

Ministerial Visit brings goodwill



At the Tweed Dental Clinic Opening from left: Allan Cripps, Geoff Provest, Jillian Skinner, Kevin Humphries, Kevin Hogan and Brian Pezzutti join hands in the spirit of collaboration.

On Wednesday 16 April 2014 NSW Minister for Health and Minister for Medical Research, the Hon Jillian Skinner came to the Northern NSW Local Health District (NNSW LHD) to open the Tweed Dental Clinic and the Murwillumbah District Hospital Emergency Department (ED).

At the \$2.5 million Tweed Dental Clinic opening, which was funded jointly by a Federal Government grant of \$1.535 million to Griffith University, \$840,000 from the NSW Government and an additional \$50,000 from Griffith University Minister Skinner was joined by the Hon Kevin Humphries, then Minister for Healthy Lifestyles and Minister for Mental Health, Geoff Provest, Member for Tweed (MP), Kevin Hogan, Federal Member for Page who was representing Peter Dutton, Federal Minister for Health and Sport, Professor Allan Cripps Pro Vice Chancellor (Health) Griffith University and Brian Pezzutti, Chair, NNSW LHD Board.



Above: At Tweed Dental Clinic L-R: John Melbourne, Dentist; Joe Ogg, Board Member; Annette Symes, Executive Director Nursing & Midwifery; Board Members David Frazer and Sue Page sitting in one of the six new dental chairs.



Tweed Dental Students L-R: AJ Jalota, Nancy Truong, Julie Kim, Alice Chang with Susie Patton, Clinical Placement and Professor Ward Massey from Griffith University.

Following the Tweed Dental Clinic Opening the Minister then went to Murwillumbah where she was joined by Thomas George, Member for Lismore to open the expanded Emergency Department (ED) where she announced \$450,000 in additional funding to complete the third and final stage of the ED upgrade.

Minister Skinner praised Staff for their wonderful work and congratulated them on the recent Bureau of Health Information Patient Survey results which showed patients treated at Murwillumbah gave them a 97% vote of confidence.



Murwillumbah ED from left: Tracey Blandon, Angie Gittus, Minister Skinner, Cherie Austin and Ann Scheffe, Director of Nursing TTH and Murwillumbah District Hospital.

When completed, the new ED will be almost double its original size. The \$1.25 million stage one and two upgrade to Murwillumbah ED delivered:

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Say NO to Unsafe Work Practices



A word from the Editor, Susan Walker

It has been a very exciting time over the past month with openings and funding announcements being made by the NSW Minister for Health and Medical Research, the Hon Jillian Skinner and the Federal Member for Page, Kevin Hogan. Progress is certainly being made across the NNSW LHD for better facilities that will enable Staff to better care for patients.

Openings of new and expanded facilities certainly bring many of us together. For me, it provides the opportunity to meet colleagues, staff, volunteers and guests, who I have spoken with over the phone but never met, or those I haven't seen for a number of years. It brings us all together in celebration and there is a genuine feeling of goodwill in the knowledge that all the hard work undertaken by those involved has come to fruition.

From the early days of planning and then advocating to the Ministry of Health for funding for new and improved services by the Chief Executive and Executive team and the LHD Board to the Capital Works team, who oversee the construction process, all have a part to play in the expanding of our health services.



Bob Miller, Senior Project Officer, Capital Works and Bernadette Loughnane, Executive Director Tweed Byron Health Service Group at the Tweed Dental Clinic opening.

The shortcut link to NSW LHD Hand Hygiene Compliance results
Shortcut link to NSW LHD Hand Hygiene Compliance results
<http://int.ncahs.nsw.gov.au/teleforms/index.php?pageid=4945&siteid=253>

After receiving information concerning possible Coal Seam Gas (CSG) impacts on human health, I have included an article on CSG impacts on page 14. In the next issue I will cover the other side of the debate to ensure there is a balance on this topic.

Please note this issue contains the bi-annual 4 page Community and Clinician Engagement insert on pages 9-12, which contains information about Board, Community and Clinician activities.



Coming up next month on **5 May is World Hand Hygiene Day**. Please find a link to the World Health Organisation International Hand Hygiene Day activities.

The Australian Hand Hygiene website can be found at www.hha.org.au/

Robyn Creighton - Quiet Achiever

Robyn Creighton has been nominated as a Quiet Achiever by Ellen Palmer, Executive Officer-Director of Nursing, Casino & District Memorial Hospital

Robyn Creighton is one of those special people who embody the principles and standards of a 'quiet achiever'.

A valued employee of Casino & District Memorial Hospital over many years, Robyn has proven to be an ethical, committed and self-motivated employee, who gets on with the job functions without self-glorification.

In 2013 Robyn stepped up to be the full-time Supervisor of Operational Services role, as an interim arrangement. Now almost 12-months later recruitment process(s) are still in progress and Robyn continues 'acting up'.

This position has taken Robyn on a management and leadership learning trajectory during a time of significant change to which she has appropriately risen to the challenges and opportunities. As a result of her dedication Robyn has flourished both professionally and personally.

Robyn does a great job and whilst we know she will be humbled by this nomination she is very deserving of the recognition being put forward by the Casino Support and Clinical Services team members and the Casino site management team.



Ministerial visit brings goodwill of working together

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- Development of a new ED ambulatory care entrance at the front of the hospital.
- A triage area, reception and waiting room with enhanced security.
- An Emergency Medical Unit (EMU) with three bed bays, a paediatric consultation room and general consultation and treatment room.
- An enlarged centralised Staff Station and new utility room.

The Minister also visited the University Centre for Rural Health (UCRH) in Murwillumbah to hear about what topics the students were researching, as part of their major projects. The Minister also toured the Murwillumbah UCRH Education facility.

Below Minister with medical students from the University of Wollongong, Thomas George, MP for Lismore, John Moran, Assistant Prof UCRH / GP/VMO (far right) and Sim Man



On Thursday 17 April, Minister Skinner was expected to join Thomas George, Member for Lismore and Kevin Hogan, Federal Member for Page in opening the Pathology North - Lismore Laboratory. However, due to the resignation of the former NSW Premier, Barry O'Farrell, the Minister was called back to Sydney for a Party Meeting to elect the new Liberal Party Leader. NNSW LHD Board and Executive are delighted that Mrs Skinner has retained her position as Minister for Health and Minister for Medical Research within the new Cabinet line up.

Thomas George, represented the Minister in her absence and thanked the Pathology Staff for their co-operation in moving to the new location, as the Pathology Service plays a vital role in supporting Lismore Base Hospital (LBH) service provision.

