

The Year ahead

In the next twelve months there are opportunities to seize, as well as challenges to meet. One exciting opportunity will be to make use of enhanced Clinician engagement to bring the whole organisation closer together.

Another new development will be the creation of a Northern NSW Local Health District (NNSW LHD) Facebook Page to broaden our communication channels. This will allow our health promotion messages to be distributed more widely, while receiving instantaneous feedback from the local community.

Timely Surgery and Emergency Treatment

An increase in the Elective Surgery and Emergency Treatment targets from 1 January 2014 is an immediate challenge. The National Elective Surgery Targets for Category 2 and 3 Patients meeting benchmark times have increased from 93% to 97% and from 95% to 97% respectively. The Category 1 target remains at 100%. In 2013 the LHD achieved 99.9%, 96% and 96% for patients in Categories 1, 2 and 3 respectively, so there is an improvement required to meet the new targets.



The National Emergency Access Target has increased from 71% to 81%. In December 2013 the LHD-wide result was 79%, so an improvement here is also required to meet the new target. Meeting these targets means providing Patients with treatment in a more timely fashion. The receipt of more timely care will improve outcomes and quality of life for Patients.

High Quality Services

Maintaining the provision of high quality care is an ongoing challenge. We need to maximise our hand washing and minimise the number of hospital acquired infections and quickly identify and respond to deteriorating Patients to ensure care quality is maintained. We need to mitigate our risks and through the Root Cause Analysis process, learn from near misses and mistakes.

The Tweed Byron Health Service Group will undergo a full Organisation-wide Accreditation Survey in the middle of the year. Its challenge will be to meet the National Standards, which will confirm that its Clinicians are providing high quality services to its Patients.

Harmonious Workplaces



Another NSW Health Staff Survey will be undertaken around September 2014. By responding pro-actively to the issues raised by Staff in response to the last Staff Survey, it is the LHD's objective to further improve the responses received from Staff in this Survey. A key objective to improve Staff Satisfaction will be the ongoing work that is being pursued to create safer and more harmonious workplaces.

Improved Clinician Engagement

Other responses to the Staff Survey will be to improve Clinician Engagement, increase Senior Management Visibility and to better promote the LHD Vision. To achieve the latter, the Chief Executive (CE) will be undertaking a Roadshow to all major Sites in February and March, where he will present on the pillars that underpin the LHD's Vision.

Balancing the Budget

As previously advised the budget is under significant pressure. Continued hard work will be required to meet the 2013/14 Budget. The 2014/15 Budget is anticipated to be another tough one. A major response required is to continue to raise more own source revenue. This revenue generally comes from Insurers and from Medicare, rather than the Patients themselves. Another major response needs to be more cost effective service provision and introducing different ways of providing our services.

Continued on page 6.

Also in this issue:

Quiet Achiever - Raynor Cowdroy
Lismore Hosts Australia's First Regional Pop-Up Rapid HIV test
Midwifery Professor a first for Tweed & Murwillumbah
Chief Executive Report
Lismore Base Hospital Ward Changes
Interview with Ken Lee, Coordinator, Carers Program
Make 2014 a great year for your Health
Maclean Hospital Disabled Ramp opens
Culture - Inter-action or Re-action
Welcome new Doctors to Lismore and Tweed
Staff News and more



A word from the Editor, Susan Walker

Welcome to the first issue of Northern Exposure for 2014. I hope you all enjoyed the Christmas/New Year festive season with your families and friends.

It doesn't take long to get back into the swing of things. During these first couple of weeks we have

welcomed Professor Kathleen Fahy, who is a Professor of Midwifery at the Southern Cross University Gold Coast and Tweed campuses. Professor Fahy will work at The Tweed and Murwillumbah Hospitals two days a week (please go to page 4 to read more about this unique appointment).

This month I had the opportunity to interview Ken Lee, Coordinator, Carers Programs. It was really interesting to learn about this role and what it encompasses. Ken is passionate about helping the most vulnerable in the community. We are fortunate to have such a person working in the LHD. Like Ken says, working in the LHD we meet some inspiring people.

Lismore Base and The Tweed Hospitals have welcomed the new Interns, who have completed their undergraduate University studies and are now working at these hospitals for the next two years to gain postgraduate training and experience.

Recently, I had a visit from a representative of the Westpac Life Saver Rescue Helicopter Service. Westpac is seeking the support of NNSW LHD Staff to help keep operating this free service to the community, which is becoming very expensive. Over the years the regular donations made by Staff from their pay has dwindled, he said. This may be due to many Staff reaching retirement age, or moving to other areas.



Westpac has asked that each of us seriously consider making a regular donation from our fortnightly pay. It can be as little as \$2 and will help keep this vital service operating. There is a Payroll deduction form on page 4 or you can contact the Westpac Helicopter Service on 6627 4444.

