Health Service says ‘No’

Northern NSW Local Health District (NNSW LHD) Board and Executive have pledged to become a champion of change in the area of domestic and family violence (DFV), pledging to become part of the solution to the issue across the Health District both within the workplace and in the community more broadly.

Northern NSW Local Health District Board Chair Dr Brian Pezzutti states the Board acknowledges DFV is an issue affecting everyone.

“Domestic and Family Violence is a concern for all, beyond the women and children most commonly the targets of such violence,” Dr Pezzutti said.

“Every Australian can act to reduce the prevalence and impact of DFV at an individual level. However, to support individual efforts, key community leaders need...”

To Page 5
Executive Update

Since the last Edition of Northern Exposure I have met with a range of clinicians across the LHD who wanted to meet and discuss a number of concerns they have.

During our discussions it became evident that the origin of the majority of their concerns was a feeling of not being engaged in decision making, especially decisions that impact on how they perform their work.

A similar concern is raised in our staff surveys with many saying they felt Senior Management did not consult with staff in making decisions.

I know there is a great deal of work being undertaken by management in engaging staff, especially clinicians, yet the efforts are not reflected in the surveys or discussions I’ve held recently with clinicians.

To ensure that our managers/leaders have the necessary skills to effectively engage with their staff and clinicians, we are undertaking 360-degree feedback sessions with many of our managers/leaders.

This process requires engagement from many staff across the LHD so I ask that all staff look out for this email address: support@dolanholt.co.uk

If you receive this email, it is legitimate and from the company we have engaged to conduct the 360-degree feedback process for approximately 150 leaders across NNSW LHD.

This 360 process is an important strategy in our commitment to measure and improve the clinician engagement abilities of our leaders.

This process has already commenced and will take around eight months to complete. If you receive an email, the process is as follows:

• The email from Angela Clark support@dolanholt.co.uk will state whether you are a participant or a respondent. Please action this email as soon as you receive it;
• If you are a participant, you will be asked to complete a self-assessment and nominate up to 12 respondents to offer you feedback as well;
• If you are a respondent, please be as constructively honest as possible with your responses so that the participant has the opportunity to grow and develop from the anonymous feedback.

A support person will be nominated for every participant to assist them to interpret, and reflect on, the contents of the report and to build their individual development plan.

If you are concerned or want further information please contact Rae Rafferty on 6620 7273 or email rae.rafferty@ncahs.health.nsw.gov.au

In closing, as winter is ending I want to again thank you all for the quality and manner in which you all provided care during the busy winter periods.

Wayne Jones
Chief Executive

From the Board Chair

The Minister for Health has appointed five new Board Members to the NNSW LHD from 8 October 2016. They are: Mr Michael Carter, Mr Patrick Grier, Mr John Griffin, Ms Carolyn Byrne, and Professor Susan Nancarrow.

I welcome these new members and the skill mix they provide to the Board. The next Edition of Northern Exposure will profile each of these members. I would like to pay tribute to two NNSW LHD Board Members whose resignations were tendered at the last Board meeting: Mr Malcolm Marshall and Ms Rosie Kew both whom have served on the NNSW LHD Board since its establishment in January 2011.

Malcolm has been Deputy Chair since 2011 and Chair of the Board’s Finance and Performance Committee. He has a long history serving the community and health services of Northern NSW, having been a member of previous Health Service Boards for 15 years. Malcolm has played a key leadership role and provided the Board with Finance and Corporate Services knowledge and skills which have been invaluable in providing strategic advice relating to the establishment and ongoing operation of the NNSW LHD.

On behalf of the NNSW LHD, I thank Malcolm for his long service to Health and wish him all the best in his ongoing community service including his role of Chairman of the Lismore Turf Club.

Rosie has been a Board member since 2011 and was a member of the previous North Coast Area Health Service Area Health Advisory Council. Rosie has been Chair of the NNSW LHD Board’s Health Care Quality Committee since 2012 and has been a Board’s representative on the District Clinical Council, District Allied Health Advisory Council and the Drug and Alcohol Advisory Committee.

I thank Rosie for her contributions to the Health Services of Northern NSW and wish her well in future career.

