I wish to thank everyone for their continued contributions.

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Staff briefed on new BCH

From Page 1

BCH ED DON Kerryn York

parking of 195 on-site bays, 28 bicycle spaces, and 16 motorcycle spaces, now completed.

BCH will provide a 50 per cent increase on the combined bed numbers of the two current Byron Shire hospitals’ Emergency Departments.

The task of staff familiarisation of the layout and design and new technical systems of the $88M facility stepped up in mid-January with clinical, maintenance, and administrative staff from Byron Shire’s two hospitals receiving expert, across-the-board briefings from the construction team.

The building commissioning process has included “witness testing” of plant and equipment, including the supply of medical gases to the 43-bed inpatient unit and the 14-bay ED.

Staff were briefed in a range of areas including mechanical (the scissor hoist, patient lift lifts, roller shutters), electrical (security, nurse call systems, general power, lighting, master clock, PA system), hydraulics (water control, ice machine, birth bath operation, decontamination shower), fire procedures and medical gases.

Staff from both of the current hospitals said they were very impressed by the new facility, and greatly looking forward to the move in a few months’ time.

Further training will be conducted during the coming weeks and beyond, as the fit-out of the new hospital progresses. The official date for the opening of BCH has yet to be determined.

d *Commissioning is the preparation of a facility and its workforce for the commencement of operations.*

Scheduled timeline for the opening of the new Byron Central Hospital:

- **February 29, 2016** - construction completed
- **March/April** - handover to Northern NSW Local Health District for operational commissioning
- **Staged opening of the new hospital planned from mid-2016**

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Exciting times ahead

Acting Editor, Lee McDougall

Northern Exposure is currently enjoying six months leave and while she is away I am back in the role of Acting Media Manager.

I have been in this role for the past four weeks and I must admit, I have been astounded by the amount of construction that is occurring throughout the Health District.

It seems every couple of days there is an update on what is happening at Lismore Base Hospital (LBH) - both with the much anticipated carpark and the LBH redevelopment - and at Byron Central Hospital (BCH), and in more remote locations such as Bonalbo.

As the daughter of a builder, I am always excited by construction and the possibilities that new buildings always bring.

In interviewing the LHID’s Chief of Staff Wayne Jones for this Edition (see page 7), I was also reminded that a new Chief Executive will also bring new possibilities. I have been told more than once in the past month that a new CE always changes and as the new CE’s arrival may coincide with the opening of BCH and further completion of works at LBH, it will be interesting to see how these changes manifest.

Media attention focused this past month on security. It is difficult to ignore such graphic front pages as seen in Tweed Heads and Lismore in the one week of knives dripping with blood and the bold, large, evocative words of “Machete, knives, boy, and axe”.

While the words are confronting, my thoughts immediately went to our staff who are often called upon to effectively diffuse potentially violent situations.

It’s not just security staff, although they do a remarkable job in dealing with aggressive patients and clients, but also reception staff, clinicians, nurses, wardspeople and even cleaners who may find themselves suddenly confronted with an overwhelmed individual who is unable to contain their emotions and lash out.

We are an industry that cares, and I pay tribute to the staff, although they do a remarkable job in dealing with such relish is a highlight. The LHID Business Unit has undergone some big changes including the introduction of HealthRoster and the new Oracle all of which has become expert in and a resource to the whole Chief of Staff Unit. Kath has a remarkable ability to cope and thrive on change.

What is your favourite memory of working with Kath?

Her dressing up, whether it is Halloween or her birthday, Kath transforms into something spectaculac.

What personal qualities does Kath have that makes her stand out?

I’d have to say her great sense of humour and the amazing way she deals with competing priorities. Working in the Chief of Staff Unit Kath has about 12 different competing managers and services all of whom she supports and manages to keep happy, all the while maintaining a smile on her own face.

What is a highlight of Kath’s career with NNSW LHID?

It would be difficult to pick one thing in a career spanning 20 years. I think the way she approaches change with such relish is a highlight. The LHID Business Unit has undergone some big changes including the introduction of HealthRoster and the new Oracle all of which Kath has become expert in and a resource to the whole Chief of Staff Unit. Kath has a remarkable ability to cope and thrive on change.

What is your say?