Please send an e-mail to susan.walker@ncahs.health.nsw.gov.au or call 6620 214, if you have a contribution to make to Northern Exposure.

Raynor Cowdroy - Quiet Achiever

Clinical Leadership Programme

Raynor Cowdroy is a Clinical Nurse Specialist in Orthopaedics at The Tweed Hospital (TTH) and was concerned about the current ordering practices at the hospital. So Raynor set about improving the then practices in the Loan and Stores Department at the hospital. Raynor's project aimed to have items checked, recorded and receipted into the department in a timely manner. As well, she worked to reduce department costs by:

- Streamlining the ordering system by having one person in charge of ordering Stock and Non Stock items, so reducing the risk of double orders and over ordering
- Reduce the risk of operation cancellations that adversely affects surgical patients.

The outcome is stores and non stock items are receipted and unpacked into the items correct department on the same day as delivery.

The loan sets are checked in, receipted and sent to CSSD with adequate time for processing, so reducing the risk of cases being cancelled or delayed.

This creates a safe and clear corridor, reducing risk for patients and staff on route to Recovery, Pre and Post Operatively.

Raynor was nominated by Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group



Lismore Hosts Australia's First Regional Pop-Up Rapid HIV Testing

Following the huge success in Sydney's Taylor Square in December last year, the Pop-Up Testing Caravan set up for operation during the Tropical Fruits Festival held at Lismore Showground on New Year's Eve.

The site is a partnership between NSW Ministry of Health, NNSW and Mid North Coast Local Health District's (MNCLHD) ACON and SydPath, (St Vincent's Pathology).

NSW Chief Health Officer, Dr Kerry Chant, said HIV testing is faster and easier than ever before. Rapid tests are now available on the spot and a result is available within 30 minutes.



Clinical Staff, Educators and Managers at the HIV Rapid Testing Pop-Up Site in Lismore: back row from left, Tobin Saunders; Samara Kitchener, NSW Health; Debbie Anne Wilson; Dr David Smith from SHAIDS; Jenny Dowell, Lismore City Mayor; Jenny Heslop, Manager HIV & Related Programs (HARP) and Marie Reilly ACON Northern Rivers Manager. Front kneeling are Neil McKeller-Stewart and Dermot Ryan.

"Testing leads to early diagnosis, which enables early treatment. Antiretroviral treatment not only improves health and wellbeing but also reduces the risk of transmitting HIV to others" Dr Chant said.

Jenny Heslop, Manager HIV & Related Programs (HARP), said "Lismore was thrilled to host the first regional Pop Up Rapid HIV Testing site."

People at risk were encouraged - especially men who have sex with men, people who inject drugs and people who work in the sex industry - to take advantage of the site".

Making HIV testing easier is a priority of the NSW HIV Strategy 2012-2015.

Dr David Smith, Medical Director Lismore Sexual Health Service, said "while there are 18 established Rapid Testing Centres in NSW, the Pop-Up site is an eye-catching way to raise awareness, especially among regional communities."

The van operated at Lismore Showground on 30 and 31 December from 10.00am-4.00pm with trained clinical staff from MNC & NNSW LHD's and ACON Peer Educators were on duty during this time.

"Testing is a simple process which involves a finger prick of blood and results are available within 30 minutes. Those tested could choose to wait or wait for a text message notifying them their results are ready," Dr Smith said.

Those who tested positive were accompanied to a nearby health centre for further blood tests and support.

The pop-up site is an adapted version of ACON's a [TEST] model, which provides rapid testing in community locations.

"We were very excited to be partnering with ACON and SydPath to promote HIV testing and rapid results in northern NSW and across the State," Jenny Heslop said.

"In 2012, there was a 24% rise in HIV infections in NSW, with 409 people diagnosed compared to 330 in 2011."

Eighty one per cent of new infections were from homosexual contact, fourteen per cent from heterosexual contact and two per cent due to injecting drug use.

NSW is at the forefront of innovative and effective responses to HIV.

"The Pop-Up Testing Van is an example of how NSW Health is adapting its policies and services to take advantage of new advances in HIV testing and treatment."

"It is a big difference if you compare this to a decade ago when people would be forced to wait anxiously for many days or weeks, before an HIV test result was known," Dr Smith said.

Further information on the Pop-Up Rapid HIV testing site can be found at www.health.nsw.gov.au/endinghiv

The NSW HIV Strategy 2012-2015 can be found at <http://www.health.nsw.gov.au/sexualhealth/Pages/hiv.aspx>

Midwifery Professor a first for Tweed & Murwillumbah Hospitals

The NNSW LHD and Southern Cross University (SCU) have entered into a unique arrangement following the appointment of Kathleen Fahy, as Professor (Prof) of Midwifery at The Tweed Hospital (TTH) and Murwillumbah District Hospital.

