



The 2015 Transition to Mental Health Nursing graduates, from left, Chelsea Cooper, Nicole Cox, Lane Gaberman, Kristen Burns, and Louisa Tsadik congratulated by, rear from left, Warren Shaw, and program coordinators Shane Scofield and Ryan Rooney.

Sights set on Mental Health nursing

Lismore has five new Mental Health nurses following their graduation from the Transition to Mental Health Nursing

Program (TMHNP).
The Network Manager for the Northern NSW Local Health District's (NNSW LHD)

Richmond/Clarence Mental Health Services, Warren Shaw, said the TMHNP had been running in Lismore since 2012.

"During this period, 17 Registered Nurses have taken part in the 12-month program.

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Countdown on as Lismore Base Hospital set to Go Live



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We talk to Dr Abbey Perumpanani DMS, Clarence Valley



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Open Day for the new Byron Central Hospital

The construction phase of the Byron Central Hospital (BCH) was completed at the end of February, with the keys to the building handed over to the LHD on 24 February.

This is an exciting time for the existing Byron and Mullumbimby hospital staff, and the Bangalow Community Centre staff as they commence the commissioning phase and staff orientation period.

In acknowledging the excitement and curiosity growing within the community, the BCH will hold a Community Open Day on Saturday April 9 and I encourage everyone to go along and see for yourself the state-of-the-art fa-

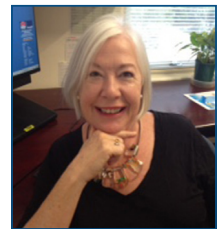
cilities that are now standard in modern hospitals.

An Executive Planning Day was held in early February 2016 where discussions included meeting the LHD key performance indicators such as activity and Budget performance. Discussions relating to service delivery priorities and Budget build-up for the 2016/17 financial year were held. I refer to the Board Chair's Report and concur with the sentiments expressed in thanking our Support Staff.

There has been raised awareness and media coverage on the importance of Health Services responding to the issues relating to End of Life/Palliative Care.

The former Chief Executive, Chris Crawford commenced this work in 2015.

This work has been enhanced by the recent appointment of Helen Adams, Nurse Practitioner to the position of End of Life/Palliative Care in the Clarence area and subsequently Virginia Morris, Palliative Care CNC, being appointed to the position of Palliative Care Development Officer for a three month period..



*Annette Symes
Acting Chief Executive*

From the Board Chair



The NNSWLHD Board together with the NNSWLHD Executive are very aware that with Activity Based Funding

now accounting for the majority of the Budget there is a need for continued diligence in matching service provision to funding.

As the Board builds up to the 2016-17 Budget, and again commences negotiations for funding to support our in-patient demands, it is important to reflect upon the role we all play in accountability.

You may recall last year I advised that the Board delayed signing the Service Agreement for 2015/16 in order to continue to negotiate for the LHD; this type of negotiation is only possible when supported by accurate

information about provision of services which echoes the need for diligence in all reporting.

In order to assist the Board in our negotiations, we all need to be able to track and account for the funds that were allocated to the LHD during 2015/16 and I thank and remind NNSWLHD Clinicians, Staff and Management for their input and efforts with budgets by ensuring activity is accurately coded.

With the need to ensure that activity is accurately recorded, I believe Clinicians do and can play a pivotal role by providing the best possible clinical notes for our Coders to be able to capture the level and number of occasions of service that we are providing in all areas.

The Board recognises the valuable and commendable work and efforts undertaken by the many and varied support

Staff including wards persons, domestic services, security, and administration staff.

These Staff demonstrate dedication to our health services and assist in providing a positive workplace culture in the friendly way that they work with Patients and Clinicians. The Board expressly requested that on their behalf I acknowledge the importance of such dedicated support staff as an integral part of ensuring the LHD is able to provide good patient care and providing a platform for our Clinicians to do their magic.

The NSW LHD Patient Experience Survey results are best in the State for both Admitted Patients and Emergency Department which reflects all your dedicated work.

*Brian Pezzutti
Chair*

Susan Law Memorial Award

This year the Richmond/Clarence Mental Health Services selected one of the participants in the Transition to Mental Health Nursing Program (TMHNP) to receive the Susan Law Memorial Award.

In presenting the award to Lane Gaberman, the Network Manager for the Northern NSW Local Health District's (NNSW LHD) Richmond/Clarence Mental Health Services, Warren Shaw, said the award recognised passion and commitment to mental health nursing.