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

Please email your contributions to lee.mcdougall2@ncahs.health.nsw.gov.au. Photos and dot points with all the information are most welcome. For inquiries call 6620 2411.

Name: Kathryn Parmenter
Position: Business Support Officer
Location/Site: Crawford House, Chief Executive Unit
Nominated By: Wayne Jones

How long has Kath been employed in this Position?

Kath has been in this role for the past three years. Prior to that she was the LBH Finance Officer, and prior to that, which is probably where most people may remember her, she was the Maintenance Clerk at LBH.

Why have you nominated Kath as a Quiet Achiever?

Kath is one of the few people I have had in my working career who I can give any task to and I then don’t have to worry about any further direction or supervision. Kath is remarkable in the way in which she quietly, and effortlessly, goes about half a dozen tasks at any one time and always without fuss and with a smile on her face. You give Kath a task and you know it’s as good as done.

What is her greatest strength as a staff member?

Her capacity to take on any job and do it to the finish without needing any assistance or help. She just does the job, and she does it well. Even an off the cuff query will result in a thoughtful, researched, and detailed response.

Put the oxygen mask on yourself first

Modern life has many demands on our time and emotions and sometimes the simple act of living can bring significant challenges that deplete our ability to cope.

For those working in an industry that requires us to help and care for others on a daily basis, it is often easy to neglect our own needs. Our imperfect histories can at times produce silent emotional triggers, and as the hours and days progress, constant exposure to those triggers often results in us ‘running on empty’.

Unfortunately, when our ‘bucket’ is almost full, it doesn’t take too much to reach ‘overflowing’. Sadly, it is far too easy to neglect our own needs when we are focussed on meeting the needs of those around us.

While ‘self-care’ is a term that many are familiar with, few actively participate in strategies aimed at improving our ability to cope with the pressures of everyday living.

Self-care is care provided “for you, by you”. It is setting aside time to do some of the activities that nurture you and help ‘empty’ your bucket. Self-care is about taking proper care of yourself and treating yourself as kindly as you treat others. Only when we first help ourselves can we effectively help others.

Eat and sleep your way to good health

The human body evolved during the Paleolithic era and is thus geared towards making the most of whole foods.

The standard Western diet no longer resembles what our ancestors are used to. As modern processed foods are saturated with grains, sugar, and food additives and chemicals.

Overconsumption of processed and reduced-fat foods may also restrict intake of the healthy and essential fatty acids that are required for optimal cognitive function.

The natural variety in diet that was encouraged by the ancient hunter-gatherer lifestyle is no longer supported, as fruits and vegetables are now available year round and out of season. Long distance transportation, processing, refining, freezing and reheating of food results in a loss of nutritional value and decreases our ability to utilise the available nutrients.

Today, it is possible to eat plentifully and remain malnourished or deficient in essential vitamins and minerals.

A useful recommendation is to avoid processed food and eat a variety of fresh, seasonal produce.

Basic stressors for MH:

• Low physical activity
• Intolerance to dietary staples
• Overconsumption of processed or reduced fat foods
• Inadequate sleep
• Vitamin D deficiency from reduced sun exposure

Strategies for self-care:

• Talk openly with a trusted friend.
• Go for a walk in the sun
• Listen to music
• Meet friends for lunch
• Play with your kids
• Sit outside and listen to the birds.
• Practice breathing exercises
• Learn mindfulness
• Take a yoga class
• Write a journal
• Get a massage
• Walk for 20 minutes, three times a week
• Take a warm bath/shower.
Applications closing for Nurses and Midwives
Career Break

The Career Break Scheme allows nurses and midwives the opportunity to take one year paid leave by deferring 20 per cent of their salary for four years, and then be paid this deferred salary in the fifth year.

Employees approved to participate in the Scheme may take a break of one year away from their position covered by the Award – the Deferred Salary Leave Year. This one year absence may be for professional and personal development, such as participation in other industry experience; post graduate study; working in overseas health systems; or for other activities, including those of a non-professional nature unrelated to the practice of nursing and midwifery.

Nurses and midwives interested in participating in the Scheme, need to complete the online application form, which needs to be signed by the applicant, applicant’s line manager, and the applicants’ senior manager (eg Director of Nursing & Midwifery).