In a first for regional NSW Hospitals and Universities, Prof Kathleen Fahy, Head of Midwifery at SCU and Head of the Gold Coast campus, has taken on the honorary position two days per week, based at TTH from mid-January.

Chief Executive, Chris Crawford and SCU Vice Chancellor, Peter Lee said, the arrangement has been made possible through the support of SCU's School of Health and Human Sciences.

Mr Crawford said, "NNSW LHD Executive Director of Nursing and Midwifery, Annette Symes and the Dean of Health, Professor Iain Graham, have been working together in order to provide opportunities to develop research and practice improvement projects for nursing and midwifery throughout the LHD and we are delighted that this is being achieved."

"Prof Fahy is the first Professor to be established under this strategic directive and is eager to get to work with the midwives and staff in the birthing centres," Ms Symes said.

"I want to be able to integrate with the maternity staff so that I am easily accessible to discuss midwifery practice concerns. My role will include presenting workshops and seminars. Additionally, I want to support staff to initiate and participate in practice improvement projects," Prof Fahy said.

Prof Iain Graham, Head of the School of Health and Human Sciences said, "It is an exciting development for the University and the move is part of establishing a Professors-in-Residence scheme."



L-R: Chris Crawford, Annette Symes, Kathleen Fahy, Iain Graham and Ann Scheffe at the TTH Welcome Morning Tea for Prof Fahy.

"The aim of the scheme is to support the integration of health practice, research and education in order to improve patient care outcomes. The Professors-in-Residence scheme is a concept that is well established in the United Kingdom and United States. The scheme enhances the existing Health Clinics that are available to the public on both the Gold Coast and Lismore campus of SCU."

"We are grateful to the NNSW LHD for its cooperation, particularly Annette Symes and her team from the Nursing and Midwifery Directorate," Professor Graham said.

Ann Scheffe, Director of Nursing and Midwifery for Tweed and Murwillumbah Hospitals, is very supportive of the initiative, "I am looking forward to working alongside Professor Fahy to help promote integration of midwifery practice with an aim of enhancing outcomes for our patients and to strengthen our collaborative practices with Southern Cross University."



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Chief Executive Report

Improving Clinician Engagement Paper

The Improving Clinician Engagement Paper prepared by the NNSW LHD Executive for the Board, was circulated at the Board's request to some of the LHD's main Clinician forums for consideration and feedback. The feedback received was generally positive.

The input received and an amended version of the Paper to take account of this feedback was considered by the Board at its 4 December 2013 meeting. After discussing the Paper and seeking a few amendments, the Board endorsed the amended Paper for implementation. In response to the decision of the Board, the Executive has decided that some of the Paper's recommendations can be implemented immediately, while more work is required to determine the best way to implement other recommendations.

Immediate Implementation

Approved for immediate implementation are quarterly Clinical Engagement Plans for each Executive Director, so that their Clinician engagement increases and becomes more systematic. Such Plans will cascade down to other levels of management in future years. Another recommendation that can be implemented immediately is the use of the wide variety of engagement approaches set out in the paper. Further, the development of an LHD-wide protocol to guide consultation and engagement about major change processes was requested to occur immediately.

Action Plan Development

At a recent meeting, the Executive decided to re-active its Clinician Engagement Working Party, which had developed the early drafts of the Improving Clinician Engagement Paper and to give it responsibility for preparing an Action Plan that will set out the how, when and who of the implementation of those recommendations, which are not slated for immediate implementation.

It is anticipated that this Action Plan will be finalised and endorsed by the Executive before the end of March. As was flagged in the Paper itself, the recommendations, depending on their nature and complexity, will be implemented over the short, medium and long term.

For the benefit those Staff and Clinicians, who did not have the opportunity to read or discuss the Improving Clinician Engagement Paper at a Clinician forum, as part of the consultation process, I believe it would be useful to draw attention to its key aspects, as it will play an important role in the LHD's activities over the next few years.

Underpinning philosophy

The underpinning philosophy of the paper recognises that the NSW Health System is a professional bureaucracy, where frontline staff have a large measure of control over the content of the work undertaken by virtue of their training and professional knowledge.

In such an organisational structure, a command and control hierarchical approach will not produce the best results. Therefore, a more horizontal approach based on engagement between Clinicians and Managers is the preferred approach.

The aim is to encourage Clinicians to buy into the achievement of the LHD's objectives by contributing more than would routinely be required of them. They contribute more because they have a stake in the organisation's success. Should the LHD do well it will benefit them, their Patients and the local community in which they live, because better health services will be available locally.

Structure of Paper

The Paper contains a Forward, which sets out the strategic approach that it will take towards Clinician Engagement. This is followed by the main five sections of the Paper, which set out how Clinician Engagement should be operationalized in the NNSW LHD. These sections deal with Engagement Approaches, Training to Facilitate Engagement, Engagement Structures, Engagement Mechanics and Using Performance Management to promote Engagement. These main sections are followed by a Conclusion and a Summary of the Fifteen Recommendations which the Paper makes.