Pathology North - Lismore was relocated from its former location on Uralba Street to make way for the construction of the \$80 million LBH Stage 3A redevelopment.

Pathology services are critical to modern health care as it assists Clinicians to understand the impacts of illnesses and disease on the human body. The move to Hunter Street provided an opportunity to create a state-of-the-art facility, which now has a Pneumatic Tube System that is an advanced delivery system for specimens to be sent from the ED and the Operating Theatre directly to the Laboratory.

Another improvement is the Haematologists now have a dedicated area to view their films. There are more offices and a special room for the Polymerase Chain Reaction (PCR) services, which magnifies genetic material and allows the Laboratory Technicians to detect infections that were previously undetected.



Val Foster, Murwillumbah Hospital Auxiliary President with Brian Pezzutti at the Murwillumbah ED Opening.

While in Murwillumbah, the Minister also met with Clinicians to discuss current issues of interest to them.



Some of the guests at the Murwillumbah Hospital ED Opening. Front row: Minister Skinner, Brian Pezzutti and Thomas George.



Above: John Tranter, Operations Manager Northern Rivers Pathology Service with Tracey McCosker, Chief Executive NSW Health Pathology and Fiona Robertson below Dr Stephen Braye, Network Director Pathology North shows guests around the Pathology Laboratory.



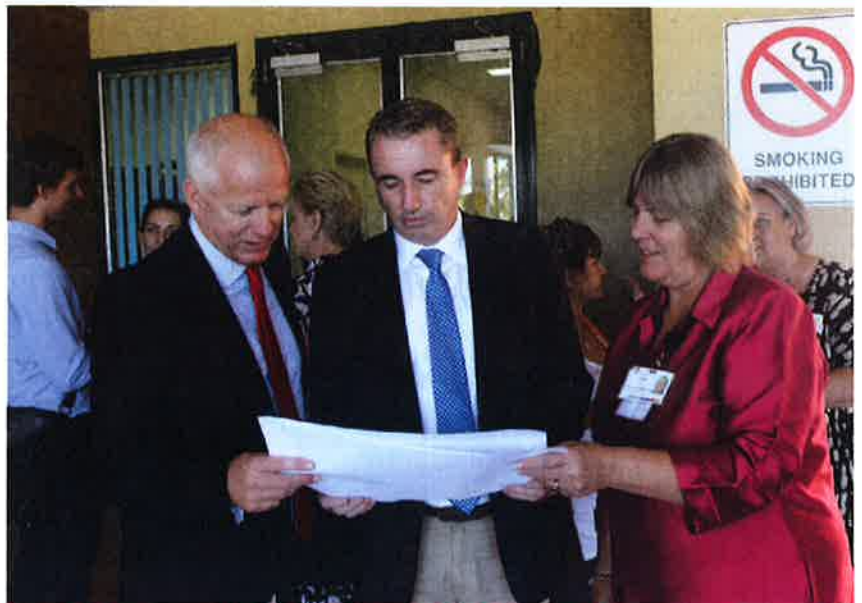
Casino Hospital ED \$3 million Upgrade to go ahead

Federal Member for Page, Kevin Hogan is fulfilling a promise made by the former Federal Government to upgrade the Casino District Hospital (CDH) ED.

Mr Hogan said after speaking with NNSW LHD Senior Managers, he visited the CDH ED and saw for himself how obvious and important it was for an upgraded ED to be developed, so he advocated to the Federal Minister for Health, Peter Dutton for this upgrade to occur.

Wayne Jones, Chief of Staff said the upgrade was well overdue. The upgraded ED will feature new treatment and resuscitation bays, a new triage area, improvements to the paramedic entry and waiting rooms and a new staff room.

"Staff at CDH ED are very excited by this announcement. They care for around 15,000 patients each year and have been waiting for this upgrade since it was announced by the former Federal Government, so I was delighted to make this announcement," said Mr Hogan.



L-R: Wayne Jones, NNSW LHD Chief of Staff, Kevin Hogan, Federal Member for Page and Lynne Weir, Executive Director Richmond Clarence Health Service Group look at plans for the new ED at Casino Hospital.

\$3 million will allow the Local Health District to rebuild this ED, which will enable patients to be treated in a contemporary environment, as opposed to the current aged and confined space.

"This will not only benefit the Casino community but it will also take the pressure off the LBH ED. However, patients with life

threatening injuries will still be required to go to LBH tertiary trauma centre to receive higher level care," Mr Jones added.

Kevin Hogan said we want hospitals in these local towns to survive and prosper and the CDH ED announcement is a very important step in this direction.

More Milestones reached on \$80 million LBH Redevelopment



In the LBH Foyer after viewing a video showing what the LBH Stage 3A Redevelopment would look like when it is completed are from left: Brian Pezzutti, Chair NNSW LHD Board; Scott Huxley, Project Officer; Thomas George, Troy Harvey, Senior Project Director Health Infrastructure; Lynne Weir, Executive Director Richmond Clarence Health Service Group and Mal Naylor, Managing Director Aurora Projects, which is the company who are the Project Managers for the Stage 3A Redevelopment

Prior to the opening of the Pathology North - Lismore Laboratory on Thursday 17th April 2014 Health Infrastructure announced John Holland as the successful tenderer for the main works component of the redevelopment.

"More milestones are being met each day on this vital project which will transform the way local patients are cared for at this hospital," said Thomas George, Lismore MP who was representing Minister Skinner on the day.

Mr George said the main works tender announcement follows the NSW Government's investment of \$100,000 to plan the next Stage 3B of the LBH Redevelopment. I'm pleased to see more progress on this project and look forward to updating the community further about planning for the next stage of the Redevelopment.

The current Stage 3A redevelopment includes the following:

- A new and significantly expanded ED with 31 treatment spaces;
- Emergency Medical Unit with 12 treatment spaces;
- Emergency Care Fast Track with 6 treatment spaces;
- Expanded Medical Imaging capacity;
- A new Ambulance drop-off and bay;
- A new Renal Dialysis Unit with 18 treatment spaces;
- Future expansion space for the next phase of the redevelopment; and
- Refurbished spaces, which will accommodate on-site community health services including purpose designed consult and interview rooms.

The LBH Stage 3A redevelopment has been made possible due to a \$20 million contribution from the NSW Government and \$60 million provided under the Australian Government's Health and Hospitals Fund (HHF).