Completed forms should be sent to Ronnie Baker for consideration by Narelle Gleeson, acting Executive Director, Nursing & Midwifery, NNSW LHD

An Expression of Interest to participate in the Scheme does not necessarily mean approval.

Information can be found in the Public Health System Nurses’ and Midwives’ (State) Award 2011 – link http://www.health.nsw.gov.au/conditions/Awards/nurses.

Applications for the next intake will close 26 February, 2016.

New Year brings familiar messages

THE New Year sees the NNSW LHD Health Promotion team swing into action to take advantage of the “fresh start” commitment that often occurs on January 1. This page features a taste of some of the modus messages sent out during January.

Get Healthy Service

To assist Northern NSW residents achieve their New Year’s resolutions this year of losing weight and getting fit, the Northern NSW Local Health District (NNSW LHD) Health Promotion team are launching a free Get Healthy Service.

“The Get Healthy Service is a free telephone-based coaching program where healthy lifestyle information and ongoing, personalised support is delivered to help people make lasting lifestyle changes, including better food choices, increased vegetable and fruit consumption, and higher physical activity,” NNSW LHD Health Promotion Manager Jillian Adam said.

To sign up for the Get Healthy Service, simply call 1300 806 258 or log onto www.gethealthynsw.com.au.

Get Great Year

Time to Quit

As the Northern Rivers welcomes a New Year, the NNSW LHD is encouraging smokers to take advantage of a free quit smoking program.

About 300 people die each week across Australia from illnesses caused by smoking, with the free program providing the perfect opportunity to quit for life. “Helping U 2 Quit is a free quit smoking program run by trained Quit Facilitators, with programs available over three or six weeks, both day or evening,” Ms Adams said.

“How about a quarter of all Australian children are either overweight or obese,”

To address childhood obesity, NYSW Health funds a free program called Go4Fun for children aged seven to 13 years, who are above a healthy weight and their families.

Health Promotion.”

Interview with Wayne Jones

This month we talk to Wayne Jones, the NNSW LHD’s Chief of Staff, a role he has occupied for the past seven years.

Q: How long have you been involved in the health industry?

A: I started my nurse training 34 years ago at Fairfield Hospital, Sydney. Our entire nurse intake that year at Fairfield Hospital was just five nurses. There was myself, one other male, and three females.

Q: What was it like being one of two men in an otherwise female-dominated occupation?

A: There were a few times during the three-month Preliminary Training Skills program where I questioned my choice. Growing up I was one of five boys and there were some tasks I found myself doing as a trainer/nurse which were very confronting, yet at the same time, those same moments also reinforced my desire to help others even more. When you are covered in another person’s vomit because they are simply too sick to be able to help themselves, it becomes very clear just how important it is to be a nurse.

Wherever you are/area of nursing did you work in?

A: I was a bedside nurse in ICU/Cardiac Care and ED for 10 years. After this time I felt I could add value to the running of wards and units so I transitioned into management. The most satisfying job I have ever had was being the NUM at ICU at Liverpool Hospital. Without doubt that was the most enjoyable and challenging role I have ever had.

What were some tasks I found myself doing as a trainer/nurse which were very confronting, yet at the same time, those same moments also reinforced my desire to help others even more. When you are covered in another person’s vomit because they are simply too sick to be able to help themselves, it becomes very clear just how important it is to be a nurse.

Wherever you are/area of nursing did you work in?

Q: Where did you move to the Northern Rivers?

A: In 2000 I left Sydney to take up the role of Executive Officer of Lismore Base Hospital. Every holidays over the previous 10 years, my wife and I had found ourselves back to the bedside after such a long time away as I discovered there had been a lot of change.

I discovered a significant increase in the number of Mental Health patients presenting to ED and a big increase in the number of elderly/chronically ill patients presenting, and a significant increase in the number of patients presenting with alcohol and drug concerns.

Q: Where are you currently Chief of Staff of the Chief Executive Unit. How did you end up in this role?

A: By 2004 I had been in management for 12 years and I had a real yearning to go back the bedside. I feel it is important as health managers that we never lose sight of why we all do what we do - and that is the patient.

I think I had started to forget the enormous, immediate benefits of clinical work and the immediacy of feeling good when you are able to help someone, and in being thanked there and then by the patient and their family.

It was interesting to come back to the bedside after such a long time away as I discovered there had been a lot of change.