Engagement Approaches

Various ways of engaging with Clinicians are discussed. "Rounding" is endorsed as a good means of engaging with Nursing and some Allied Health Staff. Other approaches are regarded as being important to reach most Medical Officers – Junior and Senior – and other Allied Health Staff. These approaches include use of Champions, regular attendance at Clinician dominated Committees, meetings with Medical and Allied Health Departments and direct engagement, either formal or informal, through more visibility of Managers in Clinical areas of Hospitals and Health Services.

Training to Facilitate Engagement

The section on Training to Facilitate Engagement indicates three activities need to be undertaken. Firstly, a skills audit is required to determine the level of engagement skills that are possessed by individual Managers and Clinician Leaders. In parallel, appropriate training courses need to be identified. Then the Managers and Clinician Leaders need to be matched with the training courses, which will best assist in the filling of any engagement skill deficits identified.

Structure, Mechanics and Performance Management

The structure section indicates that it is the Medical Officer support structures at the two largest NNSW LHD Hospitals, that most need to be strengthened. It sets out various options for achieving this goal.

The Mechanics section states that Managers and Clinician Leaders are (like most of us), very busy and so will need to reorganise their work schedules to enable them to undertake additional Clinician engagement. Also in the Mechanics section, the need for a template checklist to guide the undertaking of major change exercises is identified. This template is currently being developed by a Member of the NNSW LHD Executive.

The fifth section outlines how the Performance Management process will be utilised to drive the enhancement of Clinician engagement.

Chris Crawford

Lismore Base Hospital Ward Changes

In June 2013 LBH joined the NSW Health Whole of Hospital Program that promotes access to high quality, safe and efficient health care, which is important for Patients, Carers and Staff.

The Whole of Hospital is a Program designed to support LHDs in driving the strategic change needed to improve access to care and to improve patient flow in NSW.

The Whole of Hospital Program seeks to connect or streamline existing work processes and strives to generate efficiencies, while keeping safety and quality at the forefront.

Lynne Weir, Executive Director, Richmond Clarence Health Service Group said, "The LBH Whole of Hospital Governance Committee has spent a considerable amount of time reviewing patient flow and the issues that impact on the patient's journey."

The review identified a number of strategies that could be implemented to improve the patient's journey. The 'In Safe Hands Program' was identified as a program that if implemented in part or whole, would meet the objectives we are aiming to achieve at LBH. The objectives are to improve:

- Patient Centred Care
- Staff satisfaction
- Patient Safety and quality outcomes
- Patient Flow
- Patient satisfaction.

Following consultation with Senior Managers, Clinicians and Visiting Medical Staff, LBH Management has decided to introduce some of the strategies from the "In Safe Hands" Program. The changes to be implemented are:

- Introduce Ward Base Junior Medical Officers (JMO's)
- Increase the number of JMO's rostered after hours



Ward A7 L-R: John Ho, Pharmacist; Brenda Sidebottom, RN; Jolita Adema, RN; Lea McAllister, NUM, Lynne Weir, Narelle Gleeson, Director of Nursing and Midwifery and Kellie Dwane, Ward Clerk

- Reconfigure the Wards to enable the cohorting of patients by speciality. The minimising of the number of speciality outliers has been proven to improve patient outcomes.

The Ward reconfiguration has been finalised, after extensive consultation and the changes will be effective from 31 March 2014. The wards will be reorganised as follows:

C8 – Orthopaedics and General Surgery
C7 – General Medicine, Stroke, Acute Aged Care, GEM and ADU
A7 – Haematology/Oncology, Gastroenterology and MAU
C6 – Cardiology, Renal, Vascular and flexible beds
SSU – 23 hour surgical and surgical flex beds.

The Ward based JMO's will commence on the 14 April 2014.

from page 1

The Year ahead

Service Upgrades

Some of the opportunities that we can utilise arise from the commissioning of capital works projects as they are completed or by making new appointments. At The Tweed (TTH), Murwillumbah and Lismore Base (LBH) - via completion of the Interim Emergency Medicine Unit - Hospitals upgrades to the Emergency Departments (EDs) will enable services to be provided quicker and better.

New Capital Works

At Grafton Base Hospital (GBH), the development of new accommodation for the Pathology and Pharmacy Services will allow the provision of these services to be improved. The new Community Health Centre at Yamba will improve service access, especially to Dental Services. The new Ophthalmology Unit at LBH will improve the efficiency of this service. The opening of an eighth Intensive Care Unit Bed at TTH will strengthen the Hospital's Critical Care Services.