I also pay tribute to outgoing Board Members, as part of the NSW Board Refresh, Prof Lesley Barclay, Dr Jean Collie and Dr Sue Page Mitchell ceased with the NNSW LHD Board on 7 October 2016, and Ms Leone Crayden who will be leaving the Board in December 2016. I wish to thank all of these Board members for their contributions to health services over many years.

Board members bring a mix of skills, knowledge and attributes to the NNSW LHD. Board members are appointed for four-year terms, with a maximum appointment of eight years. I am confident the Board Refresh allows for a strong mix of skills and knowledge into future.

Brian Pezutti
Board Chair
The Tweed Hospital’s new Acute Stroke Unit (ASU) of The Tweed Hospital was officially opened on 16 September, 2016 as part of National Stroke Week activities across the Northern NSW Local Health District (NNSW LHD).

NNSW LHD Chief Executive Wayne Jones said the Tweed Byron Health Services Group had a higher-than-state-average incident of Atrial Fibrillation, Hypertension, and high cholesterol leading to a higher-than-state-average incidence of stroke.

“The Tweed Hospital sees more than 300 stroke and Transient Ischaemic Attack (TIA) admissions annually, with stroke one of Australia’s biggest killers and leading causes of disability,” Mr Jones said.

“The importance of early care for patients experiencing stroke has been well documented during the past 20 years.

“The stroke unit model of care provides tangible benefits to all stroke and TIA patients by facilitating early treatment of complications, a focused approach to clinical care and timely access to allied health professionals.”

Mr Jones said the new ASU was supported by an increased number of allied health clinicians as well as Dr Abhay Daniel who provided medical governance.

“The ASU supports patients with acute TIA and stroke from across the Tweed Valley, as well as patients from Byron Central Hospital and Murwillumbah District Hospital,” Mr Jones said.

THINK F.A.S.T

Face - can the person smile, has their mouth or eyes drooped?

Arms - can the person raise both arms?

Speech - can the person speak clearly?

Time - Act FAST and call 000 immediately.

Stoke Care Coordinator for Tweed Byron Health Services Group Kelly Anderson cuts the ribbon at the official opening of The Tweed Hospital with, from left, Agency for Clinical Innovation (ACI) Director of Acute Care Daniel Comerford, NNSW LHD Chief Executive Wayne Jones and ACHSM Management Trainee Joshua Tatham.

"The Tweed Hospital's new Acute Stroke Unit (ASU) of The Tweed Hospital was officially opened on 16 September, 2016 as part of National Stroke Week activities across the Northern NSW Local Health District (NNSW LHD)."
Contributions

Northern Exposure is an excellent tool for promoting and sharing your project, celebration, initiative, success or event. This publication is distributed to more than 6600 staff in NNSW LHD and many of our stakeholders.

To submit your story for consideration, please send clear photos with captions and about 200 words describing the story to lee.mcdougall2@ncahs.health.nsw.gov.au. Photos and dot points with all the information are most welcome. For inquiries phone 6620 2141.

Publication is at the discretion of the Editor and Chief Executive. Items may be edited for length, style and quality.

Northern Exposure

Health District says ‘No’ to Domestic Violence

The decision last month by the NNSW LHD Board and Executive to become Champions of Change against Domestic and Family Violence (DFV) is a significant step for the Health District.

The facts and figures on DFV in Australia are both alarming and confronting.

According to the Australian Institute of Criminology, at least one woman every week is killed in Australia by their partner or a former partner.

Further, one in three Australian women over the age of 15 has experienced physical violence. Men also experience DFV.

Among the alarming facts provided at last month’s training workshop provided by the Education Centre Against Violence (ECAV) to the Board and Executive, was that one in six female employees experiences DFV which impacts on their ability to attend work each day.

Workplaces have an important role to play in addressing the practices, attitudes, and behaviours that underpin and create violence against women and their children.

To prevent violence against women we need to promote gender equality in our public and private lives.

This is done by challenging the underlying complicity of DFV when we, as bystanders, turn away from the evidence in front of us.

The more we all challenge the normalisation of violence as an expression of masculinity or dominance, the closer society moves towards reducing the incidence of DFV.

A wise man once told me that the minute we raise our voice or hand in an argument, we have lost.