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Q: What exactly does the Chief of Staff position entail?

A: It is literally a little piece of everything. The Chief of Staff provides support and advocacy for all services within the LHD including Corporate, Aboriginal Health, Workforce, Media, Health Promotion and others. Much of what occurs within the LHD comes across my desk in one way or another so I have to be across it all. I do enjoy the challenge and diversity of the role and once we have a new Chief Executive in place, there will be further change and further challenges which I am looking forward to. New CEs always bring change and I am looking forward to that.

Q: What challenges lie ahead for health in Northern NSW?

A: I think there are several challenges facing Health in NSW.

We will continue to be challenged with financial constraints with a growing demand base for services in public health. The way clinicians and managers have adapted to the changing financial landscape is very encouraging but until we get certainty over ongoing health budgets the challenge remains.

The integration of health needs across a patient’s journey is another challenge. There is a real need to improve the relationship between primary and acute care. Finally, we are in Northern NSW we have an ageing workforce and there is a need to examine how we are going to manage the issues that can arise with an ageing workforce.
Fundraise for mental wellbeing

Diabetes tackled by new society

The University of Melbourne has announced the formation of the Primary Care Diabetes Society of Australia (PCDSA). The not-for-profit society has been established to support primary health care professionals to deliver high quality clinically effective care, in order to improve the lives of people living with diabetes.

The PCDSA aims to be a unique and leading voice for all professionals working in primary care who are interested in improving standards. Education will be a key role with the establishment of a quarterly online journal Health Professionals can join the PCDSA via www.pcdsa.com.au.

The roll out of the NNSW LHD's electronic medical records (eMR) system have moved into its exciting next phase, with the eMR2 project extending the power base function onto inpatient wards.

New devices are being deployed to the inpatient wards within NNSW LHD commencing with LBM including:
- Additional desktops
- Wi-Fi Expansion
- Plan in place for rollout of mobile carts with 20" all in one computers. These mobile computers are for all staff to use (doctors, nurses and allied health)
- A number of tablets will be deployed once the WiFi expansion is completed at each site

Project Manager Mary Mackenzie said eMR2 Project eClinicians Adrian Wash and Alison Williams had worked closely with key stakeholders, the Clinical Reference Groups, and Health Information Manager’s around workflow decisions in preparation for the first Go Live.

“They hosted a successful user acceptance testing which was held in November last year at Maclean Hospital, with representatives from Allied Health, nursing and medical staff from both NNSW and Mid North Coast LHDs attending,” Ms Mackenzie said.

“They have also been responsible for completing a demanding schedule and to ensure our training environment is ready for End User Training.”

Lismore Base Hospital is now in Go Live Planning phase, with the Go Live scheduled for Thursday 10 March.

“This is a very important event as this is the first site to implement of the new eMR functionality,” Ms Mackenzie said.

Inpatient wards will commence using:
- Patient Summary page
- Care Compass
- Between the Flags (replaces SAGO & SPOC charts)
- iView
- Progress Notes
- Doc launcher

“The eMR2 project will not replace all paper forms but it does move towards a more electronic record of client files,” Ms Mackenzie said.

Go Live planning meetings have commenced for Lismore and are being held with the NUMS and HODs on 9 February.

“Our Richmond eChange Manager Kym Hickey will be working closely with the NUMS and HODs on detailed workflow managers to prepare for Go Live,” Ms Mackenzie said.

The eClinicians held Train the Trainer sessions for our Richmond Trainers – Lee Cameron, Jennifer Sharpe and Tijpo Malaba – in January to prepare them for eMR End User Training which commenced on 27 January for Lismore.

Managers have been busy scheduling their staff into training and superuser training,” Ms Mackenzie said.

For training scheduling issues contact Tess Delagliacoma, eMR2 Training Manager, on 6620 0826 or mobile 0438 140 729.

Supervisors are required for each ward during the Go Live period to support their colleagues.

Wendy Roulston has been busy working with sites in her Change Manager role within Richmond Network and is now moving into the Tweed Byron Network.

For further information on the project please contact Ms Mackenzie at mary.mackenzie@ncahs.health.nsw.gov.au.