The Susan Law Memorial Award is named in honour of former Mental Health Nurse Susan Law who passed away in 2010.

"Susan worked with Grafton Community Mental Health as a clinician in the Youth and Family Team prior to transferring to Area Mental Health in Lismore in 2002 where she became a significant influence on all aspects of clinical governance with mental health service provision," Mr Shaw said.

"There Susan's enthusiastic creativity and attention to detail ensured that people



Warren Shaw, left, congratulates Lane Gaberman on receiving the Susan Law Memorial Award.

were both inspired and supportive of new plans and programs."

Mr Shaw said Lane received the award due to consistently high standards of submitted theoretical work as well as feedback from the managers of various sections within Mental Health services where he was on placements.

"Managers were asked to comment on the participant's application of knowledge and their professionalism in the clinical setting," Mr Shaw said.

"It was exciting to note that due to the high standard of performance of the 2015 intake of TMHNP graduates, the choice was one requiring significant consideration."

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which aims to introduce nursing staff to the specific skill set required to work within Mental Health," Mr Shaw said.

"In Lismore, the TMHNP employs two first year Registered Nurses (RNs) and three second year RNs each year. These five staff shared clinical rotations in the Child and Adolescent Inpatient Unit (CAIPU), the Acute Care Service (ACS), and the Lismore Adult Mental Health Unit (LAMHU).

"Participants also attended four-hour fortnightly education session that incorporated senior clinicians across the Network presenting a wide variety of topics, including subjects such as evidence-based practice

and research, psychoanalytic theories, and Mental State Exams to assess current functioning."

The 12-month rotation also requires participants to complete a range of academic studies including oral projects, online learning commitments, and three major written assignments that critically examine aspects of Mental Health Nursing including: risk assessment, models of care, legislation, and contemporary mental health care. It is expected that these assignments are produced at a Post-Graduate level.

"Mental Health nursing is an incredibly rewarding career pathway and we welcome the

five new TMHNP participants to the Lismore Mental Health Campus," Mr Shaw said.

Mr Shaw said the success of the TMHNP program was largely due to the hard work and enthusiasm of the coordinating Nurse Educators Ryan Rooney and Shane Scofield and their ability to elicit support and input from senior clinicians across the Mental Health Campus.

The TMHNP program currently runs in The Tweed Hospital and Lismore Mental Health Campuses. In 2016 the program has been expanded to include participation from Grafton Mental Health Services with plans to include in Byron Bay Services in the future.

In Brief...

Smoke-free dining's positive impact

Six months into smoke-free outdoor dining in NSW and NSW Health has reported public support and levels of compliance are high.

Since the start of the ban on 6 July 2015, NSW Health Inspectors have inspected over 1880 hospitality businesses with outdoor dining areas and have found 98 per cent compliance across NSW.

An effective NSW Health education campaign leading up to 6 July 2015 resulted in high community awareness of the ban on smoking in commercial outdoor dining areas.

Figures indicate that more than eight out of 10 people, both smokers and non-smokers, support the ban.

Closing the Gap 'slipped off track'

Aboriginal leaders are calling for a new contract with Prime Minister Malcolm Turnbull amid warnings the Government's Closing the Gap policy has slipped seriously off track.

Yawuru leader Patrick Dodson has questioned whether the policy aimed at dispelling Indigenous disadvantage should continue.

"Closing the Gap hasn't got a buy-in from Indigenous communities," Mr Dodson said.

"There's a lot of aspiration and maybe good intention, but unless you get participation from Indigenous entities at a local level and community level, it's not going to work."

"Without Indigenous participation it's going to be doomed to fail and all we'll see is another record of some achievements in some minor areas, but we're basically just changing the tablecloth on a table without really realising that the white ants are eating the legs out of the table."

The great vaccination debate

As a child, I grew up listening to the stories my father would tell me of his older sister dying of diphtheria and his own personal experience of surviving polio.

By the time I was a teenager, one English teacher used to regale us all with fanciful tails as to the cause of his wasted, deformed leg. It wasn't until I was an adult that I learnt he too had endured and survived polio as a child.

Seven years ago I sat by my mother's hospital bed as she slowly died from complications arising from Whooping Cough. At that time, we weren't aware of the need to receive a booster shot.

The past month has seen a lot of national and local media coverage on the topic of vaccination, following the release of the National Health

Performance Authority's Health Communities Report for 2014/15.

The report found that communities within the Northern NSW Local Health District were among the lowest in the nation in terms of vaccination rates.

