

## BreastScreen NEW SOUTH WALES North Coast *Lismore celebrates 20 Years*

On 3rd May BreastScreen in Lismore celebrated 20 years of delivering breast cancer screening services to women living in the Lismore community and surrounding areas.

Jane Walsh, Director of BreastScreen NSW North Coast said, "We were delighted to have Beth Trevan, who in 1991 began advocating for a breast screen service in Lismore and who was the first woman to have a mammogram, join us for our celebration."

Ms Trevan was also the first Director of the BreastScreen NSW North Coast Service in Lismore. Beth Trevan has participated in the free program, since the Service opened in 1993 and understands the benefits of regular mammograms and that early detection is vital when it comes to diagnosing breast cancer.



**Above: Tony Beashel, Acting Chief of Staff with some of the members of the Establishment Committee from left: Gail Bryson Michelle Borton, Judith Overgaard, Mollie Strong, Beth Trevan and Michelle Burke.**

As part of the celebration Beth Trevan had a mammogram at the same time she had her first mammogram 20 years ago to the day at 12.00 noon. Ms Trevan said in those days it took a whole day, now it is much quicker. Around 200 women are screened each day across the four sites," said Jane Walsh.

Lismore BreastScreen hosted a morning tea and invited many past and present Staff, including members of the original BreastScreen Establishment Committee, who were instrumental



**L-R: Judith Overgaard, BreastScreen's first Radiographer with Beth Trevan and Jane Walsh with the modern digital X-Ray machine.**

in setting up the breast screening program in Lismore.

Since the inception of the Service in 1993, the Lismore BreastScreen Service has performed over 100,000 screening mammograms and has held regular weekly assessment clinics to detect breast cancer in women aged 40 years and over.

"This milestone was an occasion to reflect on the achievements and growth of the Service. The Lismore Breast Screening Clinic is now part of the large North Coast Breast Screen Service, which has fixed clinic sites in Tweed Heads, Coffs Harbour and Port Macquarie, as well as a Breast Screen Bus that visits smaller communities at different times of the year," Ms Walsh said.

Since 2008 there have been a number of enhancements to the Lismore BreastScreen Clinic, these include the introduction of digital services, which has improved the image quality of the mammograms and in 2012, a new digital x-ray machine was installed that provides further clarity of the images taken.

"These enhancements all help to increase the likelihood of detecting small breast cancers. The early detection of breast cancer through regular screening mammography is still recognised as the most effective method of reducing mortality from the disease. The smaller the cancer detected the greater the treatment options available to the woman," said Ms Walsh.

**This BUMPER issue includes the NNSW LHD Board Community and Clinical Engagement insert; Celebrates Nurses and Midwives across the many areas they work in; Interview with Prof Iain Graham, as well as containing general news from across the Local Health District.**





### **A word from the Editor Susan Walker**

Did you know that one in three Australians is at increased risk of kidney disease? Undetected, untreated kidney disease is a silent killer.

It was Kidney Awareness Week from 27 May to 1 June this year. Kidney Health Australia website ([www.kidney.org.au](http://www.kidney.org.au) or call 1800 454 363) advises that Kidney disease is on the increase and it kills more Australians per year than breast cancer, prostate cancer or even road deaths. There is no cure for kidney disease, but early detection can increase the life of your kidneys and keep you feeling your best for as long as possible.

Adult Australians are at increased risk of chronic kidney disease if they have/are diabetes; high blood pressure (hypertension); obese (body mass index greater or equal to 30); a family history of kidney disease; of Aboriginal or Torres Strait Islander origin; over 60 years of age; a smoker or have established heart problems.

The Lismore Base Hospital (LBH) Renal Unit provides 32 patients routinely with in-centre dialysis, as well as supporting home dialysis patients.

Jane Milz, Manager of Renal Services for the NNSW LHD said the LBH Renal Unit has been liaising over several months to assist an English woman and her husband to visit their daughter and family, who live in the Northern Rivers. Mrs Vickers, found out in June last year that she needed to go on dialysis. She and her husband have travelled from Leeds in the United Kingdom (UK) to spend time with their daughter and her family.



**L-R Jane Ruane, LBH Renal Case Manager with Mary and Melvyn (Mel) Vickers.**

For her visit, dialysis arrangements were made between the Dialysis Units in Leeds and LBH, which meant that Mrs Vickers was on a waiting list until a vacancy became available before they could come to Australia.

These arrangements are made possible because of the NSW Health Reciprocal Health Care Agreement that provides for a dialysis exchange between NSW residents and specified overseas countries, who also agree to provide dialysis for people from NSW.

"The visit required Mrs Vickers and her family to make the commitment and have the courage to undertake a journey that some would find daunting – for me I think that's the remarkable thing about her being here," Ms Milz said.

## **Hugo Poncia - Quiet Achiever**

Dr Hugo Poncia is an Emergency Department (ED) Visiting Medical Officer (VMO) at The Tweed Hospital (TTH) with a Fellowship from the Australian College of Emergency Medicine (FACEM).

Hugo graduated from St Thomas's Hospital London in 1993. He trained mainly in the United Kingdom but has also worked at the Alfred Hospital Melbourne and Westmead Hospital in Sydney. He completed his FACEM in 2003 and completed a Masters in Education in the same year.

Commencing as a consultant in Emergency Medicine at TTH in 2005, Hugo is a highly skilled and well liked member of TTH Emergency Department.



He has developed educational programs for Medical Students, Interns, Residents and Registrars. He has also developed medical education special skills terms and various ultrasound workshops.

Hugo holds the titles of Associate Professor at Bond University and Senior Lecturer at Griffith University. He was recently awarded the 2013 Griffith University Health Excellence Award for outstanding dedication to teaching in the School of Medicine.

Hugo is well known for his genuine caring nature and he is always willing to help out when the need arises. He has developed a reputation as someone who is very approachable and someone that other

people can rely on.

He is currently the Co-Director of Emergency Medicine Training, Director of Prevocational Education and Training and the academic lead for Undergraduate Emergency Medicine.

Hugo's contribution to Medical Education at TTH has been outstanding. The Hospital's growing reputation as a centre for excellence in Medical Education can be largely attributed to Hugo's tireless efforts.

Unquestionably, Hugo has proven to be a huge asset to TTH playing a key role as a senior clinician in the ED, as well as shaping the development of medical students and junior doctors as both an educator as well as a mentor.

**Hugo was nominated by Ann Scheffe, Acting Executor Director for The Tweed Byron Health Service Group, Dr Rob Davies TTH Director ED and Deky Souvannavong, TTH Deputy Director of Medical Services.**



# Our Kids Cover Girl



Congratulations to Rebekka Battista, Our Kids Fundraising Coordinator and a Director of Our House, who was selected to appear on the cover of the 2013/14 Lismore White Pages® and Yellow Pages® book under the theme **Keeping Our Communities Healthy**, which recognises the selfless Australians who go above and beyond to improve the quality of life for locals in their area.

In 2004 when her son Isaak was born with renal failure, Rebekka joined local charity Our Kids to help raise funds to purchase paediatric equipment for Lismore Base Hospital (LBH). Motivated to help other sick children, Rebekka has organised countless fundraisers such as fun-runs, lunches, balls and the annual Our Kids calendar, raising more than \$1 million for the LBH Paediatric ward. Our Kids also provides financial support to local families with special needs children or those facing extensive medical costs.