Chief Executive Report

Winter Strategies

With a beautiful summer behind us and after particularly good weather occurring over the Easter/ANZAC Day period, it is time to turn our attention to Winter. From February the LHD starts its preparations for Winter to ensure that we are well prepared for the higher numbers of sicker patients, who access health services during that time. This year the two Health Service Groups are taking the lead in making these preparations. Already they are involving a wider group of Staff than usual. This will enable the different Winter pressure points to be more fully understood and better catered for.



Have you had your Flu Shot? Kathryn McKee, Occupational Screening & Vaccination Assessor at LBH said Chris Crawford was the 908th person to be vaccinated.

The first Winter initiative is well underway. It is the 2014 Staff Flu Vaccination Program. All Staff are offered free Vaccinations and are very much encouraged to take them up. I especially encourage Frontline Staff to take up the opportunity provided by these free Vaccinations. Being in regular contact with sick Patients makes you more vulnerable to catching the flu. We cannot afford to be without your contribution during the busy winter period nor

do we want you to spread the flu to other Staff and Patients. As we did last year several Board Members and I had our flu shots to set a good example. There is nothing to fear! So I encourage all Staff to get their flu shots asap. The good news is that the take up of the flu shots this year is running well ahead of last year's levels.

Updates on other 2014 Winter Strategies will be provided in future editions of Northern Exposure.

Congratulations to LBH

The Staff and Management of LBH have just undertaken one of the biggest changes the Hospital has undergone in a long while. This started with a thorough and robust consultation process. This consultation process involved all the disciplines, as they were all likely to be effected by the proposed change. So significant was the proposed change to the LBH Wards, that more time to consult upon, absorb and understand the magnitude of the proposed change was requested. This extra time was provided by LBH Management with the change being postponed from January to early April. With this extra time made available to consider the various options, a large measure of agreement was able to be reached on the new Ward configurations and on who should be the NUM of each new Ward.

The aim of the change is to ensure that many more Patients are admitted to a Ward that caters for the illness they are experiencing. The change effectively increased the number of Medical Wards from two to three. It is well documented that the care received by "outlier" Patients is generally not as good and that they stay in Hospital longer. So quality of care will be enhanced by this change. Also Junior Medical Officers (JMOs) will be allocated to a Ward rather than a Medical Team. It is expected that this change will also enhance the quality of the care that Patients receive and provide better support for the Ward Nurses. This change occurred in mid-April. Coinciding with the JMOs becoming Ward based was the introduction of more monitored beds, with the number of monitored beds increasing by ten. This will also improve quality of care as it will enable this sicker group of Cardiac Patients to exit the Emergency Department sooner.



Above right: Chris Crawford at the opening of the Tweed Dental Clinic with Minister Skinner and Professor Allan Cripps, Pro Vice Chancellor (Health) at Griffith University.

So a big congratulations to Lynne Weir and her team. By making this large change they have enhanced quality of care in three ways, reducing the number of outliers, making JMOs more available to the Wards and by introducing more monitored Ward beds. Also a big thanks to the Medical Officer Clinician Champions, who assisted Lynne and her team to make such a major change. It is a compliment to all of them that this large change was introduced without too much disruption.

Ministerial Visit

The recent visit by the Minister for Health and Medical Research was a good one. It enabled the LHD and the Ambulance Service to highlight some important achievements. A new enlarged Dental Clinic at Tweed, where teaching also occurs, a new Ambulance Station and an expanded ED in Murwillumbah and a new Pathology Laboratory in Lismore are all important new health facilities, that will benefit the residents of our District. As well as focusing attention on these new Facilities, a Ministerial visit allows proper recognition and thanks to be given to all those Staff and Consultants, who have been involved with the development of the new Facility from the very beginning, when it is being planned. It was great to see those who had worked so hard to produce these new Facilities get proper recognition for their work.



Minister Skinner was joined by members of the LHD Board as well as Vahid Saberi and Tony Lembke from North Coast Medicare Local and Thomas George, Member for Lismore at the dinner.

The other important aspect of this Ministerial visit was a Dinner Meeting between the Minister and Board Members and the Chief Executive. This meeting gave the NNSW LHD representatives an opportunity to raise their issues and concerns with the Minister. She took on board all the points raised and responded forthrightly to most of the matters raised. It was an enlightening meeting, which gave us all a better idea of the Minister's view on NNSW LHD priorities.

Chris Crawford

Core of Life Health Promotion Life Education Program

NNSWLHD Women's and Child Health Program, in collaboration with North Coast NSW Medicare Local (NCML) organised a Core of Life two-day Facilitator Training Program, which was held in Ballina on Wednesday 2nd and Thursday 3rd April 2014.

Ellie Saberi, Women's and Child Health Program Coordinator/Chronic and Primary Care said this is a collaborative project involving a broad range of service providers including workers from health and government organisations, local schools and various community organisations from across the North Coast.

"The Facilitator Training equips attendees with the necessary skills to enable them to co-present this program to young people and families who they already support. The new Facilitators will then work in partnership to co-present this education program to young people between the age of 14-19 years, who attend school and community settings within their local area," said Ms Saberi.

"It is hoped that a Core Team of Staff can be established in a number of the local areas across the North Coast. NCML will be providing ongoing co-ordination and support to the implementation across the area," added Ms Saberi.

"Core of Life is a Health Promotion/Life Education Program designed to educate and empower adolescent males and



Ellie Saberi is pictured above on the left - centre front. Thanks to Ballina Advocate for the photo

females with information related to pregnancy, birth, breastfeeding and early parenting," Ms Saberi explained.

"The program contents highlight the physical, emotional, and social consequences of pregnancy and parenthood, as well as focussing on the needs of the new baby to allow for optimal development and opportunity in life.

The program also aims to increase the participant's awareness of the supports available in the wider community and to improve their capacity to support themselves and those around them to make smarter, healthier choices.

Headspace Clinic in Lismore ready to help

The Lismore Headspace Clinic auspiced by NCML has been open for around three months and already over 100 clients have used the service.

Headspace Lismore Operations Manager, Katrina Alexander said the official launch was about making people feel comfortable to use the services on offer.

Headspace in Lismore offers a range of services for people aged 12-25 years including mental health support and counselling, general health and sexual health services, education, employment and drug and alcohol services.

Harry Gregg from Headspace Youth Reference Group said the opening of the centre meant more young people will become aware of the service and know they can just walk in and get the help they need.

Psychologists, General Practitioners, Social Workers, Case Workers, Counsellors and access to almost every service available to young people in our community is available all in the one place.