The percentage of children at one year of age who were vaccinated in the Murwillumbah postcode was 80.8 per cent, while at Byron Bay is was 61.1 per cent, Mullumbimby 46.7 per cent, Ocean Shores 67.2 per cent.

While these figures are at first glance alarming, the report was not all negative. Overall for the LHD, the vaccination rate for children at one year of age rose from 86.3 per cent in the previous survey, to 87.7 per cent in this survey, so there are signs of

improvement.

Also worth noting is that the vaccination rates in our Aboriginal communities are higher than within the general population, with the rate for children aged one year being 90.3 per cent.

I congratulate those staff members who are working on the ground to improve our vaccination rates across the Health District.

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You may notice the absence of a Quiet Achiever this month. As I had no nomination, I took the opportunity to promote the LHD's Facebook page. If you use Facebook, I encourage you to check it out.

Acting Editor, Lee McDougall



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 2141.

Health Promotion at home on NNSW LHD Facebook page



Awareness of the NNSW LHD's Facebook page is growing, thanks to the range of Health Promotion activities on the page.

This month Let's Look At Lunches was the flavour, with five fantastic lunchbox ideas and the tip to parents to get their kids involved in making their own lunches.

Find us on Facebook by searching for Northern NSW Local Health District and Like our page. Staff are now able to access Facebook from

Countdown on for eMR2 Go Live

Anticipation is mounting at Lismore Base Hospital (LBH) as the electronic Medical Records (eMR2) system will Go Live at 00:01 on Thursday 10 March for new admissions for inpatient wards.

Go Live Support is being provided by the Project team, CIS Unit Staff, members of eHealth Team from Sydney, Support Services, and Rural eHealth.

LBH will also be using existing staff to provide support 24 hours a day for the first five days.

The Nurse Educators will be rostered to provide support in the wards on all three shifts and across the first weekend after Go Live.

For any issues with eMR2, staff will be able to contact the Control Room for support on 6620 0838. The Control Room will be staffed 24 hours

a day for the first five days.

While the majority of patient files will become electronic, there will remain a paper file component with all Medication charts, fluid balance, nursing care plans, TOCPAC, manual handling, and any forms requiring a signature to remain on paper.

To assist with patient transfers across the LHD, all new documentation will be able to be viewed in Powerchart results, clinical notes or documentation even if your site has not gone live with eMR2.

Staff can access information in Powerchart by using their current username and password. Speak with your manager to arrange training or call the State-wide Service Desk on 1300 – 28 55 33 press 3 for eMR.



eClinicians Adrian Walsh and Alison Williams are ready to assist staff during Lismore Base Hospital's eMR2 Go Live.

Focus on Privacy

NNSW LHD staff are reminded of their legislative requirements regarding Privacy.

Staff are required to comply with the Health Records and Information Privacy (HRIP) Act 2002 to protect the privacy of health information in NSW.

Staff are also required to comply with the Privacy and Personal Information Protection (PPIP) Act 1998 which covers all other personal information, such as employee records.

NSW Health is committed to safeguarding the privacy of patient and employee information and has implemented measures to comply with these legal obligations.

Guidance for staff on the HRIP Act is provided in the NSW Health Privacy Manual for Health Information.

Guidance on the PPIP

Act is provided in the NSW Health Privacy Management Plan. A leaflet summarising the requirements of these Acts and policies, with a focus on the protection of health information, is on the NSW Health privacy website.

Staff are also bound by the NSW Health Code of Conduct to maintain confidentiality of all personal and health information.

Staff may only access the personal or health information of patients and staff where this is required in the course of their employment.

Health facilities have audit capabilities to monitor staff access to electronic health records and other information management systems.

Disciplinary action may be imposed if staff are found to be in breach of patient or staff privacy.

Mental Health for EDs

A 24/7 specialist mental health outreach resource program for Emergency Departments (EDs) will soon be introduced in the Northern NSW Local Health District (NNSW LHD).

The Northern Mental Health Emergency Care Rural Access Program (MHEC-RAP) is part of the NSW Government's Mental Health Reform agenda.

It will provide a 24/7 teleconference facility for ED clinicians to access specialist mental health clinicians based at the James Fletcher campus, Hunter New England Mental Health, Newcastle.

MHEC-RAP will service the communities of the Hunter New England, Mid North Coast, and NNSW LHDs.

"The provision of specialist mental health clinical care can be challenging in rural areas as access is limited by distance, isolation, transport difficulties, and a smaller specialist MH workforce," NNSW LHD Director of Mental Health and Drug and Alcohol, Dr Richard Buss said.