It is an old saying that if we scream or yell, people turn away yet when we whisper they lean in to hear what it is we are trying to keep quiet.

So, I whisper to you all – we are all responsible for the violence that occurs in our society.

As parents, if we raise a hand to our misbehaving child we are teaching and encouraging violence. As friends, if we remain silent as we watch a mate push, shove, hit or scream at their partner, we are condoning violence.

As work colleagues, if we feel uneasy about the absences of a workmate and don’t ask the question, we are perpetuating the cycle of domestic and family violence.

Lee McDougall
Acting Editor

New Intranet site launched

Northern NSW LHD’s new Intranet website has now been launched and is providing improved access to a range of internal information and resources.

New features include:
• A more personalised experience via customisable profile pages for all staff;
• A new LHD Policy Library featuring faceted searching, document tagging and filtering;
• A searchable NNSW LHD staff directory;
• A new Root Cause Analysis (RCA) reporting system;
• A ‘responsive design’ that adapts the layout to the viewing environment (mobile phones, tablets etc);
• A new IT&T procurement ordering system for mobile phones, wireless hotspots and headsets;
• Improved page speed, loading times and performance.

The new system is designed to help staff locate resources faster and on any device, ultimately improving service delivery.

A quick-guide automated tour of the site assists users with navigating the new site and locating the icons from the old intranet site.
Health Services says ‘No’ to DV

From Page 1

to take a strong stance on the issue. “In recognition of this, the NNSW LHD Board and Executive are formally taking a public stance against DFV. The Board recognises and commits to addressing DFV, whether inside or outside of the workplace.”

Dr Pezzutti said the Board would take the lead in addressing DFV by putting in place strategies to address the issue, with the strategies overseen by NNSW LHD Chief Executive Wayne Jones who will report back to the Board on a regular basis.

Today, the NNSW LHD Board and Executive undertook training on identifying DFV, the role of the Health Service in ensuring people affected by DFV have their needs met, the issue of DFV as a workplace issue, and ways to respond to DFV in the workplace.

“During today’s training we also learnt about the power of the bystander in DFV situations and the extent to which we should consider other people’s harmful behaviour our business, even when it doesn’t directly affect us,” Dr Pezzutti said.

The NNSW LHD will now develop a Family Violence Action Plan to guide the organisation in addressing domestic and family violence. Further, banners stating “Everyone has a right to live a life free from violence. The Health Service Says No to Domestic and Family Violence” will be placed at the entrance of all hospitals across the NNSW LHD.
Northern NSW Local Health District was well represented in this year’s 2016 Excellence in Nursing and Midwifery Awards with two staff members being named finalists in their respective categories.

Clarence Valley midwife, Laurel Moore was selected as a finalist in the category of Excellence in Aboriginal and Torres Strait Islander Healthcare, while Lismore Base Hospital Nurse Practitioner Psychogeriatrics Anne Moehead was named a finalist for the Judith Meppem Lifetime Achievement Award.

NSW Health Minister Jillian Skinner presented the third annual Awards at Parliament House.

Laurel commenced working in the Aboriginal Maternal Infant Health Service (AMIHS) at Grafton Base Hospital in 2009 and was one of 32 finalists chosen from a field of 244 nominees across the state for her outstanding contribution to health care in NSW. 

Anne has been a registered nurse for 40 years, working in various roles across the LHD since 1977.

Anne was endorsed as a Nurse Practitioner (NP) in 2006 and was the first NP Psychogeriatrics in Australia.

“It was a wonderful experience being a finalist in such a prestigious award, I was very humbled,” Anne said.

Lauren said she could not have achieved her Award success without the strong support of her co-workers in Aboriginal Health, in particular Larisa Johnson.

“My clients have wonderful stories and it is an honour to play a small part in them,” Lauren said.

Are you a manager within the NNSW LHD and want to know more about social media in the workplace or how to cultivate a positive workplace environment?

Senior Managers including Nurse Unit Managers (NUMs), Head of Departments (HODs), After Hours Nurse Managers (AHNM), and staff who act in these positions, are invited to attend a Workforce Forum hosted by the NNSW LHD Workforce Unit on Wednesday 26 October 2016 in Tweed Heads to learn more.