Headspace is a service the Lismore community has needed for a long time. These days young people are under increasing pressure from body image,



At the opening of the Headspace Clinic in Lismore - Photo thanks to Northern Star

identity, stress, cyber bullying, school, work and difficult home lives as well as illnesses, like depression and anxiety.

"Headspace can make all the difference to young people, especially High School students who have so far been the biggest users of the new service," said Ms Alexander.

Interview with Patrick Dwyer by Janet Grist

Our thanks to Janet Grist, Editor for HealthSpeak, North Coast Medicare Local, for sharing the interview she did with Dr Pat Dwyer, Radiation Oncologist with the NCCI following the Conference he and Stephen Manley held in Byron Bay recently. Below is part of that interview.

Sexual practices link to head and neck cancer

Head and neck cancers are the sixth most common cancer worldwide with three times as many men as women developing one of these cancers.

In March, Dr Patrick Dwyer, a Radiation Oncologist with NCCI, gave a presentation to the North Coast Cancer Conference on how the demographic of head and neck cancer Patients has changed significantly over the past couple of decades. He spoke about this development and how NCCI is using technology and the skills of its Staff to improve outcomes for head and neck cancer Patients on the North Coast.

"In hospital and in the community, we are used to seeing head and neck cancer Patients who are typical heavy drinkers, heavy smokers - old men with lots of other medical problems, who are very difficult to treat because of those medical problems and their outcomes are not so good.

Emergence of viral-related cancers

"Now we're seeing the emergence of viral-related cancers, particularly Human Papilloma Virus or HPV related head and neck cancer and the incidence is still rising," said Dr Dwyer.

Along with the shift in what causes these oropharyngeal cancers, the demographic has changed. NCCI, with the rest of the world, is seeing more younger male Patients with a higher socioeconomic status developing these cancers, which are less associated with smoking and drinking alcohol and more commonly associated with changing sexual practices and higher use of marijuana over the past few decades.

"These cancers are associated with earlier sex, more sexual partners and more oral sex which increases the incidence of HPV," Dr Dwyer explained.

He said the incidence of such cancers was expected to peak within the next 10 to 20 years and take over from cervical cancer in incidence. The upside is the outcomes for these Patients is much improved, compared to head and neck cancers unrelated to HPV. However, smokers with HPV-related head and neck cancer have a less optimistic prognosis.

Dr Dwyer said that the relative survival benefit for HPV-related head and neck cancer Patients seems to be independent of therapy. The absolute survival difference for HPV positive Patients (compared to HPV negative Patients) at five years was consistently greater than 30 per cent more.

Advanced form of Radiotherapy

Radiation therapy is the backbone of any definitive head and neck protocol for organ preservation.

"What we know about radiation therapy for head and neck cancers is that it needs to be performed with high quality to



optimise results. Therefore, since we have started using the most advanced form of radiation therapy (IMRT) in 2010 we have assessed our results with these Patients to date."

Over the past four years, NCCI has treated 48 oropharyngeal cancer Patients with IMRT as their primary treatment modality.

"We have seen that 66% of these Patients have HPV-related tumours (consistent with world-wide literature). Most Patients received concurrent chemotherapy and some received radiation alone.

"NCCI is on the leading edge of treatment technologies and protocols due to its resources and the talents of its multidisciplinary staff."

"We're showing pretty good results, about 96 per cent of Patients have locoregional control, meaning they have no disease left behind in the head and neck, and 90 per cent of our Patients are still alive. However, our data is still very immature. Most of these Patients were stage 3 and 4 Patients, so locally advanced cancers with historically only 50 to 60 per cent survivals. So far we're getting 90 per cent survival but we need longer term follow ups to firm up our data," said Dr Dwyer.

Benefits of using IMR

"We're using IMRT - intensity modulated radiation therapy. We have very good targeting of tumours because we have MRI and PET scanners available locally to be able to delineate the target in the normal tissues very well and we've got modern treatment planning systems that can allow delivery of high doses to the targets and low doses to the normal tissues," Dr Dwyer said.

"The benefits of IMRT include better sparing of normal tissue, particularly the parotid glands, more dose conformality to target and the possibility of dose escalation to tumours."

NCCI has developed in-house head and neck cancer treatment protocols and staff are involved in writing EviQ protocols (NSW Cancer Institute online protocols that provide health professionals with current evidence based, peer reviewed, best practice cancer treatment protocols and information).

The use of IMRT and rigorous Quality Assurance means the treatment parameters can be delivered accurately on the radiotherapy machine. During and following treatment, NCCI has its Allied Health team to support Patients through this stage both nutritionally and psychologically.

Dr Dwyer said that while a lot was known about the link between HPV and cervical cancer (much more common than HPV-related head and neck cancers), the link to head and neck cancers was not well known. He is hopeful that this rise in HPV-related cancer will dip again eventually due to the HPV vaccination and education.

Walk the Walk and Have the Talk that Saves Lives

Mary Campbell, Organ & Tissue (O&T) Donation Clinical Nurse Specialist is a tireless worker for promoting O&T donation and is always planning ways to get the message out.

So on Sunday 30 March, 2014 Mary organised a Byron Bay Coastal Walk event, which involved meeting at Apex Park in Byron at 7.00am, walking along the foreshore to the Lighthouse.

Mary said the walk was a wonderful opportunity to take in the beautiful coastal scenery while discussing a decision that could transform the lives of 10 or more people.

It was a beautiful morning and Mary was up earlier than most of us. When I arrived the tent was up and people were already mingling around.

With us all wearing the bright pink coloured T-Shirts it did bring about discussion as we walked along the beach. People asked us along the way what we were walking for. So we were able to promote the **Discover, Decide and Discuss Organ and Tissue Donation** theme on

“having that conversation with loved ones about your wishes”

We could tell them Australians are being urged to discover the facts about organ and tissue donation and to register their donation decision on the Australian Organ Donor Register.

In the same way that we discuss what we want to have happen in the event of our death, we also need to talk about whether we would like to become an organ and tissue donor.

In Australia, the family will always be asked to confirm the donation decision of the deceased before donation for transplantation can proceed. Families that have discussed and know each other's donation decisions are much more likely to support organ and tissue donation proceeding.

Less than one per cent of all hospital deaths occur in the specific circumstances where a person can be considered for organ donation, although many more have the potential to become tissue donors. To optimise every opportunity for potential donation, have the chat that saves lives.