Appointment of Clinicians

The appointment of Infectious Disease Physicians at both TTH and LBH will better position these Hospitals to avoid and if necessary respond to outbreaks of MRSA and VRE. The appointment of extra Clinical Pharmacists will better support

the Medical Officers and Nurses on the Wards in determining drug regimes for Patients. The recruitment of a second Orthopaedic Surgeon to GBH will lead to a significant increase in the number of Orthopaedic Patients who will be treated there, so reducing Patient outflows from the LHD.

Working with Health Partners

Three organisations that the LHD intends to work closely with in 2014 are the Agency for Clinical Innovation, the Clinical Excellence Commission and the North Coast NSW Medicare Local. It has already been agreed that we will implement various initiatives with the support of these other organisations in 2014. Some of these initiatives are already underway, while others will commence over the next few months. The new Models of Care introduced will further improve the care provided to our Patients.

Conclusion

The details set out above are only a snapshot of some of the more important activities that will take place in 2014. But as you are all aware, so much more will occur as individual improvement initiatives are undertaken by our teams and as these ripple through the LHD.

Interview with Ken Lee, NNSW LHD's encyclopedia on Carers Strategies

Ken's interest in the delivery of health services started in his teens when he made weekly visits to see his best friend from school, during a six month admission at a major Psychiatric Hospital. He went on to study Social Sciences at Swinburne University in Melbourne and emerged with a Graduate Diploma in Equal Opportunity Administration. During his studies he took on a series of locums with Mental Health NGO's and Community Services Victoria's Youth Programs as a Case Manager.

Chasing the sun and the surf in 1995, Ken and his partner Cas headed north and settled in the Byron Shire. Ken took up a position with the Tweed Valley Health Service as an Adolescent Mental Health Worker and continued in this role for 14 years.

"I found working in this role an incredibly fulfilling experience. I worked with some very dedicated and experienced professionals along the way. It provided me with a deep insight into the human experience, which forms the foundation for the work that I do today." Also during this time, Ken took up the opportunity of a scholarship to complete a Graduate Certificate in Business Administration and went on to assist the MHS Management team with leave relief.

When did you commence in the Coordinator Carers Program role for NNSW LHD?

I was keen to re-visit my interest in health service delivery and looked for a position where there was the opportunity to work with the organisation at the strategic level. In 2009 the Coordinator Carers Program role provided the opportunity to work on strategies to enhance the capacity of health services to respond to some of the most vulnerable people in the community. While not a particularly "glamorous role" it ticked the boxes for me.

What happens in a day in the life of the Carers Coordinator?

It changes day to day. One day I might be on the computer and phone all day and the next out and about meeting with people from facilities or in the community across the LHD. Sometimes I am responding to requests from individual managers, who are interested to improve the responsiveness of their service to working with Carers. Other times I will be working on a whole of organisation awareness raising strategy about a new piece of policy or legislation. I review all new LHD policies and procedures for consistencies with current directions and facilitate a consultancy program with over 30 community members. At any one time I have several projects on the go. This makes it an interesting job.

Are there a lot of Carers in the community needing support?

Yes, approximately 12% of the NSW population have a caring role. However, it is probably better to think of it in terms of our patient population. Most of our patients will have a Carer and it is important for both the Carer and the Clinician that we build a relationship with them. They form part of our care team. They not only need information from us to help with their role but they can give us vital information to help with our role. Ultimately, the relationship we build with them will enhance the experience for all concerned and lead to efficiencies and a reduced number of adverse outcomes.

What are some of the future challenges in your role?

I need to ensure that the Program remains relevant and useful to the LHD. I will be working with managers to ensure that the LHD



meets its obligations under Carer related legislation. Recently there was a flurry of activity relating to Standard 2 of the National Quality Standards. I also want to ensure that the LHD continues to build its relationship with Carers and Carer organisations.

There are a lot of changes taking place which relate to the way governments fund services. These changes will impact on Carers and on the discharge planning for our patients. Our Staff will need to have up-to-date information to be responsive to these changes and to ensure that risk is minimised when patients transition into the community. Our Discharge Planners know that the better we do this, the shorter the stay in hospital and the chance of readmission is minimised.

Recently I have been assisting the LHD to implement the NSW Health & Ageing Disability and Home Care (ADHC) Joint Guideline. This Guideline is to facilitate greater communication between Health, ADHC and NGO Staff to improve the capacity of services to respond to the needs of patients with intellectual disabilities. It is also anticipated that the NSW Government will be introducing new Disability legislation and that the LHD will need assistance to develop a local action plan.

Are you involved in research and development?

I try to ensure all of the projects that the program undertakes contribute in some way to knowledge in this field. Recently, I was lucky enough to have the opportunity to work on some high level committees. One of these was a Steering Committee with the Clinical Excellence Commission to oversee the implementation of a research study that saw a trial of 'TOP5' in 21 Public and Private hospitals across NSW including our own MPS's.