Rebekka has been the face of Our Kids since the part-time fundraising coordinator position was established. Knowing first-hand the strain that medical travel and costs can put on a family, in 2004 Rebekka also took on a lead fundraising role with Our House, a low-cost medical accommodation facility near LBH. Rebekka has raised more than \$1 million for the project and helped secure \$4.6 million in grants. Our House, which recently opened, is now the only medical accommodation available between Grafton and Brisbane.

*Above left: Rebekka Battista on the front cover of the Lismore White and Yellow Pages. Above - what Rebekka does best - raising awareness in the community for paediatric equipment - with a new humidicrib for LBH Special Care Nursery that was made possible by the support of Nigel Ferguson, Boulderstone representative; Ben Gordon from Woolworths; Rebekka, Chris Ingall, Paediatrician and member of Our Kids and Our House Director; Jo Ezzy, NUM, Special Care Nursery; Matthew McDonald, Borderline Hotrodders; Michael Pontefract, The Charcoal Inn Charity Club at Casino and Harry Pampel from Alstonville Rotary.*

"Our Kids and Our House are two fantastic causes very close to my heart. I hope my selection for the Lismore phone book cover continues to raise awareness of the importance of both charities, encouraging more people to get behind our fundraisers and show their support," Rebekka said.

"We have been able to achieve so much in 10 years thanks to the support of the community as indicated by the recent donation of a Humidicrib for the LBH Special Care Nursery."

Rebekka said the Northern Rivers Community is amazing, over these past six months the Rotary Club of Alstonville, Borderline Hotrodders, The Charcoal Inn Charity Club, Boulderstone and Woolworths worked in collaboration to raise funds to help purchase this Humidicrib. Together they raised over \$30,000, which was well over the \$25,000 for the Humidicrib, that meant we could also purchase a traction set for Children's Ward.

## Clarence Valley Children's Support Services Expo

The inaugural Clarence Valley Children's Support Services Expo held on 15<sup>th</sup> May was an Interagency collaboration at its best. A Committee of Child Care and Health Professionals from Early Intervention, Clarence Family Day Care, Ageing and Disability Home Care, and Grafton Community Health worked hard to ensure the Expo was both informative and fun.

There were 30 Stalls representing Children's Support Services available in the Clarence Valley, with mini tennis, face painting, a magician, jumping castle and lots more. With over 100 attendees the day was a great success. Parents, who attended, completed a feedback form and all reported an improvement in their knowledge of services available and how to access these services. Comments included "was awesome", "great idea", "good free fun", "my grandson loved it". The day also provided a great opportunity for new networks to be established between service providers. This can only help to promote better collaboration between services and to improve outcomes for children in the Clarence Valley.





# essentials of care

It is almost four years since the state-wide Essentials of Care (EOC) Program was implemented in NNSW LHD, which is sponsored by the Nursing and Midwifery Office Chief Nurse, Susan Pearce and is supported 'whole heartedly' by the Minister for Health and Medical Research, Jillian Skinner as well as by the Director General, Mary Foley. At a recent EOC Showcase held in Sydney the Chief Nurse spoke about the positive changes being made at ward and unit levels as a result of EOC.

The EOC Program has led to improvement in reducing medication incidents, improvement in documentation, an increase in patient participation in decisions made about their care, improvement in nutritional care of patients and improvement in responsiveness to patient's needs as well as improvement in team work.

The Director-General said the impact of EOC 'initiatives has improved patient experiences and has given patients more timely access to care and medications' and is acknowledged in the second edition of the Cultures of Care journal, published by the Ministry of Health.

It is a valuable resource with over forty articles describing EOC teams' experiences and achievements. It is worth noting that five of these articles are from dedicated EOC teams from NNSWLHD. The Director-General was also pleased that other areas have become involved in EOC and NSW now has 40 Mental Health Units engaged in the Program, as well as 10 Units within the Justice Health and Forensic Mental Health system.



Leanne Schipanski with Susan Pearce

Leanne Schipanski, Nurse Unit Manager (NUM), Residential Aged Care at Kyogle Multi-Purpose Service (MPS) presented the Kyogle MPS initiative on how to improve Palliative Care in a Residential Aged Care setting. This initiative is now a formal research project, which is a good reflection of the Staff's commitment and collaborative approach to improve care.

The NNSW LHD EOC Co-ordinators also presented a poster 'Building strong links....linking EOC initiatives to State and organisational goals' that demonstrated EOC initiatives linked to National Safety and Quality Health Service Standards, Chief Executive's Strategic Plan and Executive Director of Nursing & Midwifery Performance Agreement, which raised interest amongst many nurses and midwives, particularly managers.

In NNSW LHD 17 wards/units are actively engaged in EOC and interest is building. The LHD EOC Steering Committee has been re-established to strengthen EOC support, as well as EOC being on the Senior Nurse Managers' Meeting Agenda. Annette Symes, NNSW LHD Executive Director of Nursing and Midwifery is encouraging Directors of Nursing (DONs) to support EOC teams and the implementation of the program.



Above from left: Annette Symes, Executive Director of Nursing and Midwifery with Patricia Staunton, AM and Susan Pearce, Chief Nursing and Midwifery Officer from NSW Health, who visited Lismore recently as Ms Staunton was presenting on the 'Handling of Restricted Substances'. Patricia Staunton is a qualified Nurse and Midwife with postgraduate training in Intensive Care Nursing. Among her many professional accolades she holds a Law Degree from London University and a Masters in Criminology from Sydney University. Ms Staunton is also the co-author of the much commended "Nursing in Law". Ms Pearce said ...."there is possibly no-one better qualified than Patricia Staunton to speak about Nursing/Midwifery and the law, or to articulate how interesting and important the law can be for our profession."

EOC teams from this LHD were recently involved in a state-wide review; the purpose of this review is to strengthen the program and the designated roles within it to ensure the program's sustainability. The EOC Program enables staff to make change to not only improve patient care but also to improve their work environments. It engages staff in the evaluation and development of the clinical care provided. Decisions made are based on clinical audits, patients' stories and observation of care.

The Practice Development principles that underpin the Program align with the NSW Health CORE values. These principles include the use of collaborative, inclusive and participatory approaches and being person centred. EOC enables Staff to critically reflect and challenge the status quo to improve patient outcomes and create a more positive workplace environment.

For more information on the EOC Program please contact the NNSW LHD EOC Coordinators Lily Fenech or Karen Moser via email or go to:  
[www.health.nsw.gov.au/nursing/projects/eoc.asp](http://www.health.nsw.gov.au/nursing/projects/eoc.asp)



At the EOC Showcase in Sydney from left: Debbie Dawes, Lily Fenech, Sue Brooks and Karen Moser.



# Chief Executive Report

## Board Activities

At its recent meeting the Board decided that it would utilise one page of Northern Exposure (NE) to keep Staff updated on its activities. Starting from the July edition, this one page update will be included in nine of the eleven annual editions of NE. In the other two editions, a four page Community and Clinician Insert will continue to be published. As can be noted from the June Community and Clinician Insert, Board activities are given extensive coverage in this inset into NE. For those Staff who wish to obtain more information about Board activities, the Abridged Board Minutes, which sets out the issues being dealt with by the Board, are posted on the NSW LHD Internet Site on a regular basis.