Sessions to be covered on the day include the ‘Changing Face of Social Media’, ‘Cultivating a Positive Workplace Environment’, ‘Bullying and Harassment’, and ‘Personal Safety’.

A number of invited guest speakers will lead the discussions on social media, and bullying and harassment. 

Workforce team members will present the session on positive workplaces and, to finish off the day, Inspector Bobbie Cullen, from the Tweed Byron Local Area Command will lead a short session on personal safety.

Registration is now open via HETI Online and close on Monday 17 October 2016. Please ensure your Manager has approved your attendance via HETI Online prior to this date.

For further information contact Carol Heath at carol.heath@ncahs.health.nsw.gov.au or phone 02 6620 2349.
Interview with Lyn Harris

This month Northern Exposure sat down with Lyn Harris, Work Health and Safety Coordinator, Clarence Valley. Lyn spoke with Lee McDougall about her career and the journey that saw her transition from nurse to Chartered Fellow of the Safety Institute of Australia.

The unwavering belief that the more than 6500 staff members of the Northern NSW Local Health District is the organisations greatest resource is high among the reasons that keeps Lyn Harris enthusiastic about her job.

“One of the major challenges for Work Health and Safety is maintaining the momentum in an environment that is continually changing, particularly in the way we treat our employees,” Lyn said.

“Staff are our best resource and we need to nurture our staff because they are our greatest asset.

“(WHS) is a great discipline. I mean, who else gets to meet every single person in our employment during orientation?

“I also love the fact that through the systems that we have put in place during the past decade or more, our staff are now much safer at work and this has led to improvements in the health and wellbeing of our staff.”

Lyn has travelled a long way, and learnt much through continual study, to become the WHS Coordinator for the Clarence Valley, comprising Grafton and Maclean Hospitals and Iluka and Yamba Community Centres.

Lyn’s career in Health began in the early 1970s, commencing as a Registered Nurse in Western Suburbs Hospital, Sydney, before moving into midwifery.

A short stint as an industrial nurse with a large manufacturing firm who built Westinghouse and Brinsmead ignited her passion for workplace safety and wellbeing.

“My husband and I moved to the Clarence Valley in the early 1980s and I had two little babies so the rotational shift work of nursing was not practical,” Lyn said.

“I was asked by a local GP if I could provide some first aid training through the local TAFE, and from there I then became a qualified Workcover Trainer, which was essentially the beginning of Occupational Health and Safety (OH&S) in the workplace.

“Because I was a Workcover Trainer, and was providing First Aid courses through TAFE, I was then approached to provide training within the Grafton Jail. I used to get $1 an hour additional ‘danger’ money for working with the inmates, yet I never felt unsafe.”

Lyn continued her studies in the growing field of OH&S and, with her young babies grown into adults, when the position for WHS Coordinator for the Clarence Valley was advertised, she thought the time was right to return to NSW Health.

“I came into this position 15 years ago, and I am proud to say that Grafton Hospital is now the safest site across the NNSW LHD,” Lyn said. “But it wasn’t always that way.

“Go back 15 years ago and the picture was very different. Grafton Hospital underwent an OH&S audit and it failed that audit across the board, so the management decided to create this position.”

Lyn states she set about methodically creating and implementing safe workplace systems across all areas of the hospital in order to address the concerns raised in the OH&S audit.

“WHS is a very structured discipline, yet it is the only portfolio that specifically focusses on improving the work environment for staff,” Lyn said.

“I examined all areas: security, manual handling, fire safety, latex awareness, everything. I even worked in these positions so that I could develop a great understanding of the issues being faced by staff.

“In our most recent audit, of the 183 different measures for WHS, Grafton was compliant in 165. That is a fantastic achievement, and we could have not achieved this result without the staff embracing the systems that have been put in place to improve their health and wellbeing in the workplace.”

Lyn was most proud of the audit result of “A” for staff wellbeing.

“We have developed a staff Health and Welfare Committee at both hospitals to distract staff momentarily from the being miserable,” Lyn says with a laugh.

“Working in a hospital can at times be very distressing so we have come up with interesting ways to reduce stress.”