TOP5 is a simple strategy to help Nursing Staff to work with the Carers to identify five strategies to assist with the management of the cognitively impaired patient. Preliminary findings from this research have shown a significant reduction in falls and the use of antipsychotic medications. While our MPS's generously offered to participate in the study, other sites such as LBH, Ballina, Byron and Murwillumbah have seen the value in it and introduced TOP5 of their own accord. The Carers Program intends to continue to promote strategies like TOP5 to service units across the LHD.

What has been the most fulfilling aspect of your role?

Definitely the people I've met. I've made some great friends while working for this organisation.

Make 2014 a great year for Your Health

What are your health resolutions for the New Year? If they include reaching a healthy weight, cutting down on alcohol or giving up smoking then our Health Promotion Staff can help you.

With more than half of the Northern Rivers adults and a quarter of the children overweight or obese, it isn't surprising that many people will be making resolutions to lose weight and get healthier in 2014.

Jillian Adams, Manager of NNSW LHD Health Promotion said, "We have free scientifically-proven programs to help people lose weight, improve their diet, get fitter, quit smoking and drink more responsibly."

For NSW residents who are 18 years and over, the Get Healthy Information and Coaching Service offers free telephone based health coaching calls.

The health coaching calls run for six months and are conducted by a University qualified Health Professional who will assist in:

- Developing personal goals
- Creating action plans
- Maintaining motivation
- Identifying problem areas and creating solutions for successful lifestyle change.

Ms Adams said, "The program has already provided help to people all over NSW to lose weight and reduce their waist circumference. These results can reduce the risk of chronic disease as well as increase participant's quality of life and self-esteem."

Call Get Healthy on 1300 806 258 or go to www.gethealthynsw.com.au

The free Go4Fun Program is designed for children aged between 7 and 13 years of age and who are above their healthy body weight. The Go4Fun program helps children to become fitter, healthier and happier.



Health Promotion staff L-R: Avigdor Zask, Anthony Knight, Jillian Adams and Martina Pattinson and at front L-R: Mary Ward, Graeme Williams and Laurel Rogers.

"The program has achieved outstanding results so far. Kids come along to play fun games with Play Leaders and Parents come to learn about ways to make it easier to feed their children healthy food and provide alternatives to screen time," Ms Adams said.

Go4Fun Programs will run in Evans Head, Goonellabah, Pottsville, Grafton and Murwillumbah this term if enough children are enrolled. There will also be an Indigenous program run in conjunction with Bullinah Aboriginal Medical Service.

"It is a really supportive program where parents share successes and help each other with the challenges of parenting. The leaders have a wealth of tips and tricks to make feeding kids simpler and healthier," said Ms Adams.

Parents can get in touch with their local Go4Fun program by calling 02 6620 7504 or free call 1800 780 900 or registering online at www.go4fun.com.au

CHEGS exercise and qigong classes are a great low-cost way to improve or maintain your fitness levels. Check for a class near you at www.chegs.org.au.

People, who are considering quitting smoking, should call 137848 (13QUIT) or visit icanquit.com.au for help and advice.

If you are concerned with the amount of alcohol you drink, do the Drink Check survey and get some advice at Healthy North Coast website at www.healthynorthcoast.org.au/drinkcheck





Above: Jim Agnew encourages others to join him as he wheels Jan Johnson up the disabled ramp to the entrance of Maclean Hospital. Mrs Johnson was in a car accident 40 years ago to the day of the opening and is a member of Clarence Valley Council's Lower Clarence Access Committee. Photo: Adam Hourigan, Grafton Daily Examiner

On the 18th December last year the new Pedestrian Disabled Access Ramp to the front of Maclean District Hospital was officially opened.

Susan Howland, a Member of NNSW LHD Community Engagement Advisory Council and Community Development Officer with Clarence Valley Council organised the opening to acknowledge the efforts of Jim Agnew.

Jim Agnew approached the Maclean Rotary Club, to help fund a disabled access ramp for the Maclean Hospital. The Club took up the challenge and coordinated a local builder to construct the ramp at a cost of \$27,000.

This \$27,000 cost was equally shared by the Maclean Rotary Club and NNSW LHD.

"This new ramp is a wonderful asset for our elderly and disabled community members and I am delighted that the ramp is now complete. Jim now has a further three projects he is working on, one of which is a new parking lot," said Anne Farrell, Maclean Hospital Nurse Manager.

Jim Agnew is a local resident, who has campaigned for enhanced health services in Yamba and Maclean that include an Ambulance Station and a Community Health Centre at Yamba. The Yamba Community Health Centre will be completed by May 2014.

Culture - Inter-action or Re-action

From a workplace culture perspective, the quality of our individual and collective interactions to a great extent determines the overall quality of the organisation.

Our various interactions throughout the course of our daily business form non-tangible connections that create an organic circuit that drives the organisation's higher order functioning and operation.