## Clinician Engagement

In his interview published in the February Edition of NE, the new Board Chair, Brian Puzzetti, stressed that Clinician engagement would be one of his top priorities. He has asked the NSW LHD Executive to develop new ways to improve Clinician engagement. At its March meeting in Grafton, the Board discussed how it would like to see Clinician engagement improved. Following on from this the NSW LHD Executive held a wide-ranging discussion about the different types of Clinician engagement and practical steps that can be taken to build on the level of Clinician engagement that currently exists within NSW LHD.

Arising from the ideas put forward during the Executive discussion about how to enhance Clinician engagement, the Executive formed a Working Group to develop a draft Action Plan, which will recommend the steps that should be taken to improve Clinician engagement. Given its importance, I am chairing this Working Group of six, which includes the Executive Medical, Nursing & Midwifery and Allied Health Directors, the Executive Director for the Richmond Clarence Health Service Group and the Tweed Byron Health Service Group Director of Nursing and Midwifery. This Working Group has already held its first meeting, where it determined how it will develop the draft Action Plan.

In the context of Clinician engagement, I am pleased to report that our two new Executive Directors, Lynne Weir in the Richmond Clarence Health Service Group and Bernadette Loughnane in the Tweed Byron Health Service Group have both commenced duties. As set out in the last edition of NE both are former Clinicians, who are now very experienced Managers. Both have demonstrated a strong commitment to and track record of pursuing Clinician engagement in their previous roles. So I believe their appointments to our two key senior operational management positions will assist in enhancing Clinician engagement.

## Collaborating with the ACI

The Agency for Clinical Innovation (ACI) is now reaching out to collaborate with the Local Health Districts (LHDs) across a range of Clinical Programs and Projects. The role of the ACI is to develop solutions that can improve the way clinical care is delivered. These solutions are developed by its extensive number of Clinical Networks through which Clinicians from right around NSW contribute to formulating ways in which patient care can be improved. The Chair of the ACI, Brian McCaughan, a very senior Clinician, delivered a very strong address to the recent, "Improving Patient Care" NSW Health Symposium, calling for Clinical Reform

to be accelerated. NSW LHD can take up this challenge by collaborating with the ACI.

A key priority for the ACI is to assist LHDs to tackle Unwarranted Clinical Variation. This is variation in Clinical Practice that does not provide the patient with any benefit in terms of improved outcomes. In fact such variations can lead to worse outcomes for patients. For a long time Unwarranted Clinical Variation has been raised as a problem but little has been done to address it.

When this problem has been raised in the past, a variety of reasons have been put forward to support Clinical Variation. These reasons have included querying the data, which catalogues the Clinical Variation, justifying the variation based on a hospital having sicker patients and making claims that the variation was in fact promoting better patient care. With the assistance of the ACI and though the use of more accurate Diagnostic Related Group data generated due to the introduction of Activity Based Funding, many justifications of Unwarranted Variation will be challenged.

Other opportunities for partnership put forward by the ACI include: Care of the confused hospitalised older person program; Integrated healthcare for the complex older person framework; Rehabilitation model of care; Standards for care for Gastrostomy feeding tubes; Pressure injury prevention and management in children and adults with spinal cord injury and Spina Bifida; Safe Sedation; Fractured Neck of Femur project; Pain management; Osteoporotic refracture prevention; Palliative Care and End-of-Life planning for patients with end stage renal failure; Health Pathways; Cardiac reperfusion; Cystic Fibrosis model of care; Tracheostomy guidelines (adult); Diabetes model of care and High risk foot services.

Already these potential collaborations have been discussed at a meeting of the NSW LHD Executive and at the Medical Staff Executive Council. Soon they will be discussed by the NSW LHD Clinical Council. Our ACI Contact Executive is the NSW LHD Executive Medical Director, Ian Fielding, who recently attended a planning day with ACI and other LHD representatives. The information received at the planning day will give NSW LHD a better understanding of how these collaborations with the ACI will work and how to optimise the benefits from them.

## Collaborations with the CEC

Many benefits have been derived over the last eight years through collaborations with the Clinical Excellence Commission (CEC). The positive way the CEC and NSW LHD and its predecessors have worked together provides a good model for our upcoming collaborations with the ACI.

Since its formation the CEC has been very active in engaging with LHDs and Clinicians to promote quality and patient safety. These Programs/Projects to improve quality and safety have included Blood Watch – to encourage more appropriate utilisation of blood products; Better Hand Hygiene compliance; Safe Clinical Handover; Between the Flags – to promote more timely identification and response to the deteriorating patient; Prevention of Healthcare Associated Infections and Quality System Assessments – to improve the monitoring of our quality systems and practices.

Our collaborations to improve quality and patient safety are continuing. Currently underway are three collaborations between the CEC and NSW LHD. These are the In Safe Hands – to facilitate better teamwork; Sepsis Kills and Medication Safety Programs/Projects.

*Chris Crawford*



# Youth Week 2013

## "Be active - Be happy Be you"

As part of National Youth Week 2013 (5-14 April), North Coast HIV and Related Programs (HARP) team supported a range of regional youth events and activities promoting sexual health messages to young people.

Jenny Heslop, NNSW LHD Manager HIV and Related Programs (HARP), said sexual health is an essential component of staying healthy but it often gets overlooked.

"We want to remind young people that getting tested for Sexually Transmitted Infections (STIs) is easy to do, it can be as simple as providing a urine sample. It is important to remember consistent and correct use of condoms can prevent most STIs, particularly Chlamydia," Ms Heslop said.

Key messages for Youth Week:

- Not all STIs have symptoms
- Testing for STIs can be as simple as providing a urine sample (in most cases you do not need to be examined)
- Consistent and correct use of condoms can prevent STIs
- You can be tested for STIs at a GP (doctor) as part of any other consultation
- Support your friends and peers around sexual health.

### PASH at Crankfest Xtreme

Many members of a newly formed regional Consortium of organisations, youth representatives and youth/health professionals called PASH (Positive Adolescent Sexual Health) pooled their resources and ideas to support the recent Crankfest Xtreme Youth Festival held at Evans Head. Information and resources about Sexual health, Sexuality, STIs and Healthy relationship were promoted via creative media and by providing men's and women's 'chill out' spaces at the festival.

NSW Youth Advisory Council have identified sexual health as a key issue to tackle in 2013. The 'Check it Out' Campaign by NSW Health was a partner of the 2013 festival.



PASH-team members are from: Northern Rivers (NR) Social Development Council, North Coast Medicare Local, ACON NR, Lismore Women's Health, Indio House/Sexual Assault Service, Casino Youth Service and NR Youth Advisory Council.



### An Australian, State, Territory and Local Government Initiative

In April, 80 young people representing many Local Government Areas (LGA) across NSW attended a Sexual Health Forum at NSW Parliament House to address the rise of STIs in young people.



At the Parliament House Youth Conference Q & A Session hosted by Natasha Mitchell of ABC Lifematters program is third from left - Phoebe Lines from Byron Bay (with microphone) and Neil Hendricks from Lismore.

Hosted by the NSW Youth Advisory Council, the Forum was attended by seven youth representatives from various Local Government Areas within NNSW LHD. This Forum was an opportunity for youth representatives to network with other young people across the NSW and participate in a range of activities, discussions and workshops to build their advocacy skills to utilise in their local communities.