Some of these ways include Icy Pole Day to encourage staff to drink enough water during summer, Apple Day – in which every one of the 800+ staff is giving an apple – to keep the doctor away, Melbourne Cup celebrations, RUOK? Day barbecues, and even art and craft fairs.

“I believe that our staff can’t look after people if we don’t look after them,” Lyn said.

“Our management in Grafton and Maclean are very supportive and without the support of management, we’d never get anywhere.”

As one of only 32 Chartered Fellows of the Safety Institute of Australia — the professional body which governs the WHS sector — there is added weight and authority to Lyn’s comments.

However, it is her pure enthusiasm for her work and the positive atmosphere among the staff of Grafton Base Hospital which perhaps best indicate she is obviously doing something very right.
Making healthy lifestyle choices

Attendees at the Integrated Planning & Reporting (IP&R) forum held in Ballina in August learnt the importance of incorporating healthy eating and active living initiatives into Local Government Community Strategic Plans (CSPs).

NNSW LHD Health Promotion Officer Adam Guise presented at the Forum, and informed those present how the urban environment plays an important determinant of health.

“Urban planners play a central role in creating environments that support healthy behaviour,” Adam said.

“A prerequisite of good health requires a stable eco-system and sustainable resources.

“CSPs need to tackle the obesogenic nature of our built environment in order to encourage greater physical activity and improve access to healthy nutritious food.

“Increasing walkability of communities, establishing greater connectivity via bicycle paths, supporting the development of community gardens, providing access to open green spaces and creating active recreational areas are just some of the ways councils can encourage healthier eating and active lifestyles.”

For information on healthy eating and active living initiatives visit http://www.nswpcalipr.com.au/

Patient-centred framework

Lismore Base Hospital’s Endoscopy Unit is celebrating after recent feedback from patients.

The unit is utilising the Essentials of Care framework to ensure their practice is person centred.

The focus is on patients’ needs and their experiences of care provided.

Staff are currently engaged in critical reflection, examining data from 82 call-back conversations with patients.

To date, 100 per cent of patients felt they had been treated respectfully and were welcomed on arrival.

The team is led by NUM Anita Coghill and EOC facilitator Debra Graham.

A powerful component of the Essentials of Care framework for practice development is the process of collecting and critically examining data including stories from patients.

Patient stories provide critical information about the health care setting from the patient’s perspective, as these patient’s comments indicate:

“I don’t mind coming for the regular procedures, the staff are friendly and treat me well; it feels like I am visiting a good friend when I come here to the endoscopy unit. On my Birthday the staff gave me a card.”

“I really don’t like reading bad things about LBH in the Northern Star. I want everyone to know that this place is something our community should be proud of.”

“The Emergency Department saved my life and for that I will always defend the hospital and its staff.”
More than 40 12 to 24-year-olds from across the region gathered in Ballina in September to participate in one of only two forums held across the State to gather information on young people's experiences with health services and their overall attitude towards their health and wellbeing.

Facilitated by NSW Kids and Families Senior Manager, Youth Health and Wellbeing Team, Dr Sally Gibson, the aim of the forum was to gather information to help inform the NSW Health's Youth Health Policy.
Funding for renal unit

Member for Lismore Thomas George dropped into Murwillumbah District Hospital (MDH) recently to welcome the NSW Health announcement of $400,000 for renal dialysis.

The money will be used to provide MDH with a six-chair satellite renal dialysis unit. The service will be a satellite service of the Tweed Byron Health Service Group Renal Dialysis Service which currently provides in-centre and home-based renal dialysis services to the residents of the Tweed Local Government Area (LGA), Byron LGA and residents of the southern Gold Coast SLAs.

“The $400,000 funding from NSW Health provides the opportunity to commence the planning and design consultation phase for a purpose-built facility to address the need for in-centre renal dialysis in the Murwillumbah area”, Mr George said.

This is great news for patients currently travelling to The Tweed Hospital for treatment.

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.

What is an associate lease?
Your associate (spouse, partner, family trust or company) ‘leases’ a family car that they own to your employer - and your employer then provides the car back to you as a salary packaged fringe benefit. For your associate to be eligible to do this they must register for an ABN. The main advantage of an associate lease is that you can divert some of your taxable salary to a family member, trust or company to be taxed at a lower rate.