In 2013 the LHD cared for and facilitated nine donations and recognised one potential donor who did not proceed. This equates to a donation rate of about 36 pmp (per Million Population) for the LHD, which compares favourably with the overall national rate of 16 pmp.

Organ Donation activity has been generally improving in NSW over the past five years, with 2013 being the most active year to date. The results from NNSW LHD demonstrate that we are an active part of this improvement.



Above right is Mary Campbell with left Mat and Janine Freeman. Below, some of the people who walked to the Byron Lighthouse including Dr Mike Lindley-Jones



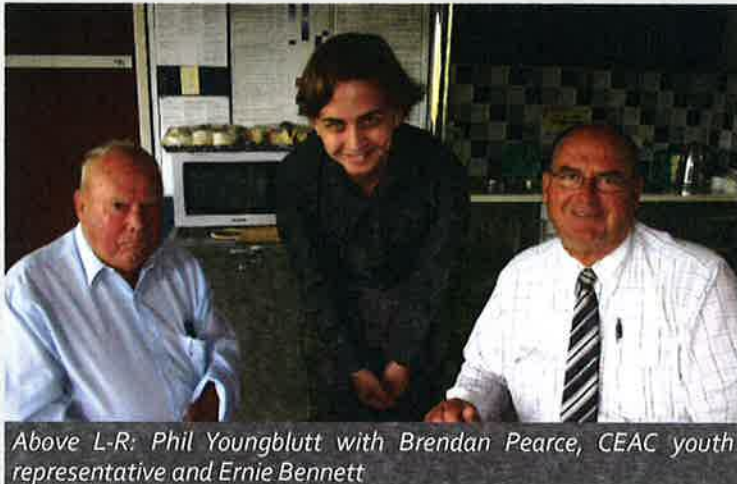
As an area with no tertiary referral hospital or neurosurgical unit, we have become recognised within the state as a rural area achieving excellence in Organ Donation. Much of this can be attributed to the energy of our Donation Specialist Nurse, Mary Campbell and Director of NNSW LHD Organ Donation and TTH Intensivist, Dr Mike Lindley-Jones, who work tirelessly to promote Organ Donation in the community and are constantly on the alert to ensure no potential donors are missed who could give people a second chance at life.

These organ donations have benefited about 30 transplant recipients, who have either had their lives saved or transformed. The relatives and friends of our donors have been sympathetically cared for during a stressful time in their lives; for most of them the ability to consent to Organ Donation, knowing someone else will benefit, provides a small positive and some solace in their grief.

Community and Clinician Engagement

Community Engagement Advisory Council

The new leadership for the Community Engagement Advisory Council is Ms Carolyn Byrne from Kingscliff and Mr Ernie Bennett from Richmond Valley, who were nominated and endorsed as the new Clinical Engagement Advisory Council (CEAC) Chair and Deputy Chair respectively at the CEAC Meeting on 24 March 2014. Mollie Strong and Phil Youngblutt as previous Chair and Deputy were thanked for their contribution in these roles over the last three years.



Above L-R: Phil Youngblutt with Brendan Pearce, CEAC youth representative and Ernie Bennett

Thank You to Outgoing Chair Mollie Strong

At the CEAC meeting held on 24 March 2014 Mollie Strong stood down as Chair having undertaken the role for the past three years. Mollie Strong, as the inaugural Chair, showed strong leadership and commitment in both chairing the Council as well as her involvement in a range of NNSW LHD Planning Committees and activities.

NNSW LHD looks forward to Mollie's continued involvement on CEAC as a community representative for the Byron Central Hospital and her significant work as Deputy State Chair and North Coast Regional Representative of the United Hospital Auxiliaries NSW.

The NNSW LHD wishes to thank Mollie Strong for her work as inaugural CEAC Chair and for her input over many years to the Health Services on North Coast NSW.



Mollie Strong and Carolyn Byrne

March 2014 CEAC Meeting

The Agenda and discussion at the March CEAC Meeting was full and varied. The meeting was provided with updates and consulted on a range of Health Service developments and issues including:

- Proposed co-location of NNSW LHD Community and Allied Health Staff within General Practices
- NSW Health Hospital Car Parking Fees Policy
- Lismore Base Hospital Ward Reconfiguration
- Lismore Base Hospital Redevelopment – Update and Signage and Wayfinding
- Primary Health Care – North Coast NSW Medicare Local
- Proposed Murwillumbah Hospital Paediatric Service Reconfiguration
- Planning and Performance Update and priorities for 2014
- Establishment of NNSW LHD Facebook Page.



Above: Scott Huxley, Project Officer for LBH Stage 3 Redevelopment explains the progress being made and below Lynne Weir, Executive Director for the Richmond Clarence Health Service responds to enquiries from CEAC members.



Feedback from Consultations on NNSW LHD Community and Stakeholder Framework

The CEAC was updated and consulted on the feedback received on the NNSW LHD Community and Stakeholders Engagement Framework, which included a recommendation from the Mental Health Forum on the development of a resource aimed at advising community members of ways they can be involved as either a volunteer, provide patient feedback or being a community member on a committee.

Community and Clinician Engagement



Above Vahid Saberi, Chief Executive Officer of North Coast Medicare Local with Rae Cooper at the CEAC meeting.

The Community and Stakeholder Engagement Framework is available at: <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/community-and-stakeholder-engagement-framework/>

CEAC endorsed the development of a 'Be Involved' resource and provided some advice as to how this might look. It is envisaged that consultation with other NNSW LHD engagement structures and processes will be undertaken within the coming months and both a revised Community and Stakeholder Framework and 'Be Involved' resource will be provided to the August CEAC Meeting.

In the meantime, interested individuals and groups can still register on Community Engagement Database to be kept informed of opportunities on how to be involved and to receive the Northern Exposure newsletter.

<https://www.surveymonkey.com/s/NNSWCommunity>

Membership - Local Health District Boards

The NSW Government is inviting applications from people interested in becoming a member of a Local Health District Board. Members will be expected to actively contribute to the effective governance of these significant public sector organisations which provide a broad range of health services to the NSW community.

An Expression of Interest (EOI) will be circulated widely in the community from Monday 28 April 2014, seeking applications from those interested in being appointed as a LHD Board Member. The EOI will be open for a period of six weeks and applications will close on Friday 6 June 2014.

The EOI will ensure the appointment processes are consistent with NSW obligations under the National Health Reform Agreement, which requires the recruitment processes should be conducted publicly, transparently and in accordance with due process principles.