As part of youth week, local youth event organisers and local Councils were supplied with a range of Sexual Health information and education resources, including condoms, to promote during various youth week events.

A new website featuring fun youth friendly mini-quiz was also promoted during Youth Week activities and can be accessed at [www.daretoscore.com.au](http://www.daretoscore.com.au)

For more information about HARP services and resources, contact Franklin John-Leader, Regional HARP Health Promotion Officer at: [franklin.john-leader@ncahs.health.nsw.gov.au](mailto:franklin.john-leader@ncahs.health.nsw.gov.au)



*Prof Iain Graham came to Australia in 2007 to head up the School of Health and Human Sciences at Southern Cross University (SCU) from the UK where he had been a Dean of a similar Interdisciplinary Health School since 1994. He had been at that particular University for 30 years and stood down as the Dean with the intention of just being a Professor writing lots of papers and books and having a gentle life. He and his family lived on the south coast of England, so if you are going to get good weather, that's where you get it. However, two head hunting companies came knocking...one for a job in Canada and one for here in Australia. He now covers the area from the Gold Coast to Taree - far from the gentle life!*

#### ***How big is the Nursing & Midwifery School?***

There are 3,000 health students in the school and 200 plus staff and it is still growing, if I include those who are doing post graduate degrees, their PhDs and Masters.

#### ***Was your new role at SCU what you had expected?***

I hadn't quite appreciated what I had bitten off at the time. The School of Health and Human Sciences had been formed just two years prior and they had been waiting for a new Head for sometime.

Attracting an Australian had been problematic, which is why they had gone onto the international market. On arrival I found that the old four schools, despite being amalgamated, were still functioning as their own entities i.e. the nursing school, naturopathy, exercise science and psychology.

My brief was to harmonise and integrate, refresh the curricula and to produce a workforce fit to practice in this ever changing world.

## **Prof. Iain Graham, Head, School of Health & Human Sciences at Southern Cross University**

#### ***So how did you respond to this challenge?***

This meant introducing new programs like speech therapy, occupational therapy, midwifery and podiatry, which continue today.

We have plans to introduce other new courses over the next two years, such as dental health, orthotics and prosthetics and indigenous health.

#### ***What do you see as the future role of Nurse Practitioners, should they be given more authority?***

I have to say that Australia is 20 years behind with regard to advance practice nurses.

Australia has adopted in many respects the American model, creating Nurse Practitioners (NP), who are specialists and focussed on a particular area, with a limited role in terms of prescribing and ordering pathological assessments.

#### ***"Australia is 20 years behind with regard to advance practice nurses."***

There are still tensions between Physicians with this type of Nurse, compared to in the UK, where they don't regulate the NP as in Australia.

Advanced practice nursing in the UK, from a NP element, is around the generic practitioner – a generalist, which is modelled on the American Family Nurse Practitioner idea. So a NP should be able to care for any patient, from a generalist perspective and be able to do a physical assessment, a health screening and prescribe medication appropriately.

#### ***What would be the implications of pursuing the UK NP model?***

The consequence of expanding the scope of practice, not just for Nurses but also for Allied Health Professionals such as Physios, is all about increasing accessibility for the patient, increasing choice for the patient and providing health care at a time and place that is convenient.

#### ***What are the other differences?***

The other big difference is the National Health Service in the UK at the point of delivery is an integrated health system, so primary and acute care, and community care are all integrated. But here in Australia, it is all separated from the Hospital system, a separate Aged Care System, a separate Primary Care System and this continues on through

to the GP. It is all funded separately by the Commonwealth Government and The State Governments. The way healthcare is funded in Australia is an anathema to me. It needs to be changed.

#### ***How do you see the evolution of the relationship between the University and the LHD?***

One of the other things that hit me when I first came here was the distance between the Academy at the University and the Service, there was no communication. So I'm producing the workforce but there was no interaction with the Service Provider who would utilise the workforce.

#### ***"The way healthcare is funded in Australia is an anathema to me. It needs to be changed."***

#### ***How did that occur?***

I was told that when the decision was made in the early 1980s to shift Nursing and Allied Health education to the Universities a rift occurred.

#### ***How did you respond?***

We have worked very hard locally, including on the Gold Coast, which is also part of my locality, to establish good working relationships.

I now have regular meetings with LHD Nursing and Midwifery Directorate representatives, including the Executive Director, Annette Symes. She is very involved with the selection of academics in the School.

We have been working with Annette and have formed a structure called the Collaborative Practice Unit (CPU). It has funding for a Post-Doctoral Fellowship and a Senior Research Fellow. The CPU is focussed on research and capacity building amongst the Nursing and Midwifery Workforce of NNSW LHD.

We have obtained, through Health Workforce Australia about \$7.5million in grants over the last three years to support this growth in services.

#### ***How does this affect the clinical practice of the nurses?***

We are reviewing the roles of Clinical Nurse Consultants and Nurse Educators and their impact on patient care and the improvement that can be made to patient care through the development of their roles.

We are also doing specific work around practice development in the Critical Care Unit and potentially with the Surgical Unit of LBH.



# Thanks to our Nurses and Midwives

International Nurses Day has been celebrated on 12<sup>th</sup> May - the anniversary of Florence Nightingale's birth, since 1965 when the International Council of Nurses in London celebrated this day for the first time. Every year a special service is arranged in Westminster Abbey and during this service, a special symbolic lamp is taken from the nurses, which represents the passing and recognition of knowledge sharing from one nurse to another. Special nursing ceremonies are conducted during this nursing week including Midwives Day, which is celebrated on 5 May each year.

This year's International Nurses Day theme was 'Equity and Access to Health Care' and the International Midwives Day theme was 'The World Needs Midwives More Than Ever Now'.

Chris Crawford, Chief Executive said that having a dedicated day to recognise the Nurses and Midwives working in our Hospitals and Community Health facilities provides the Local Health District Executive the opportunity to extend its thanks to the valuable contribution our Nurses and Midwives provide.

Wendy Howell, Acting Executive Director of Nursing and Midwifery said International Nurses Day is an important occasion as it highlights the diverse range of nursing services provided in a modern world.

"As well as General Nurses there are Nurses who undertake further education and training to specialize in a particular field of nursing, such as midwifery, emergency medicine, orthopaedics, intensive care, pain management etc. We have Clinical Nurse Educators and Nurse Educators who assist in providing further training for existing Nursing Staff and Nurse Graduates, when they come to work in hospital settings after completing their University degree," Ms Howell said.

"We have highly trained Nurse Practitioners, who have studied to attain Masters Level University degrees in a specialized field such as Dementia, Aged Care, Mental Health, Chronic and Complex Care," said Ms Howell.

"Nursing Staff include Community Nurses and Hospital in the Home Nurses who work in the community. Across the LHD our Nurses work hard to provide a high level of Nursing care, education and support to our community members. They also play a pivotal role in health promotion and the delivery of chronic disease management," Ms Howell added.



Grafton and Maclean Hospitals had a Wall where nurses posted notes on "Why they started Nursing/What they liked about Nursing/A humorous encounter in Nursing. Above - Anne Farrell, Nurse Manager and Deb Jansen, NUM at Maclean.