"The MHEC-RAP aims to increase the access to specialist MH clinical care for ED staff via the use of teleconferencing facilities to a central hub.

"This will enable timely access to emergency MH services and the safe assessment, care planning, and monitoring of patients in local hospitals."

Phase one of MHEC-RAP will include the new Byron Central Hospital and the Grafton Base Hospital EDs.

Study needs volunteers

Queensland University of Technology (QUT) Optometrist and PhD candidate Ursula White is looking for people over 65 years, with and without macular degeneration, to participate in a study examining the association between falls, fear of falling, and activity levels.

"Age-related macular degeneration is the leading cause of blindness and vision loss in older adults with one in seven Australians over 50 showing signs of macular degeneration," Ms White said.

"Research has shown adults with central vision loss due to macular degeneration are less active than their normally-sighted peers.

"We also know older people with central vision loss are around twice as likely to have a fall and are more likely to incur an injury as a result.

To volunteer or find out more, phone 07 3138 5713, or email ursula.white@qut.edu.au.

Sleep needed

A survey of sleep patterns and habits by Sleep Health Foundation has found people aged over 55 are waking an average of 2.5 times each night due to consumption of caffeine and alcohol.

The findings are concerning given older people naturally have a more disturbed sleep, a known developmental change linked to ageing.

The online survey of 1050 people, including 730 women, found that Australians are getting 7 hours 18 minutes sleep a night on average, on the lower end of the foundation's recommended healthy range.

Those aged over 55 got slightly less, 6 hours, 50 minutes a night, and admitted to waking 2.5 times a night on average, mostly to go to the toilet.

Spotlight on hospital security

Byron District and The Tweed Hospitals will be part of a State-wide security audit under a 12-point action plan endorsed by Health Minister Jillian Skinner.

The 12-point action plan aims to improve security at all NSW public hospitals following a roundtable of health stakeholders and union representatives in Sydney last month.

"I am pleased health stakeholders, union representatives, and



Jillian Skinner.

management were as one voice on the need to address

increasing aggression and violence in our hospitals," Mrs Skinner said.

"The roundtable came up with a comprehensive action plan and I am very happy to endorse it.

"I am advised it was a very constructive meeting and I want to thank everyone who participated."

A further meeting will now be sought between NSW Police and NSW Health, involving frontline hospital staff.

12-point Action Plan from security roundtable

1. Deliver an intensive program of multi-disciplinary training of ED staff including nursing, security and medical staff in managing disturbed and aggressive behaviour.

2. Improve Workplace Health and Safety (WH&S) across NSW Health in order to:

- Deliver a program that will engender a stronger WH&S culture across NSW Health and ensure all staff are adequately inculcated into the safety culture; and

- Ensure clinical unit and hospital managers are specifically trained to understand and give effect to their WH&S obligations to ensure a zero tolerance to violence.

3. Undertake a detailed security audit in 20 EDs across the State including Byron District Hospital and The Tweed Hospital.

The audit will cover compliance with policy and mandatory training requirements, adequacy of ED design in managing aggressive patients, adequacy of security staff numbers, hospital liaison with local police on incident response to acts of physical aggression in EDs, and handover by police

of physically aggressive individuals requiring treatment.

4. Establish a working group to recommend strategies to increase the professionalisation of NSW Health security staff and how best to integrate their roles in a multidisciplinary response to patient aggression.

5. Partner with TAFE to train existing security staff in a security course purpose designed for the health environment.

6. Sponsor the recruitment of a new intake of trainees to qualify as security staff through the health specific course and recruit and train further staff following consideration of the results of the security audit.

7. Establish a Reference Group of expert clinicians to develop specific patient management and treatment pathways, including disposition and transport options, for patients presenting to EDs under the influence of psycho-stimulants such as "ice".

8. Immediately examine availability of Mental Health and Drug & Alcohol resources for patients presenting to EDs under the influence of psycho-stimulants such as "ice".

9. Work with NSW Police to ensure arrangements adequately and consistently cover liaison,

firearms safety, handover and incident response involving aggressive individuals presenting at public hospitals including pursuing prosecution of offenders.

10. Examine whether legislative changes are required:

- to make clear that a victim's status as a health worker, which is already an aggravating factor when sentencing an offender convicted of assault, covers hospital security staff.

- to provide adequate legal protection to security staff who act in good faith and under the direction of health professionals, who require assistance in order to render lawful medical treatment or care of patient.