This higher order functioning and operation supports the organisation in identifying risks, solving problems, developing opportunity and innovation, and communicating care and regard for each other. The quality of this organic circuit greatly influences the overall quality of the organisation.

On most occasions, the quality of these workplace interactions frames our individual and collective perspectives that can directly influence a multitude of outcomes, including clinical and technical outcomes.

The opportunity exists for us to examine our individual and collective contribution to the various workplace interactions.

Undertaking a simple analysis of our workplace interactions, as an individual or as a group, can not only greatly enhance the qualitative component of our experience at work, but also the



qualitative component of our health care service delivery.

We can apply personal responsibility in assessing whether our contributions to workplace interactions are positive and purposeful in working towards a positive workplace culture; or whether our workplace interactions are emotionally charged reactive responses to various situations that would not only support less than positive workplace culture, but also less than positive outcomes.

The ocean of work around emotional intelligence strongly indicates that it is healthy to self-assess what drives our reactive responses when interacting.

Understanding and managing our emotive reaction is our individual responsibility. Healthy levels of self-awareness and management offers us opportunity to enhance our capacity to initiate and engage in professional and productive workplace interactions. Take a moment, ask ourselves – are we knowingly interacting within the workplace or are we automatically reacting within the workplace?

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New Doctors Welcomed to Lismore and Tweed

On Monday 20 January Lismore Base and The Tweed Hospitals welcomed new Doctors, who chose to undertake their two year Internship at these hospitals.

Ten Doctors, seven are Rural Preferential Doctors, commenced at LBH. Four of the Doctors, who grew up in the area (Ballina, Byron Bay, Alstonville and Bangalow), have chosen to come to Lismore and will work in different areas of the hospital.

In addition to the local Doctors, there are three international Interns (Hong Kong, Malaysia and Canada), who recently completed Medical School in Australia and have also commenced at LBH.

At TTH all 18 Doctors are Rural Preferential Doctors, four who are from Northern NSW and South East Queensland have chosen to come to Tweed and will work in different areas of TTH. In addition to the local Doctors, there are two international students (Singapore and Canada), who also recently completed Medical School in Australia have commenced at TTH.

During the next two years, the Doctors will have a wide variety of training opportunities, which include rotations to Critical Care, Medical specialties, Surgery, Orthopaedics, Paediatrics, Obstetrics and Gynaecology.

Over the past week the Interns have been kept busy with a full orientation program to their respective Hospitals before commencing work in these different areas of the Hospital.

"The first two years of postgraduate training of Doctors is vital for developing a highly skilled workforce and we are hopeful that some of the Doctors who come to the North Coast will return to work here in the future," said Dr Ian Fielding, Executive Medical Director, NNSW LHD.

Pictured right: Lismore Local Interns with Ian Fielding, NNSW LHD Executive Medical Director; Steve Diamond, Director of Prevocational Education and Training with four of the local Interns Danielle McPherson from Alstonville, at rear is Cale Lawlor from Ballina, Lucy Blumer from Talofa near Bangalow and Marty Mayberry from Byron Bay.



Above: Thomas George, Lismore MP came to welcome the new Interns to Lismore. He joined Lynne Weir, Executive Director for Richmond Clarence Health Service Group, Katherine Willis-Sullivan, Director of Medical Services, Richmond Network and Ian Fielding, Executive Medical Director for NNSW LHD



Above at left is Michael Hills, TTH Director of Medical Services, front is Bernadette Loughnane, Executive Director Tweed Byron Health Service Group with Interns Jacqueline Wilson, Rebecca Collins, Candice Norris, Nelson Herbert, Megan Lennon, Ben Buxton and Chris Timms, seated is Geoff Provest, Tweed MP and behind Geoff is Hugo Poncia, Director of Prevocational Education and Training with Interns.



Congratulations

Tony Lembke, Chair of the North Coast Medicare Local has been recognised for championing the Medicare Local model and presented with the Individual Distinction Award at the National Primary Health Care Conference on the Gold Coast recently.



Above Tony Lembke accepting his award.

Dr Lembke works as a fulltime General Practitioner and is a Visiting Medical Officer at the LBH. NNSW LHD Chief Executive said Dr Lembke has shown leadership for enhanced quality improvement models across the North Coast, which have been of significant benefit, not only to Patients and Residents of the North Coast Community but also to those who work in health. His leadership is an inspiration to all who strive to provide the highest quality of care for our patients.

Brendan Pearce is a youth representative on the NNSW LHD Community Engagement Advisory Council and has been appointed as Chair of the Australian Hearing's Paediatric Program Advisory Committee.



Brendan says he was nominated to the Committee by his audiologist and was selected because of his personal experience and his involvement in health and youth issues in the North Coast NSW region.