Above LBH Nurses L-R: Nikia Goldsmith, Kym Hickey, Lea McAllister, Maree Frogley and Mary-Lou McFadzean. Nurses and Midwives celebrated over the week by holding a sausage sizzle and morning tea for staff provided by LBH Executive. An Op Shop Formal Ball was held on Friday 10th May to celebrate and raise money for the Lismore Soup Kitchen. Thanks to all who supported this event.



The Tweed Hospital adopted a Multicultural theme for International Nurses Day and encouraged Wards to decorate and Nurses to come in dress of other countries.

Medical 1 was winner of the best decorated ward receiving \$120.00. The best dressed nurse winner was Sally Bristow (pictured left) from Medical Ward 2, who dressed in a traditional yellow dress from Vanuatu and received \$80 for her effort. Each nursing shift over the 24 hours received chocolates from the Nursing Management



The local Mullumbimby Birth Centre and Maternity Coalition Group celebrated International Midwives Day on Sunday 5<sup>th</sup> May at the Mullumbimby Civic Centre with a screening of "Birth Story: Ina May Gaskin and The Farm Midwives". Mullumbimby Hospital Caseload Midwives, Jenny Shaw, EO/DoN and Cathy Adams, Clinical Midwifery Consultant were among the more than 300 attendees.



Left: Cathy Adams at rear with Caseload Midwives Chris Smith, Sarah Vial and Midwifery students.



# Community and Clinical Engagement

## Report from Brian Pezzutti, Chair of the NNSW LHD Board



I would like to take this opportunity to thank the Staff, Clinicians and Community of the NNSW LHD for their continued input and interest in the development, delivery and evaluation of the health services of our communities.

Engagement by the LHD with Clinicians and the Community is a particular focus of mine and I have welcomed the opportunity to meet many of you since my appointment in January 2013 as NNSW LHD Board Chair. I had particular pleasure in being involved in the Official Openings at Grafton Base Hospital and the newly commissioned HealthOne at Pottsville.

At the HealthOne at Pottsville opening Jillian Skinner, the Minister for Health and Medical Research made particular reference to Don MacDonald from the Pottsville Community for his long term advocacy, which has resulted in this wonderful facility.



Don MacDonald and Minister Skinner at Pottsville



Minister Plibersek and Allan Tyson in Grafton

Similarly at Grafton both Jillian Skinner and Tanya Plibersek, the Federal Minister for Health made reference to the advocacy of Dr Allan Tyson. Without the input and passion of Staff, Clinicians and Community our health service would be a much poorer place.

In recent months, I have attended a number of activities including a Cultural Awareness Bus Trip to Box Ridge, Casino and Jabulum and Clinician and Community Consultations for Lismore Base Hospital Stage Three Redevelopment.

I have also attended meetings at State-wide level where I have been able to advocate for a number of issues identified by the Board which are particular to this LHD or to Rural Health Service delivery more generally.



Rohan Hammett, Deputy Director-General, Strategy and Resources with the NSW Ministry of Health

Malcolm Marshall, Deputy Board Chair welcomed over 40 Community, Clinician and Stakeholder representatives to the

NSW Health State Health Plan Consultation in Lismore which was facilitated by Dr Rohan Hammett, Deputy Director-General, Strategy and Resources NSW Ministry of Health.

One of the recommendations received from the Community Engagement Advisory Council is a request that BreastScreen North Coast extend reminder letters to Women of 70 years and above. The Board has supported this request. Whilst mentioning BreastScreen, I extend my congratulations on its recent 20 year anniversary. The Lismore BreastScreen is of particular interest to me as I jointly opened this Service 20 years ago with the Hon Senator Rosemary Crowley, Federal Minister for Family Services, when I was a NSW Member of the Legislative Council and Parliamentary Secretary for the Minister for Health.

This year the Board has endorsed the establishment of a Mental Health Forum and I am pleased that Hazel Bridgett has agreed to Chair this Forum with David Frazer and Deb Monaghan as members. Whilst on the topic of Mental Health, I have been appointed to NSW Health Mental Health Community Advisory Council.



Aunty Kath Lena and Brian Pezzutti at Pottsville

The NNSW LHD Board has also sought to meet with and establish working relationships with a number of key stakeholders that include:

- A combined meeting of the NNSW LHD Board and Gold Coast University Hospital Board;
- A combined meeting of the NNSW LHD and North Coast Medicare Local Board;
- Aboriginal Partnership meeting with the Chairs and Chief Executives of Bulgar Ngaru, Bullinah and Casino Aboriginal Medical Services;
- A Health, Education, Workforce and Research Forum with Southern Cross University and University Centre for Rural Health.

The Board recognises the wonderful work undertaken by staff, volunteers and community representatives within the LHD and as such, are establishing 'Board Staff Appreciation and Community and Volunteer Contribution Awards' in recognition of outstanding contributions. These will be presented at the Annual Board Community Meeting to be held in December 2013. Details of these Awards will be provided in the coming months.

There are lots of exciting opportunities ahead, which will allow us all to work closely together to further improve service provision. Some of these opportunities will flow from Capital Works that are being undertaken or planned.

Brian Pezzutti



# Community and Clinical Engagement

## Health Care Services Plan

The LHD Board has been tasked by Government with completion of a five year Health Care Services Plan (HCSP), which will provide future directions for NNSW LHD health services. This is the first LHD wide HCSP to be developed since the NNSW LHD came into being in January 2011.

Central to the consultation process is the Steering Committee. The Steering Committee is jointly chaired by Hazel Bridgett, NNSW LHD Board Member and Ian Fielding, Executive Medical Director and has broad representation from Executive Members and Senior Clinicians, community representatives and a range of other key stakeholders.

It is also important that Clinicians are involved in development of the Plan. For this reason, a Consultation Program has also been developed and endorsed by the Steering Committee. Initial consultation occurs before a draft Plan is developed. The draft Plan presents demographic data and service activity information and identifies key issues and future directions for LHD health services. This draft Plan is circulated for comment, as the second phase of the consultation process with Clinicians and the Community.



*Hazel Bridgett, at one of the consultations for the Health Care Services Quality Committee.*

Over the past two months thirty-four consultation sessions have been held with around 300 participants. Every attempt has been made to engage a broad range of Clinicians, Community Representatives and Management Staff.

Hazel Bridgett has attended the majority of these consultations sessions and Susan Howland, Clinical Engagement Advisory Council (CEAC) Member from the Clarence Valley has attended a number of consultation sessions held at Maclean District Hospital and Grafton Base Hospital.

While a range of key issues have been identified at the consultation meetings it is also important to recognize the achievements over the past few years. There has been a noticeable change in the models of care now available to support improved care outside the Hospital setting, including enhancements to the Hospital in the Home Service and a number of innovative Nurse Practitioners positions, which have been established and filled.

Networking has developed substantially with one good example being the development of an Multi-Purpose Service (MPS) Network of Services managed under an integrated structure. This structure has resulted in benefits to individual services in relation to peer support, shared educational opportunities and in some cases, shared staffing.

Key issues raised at the consultation meetings will be presented to the Steering Committee. All issues raised will form the basis of a Consultation Report, which will be provided to the Executive

and Board. Key Strategic issues will be included in the Plan and recommendations for action will be developed.

The Steering Committee wishes to thank staff for taking the time out of their very busy schedules to attend and contribute to these consultation meetings.