11. Identify the circumstances in which security staff are able to exercise power to remove from public hospital premises individuals who are not patients and who are acting aggressively or who are otherwise causing disruption.

12. Improve incident management reporting systems to ensure they are user friendly, well utilised, and provide transparent management and feedback loops to staff making the reports.

Interview with Dr Abbey Perumpanani

This month Northern Exposure interviews Dr Abbey Perumpanani, the Director of Medical Services (DMS) for the Clarence Valley Health Service. Dr Abbey, as he prefers to be known, was appointed DMS 15 months ago. He talks to Lee McDougall about his passion for Grafton, the Health Service, and the people with whom he works.

Walking into Dr Abbey's office it is difficult not to notice how empty and devoid of paperwork it is. One could be forgiven for thinking he was in the process of moving out, rather than settling in to his second year in the role of DMS for the Clarence Valley Health Service.

With a broad smile, Dr Abbey quickly explains the sparse landscape of his office, and reveals not for the last time the depth and passion of the man.

"One of my priorities for the Directorate was to work towards a paperless office, both in the interest of efficiency and with the environment in mind," Dr Abbey said. "Accordingly, we have relied, as far as possible, on electronic means of communication and archival."

While a paperless office is not a new concept, finding such an entity in a Health setting was surprising, yet it provides an indication of the multifaceted approach to being the DMS that Dr Abbey embraced.

In reflecting upon his first 12 months in the position, Dr Abbey noted that 'change' was the main theme; change which he describes as 'momentous'.

"I have worked for the Clarence Valley Health Service for almost 10 years, starting at this hospital (Grafton Base Hospital; GBH) as a Resident Medical Officer, then a Career Medical Officer, and after a period of time was made a Visiting Medical Officer," Dr Abbey said.

"It became apparent to me very early that I was working for an organisation that did things exceptionally well.

"There is a great culture



Dr Abbey Perumpanani, Director of Medical Services, Clarence Valley Health Service.

of excellence and tradition at this hospital and when I became DMS, I began the process of examining that which we were currently doing well, and those areas where we could improve.

"Recruitment was one of the first priorities. Rural hospitals in general struggle with recruitment and GBH was no different. In the past 12 months I have managed to double the full-time medical staff through an aggressive recruitment strategy.

"Traditionally, Grafton Hospital had a high throughput rate of locums and what I decided to do was with each locum who came through, I would sit down with them to discuss all the benefits of the Grafton community and thus was able to positively portray Grafton.

"Grafton is a very attractive city to live in, it is very family friendly, and through these conversations I was able to convince some of these VMOs to become

permanent staff members."

As Dr Abbey highlights the many merits of Grafton and GBH, it becomes quickly apparent how a medicine graduate from India, who attended the University of Oxford and was awarded a doctorate in Mathematics, before spending two years at Harvard University and two years travelling the globe working for the Boston Consulting Group as a Management Consultant, ended up in the picturesque yet quiet little Clarence Valley.

For Dr Abbey, it is the personal interaction with staff, specialists, VMOs, and patients that is one of the greatest strengths of small, regional hospitals such as Grafton.

"In small hospitals, the glue that holds it together is personal relationships between people, and the interfaces are hence between individuals," Dr Abbey said. "Large hospitals tend to rely more on governance mechanisms like policies and procedures to

enable smooth functioning, and the interfaces in larger hospitals tend to be between departments, not individuals."

While increasing the permanent workforce was a priority for Dr Abbey, in working towards this goal there was also three significant changes to GBH's long established models of care: After-Hours medical cover; orthogeriatric Model of Care; and ED as an 'incubator' for Junior Medical Officers (JMOs).

"Fostering the JMO program has been a great success for GBH as it is a culture that we haven't had for a very long time," Dr Abbey said.

In recognising the 'team' atmosphere of GBH's success, Dr Abbey paid tribute to the 'very good executive leadership' of Dan Madden, Executive Officer, the 'knowledge, skill and hard work, of his EA Tammy Thompson, and the support and guidance of former DMS Dr Jean Collie.

New graduate nurses receive warm welcome

The Member for Lismore, Mr Thomas George and Acting Executive Director of Nursing and Midwifery, Ms Narelle Gleeson last month welcomed 23 Nursing and Midwifery graduates who commenced working across the Richmond Network of the Northern NSW Local Health District (NNSWLHD).

A total of 75 First Year new graduate nurses and midwives have commenced working within the NNSWLHD, with Ms Gleeson stating that the 23 graduates employed in the Richmond Network will rotate across the entire network from Ballina in the east to Urbenville in the west, and including Lismore, Casino and Kyogle Hospitals.