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End User Training: 19 April, Go Live: 27 April
Grafton Base Hospital: End User Training: 16 May, Go Live: 15 June
Nimburn MPS: End User Training: 28 April, Go Live: 4 May
N version: End User Training: 28 April, Go Live: 4 May
Kyogle Hospital: End User Training: 6 April, Go Live: 20 April
Byron Central Hospital: End User Training: 6 June, Go Live: 6 July

Blockline: eMR2 Trainer Jennifer Sharpe, right, and eHealth Training Manager Tess Delagliacoma check out the new eMR2 system.

Nimbin MPS: End User Training: 19 April, Go Live: 27 April
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Nimburn MPS: End User Training: 28 April, Go Live: 4 May
Urbanville MPS: End User Training: 28 April, Go Live: 4 May
The Tweed Hospital: End User Training: 11 April, Go Live: 18 May
Byron Central Hospital: End User Training: 6 June, Go Live: 6 July

End User Training: 18 May, Go Live: 1 June
Grafton Base Hospital: End User Training: 16 May, Go Live: 15 June
Nimburn MPS: End User Training: 28 April, Go Live: 4 May
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State-wide measures address violence

NSW Health Minister Jillian Skinner last month met with the Health Services Union (HSU) to outline extra security measures to deal with aggression and violence in hospitals.

"The security and welfare of staff, patients and visitors in our hospitals is paramount," Mrs Skinner said.

The measures to address violence in NSW public hospitals are:

1. Convening a roundtable of health stakeholders, including the HSU, and other industrial bodies, to identify the issues, roles and responsibilities of all parties to ensure hospital security;

2. Additional security staff in hospitals with a demonstrated need;

3. An audit of anti-violence measures to assess how emergency departments are applying NSW Health policies.

The current measures include: duress alarms, CCTV monitoring, clinical intervention strategies, staff training and security staff proximity and availability to respond to incidents;

4. Review of the physical design of EDs to ensure layout is suitable for safely managing aggressive and alcohol/drug affected patients;

5. Training from March for clinical and security staff working in EDs with a high level of "ice" presentations;

6. A review of current arrangements with NSW Police about how to address aggression from drug and alcohol-affected patients.

7. A working group with the HSU to look at ways to further professionalise the role of NSW Health security staff. This will build on a current initiative with TAFE which allows people to qualify for their security licence in a workplace specific curriculum;

8. An audit of training and security staff proximity and clinical intervention strategies, staff duress alarms, CCTV monitoring, measures to assess how emergency management, with the new Violence and Prevention Management Program about to be rolled out across the District.

"Northern NSW LHD is currently in the process of rolling out a NSW Health LHD Violence Prevention Management Program with 16 qualified trainers being placed across the LHD," Ms Symes said.

"The program provides staff with the necessary skills, knowledge, and attitudes expected in the prevention and management of aggressive, intimidating, and threatening or violent behaviours."

"It is anticipated that 75 per cent of the targeted staff will have undergone the training by June this year," Ms Symes said.

### NNSW LHD response

While physical aggression and violence within NSW hospitals is not a new phenomenon, the NNSW LHD has been taking steps recently to ensure the safety and wellbeing of its workforce.

NNSW LHD Acting Chief Executive Annette Symes said the welfare of the LHD’s staff was a priority for management, with the new Violence and Prevention Management Program about to be rolled out across the District.

"It is anticipated that 75 per cent of the targeted staff will have undergone the training by June this year," Ms Symes said.

"Our priority has been to ensure our staff are equipped with the necessary skills to manage violence in a safe and effective manner."

"We have also been working with the HSU to develop a framework for identifying and responding to aggressive situations.

"It is important that staff feel safe and supported in their work environment, and we are committed to providing the necessary resources and training to achieve this."

### Can’t outrun bad diet

Excessive sugar and carbohydrates are behind the growing obesity crisis rather than physical inactivity, claims a recent editorial in British Journal of Sports Medicine.

"It is time to bust the myth of physical inactivity and obesity; you cannot outrun a bad diet," said cardiologist Dr Asem Malhotra who co-wrote the editorial with Deborah Rohm Young, Ph.D, director of behavior research at Kaiser Permanente Southern California.

While exercise is important for maintaining several different health outcomes and cardio-metabolic improvement, one group did moderate exercise for 30 to 45 minutes five times a week, and the high-intensity groups did just three sessions a week of 25 minutes.