## Board Meeting Opens with Patient Story

At its January 2013 Meeting the NNSW LHD Board requested that it start each Board Meeting with a Patient Journey Story. The Board requested that these stories be presented in the manner suggested in the Clinical Excellence Commission's (CEC) Patient Based Challenge document. The stories are to:

- cover the breadth of Health Service delivery
- include both positive and negative experiences,
- cover the complete Patient Journey
- advise of any actions from or changes made to services as a result of the Patient's experience.

The Board has now received three Patient Stories covering Midwifery, Drug and Alcohol and Cancer Services and has found the stories to be an excellent way of providing a focus on the patient at the commencement of the Board's deliberations. Board Members have asked a number of questions and have been appreciative of the Staff, who have provided these stories.



*Donny Croft was celebrating 50 years of being free from cancer of the spine when he was diagnosed with two types of bladder cancer. He has since had surgery, commenced chemotherapy and radiotherapy treatment and has been staying at Our House.*

In relation to the CEC Patient Based Challenge, the NNSW LHD Board consulted with the CEAC for advice on what it considered were the most important strategies within the Challenge to focus on. Overwhelmingly the CEAC believed that medication safety management and involving patients, carers and family in the handover process were the highest priorities.

The Board has sought an Action Plan from the NNSW LHD Executive to work on these strategies. A copy of the Patient Based Challenge is available at: [http://www.cec.health.nsw.gov.au/\\_documents/programs/partnering-with-patients/cec\\_patient\\_based\\_care\\_challenge\\_dl\\_brochure\\_web.pdf](http://www.cec.health.nsw.gov.au/_documents/programs/partnering-with-patients/cec_patient_based_care_challenge_dl_brochure_web.pdf)



# Community and Clinical Engagement

## Gold Coast Health | Gold Coast University Hospital



### Meeting with the Gold Coast Hospital & Health Service Board

On 1 May 2013 the LHD Board travelled to the site of the new Gold Coast University Hospital, which is due to be opened later this year.

The Board met with the Gold Coast Hospital and Health Service (GCHHS) Board. The meeting was a first and was aimed at developing a positive relationship between the two organisations and to build on and provide direction to the already established Cross Border Committees that exist between the two organisations at a Management level.

This initial meeting discussed a number of Cross-border topics including patient and ambulance flows, the transition to Activity Based Funding, Registrar placements, policy development in relation to Clinical Pathways, Research and Education and Information, Communications and Technology. A number of issues arising from these discussions have been fed back to the LHD and GCHHS Executives and the Cross Border Committees for their consideration.



Members of NSW LHD Board, from left: Deb Monaghan, Joe Ogg (rear), Allan Tyson, Brian Pezzutti and David Frazer receive a briefing on the construction of the new Gold Coast University Hospital, as they view a model of the new Hospital.

The combined Board meeting was also updated on a number of issues relating to: Mental Health Services, Child Protection, and Patient Transport, which had been referred from the Cross Border Executive Steering Committee to the NSW Cross Border Commissioner Steve Toms.

The two Boards have agreed to hold future combined meetings to keep each organisation informed of the activities of the other and to work on building a collaborative approach between the two Health Services.

This discussion at the governance level complements the work undertaken at the operational level by the Cross Border Committees over the past two years. The second Cross Border Executive Committee Report is due to be finalised in June 2013.

Members of NSW LHD Board, Deb Monaghan, Joe Ogg, Allan Tyson, Brian Pezzutti and David Frazer received a briefing on the construction of the new Gold Coast University Hospital, as they reviewed a model of the new Hospital.

Information about the new Gold Coast University Hospital is available at: <http://www.health.qld.gov.au/gcuhospital/>

### Aboriginal Partnership

On 28 November 2012 the NSW LHD Board Chair and Chief Executive together with Bulgar Ngaru, Bullinah and Casino Aboriginal Medical Services Chief Executives and Board Chairs signed an Interim Aboriginal Partnership Agreement with the aim of working towards a final Partnership Agreement by November 2013.

An Interim Partnership Meeting was held on the 16 May 2013 in Lismore with the objective of progressing the Partnership Agreement. The key role of an Aboriginal Partnership Agreement between the LHD and the Aboriginal Medical Services is to provide a forum where the partners may consult, advise and negotiate on matters relevant to Aboriginal Health including:

- Co-operating on the identification of service gaps and the development of shared solutions.
- Developing agreed positions relating to Aboriginal health policy, strategic planning, equity in service allocation and distribution of resources and enhancements.
- Negotiating agreed positions to undertake joint projects e.g. Aboriginal Chronic Disease, Health Promotion, Connecting Care, 48 hour follow up initiative, Chronic Care Rehabilitation Programs, General Health/Education related programs and activities and Family and Child Health State Initiatives.
- Sharing information concerning proposed activities, including intended funding applications that may impact on other members of the Partnership, to avoid duplication.
- Monitor National and State Health Reforms including the establishment of the Medicare Local in relation to the development of future Partnership Agreements.

Two more meetings of the Interim Partnership are planned for July 2013, to be hosted at Bulgar Ngaru in Grafton and in October 2013 to be hosted by Bullinah in Ballina.

Following discussion of the role of the Partnership and the changes relating to Primary Care Service Provision and Funding, the Partnership agreed at its May meeting to invite the North Coast Medicare Local to attend the remaining meetings of the Interim Partnership with a view to it becoming a Member organisation of the permanent Partnership.



# Community and Clinical Engagement



*Members of NNSW LHD and North Coast Medicare Local Boards*

## Meeting with North Coast Medicare Local Board

On 29 May 2013 a combined meeting of the LHD and North Coast Medicare Local (NCML) Boards was held. This meeting was seen by both Boards as important in ensuring that continuity of care across the Primary Health and Hospital Sectors is actively pursued. Following on from this meeting the two Boards agreed to hold regular meetings.

Another important linkage is some common Board and Committee memberships with both Lesley Barclay and Malcolm Marshall being appointed to both Boards and at the service level, a number of governance and operational Committees for both organisations having representation from the other organisation.

## State Health Plan 2013 Consultation

A new ten year NSW State Health Plan (2013-23) with a focus on the first three years (to 2016) is being developed. It will replace the previous State Health Plan towards 2010 and its companion document Future Directions for Health in NSW towards 2025.

Over forty Community, Clinician and Stakeholder representatives attended a NSW Health State Health Plan Consultation in Lismore on 8 May 2013. Participants included representatives from the NNSW LHD Clinical Council, Community Engagement Advisory Council, Clinicians and Management. Other stakeholders included representatives from the NCML, NSW Ambulance, Private Hospitals, Southern Cross University, Local Government and Non-Government Organisations.

Participants were invited to discuss major challenges faced by the Health System and advise on key short and long term future actions. Dr Rohan Hammett, Deputy Director General Strategy and Resources from the Ministry of Health led the discussion. A summary of the Lismore Consultation can be found at: <http://www.health.nsw.gov.au/statehealthplan/Pages/lismore-consultation.aspx>

## Establishment of Mental Health Forum and Mental Health Consumer Partnership Coordinator

NNSW LHD welcomes Heidi Keevers to the position of Mental Health Consumer Partnership Coordinator. Heidi commenced her employment in late October 2012 and is the first employee

in the NNSW LHD Mental Health Services with a recognised Lived Experience of Mental Health issues. Having been a recipient of Mental Health Services gives Heidi a unique perspective and is enabling her to make a special contribution as an employee. In her role as Consumer Partnership Coordinator, Heidi will be responsible for integrating consumer partnerships throughout the service.