An Australian Government agency, Australian Hearing is dedicated to helping people manage their hearing impairment so they have a better quality of life.

The Paediatric Program Advisory committee is an initiative of the Australian Hearing Board as an opportunity to give parents and young clients a say about the way services are provided to children, families and young adults. This committee is made up of 10 representatives from across Australia, including two indigenous representatives, who are either young adults or parents of young clients.

Committee members will be seeking ideas from the Australian Hearing client community as well as using their own expertise to provide advice to Australian Hearing about issues facing families, children and young clients as they manage their hearing loss, and about ways to help clients on their journey with Australian Hearings program.

Congratulations to Byron District Hospital on achieving a very impressive 91.6% on its Security Improvement Audit, which was conducted on 19 December 2013.



Pictured above from back L-R: Garry Stewart, HSA Chair Work Health Safety; Paul Pattinson, Byron Manager Community Health; Gav Jones, Team Leader Security; Steve Felton, Maintenance/Carpenter; Liz McCall, Nurse Manager and Keryn York, Executive Officer/Director of Nursing.



Congratulations to The Tweed Hospital ED Team following the National Emergency Attendance Targets (NEAT) results released by the Bureau of Health Information (BHI) at the end of last year.

The BHI baseline target for the period 1 January to 31 December 2013 was 71% and each month TTH consistently met, or was above the target. The 2014 target has risen to 83%, which will be a challenging year for NNSW LHD EDs. However, it is pleasing to note TTH result in December 2013 was 83%.

Above L-R TTH ED: Ryan Armstrong, Dr Ed Egan, Nicole Taylor, Tony Lothead, Dr Rob Davies, Bernadette Loughnane and Martin Snide.

Congratulations and Farewell

Cheryl Whitley, LBH Renal Unit Registered Nurse retired on 10 December 2013. Jane Ruane, Renal Case Manager at LBH said Cheryl was one of the Unit's treasured Staff members. Cheryl retired after 24 years at LBH, 13 of which were in the Peritoneal Dialysis (PD). Cheryl has performed exceptionally as a colleague, mentor and patient advocate.

The PD team strive to support patients performing dialysis at home, enabling optimal clinical outcomes and overall well-being. This also includes supporting patients when at LBH, via Emergency Department and the Medical Ward (C7).

Cheryl recently delivered PD Competency Training with her colleagues to 12 C7 staff, after Nurse Strategy funding was awarded.

The PD team have much to celebrate, Cheryl is departing with

- Key Performance Indicators well above benchmark.
- Exit site infections are one episode in 96.4 patient months
- Peritonitis infections are nil episodes in 156.5 months.

The International Society for Peritoneal Dialysis recommend that all PD related infections, both peritonitis and exit site infection should be carefully monitored. They recommend that a Centre's peritonitis rate should be no more than one episode



Jane Ruane A/NUM, Rod Hyland, Clinical Nurse Consultant (CNS), Cheryl Whitley RN, Jo Hancock CNS, Chris O'Donnell CNS, the LBH Peritoneal Dialysis team.

every 18 months. They state that rates as low as 1 every 41-42 months have been reported and that all units should strive to achieve this. So the LBH PD results is excellent.

We wish Cheryl a wonderful and restful retirement.

Australian Gastro Week Conference

During Australian Gastro Week held in Melbourne late last year, The Tweed Hospital Department of General Surgery was extremely well represented at a combined meeting of all Australian Gastrointestinal Societies.



L-R: Michael Ghush, Candice Silverman and Niruben Rajasagaram

Congratulations to all speakers who were:

Dr Gratian Punch, Surgical Registrar and Supervised by Dr Stephan White, spoke on "High dose Botulinum Toxin A related outcomes in the treatment of chronic anal fissure".

Dr Catriona Duncan (Home Intern) and Supervised by Dr Candice Silverman, spoke on "Laparoscopic resection of a massive distal oesophageal diverticulum".

Niruben Rajasagaram, Surgical Fellow and Supervised by Dr Michael Ghush spoke on "Laparo-endoscopic techniques in the removal of gastric gastro-intestinal stromal tumours: a review of our experience".

Volunteers Working for a Better PNG

Janet Terry, Public Health Preparedness Epidemiologist is taking six months leave so she can travel to New Ireland province in Papua New Guinea.

Janet will work as a volunteer Health Manager for a small Australian Non Government Organisation (NGO) called Australian Doctors International (ADI) <http://www.adi.org.au>

ADI works in partnership with the local health authority and the provincial Government to deliver a number of projects, including integrated outreach patrols to outlying villages, clinical teaching and an in service programme for health care workers, health management capacity building and advocacy.



New Ireland is a beautiful area with lots to do and see, to find out more go to the ADI website maybe make a donation or become a volunteer.



Need information about health in PNG? View reports and publications on maternal health, child health, malaria, TB, HIV/AIDS and more.