"What we found, interestingly, was that there was a better adherence in those who did the high-intensity training," Professor Thogersen-Ntoumani said.

Researchers at Curtin University say the benefits of 30 minutes of exercise five times a week – the current government recommendation – could be met in less than half that time.

A study found that doing nine 60-second sprints followed by two minutes of recovery could be as beneficial as 45 minutes of jogging.

Associate Professor Cecile Thogersen-Ntoumani said the benefits of shorter, high-intensity sessions had already been established in laboratory studies.

"Our study was one of the first to look at whether it works in a real-life setting," she said.

"We implemented a randomised control trial with 90 participants overall taking part in either moderate-intensity training or high-intensity condition training over 10 weeks."

The researchers found there was similar benefit experienced by both groups who had been sedentary prior to the training – in terms of fitness outcomes and cardio-metabolic improvement.

### Gut-brain link a neuroscience paradigm shift

Scientists are devoting millions of research dollars to understanding the gut microbes a “paradigm shift” in brain science.

A number of diseases and disorders are now linked to abnormalities or instability in gut flora, including schizophrenia, anxiety, autism and OCD, and the microbiome is an important area of research for these conditions.

"Our study was one of the first to look at whether it works in a real-life setting," she said.

"We implemented a 60-second sprints as good as 40-minute jog

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### Car leasing, made easy!

What is a novated lease?

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

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

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

- **Got your eye on a used car?**
  - Salary package a used car as long as it’s less than 8 years old at the end of the lease.

- **Happy with your current car?**
  - No problem, whether you own your current car outright or it’s on finance - you can effectively ‘sell and lease back’ this car.

### Gut-brain link a neuroscience paradigm shift

Strange but true fact: our bodies are made of more bacteria than human cells, and the gut alone contains trillions of microbes (bacteria and fungi).

In fact, it’s estimated that the body is composed of 10 times more bacteria than human cells.

And the intestines are home to more bacteria than any other part of the body, including the skin.

Scientists are devoting increasing amounts of time and resources to understanding the gut ‘microbiome’, as the massive collection of bacteria and microbes is called, and the influence it may exert on the brain and body.

The National Institute of Health’s Human Microbiome Project, for instance, is devoting millions of research dollars to understanding the microorganisms living within the human ecosystem.

Of particular concern among scientists and the public is the effect that gut flora may have on mental health, as a mounting body of research suggests that gut bacteria can have a significant impact on the way we think, feel and behave, and also on the development of neurological conditions.

Last year, a major neuroscience symposium called the investigation of gut microbes a “paradigm shift” in brain science.

A number of diseases and disorders are now linked to abnormalities or instability in gut flora, including schizophrenia, anxiety, autism and OCD, and the microbiome is an important area of research for these conditions.

Source: The Huffington Post
Midwives gather for celebratory morning tea

Management and staff of the Murwillumbah Birthing Service gathered together last month for a special morning tea to acknowledge the contribution of all the midwives within the service.

Pictured above left, from left, Director of Operations, Tweed Byron Health Services Group, Bernadette Loughnane, Midwifery Unit Manager Cheryl Colley, Registered Midwife Cheryl Went. Above right, from left, Bernadette, Acting Chief Executive Annette Symes, O&G Specialist Dr Geeta Sales, and Cheryl Colley again.

Zonta Club members, from left, Rosalie Kennedy, LBH Social Worker, Bobbi Crane, Deb Young, Linda Grudnoff, Elizabeth Shepherd, Lismore Mayor Cr Jenny Dowell, and Julie Burton.

Zonta Room refurbishment

LBH’s Zonta Room featured in the media last month with the Northern Rivers Echo featuring the recent opening of the room’s refurbishment.

The Zonta Room was first opened in 1998 and provides a haven for families to find solace after stillbirth, miscarriage, or the sudden death of a baby.

The room has been used by more than 360 local and interstate families since its opening, with the refurbishments much needed.

For information about the room or to make donations to the room contact Rosalie 66202324.

THE VAGINA MONOLOGUES

Italo Club Lismore 11th, 12th & 13th February 6:30pm
$40 Dinner & Show
Tickets: Heartfelt House 02 6628 8940 or www.trybooking.com/174842
Auslan interpreters available

This show is being held as a fundraiser for local anti-violence projects and is a production of the Lismore Theatre Company.