It will also be used to expand and refresh the LHD Board Register established in 2012, to provide the Minister for Health

and Medical Research with a panel of persons eligible to be appointed to vacancies that inevitably come up. Individuals should demonstrate the capacity to represent the interest of consumers of health services and the local community served by a district, and indicate any affiliations with universities, clinical schools or research centres, as well as skills and experience in one or more of the following areas:

- Corporate governance;
- health management/health administration;
- business /financial management /public administration;
- clinical practice/provision of health services to patients;
- expertise, knowledge or experience in relation to Aboriginal health;
- understanding of local community issues;
- understanding of or experience in primary health care.

Those applicants not successful in this round of appointments will be included on the NSW Health Board Register, which provides a pool of interested persons available to fill ad hoc vacancies on Local Health District and other health boards.

For information and to obtain an Expression of Interest forms please refer to <http://www.health.nsw.gov.au>.

For further information please call 1800 005 710.

Our House Hosts Ngayundi Aboriginal Health Council Meeting

Ruth Harris, Our House Manager, attended the Ngayundi Community Meeting held in Lismore on 12 March 2014 and provided an overview of the history and operation of the Our House purpose built accommodation for patients, carers and their families who are receiving treatment at the new Cancer



Ngayundi members L-R: seated Muriel Burns, Bertha Kapeen, Sue Follent and Vernon Herron. Standing Jenny Smith, Aboriginal Health Coordinator; Robyn Davis, Murray Spriggs, Manager Community Participation; Des Williams and Ruth Harris, Our House Manager.

Care Centre in Lismore. It also provides accommodation for other patients, carers and their families who require medical attention in Lismore. Ruth showed a video of Our House which was informative and provided a real sense of what Our House means to those who stay there. Information about Our House including the video is available at <http://www.ourhouse.org.au/> and is well worth viewing.

After the presentation Ruth took the members on a tour of the Our House facility. The Ngayundi Executive were amazed at the wonderful facility and thanked Ruth and Gai from Our House for their hospitality.

Community and Clinician Engagement



Report from Brian Pezzutti, Chair of the NNSW LHD Board

I have recently taken the opportunity to reacquaint myself with the NNSW LHD Health Services Plan 2013 – 2018, Volume 2, The Health of the Population, which was produced last year and recently tabled at NNSW LHD Health Services Development Committee. This document is available at: <http://nswlhd.health.nsw.gov.au/wp-content/uploads/NNSW-LHD-HCSP-HealthServicesVolume2.pdf>

NNSW LHD Population Profile

In this edition of the Community and Clinician Engagement insert I would like to highlight some of the information contained in The Health of Population document as it relates to NNSW LHD achievements, areas for improvement and future directions.

The Executive Summary of the Health of the Population document highlights that in general the NNSW LHD population experience comparatively better health than residents of other non-metropolitan LHDs in relation to:

- Having the highest rate of normal births and infant well-being at birth
- Lowest rate of caesarean births
- Second lowest rate of low birth weight births
- Hospitalisations for acute Myocardial infarction
- Hospitalisations for falls in the elderly
- Hospitalisations for falls relating to hip fractures
- Hospitalisations for diabetes
- Hospitalisations for chronic obstructive pulmonary disease.

The Health of the Population document also highlights a number of health aspects where NNSW LHD residents have poorer health outcomes including:

- Asthma hospitalisations 25% greater than the NSW average
- Double the NSW rate of Women giving birth at less than 20 years of age
- Low child immunisation rates
- Highest melanoma incidence rates in NSW
- Smoking rates of 20% higher than NSW average
- Higher rates of alcohol related hospitalisations.

The Health of the Population document states that in 2010/11, 9,301 hospital admissions for NNSW LHD residents were potentially preventable hospitalisations. These presentations include a range of acute and chronic conditions, which are considered as potentially avoidable through preventative care and early disease management, usually delivered through primary care services, which include General Practitioners, Community Health Centres and Aboriginal Medical Services.

Acknowledging our Stakeholders

On behalf of the Board and in relation to both the better health outcomes and the work undertaken on areas for improvement, I would like to acknowledge and thank Clinicians, Staff, Volunteers, Partner organisations and Community representatives for their

work and contribution to enhancing the health services of Northern NSW.

Good Accreditation results

I would also like to thank Staff and Community Members who have been involved in recent Accreditation surveys in the Richmond Clarence Health Service Group, which have been reported on in past editions of Northern Exposure. I was delighted to hear more recently that North Coast BreastScreen Service has received 4 year Accreditation after its recent Survey. This is the highest level possible and I congratulate Jane Walsh, Director of BreastScreen and her Staff for this achievement.

Developing Strong Partnerships

The NNSW LHD Board has developed strong working relationships with the NCML and with the Aboriginal Medical Services and I thank the Boards, Management and Staff of these organisations, who are also developing working partnerships that are assisting in providing better Integrated Care for the residents of Northern NSW.



Above: Federal Minister for Health and Sport, the Hon Peter Dutton; North Coast Medicare Local Chief Executive Officer, Vahid Saberi, NNSW LHD Chief Executive, Chris Crawford and Federal Member for Page, Kevin Hogan in his Lismore Office

I advise that Integrated Care will be a major focus for the NNSW LHD Board and for NSW Health in 2014/15. The NSW Health Board Conference in June 2014 has the theme Integrated Care and I have invited the NCML Chief Executive Officer and Board Chair to join NNSW LHD Board Members at this conference.

NNSW LHD and NCML have documented a range of key partnership initiatives and activities that I believe will prove most valuable in tendering for NSW Health Integrated Care Funding, which has been announced. Similarly, I recently attended a meeting with a number of Health representatives with the Federal Minister for Health and Ageing the Hon Peter Dutton, where the Minister was impressed with the level of collaboration between the two organisations.

At the Governance level a combined NCML and NNSW LHD Board Meeting was held in March and the North Coast Aboriginal Partnership Agreement was signed by Chief

Community and Clinician Engagement

Executives and Board Chairs in February 2014. The combined Board meeting allows both organisations to share ideas and resources to deliver improved care to the community.

The Aboriginal Partnership Agreement is an exciting step in enhancing the integration of services for Aboriginal people and to act as a forum for discussion on ways to effectively work together in improving the health of Aboriginal People.

Murwillumbah District Hospital (MDH) Paediatric Service

Arising from the reduced occupancy of the MDH Paediatric Ward and the expansion of the size of the MDH ED, a Position Paper was circulated by the NNSW LHD Executive to initiate a proposed reorganisation of MDH Paediatric Services. This process attracted considerable criticism from some MDH GP/VMOs.