Together with Mim Weber, Mental Health Program Coordinator and Cate Fairfull-Smith, Mental Health Operational Support Program Coordinator, Heidi has already been part of developing a new initiative for the NNSW LHD – The Mental Health Forum.

The Mental Health Forum will enable consumers, carers and the community to actively participate in and contribute to the Mental Health Service development, planning and evaluation. The Forum will consist of LHD Board members, representative from LHD Mental Health Service Staff, Consumers, Carers, Community Members, Aboriginal and NGO representatives from across the LHD.

Following the completion of an Expression of Interest and Interview process earlier last month it is hoped to hold an Orientation session for the Forum Members in the near future.

As well as establishing the Mental Health Forum, Heidi has also been working on a number of issues, including working with



*Heidi Keevers and Mim Weber, key members of the Mental Health Team*

consumer consultants on developing proposals for multipurpose "warm rooms" in new Emergency Departments (an idea which was raised by consumer representatives at the Boards Annual Community and Stakeholder Meeting in December 2012); working with consumer consultants on the development of Nurse Training about Consumer Participation and consulting with consumers regarding pamphlets and materials development to provide information about Mental Health Services to the Community. Also Heidi has provided input about Accreditation requirements, policy development and other projects occurring



# Students Learn Emergency Skills ... One Step Removed

A ground breaking program operated from Sydney's Royal North Shore Hospital is providing hands-on training in emergency procedures to medical and nursing students as well as clinicians around NSW.

The EdWISE (short for Education by Web-based Innovative Simulation and e-Learning) program is a web and video-based training program that uses remote-controlled lifelike simulators to deliver trauma, cardiac, airways and paediatric emergency training to students in rural areas, where they are actually training.

Before EdWISE was available, students would sometimes have to travel hundreds of kilometres to access this sort of hands-on skills training and mentoring.

Under the EdWISE program, lifelike simulators and other equipment such as portable ventilators and defibrillators are delivered to the participating hospital, so that local teachers supported by experts in simulation education can deliver hands-



on skills training.

The simulators are operated remotely via the internet from the Sydney Clinical Skills and Simulation Centre (SCSSC) at Royal North Shore Hospital's St Leonards campus and the hospital teachers and students communicate with the SCSSC educators by video conference.

The program is delivered by 12 Emergency Physicians and Nurse Educators from a range of hospitals across NSW, who work with the SCSSC simulation instructors. The EdWISE program is an Australian Government initiative funded by Health Workforce Australia.

The University Centre for Rural Health (UCRH) hosted the cardiac module on Friday 10<sup>th</sup> May 2013 aimed at University Western Sydney (UWS) Medical Students. Photos show the students performing simulation with instruction from SCSSC via Video Conference, which was facilitated by Jenny Gill and Vicki Whale, Clinical Nurse Educators and Charlotte Hall an Emergency Specialist. Thanks to Sharene Pascoe, Simulation Manager and Frances Barraclough, Clinical Program Manager

## National Framework for Action on Dementia 2013-2017

Public Consultation Sessions to inform the development of the National Framework for Action on Dementia 2013-2017 were conducted in each capital city, commencing in Canberra on Wednesday 24 April 2013 and concluding in Cairns on Friday 17 May 2013.

"Outside of these capital cities, only Lismore and Cairns were identified as a key area for consultations to be undertaken. The Lismore consultation was held on 15 May," said Anne Moehead, Nurse Practitioner Psychogeriatrics / Dementia.

The National Framework for Action on Dementia 2013-2017 will support ongoing action in dementia care for governments, service providers, peak bodies and the broader community, to work together to create accessible, seamless pathways to care in order to make a positive difference in the lives of people with dementia, their carers and families.

The Consultation paper has been developed by the Dementia Working Group, a cross-jurisdictional group comprising of representatives from the Commonwealth, State and Territory Governments, which operate under the Community Care and Population Health Principle Committee of the Standing Council on Health.

The purpose of the Consultation Sessions was to seek feedback on the key elements for inclusion in the new Framework, in particular as they relate to the needs of people living with dementia, their carers and families.

The Consultation paper follows a care pathway structure that aims to improve the care and support provided to people living with dementia, their carers and families, with specific focus on the following stages of care:

- Risk Reduction, Awareness and Recognition;
- Assessment, Diagnosis and Post Diagnostic Support;
- Management, Care, Support and Review;
- End of life.

The Consultation Session focused on the Goal of the new Framework; Stages of care; Key outcomes; Priorities for action including areas of policy; workforce; education; research; diverse needs groups and environment and community.

"The Consultation Workshop provided an opportunity for discussion of the key elements for the new Framework; recognising the role of the new Framework to guide policy and action of governments and peak bodies," Ms Moehead said.



## 'Liver' Better Life with Nurse Practitioners Professional Development Day



**Above: Dr Geraldine Moses discusses pharmacology and drug induced liver disease at the Nurse Practitioners Development Day**

The North Coast Nurse Practitioner Network held its Fifth Annual Professional Development Day in Ballina during May.

The Conference commenced with a presentation from Liza Edwards, Principal Nurse Practitioner Advisor to the Nursing and Midwifery Office NSW Ministry of Health.

This year's theme was "Liver Better Life with Nurse Practitioners" and a full day of education that included:

- Liver in the Stages of Life: Professor Bob Batey OAM
- Pharmacology and drug induced liver disease: Dr Geraldine Moses.
- An overview of the contributions Nurse Practitioner's make in the recognition and management of Liver disease across the lifespan is included in the program
- Mark Fuller, Clinical Nurse Consultant, Lismore Liver Clinic presented on "Hepatitis C when to test and when to refer".

Anne Moehead, Nurse Practitioner and Chair of the NSW Chapter of Australian College of Nurse Practitioners said the program was engaging and stimulating and provided a wonderful opportunity for Nurse Practitioners, Transitional Nurse Practitioner and other nurses to network and learn.

The goals of the Professional Development Day are to provide access to the current national and international trends in the advancement and professional support of Nurse Practitioners.

"Clinical leaders within the health service discussed new and emerging practices within the context of evidenced based clinical care that achieves and influences excellence in patient outcomes," Ms Moehead said.

Nurse Practitioners are authorised to deliver care within a specialized scope of practice, which includes but is not limited to such areas as Emergency, Critical Care, Aged Care, Chronic and Complex Care and Mental Health.

Nurse Practitioners have attained Masters Level University Degrees. As a result of their education and training and experience, they demonstrate a high level of clinical proficiency and carry out a range of evidenced based procedures, interventions and treatments within their scope of practice. This also includes the ability to prescribe medications and order and interpret specific diagnostic tests, they work in close collaboration with their medical, nursing and allied health colleagues.

## Tele-Health Technology – Linking Specialist Cancer Care and Primary Care Providers

Klaus Daro, Information Systems Manager, North Coast Cancer Institute (NCCI) is leading a collaborative project between NCCI and NCML. The objective is to improve communication and collaboration between cancer care specialists and primary health care providers in the Mid North Coast and NNSW LHD utilising internet based video-conferencing and electronic document exchange.