Nursing and Midwifery graduates employed within the Richmond Network with Member for Lismore Thomas George, far left.

Tell us how we're doing

HealthShare NSW wants your feedback to help us improve.

Using feedback from last year's Customer Value Survey, we have started to make some changes:



Our processing teams are now providing you with more regular updates on your leave and pay requests.



We are digitising our paper forms to save you time and remove the need for old technology like fax machines.

Tell us how we're doing. Take our short Customer Value Survey:

<http://www.healthshare.nsw.gov.au/survey>

I find it helpful when...

It frustrates me when...

I'd like to see more of...

I find it difficult to...



HealthShare

16/04/2016

HealthShare NSW want your advice

HealthShare NSW is inviting staff to provide feedback in their 2016 Customer Value Survey. This is an opportunity to tell HealthShare NSW about your experiences interacting with their services.

The 2016 survey will build on last year's results and feedback to measure how staff think and feel about the services provided by HealthShare NSW.

After last year's results, HealthShare NSW staff took action to improve the way they work, including:

- Engaging with customers at all levels, introducing more face-to-face meetings, and trialling ways of being more available when things go wrong;
- Being more communicative, and introducing new processes to give you the information you want;
- Phasing out antiquated technologies and automating processes wherever possible to make it easier for you to interact with them; and
- Empowering their staff to deal with you differently and provide the help and flexibility you need.

There are a significant number of projects underway across HealthShare NSW in direct response to the feedback provided, and there are more on the horizon. Your feedback matters and HealthShare NSW wants to continue to understand what is important to you.

To take the short HealthShare NSW Customer Value Survey visit: <http://www.healthshare.nsw.gov.au/survey>. The survey closes on Friday 11 March 2016.

Be healthy - avoid the fads

These days it's hard to open a magazine without reading about the next miracle weight loss program. But if these diets are so effective, why are there so many new ones?

Anna Huddy, Program Coordinator, Healthy Eating Active Living Team with the Northern NSW Local Health District Health Promotion

team, says fad diets have been around for time immemorial yet sadly their health benefits are few and far between.

"In 1820, Lord Byron swore by the liberal use of vinegar to control weight, Hollywood promulgated the Grapefruit diet in the 1930s, there was a Cabbage Soup diet in the 1950's, and the last 20 years has seen the Pritikin diet, the Mayo Clinic diet, the Israeli Army diet, the Blood Type diet, the Macrobiotic diet, the Gluten Free phenomenon and the Caveman (now Paleo) diet.

"A quick scan of the magazines in the doctors' waiting room will net you another three or four at least, and there are now lots of cookbooks

promoting the 5+2 diet, where you fast for two days and eat what you like for the other five days."

Anna states fad diets that severely restrict food groups or nutrients may also mean that you miss out on the protective health effects that a balanced eating plan provides.

"We don't know whether fad diets are safe over the longer term, or whether they lead to an increased risk of various diseases," Anna said.

So if you want to maintain a healthy body weight the answer is simple: adopt a balanced

eating plan that combines with moderate physical activity.

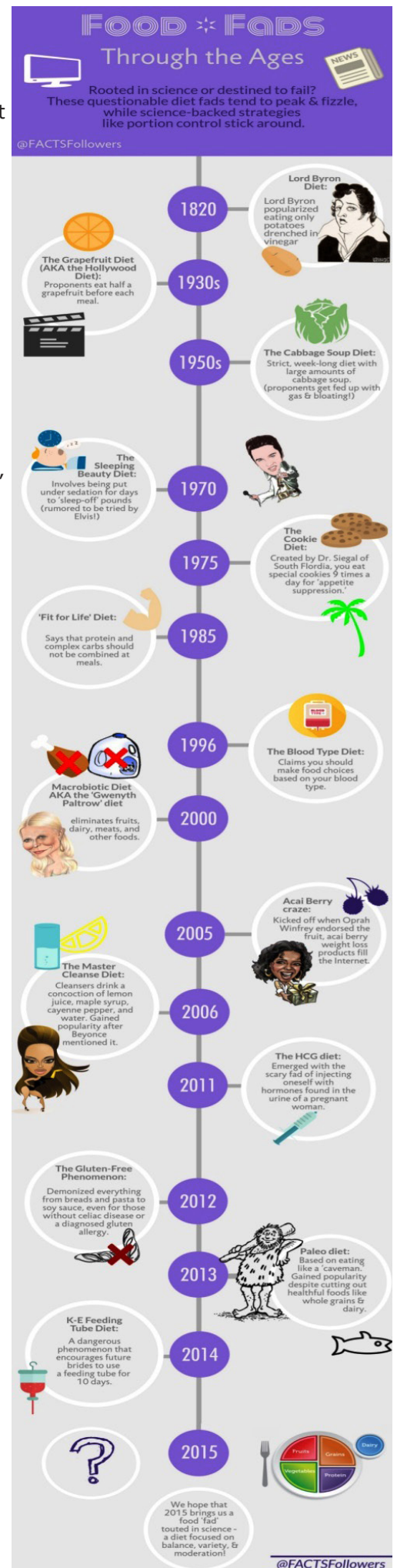
The "quick fix" fads only help for a short time, and then, when you go back to eating the way you used to, you go back to the problems that you had. You have to commit to a new, balanced "forever" plan.