This is a good example of the role of a Board, which has Clinicians and Community representatives amongst its Members. The Board recognised that the Consultation process had been inadequate and was not prepared to make decisions based on it. Instead, the Board nominated its own Members to facilitate a further consultation process with a view to initiating a more thorough examination on how MDH Paediatric Services should be provided into the future.



Tweed BreastScreen Staff and Volunteers L-R: Geoff Provest, Tweed MP with The Tweed Hospital (TTH) Auxiliary members Jan Tobin, Secretary; Jennifer McKellar, President; Trevor King, Treasurer; Anne Warrell, Director of Pathology North; Nick Astone, BreastScreen NSW Patient Clinical Information Manager representing Jane Walsh, Director BreastScreen NSW and MNC LHD; Minister Skinner and Stephanie Edwards from Banora Tennis Club.



Tweed Dental Clinic Opening L-R: Dale Williams, Aboriginal Elder who undertook the Welcome to Country with Brian Pezzutti, Sue Follent, former Manager of Bugulwena and Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group

Ministerial Visit

At the opening of the new Tweed Dental Clinic the Minister for Health and Medical Research acknowledged its important educational role. Four rotations of eight Dentistry Students from Griffith University will train at the Clinic for nine weeks each year. The new Dental Clinic has been expanded to a 10 chair facility, an increase of six chairs, which are dedicated to public dental services to assist in addressing the pressure on public oral health services. The remaining four chairs are assigned specifically for student training.

While in Tweed the Minister visited the Tweed Breast Screen Clinic to meet volunteers who raised money to purchase equipment for the Clinic. The Tweed Hospital Auxiliary raised over \$84,000 to purchase an Ultrasound Machine. Club Banora Tennis Club and Tweed District Ladies Tennis Club had each donated \$1,000 towards another machine.

Minister Skinner then left to open the Murwillumbah District Hospital Emergency Department (ED), Stages one and two,



Murwillumbah ED from left: Brian Pezzutti introduces Minister Skinner to Angie Gittus, RN.

where she announced \$450,000 additional funding to complete the third and final stage of the ED. The NNSW LHD Board were delighted to have Minister Skinner visit the region.



Tweed Dental Clinic Opening: Jenny Parson, Area Oral Health Unit, Jill Youngblutt; Nicole Rotumah, Oral Health Co-ordinator Tweed Byron Network and Dr. Nanna Kruezfeldt-Jensen Acting Clinical Director.

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positive adolescent sexual health
North Coast Youth Sexual Health Consortium

The North Coast Positive Adolescent Sexual Health (PASH) Consortium held its PASH 2014 Conference over two days in early April and was highly successful. Local ABC Radio covered the Conference interviewing Dr Dolly, parents and students with very positive feedback. Congratulations to Franklin John-Leader and his team on a very well organised Conference.

What is the PASH Consortium?

The Positive Adolescent Sexual Health (PASH) Consortium is a network of over 30 North Coast Youth and Sexual Health Services with a mandate of improving sexuality, safe relationships, sexual health and intimacy awareness of North Coast young

people. The consortium is voluntarily supported and promoted by a number of PASH partners including North Coast HARP (HIV and Related Programs), Healthy North Coast, ACON, various youth/health NGOs and young people.

PASH is a well evidenced comprehensive sexual health education program associated with positive sexual health indicators. PASH 2014 provided a strong focus on 'sex positive' approaches to sexual health.

A panel of experts were available to speak with, such as Dr Melissa Kang (DOLLY Doctor) and Adolescent Psychologist Peter Chown in the company of local comedian Mandy Nolan, who is also a mum of teenagers.

The Program included a Parents' Session and Professional Development Program as well as a Community Question and Answer panel.

Parents, family and friends of a young person of over 15 years were invited to attend to learn ways to navigate the seemingly difficult topic of sex, sexuality, gender, sexual identity and relationships negotiation.

For more information about the Conference contact Franklin John-Leader franklin.john-leader@ncahs.health.nsw.gov.au

Support of the development of the Northern Rivers Rail Trail

The gradual removal of physical activity from daily life has set in place a raft of negative health consequences. In the Northern Rivers, 49% of adults do not get enough physical activity and 57% are overweight or obese and are at a risk of developing chronic diseases such as heart disease, many forms of cancer, type 2 diabetes and osteoporosis.

Evidence shows that walking can help in the prevention and treatment of these and other chronic diseases and that people who live in 'walkable' communities are on average 3kg lighter than those who live in 'non-walkable' communities.

In the Northern Rivers our low density towns and villages make off-road walking and cycling tracks expensive for local councils to build and maintain but walking and cycling on roads can be unpleasant and dangerous.

Rail Trails provide healthy recreation and exercise

Rail trails create healthy recreation and transportation opportunities by providing people of all ages with accessible, attractive and safe places to cycle, walk or jog.

The rail trail is an ideal alternative that will be useful for parents to walk their school children to school, for people to use for recreation and exercise and for tourists to access our beautiful countryside. It will also offer great opportunities for fun runs, overnight hikes and training for marathon runners and cyclists.

Establishing a Rail Trail

Once the rail trail is established, it will be the ideal place for our Health Promotion team to coordinate volunteer-led walking groups.

These can target older people, new mothers with strollers and people at risk of chronic disease and will give them access to free physical activity and support social interactions.



Photo shows L to R: Steve Martin (NRRT Secretary) and son, Cr Phil Youngblutt, Steven Kaye (RTA Vice Pres), and Patrick Knight on Murwillumbah Railway Station taken in November 2013

Benefits of Rail Trails

Physical activity also helps keep people stay mentally healthy. Rail trails can increase a sense of village pride and connectedness to history and to the natural environment that can improve psychological health. Getting more people out of cars and on to trails also increases casual interactions, socialisation and can reduce crime.

Old train stations can become community hubs as opportunities rise for redevelopment into cafés, playgrounds, community gardens or just an attractive place to sit and watch the passing parade. For these reasons, NNSW LHD is a keen supporter of the rail trail development.



NSW Aboriginal Nursing and Midwifery Cadetship Program

The NSW Aboriginal Cadetship Program for Nursing and Midwifery, involves Aboriginal and Torres Strait Islander students undertaking full-time study for an undergraduate Nursing and Midwifery degree, whilst being employed as an Assistant in Nursing (AIN) in a NSW Public Health Facility.

The program aims to increase the number of Aboriginal and Torres Strait Islander people working in the profession of Nursing and Midwifery.