The experience of people with cancer and their carer's will improve as health care professionals can access the right information to provide the right service at the right time. Other benefits include:

- Remote face to face consultation between GP, patient and oncologist.
  - Remote connection to Multi-Disciplinary Team (MDT) meetings, or bedside to specialist.
  - Medicare item codes for video-conferencing are available.
  - Live desktop content sharing such as images, CTs, x-rays and other documents.
  - Electronic document exchange will reduce administrative burdens and our carbon footprint.
  - GPs will be able to send and receive documents electronically using their preferred PC system.
  - Staff professional development through involvement in external MDT's and education opportunities.
  - Improved patient care is not restricted by geographical locations or other physical impediments.
- Contact Klaus Daro at: [Klaus.Daro@ncahs.health.nsw.gov.au](mailto:Klaus.Daro@ncahs.health.nsw.gov.au)



# National Palliative Care Week 20 - 24 May

***Some things are too important to be left unsaid... Let's chat about dying***

Richmond Valley and Byron Shire Palliative Care used this year's National Palliative Care Week as an opportunity to encourage the local community to have a conversation with their loved ones and health professionals about their needs and wishes for the end of life.

"It's important that people have thought about the care and support they would like to receive at the end of their life, which includes things like the type of care they want, where they would like to be cared for and by whom," said Joanne Cooper, Palliative Care Clinical Nurse Consultant.

Some things are too important to be left unsaid. It's also important that these care preferences are recorded, preferably in an advance care plan, and that people share this with their loved ones and relevant health professionals.

"It's never too early to chat about dying. Encouraging people to have end of life conversations ahead of time can help alleviate a lot of stress for families and carers. It helps to avoid situations where they are asked to make decisions about a person's care and don't know what they would have wanted," said Joanne Cooper.



**Above:** Joanne Cooper, Palliative Care Consultant receives a cheque for \$4,000 from Paul Campbell, representing the Motor Trades Group, who hold an annual Bowls Day to fundraise for Palliative Care. This year 112 bowlers attended this annual event.

Dr Scott Blackwell, President of Palliative Care Australia said 'Palliative care is about living and dying well and supporting not only the individual but also their families and carers. It's important that everyone knows what care and support is available, and how they can receive care, so that we can ensure all Australians receive quality care at the end of their lives.'

Contact Joanne Cooper on 0408 661 470 for more information.

## Thank You



Lismore Base Hospital Ward A7 cares for patients who are often in the palliative care stage of their life. When Nurse Unit Manager Lea McAllister (pictured centre third left) was contacted by Natalie Maxwell (seated left with her friend Kerensea Bell), who wanted to donate two wheelchairs in memory of her late partner Daniel, Lea was overwhelmed, saying "we don't receive much here on A7".

Natalie's partner Daniel was a patient for seven weeks on A7 and during his stay he would take time out and find a wheel chair so he could get some fresh air. Natalie said the wheelchairs are in Daniel's memory and to say thank you to the Staff who cared for him.

## NSW Ministry of Health News

New Branch Director positions within Strategy and Resources Division have been announced as follows:

### Director, Health System Planning and Investment –

**Dr Elizabeth Develin** has most recently been acting as Director, Integrated Care Branch. Liz has held numerous positions within NSW Health since 2002 including Acting Director of the Centre for Epidemiology and Evidence and Director of the Centre for Health Advancement. She was Director of the National Reform and Intergovernmental Strategy Unit in the Department of Premier and Cabinet, and has also worked in the NSW Department of Community Services and the NSW Roads and Traffic Authority.

**Director, Government Relations – Ms Jacqui Ball** has extensive experience in government relations in State and Federal governments, as well as in the non-government sector. She was Executive Director, Strategic Policy, Funding and Intergovernmental Relations at Queensland Health and prior to that was the Senior Director Intergovernmental Relations within the Queensland Department of Premier and Cabinet. She also worked in the Commonwealth Department of Health and Ageing undertaking various roles, including Assistant Secretary Economic and Statistical Analysis Branch, Director Portfolio Modelling and Analysis and Director COAG coordination.

**Director, Integrated Care – Ms Katherine Burchfield** is an Economist by training with extensive experience in health reform, strategy and policy in Australia and internationally, gained in both public sector and consultancy environments. After commencing her career in the Health Insurance Commission of Australia, Katherine worked extensively in UK, Europe, Africa and Asia on a wide variety of complex health system policy programs and has advised on national health financing strategies.



## Congratulations



**Steve Carrigg**, a RN with 24 years experience working in Mental Health, has been appointed to the position of Mental Health Promotion Officer attached to the NSW LHD and the Centre for Rural and Remote Mental Health (CRRMH) based in Orange, in partnership with the University

of Newcastle. Steve's role will be to develop partnerships with communities that are vulnerable to the numerous contributing factors of rural adversity such as flood, drought, other severe weather, bushfires and uncertain economic conditions. From there he will be responsible for delivering education and programs that promote resilience and positive mental health.

**Ross Baker** has been appointed as the Manager of Workforce Systems and Support. Ross has worked diligently with the Workforce System and Support Staff over the past 10 months in improving the range of systems that support our workforce.



Welcome to **Narelle Gleeson** who has been appointed as the Director of Nursing and Midwifery at LBH.

Narelle completed her general nursing training at Sydney Hospital in 1978.

Prior to commencing work in the Illawarra in 1986 Narelle spent many years working and travelling interstate and



overseas in a variety of clinical settings.

She has worked in senior nursing management roles across a broad range of clinical settings in the Illawarra Shoalhaven LHD and Saudi Arabia. Most recently Narelle was the Site Manager/ Director of Nursing at Shellharbour and Kiama Hospitals.

Narelle said during her first week at LBH she has found the Staff to be welcoming, professional, friendly and patient centred and is looking forward to working with Staff at LBH.



Above from left: Dee Bartrum, Child & Adolescent Psychologist with Louise Megson, NUM, Lismore Child and Adolescent

## Farewell



**Ruth Turton** pictured centre with Certificate of Appreciation presented to her by Narelle Al-manro, LBH A/DoN was given a farewell afternoon tea by her colleagues in the Perioperative / Short Stay Ward. Ruth started nursing 54 years ago as a Trainee Registered Nurse (RN) at St George Hospital in Sydney where she worked until coming to LBH on 21 August 2001. At LBH she worked as a Midwife in the Women's Care Ward and Special Care Nursery until 2005 when Ruth moved to the Perioperative Short Stay Ward until retiring on 5 May 2013. Our congratulations and thanks to Ruth for her dedication and commitment to nursing.

**Yvonne Turner** commenced her nursing career at LBH as a Trainee RN on 26 May 1970 and returned to LBH on 10 June 1984 as a Midwife, more recently Yvonne was the After-Hours Nurse Manager. She left after approximately 44 years of nursing, 34 of which have been with LBH. We extend our thanks and congratulations to Yvonne and wish her all the best in retirement.



From back to front - Imelda Pollock, Jo Saines, Heather Chesham, Yvonne Turner, Donna Jelsma, Alison Williams and Kerry Hardy.

Inpatient Mental Health Unit and Warren Shaw, Network Manager, Richmond Clarence Mental Health Service who presented Louise with an Award from Mental Health-KIDS for leading the way with the lowest seclusion and restraint usage in the State.

The Award was presented during the fifth year birthday celebrations of the Opening of Lismore Mental Health Service.