"With a balanced eating plan, it's what you leave in that makes all the difference," Anna said. "You don't have to cut out any foods because you can eat everything – in moderation."



For a balanced eating plan to be successful, you need to:

- ☐ Eat plenty of vegetables, legumes and fruits.
- ☐ Include a variety of cereals (including breads, rice, pasta and noodles), preferably wholegrain.
- ☐ Include lean meat, fish, poultry or alternatives.
- ☐ Include milk, yoghurts, cheeses or alternatives.
- ☐ Drink plenty of water.
- ☐ Limit saturated fat and moderate total fat intake.
- ☐ Choose reduced fat varieties of foods where possible.
- ☐ Choose foods low in salt.
- ☐ Limit your alcohol intake, if you choose to drink.



Training first for Lismore

The Clinical Information Access Portal (CIAP) provides all healthcare professionals in the NSW public health system with free access to clinical information and resources to support evidence-based practice and clinical decision making.

The CIAP team will be running its first ever full-day face-to-face CIAP Essentials workshop in Lismore on 5 April 2016.

The workshop will familiarise users with current resources on CIAP and will include an overview of evidence-based practice resources and basic training in using citation databases.

Staff wishing to attend can register through the workshop page in CIAP's Learning Centre, located in the top menu bar on the CIAP website. The CIAP website can be accessed via the Work Support Centre tab on the NNSW LHD Intranet page.

CIAP will also be visiting facilities within MNC and NNSW LHDs providing short training sessions in September

and October 2016 to help staff make the most of this valuable resource. Check the site 'visits page' in CIAP's Learning Centre for dates, times and locations.

Resources currently available include



medication resources, evidence-based practice tools, citation databases, clinical decision support tools, as well as online journals and textbooks.

Health professionals can also access dictionaries, guidelines, clinical tools and patient handouts through CIAP.

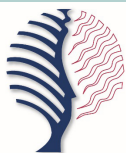
CIAP can be accessed at work

and at home, providing 24/7 access to clinical information whenever it's needed.

More training opportunities are available from the Learning Centre, where staff can access live online training sessions, self-paced education modules and other video tutorials and user guides to help increase their CIAP skills and knowledge.

To access CIAP, visit the website www.ciap.health.nsw.gov.au.

• The Clinical Information Access Portal (CIAP) provides information and resources to support evidence-based practice at the point of care. CIAP is available to all nurses, midwives, doctors, allied health, community health and ancillary staff working in or for NSW public health system including students on placement. CIAP can be accessed from work or from home.



UNIVERSITY CENTRE FOR RURAL HEALTH
NORTH COAST
education research workforce

Upcoming Simulation Workshops

The University Centre for Rural Health (UCRH) in Uralba Street, Lismore is offering a number of Simulation Workshops, tabled right, some of which are free to staff of the Northern NSW Local Health District.

To register for a course or for further information, contact: Sharene Pascoe on 66202112, Bobbie Youngberry on 6629 4221, or Nicola Scanlon on 6620 7238, or email simulation@urch.edu.au.

Keep an eye on future editions of Northern Exposure for further courses.

Date	Course	Cost
17 March	Essential Airways Skills	Free to NNSWLHD staff
21 March	Post-Operative Emergency Training (POET)	\$80
22 March	Emergencies Education & Training (EMET)	\$550
7 April	GP Refresher Workshop	\$250
11/12 April	Adult Advance Life Support (ACCCN Accredited)	\$350-\$625
14 April	Cardiac Emergencies	\$80
19 April	Introduction to Simulation & Basics of Debriefing	\$100
21 April	Retrieval skills	Free to NNSWLHD staff

Domestic Violence is “foul play”

The Clarence Valley rates in the top 10 per cent in NSW for domestic related assault offences and NNSW LHD Aboriginal Family Health coordinator for the Clarence Valley, Dallas Waters, is crying ‘foul play’.