Better still– with ANY car lease you can enjoy these great benefits:
• Tax savings on your lease payments, insurance, rego, CTP, fuel and other running costs
• Fleet rates on service and maintenance
• A choice of fuel cards
• A wide range of vehicle insurance, warranty and membership products and services.

Interested?
To find out how you could benefit from a car lease with Smartleasing, call them on 1300 118 245.
Nine-year-old Harry’s infectious smile and personality was the impetus for four keen Administration Staff members from Grafton Base Hospital (GBH) to join the Steptember fundraising campaign for Cerebral Palsy.

Despite the challenges Harry has in his day-to-day life, he is a friend to all and gives 100 percent effort in everything he does.

Harry is the grandson of staff member Judy Butterick, with Judy’s family challenging each other to donate to Cerebral Palsy research.

This year Judy invited staff members to get on board join the Steptember Challenge!

“Our initial goal was to endeavour to do 10,000 steps per day for the whole month of September but we soon became excited to do some fundraising as well,” GBH Clinical Coder Kerrie Clement said.

“GBH staff have generously been behind our efforts and after a morning tea of homemade Scones, Choc Chip, Anzac and footstep-shaped cookies, plus several 50 Club draws, we reached our team fundraising goal of $500.

“Challenging each team member to walk, hop, step or jump 10,000 steps per day has motivated us to improve our physical health and wellbeing along the journey too.”

Kerrie said the “H’s Dream Team” would like to thank all who generously donated to the fundraising efforts and would like to encourage other staff members to get on board for Steptember 2017.

If you are interested in participating or donating the Steptember contact Judy.butterick@ncahs.health.nsw.gov.au.

NNSW LHD staff participated in a two-day workshop, titled Facilitating the Disclosure, aimed at engaging Aboriginal workers and the community on issues relating to child sexual assault.

The workshop, hosted by the Joint Investigation Response Team (JIRT), was a collaboration of NSW Police Force, NNSW LHD, Family and Community Services (FaCS), the Education Centre Against Violence (ECAV), and local Aboriginal Community members.

From left, Tamahra Manson, Senior Health Clinician Lauren Hall and JIRT Health Clinician Louise Poles.

“The Northern Rivers JIRT office responds to approximately 300 reports of child abuse each year, with JIRT working with children and families to investigate allegations, initiate criminal proceedings, ensure safety and wellbeing of victims, and manage any health and medical needs,” Tamahra Manson, Violence, Abuse and Neglect Manager, Richmond Clarence Health Services Group, said.

“JIRT recognises that sexual abuse of children in Aboriginal communities is still under-reported, with the workshop looking at how we can target service providers and members of the Aboriginal community in the NNSW LHD.”
Tears for Steph at breast cancer afternoon tea

Tears of joy, sadness, and happiness flowed freely in Ballina Rehabilitation Unit recently during a special afternoon tea for Social Worker Stephanie Irwin, pictured.

Stephanie is now on leave following breast cancer surgery, yet the team at Ballina Rehabilitation Unit were keen to send her off for her surgery in the memorable way. Hand-decorated bras and cupcakes in the shape of breasts were the order of the day, with Stephanie stating that she was keen to celebrate life.

Winners are grinners at inaugural PHN Awards

A project targeting Indigenous patients with chronic kidney disease at Bugalwena General Practice in South Tweed Heads has received a North Coast Primary Health Care Excellence Award for reducing health inequity.

Graeme Turner, pictured, is a renal nurse practitioner for the NNSW LHD, who ran a workshop to help Bugalwena staff draw up a strategy to improve the practice’s management of chronic kidney disease.

The efforts of Bugalwena practice manager Jackie Moody and Kelli Babovic, pictured, from North Coast Primary Health Network (NCPHN) got the project off the ground.

Bugalwena General Practice is managed by NCPHN.

The aim of the project was to improve identification and management of Indigenous clients with early stages of chronic kidney disease.

Before the project began at the Tweed Heads Bugalwena General Practice, only two per cent of adult clients were identified as having the disease. That has now grown to 10.7 per cent.

NCPHN’s Chief Executive Dr Vahid Saberi paid tribute to the collaboration between Bugalwena and NNSW LHD in making the project a success.