Cadetship Opportunities

The Cadetship provides an opportunity for Cadets to work in their local Health Care Facility, providing an income while studying. Support for the Cadets is provided through a mentoring relationship with both Aboriginal and Non-Aboriginal staff working with in the Health Care setting.

NNSW LHD recently undertook interviews for applicants who have enrolled in the NSW Aboriginal Nursing and Midwifery Cadetship Program. The Cadets have applied for positions at Grafton Base and Lismore Base and The Tweed Hospitals.

Aboriginal Program Officer

NNSW LHD was fortunate to have Allyra Cavanagh-Mackenzie, Aboriginal Program Officer from the NSW Aboriginal Nursing and Midwifery Cadetship Program, participate in the interview process.

This also provided an opportunity for Allyra to meet with NNSW LHD Senior Nurse Educators, Sue Coombes, Charmaine Crispin and Richard Delbridge to discuss the implementation of the Program and to meet with the current Cadets, Grant Tweedie and Gail Dobson who provided feedback on the Program.



Standing L-R: Sue Samuels, Nurse Manager, Program Coordinator for NNSW LHD Nursing Workforce; Charmaine Crispin, Nurse Educator for Richmond Health Service Group. Seated L-R: Gail Dobson, Aboriginal Cadet, Tweed-Byron HSG; Allyra Cavanagh-Mackenzie and Richard Delbridge, Acting Staff Development Manager for The Tweed Hospital.

It is anticipated the three new Cadets will commence in May. For further information about the Program please contact: Sue Samuels, Nurse Manager Nursing and Midwifery Workforce, NNSW LHD on 07 5506 7227 or 0422 005 094 or e-mail suzanne.samuels@ncahs.health.nsw.gov.au

The Standard Precautions monitoring program

Direct Observational Auditing is recognised as the gold standard method of auditing clinical practice.

Results and recommendations for improving practice are discussed at District Infection Prevention and Control Committee meetings, and then disseminated to facility management for implementation.

Evidence of monitoring Standards Precautions and Aseptic Technique is at hand to ensure accreditation for the National Safety Quality Health Service Standards and the section Preventing and Controlling Healthcare Associated Infections Standard 3, can be used for Quality Safety Audits, and Numerical profile audits.

Decontamination and Antisepsis

Careful attention to the decontamination and antisepsis duration of the hand hygiene allows the product to work effectively. The ability to maintain aseptic technique is dependent on a number of factors.

Monitoring Standard Precautions

Using the standardised Teleform has provided NNSW LHD with valuable information to improve the clinical practices documented in literature to reduce infection.

LBH now has 24 Standard Precautions Auditors involved in data collection.



Above: Clinical Nurse Educator Chris Markey (centre) was one of the 24 LBH Staff presented with a Certificate of Attainment (Standard Precautions Auditor) by the Director of Nursing & Midwifery LBH, Narelle Gleeson (right) with (left) Clinical Nurse Consultant Program lead Robyn Donnellan from NNSW LHD Infection Prevention & Control Service .

Congratulations



Joseph (Joe) Norton is a Registrar at TTHED and he recently won the Joseph Epstein Medal from the Australasian College of Emergency Medicine for his excellent performance in his Emergency Medicine examinations. This is an outstanding achievement and the NSW LHD extends its congratulations to Joe.

Kerry Keyte from Murwillumbah District Hospital has been working on the NSW LHD Service Directory Information website. This Directory provides details regarding what health services are available at each LHD Hospital and Community Health Centre. This information is available to assist the public to access health services in their local community.

Feedback from Ballina Community Health Receptionist supports the usefulness of this new Online Directory, as she can now direct callers straight to this Online Service Directory to find the information that is required: www.nswlhd.health.nsw.gov.au NSW LHD has also linked the website to the NCML website.

Farewells



Flora Taylor commenced training to become a Registered Nurse at CDH on the 21 May 1963. In 1966 Flora transferred to Bonalbo Hospital (BH) where she completed her training on the 3 July 1967.

Flora continued to work at BH all this time until retiring on the 25 April 2014, after providing over 50 years of service. Flora was presented with a Certificate of Appreciation by the NSW LHD Board. The Chair and Chief Executive, on behalf of the NSW LHD who extended their congratulations and thanks to Flora for her dedication and commitment to nursing Patients in the Bonalbo and surrounding community over these many years.

After so many years in working in Bonalbo no doubt the Staff and Community will miss Flora.

Farewell



Marcia Skaines (seated centre) at her Farewell with colleagues and her daughters **Rebekka** and **Shirley** who also attended. **James McGuigan** (far right) Executive Director of Finance gave a very good account of Marcia's time in the health system and wished her a wonderful retirement.

One of the NSW LHD Area Office valued employees, **Marcia Skaines** retired after 47 years in health on 4 April 2014. Marcia was the Area Health Service Clinical Product Manager. Most of Marcia's working career was with LBH. She commenced Registered Nurse training at LBH on 21 May 1967 and on completion, she was awarded Nurse of the Year for scholastic achievement. After graduation Marcia continued to work at the hospital until 1973.

Marcia returned and left several times over the course of her career to LBH holding positions in Midwifery and the Paediatric Ward until 1982. She was appointed the NUM of Community Nurses on 10 May 1993 and Acted as Manager overseeing the teams in Drug and Alcohol, Methadone, Needle Exchange, Women's Health and Head Injury until 3 January 2000 when she became the Area Health Service Clinical Product Manager.



Above, Mullumbimby & District Hospital hosted a High Tea for its Volunteers recently. The Auxiliary Volunteers are pictured with **Jenny Shaw** (centre in white) Executive Officer/Director of Nursing

NEWS



NSW
GOVERNMENT

Health

The Director General announced **Michael Walsh** had been appointed to the position of the inaugural Chief Executive and Chief Information Officer, EHealth, NSW following a highly competitive recruitment process. Mr Walsh was formerly the Interim Chief Executive of HealthShare NSW. As part of this role Mr Walsh will be responsible for leading the establishment of EHealth NSW as a dedicated organisation within NSW Health.

NSW Director General, Dr Mary Foley and Brendan O'Reilly, AM, Chairman, Healthshare NSW Board announced the appointment of **Conrad Groenewald** as Chief Executive, HealthShare NSW. Mr Groenewald was previously the Chief Operating Officer, Health Share NSW and has a highly relevant track record of experience in business management. He has the senior leadership skills required to effectively manage and develop HealthShare service offerings with the LHDs and Pillars.