A small partnership group comprising representatives from NNSW LHD, Clarence Valley Council, On Track Community Programs, Clarence River Women’s Refuge and Community Corrections have been working together to develop a broad-based community awareness-raising project entitled: Clarence Valley ‘Domestic Violence is Foul Play’.

The campaign aims to increase community awareness about the types of domestic and family violence; its effects on women and children, support services available to support families and the importance of positive male role models in sport and the wider community.

Dallas has previously been heavily involved in the rugby league-specific Tackling Violence campaign for Lower Clarence Magpies in 2009 and last year with South Grafton Rebels. He is also an ambassador for White Ribbon which campaigns to prevent violence against women.

“I came up with the title ‘domestic violence is foul play’ because in every



Aboriginal Family Health coordinator Dallas Waters is crying “foul play” on domestic and family violence.

sport, if you do something wrong, it’s a foul,” Mr Waters said.

“After my involvement in the Tackling Violence campaign and with my area of work I thought we could expand on it to run our own awareness campaign in the Valley.

“We as a community have got to acknowledge how much of a crisis it is and to inform people of the different forms of domestic violence.”

The call is going out to sporting

organisations across the Clarence Valley to blow the whistle on domestic violence and take part initiative.

Dallas has been coordinating a series of information evenings in Grafton and Yamba to raise awareness of violence through key strategies.

“Our aim is to engage sporting organisations in strategies that focus on changing attitudes and beliefs around domestic and family violence,” Dallas said.



Immunisation HealthPathways

No Jab, No Pay – new immunisation requirements from the Australian Government Department of Health for Child Care benefits and Family Assistance Payment became effective from 1 January 2016:

- only parents of children (less than 20 years of age), who are fully immunised as per the National Immunisation Program or are on a recognised immunisation catch-up schedule, or have an approved medical exemption can receive the Child Care Benefit, the Child Care Rebate and

the Family Tax Benefit Part A end of year Supplement (family assistance payments). The vaccinations or medical exemption needs to be recorded in Australian Childhood Immunisation Register ACIR.

Vaccination objection or conscientious objection to vaccination will no longer be a valid exemption for these Commonwealth payments, however it is still an option regarding enrolment in child care centres and schools in NSW.

- the Australian Childhood Immunisation Register (ACIR) will be expanded to record immunisations for all children less than 20 years of age.

For further information, following this link on the HealthPathways home page under “Latest News” <http://ncphn.org.au/vaccination-resources/>.

The HealthPathways team has worked jointly with the local Public Health Units to prepare a range of information on related topics localised on the Mid and North Coast Health Pathways site.

The topics are all consistent with the National Immunisation Strategy for Australia 2013-2018 and can be found at <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunisation-strategy-2013-18-cnt>

The last word ...



NNSW LHD ERMAS project manager Craig McNally, left, with training presenter Michael Spence and ERMS coordinator Janine Holston.

New era of electronic risk management

Managers across the NNSW LHD were introduced to the new Enterprise Risk Management System (ERMS) at a recent one-day training program held in Lismore and Tweed Heads.

The ERMS is an internet-based risk register that is

used for logging perceived clinical or corporate risk.

The system does not replace the IIMS system and is not used for logging accidents and/or grievances.

Rather, it is intended for all major cost centres/services to be used as

a decision support tool to assist clinicians and managers to analyse risks and implement controls in order to manage identified risks to an acceptable level.

"ERMS is to be used for all clinical, corporate, WHS or business risks that

could impact on the LHD's ability to deliver a quality, accessible, safe and efficient service," NNSW LHD ERMS project manager Craig McNally said.

For further information contact nswlhderns@ncahs.health.nsw.gov.au.

Byron Central Hospital shining bright



The keys to the new Byron Central Hospital (BCH), pictured, were handed over to the NNSW LHD on Wednesday 23 February with builders Brookfield Multiplex completing construction ahead of schedule.

The commissioning phase is now underway and is expected to take approximately 10 weeks.

For those wanting a sneak preview of the new facility, a community Open Day is being planned for Saturday 9 April from 10am with staff and family of the LHD encouraged to attend. Open Day details will be sent out via staff email.