

Quality Awards Reward Innovation

Last night (Wednesday 2 July), the 2014 Northern NSW Local Health District (NNSW LHD) Quality Awards were held in Ballina. The evening saw Winners announced for categories in Patients as Partners; Local Solutions; Healthy Living; Building Partnerships and Reducing Healthcare Associated Infections.

The overall winner was The Chrysalis Girls Program, submitted by the Richmond Sexual Assault Service for their submission in the Healthy Living category. The Chrysalis Girls Program is a prevention-based support program for young women 'at risk'.



Above L-R: Brian Pezzutti, Chair NNSW LHD Board and Gina Francis (Community Member on the Health Care Quality Committee) with Jenny McGowen and Sharon Brodie from Richmond Sexual Assault Service.

Below, Winner of the Patients as Partners category was the Tweed Opioid Treatment Program entry 'Client Input – A Drug Induced Fantasy?'. The project used the clients perspective to create the criteria for a 'one-off takeaway assessment tool'.



L-R: Brian Pezzutti, Dawn Walton, Sandy O'Brien and Glenda Brann.

Below - winner of the Local Solutions category - the Carer Consultant Program submitted by Ken Lee, Coordinator Strategic Programs - Disability and Carers, which was also the winner of a new award by the Agency for Clinical Innovation (ACI) Innovation Award presented by Jenny Preece, ACI Rural Health Network Manager.



Above: Ken Lee and Jenny Preece



Above: Rosie Kew, NNSW LHD Board Member with Dan Madden Executive Officer, Clarence Health Service

A special commendation for the Local Solutions category was awarded to the Grafton Base Hospital (GBH) Emergency Department (ED) project 'Local Collaboration, Openness and Empowerment: Devolution in Action in a Rural Emergency Department'.

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Say NO to Unsafe Work Practices

A word from Editor, Susan Walker



Lynne Weir and myself at the LBH Smoking Ceremony.

Sometimes I am sent the most surprising and wonderful stories and photos for inclusion in Northern Exposure. I was delighted to receive an e-mail from Lynne Penglase Nurse Unit Manager (NUM) at Murwillumbah District Hospital (MDH) Perioperative Unit with photos of Dr Hugh Won and Dr Ross Warner who, prior to their

operating theatre session, entertained staff and patients with a short 'Violin and Cello recital in the MDH Periop Unit. This was a unique experience for those who were fortunate enough to be there - see photos on page 6.

Lismore Base Hospital (LBH) Stage 3 Project Management Team - John Holland Pty Ltd - have been awarded the design finalisation and construction contract for LBH Main Works Redevelopment. The Project Management Team recently held an Aboriginal Community Briefing Session to discuss the project and potential employment opportunities for this first stage.

The Session was very well attended by local Aboriginal and Torres Straight Islander people, who were encouraged to leave their CVs with Project Manager, Brett Popham. The Information Session was followed by a Smoking Ceremony that was organised to cleanse the site in readiness for construction.

Thank you to those who sent submissions for this issue. Unfortunately, due to space constraints I have held some of these over for publication in the August issue.



Top left: Welcome to County by Aunty Thelma James. Far left is Nikki Suey, Senior Advisor Indigenous Affairs, Organisational Development for John Holland Pty Ltd and seated at front right is Brett Popham Project Manager.

Left: Gilbert Laurie performing the Smoking Ceremony.

Below: L-R Mary-Louise McFadzean, LBH ED NUM; Gilbert Laurie and Narrelle Gleeson, LBH Director of Nursing.

Dulcie Hiles - Quiet Achiever

Nominated by Jan Ensby, Nurse Unit Manager, Theatres and Day Surgery, Ballina District Hospital.

It is with great pleasure that I nominate the 'lovely' Dulcie Hiles, one of our Clinical Nurse Specialists for the Quiet Achiever acknowledgement.

I asked some of the Staff who work with her to try and describe Dulcie in one word and here are some of the phrases and words from those who responded:

Knowledgeable, "considerate of others", compassionate, genteel, dependable, "gentle spirit" and beautiful. As you can see, there is a pattern starting to appear here!

A recent comment from a medical student after spending a little time with her said, "you just want to give her a big hug"!

Dulcie is a true Quiet Achiever, she undertakes her role with distinction, empathy and most of all, a caring nature toward both patients and staff. On the 23 June 2014, she has been employed at Ballina District Hospital for 30 years.

Her colleagues from all aspects of the multidisciplinary team hold her in high regard and at all-times she has the patients' best interests at heart. She has been a pleasure to manage and I feel privileged to be her friend.



Tender Announced for Final Stage of Murwillumbah District Hospital ED Upgrade

Greg Clark Building has been awarded the Tender to complete the Murwillumbah District Hospital (MDH) ED Stage 3 final upgrade.

When NSW Minister for Health, Jillian Skinner came to open Stages One, Two and TwoA of the MDH ED in April, she announced that \$450,000 of additional funding would be allocated to complete the final Stage 3 of the ED redevelopment.

Stage 3 will bring about the creation of a new Resuscitation area and 3 additional Acute Observation Bays.

Once Stage 3 is complete a full renovation of the ED will have been finalized, creating a state-of-the-art facility which will assist the ED Staff to provide quicker care to more patients.

The ED will have nearly doubled in size as a result of this redevelopment.



Above L-R: Bruce Smith, Acting Senior Project Officer Capital Works; Adrian Dudgeon, Acting Engineering Manager, MDH; Dennis Fredericks, Greg Clark Building; Dr Lucy Watt, Career Medical Officer (CMO); Wendy Park, ED Nurse Unit Manager and Anthony McDonald, Greg Clark Building Site Project Supervisor.



Above: Thomas George, MP and Jillian Skinner NSW Minister for Health at the MDH ED Opening in April

MDH Paediatric Ward Stays Open

Thomas George said he is really pleased to hear that the NNSW LHD Board had decided MDH Paediatric Ward will remain open.

Dr Brian Pezzutti, NNSW LHD Board Chair said the Board had considered an Options Paper, which included additional information that was received as part of the further consultation process facilitated by two Board Members.



Above: Thomas George being presented with a Petition outside MDH. Photo provided by Tweed Valley Weekly

Changes to ensure Quality and Patient Safety

The Board determined that a range of changes will be made to ensure service quality and patient safety occur in the MDH Paediatric Ward, which will continue to provide appropriate care close to home. These changes are:

- The skill levels of all Clinicians treating patients on the Ward will be verified to ensure they are contemporary.
- Clinicians treating patients on the Ward will be required to undertake ongoing education to ensure they maintain their paediatric skills and keep up with advances in paediatric medicine.
- A review will be undertaken of the criteria utilised to admit patients to the Ward to ensure that only patients of an appropriate acuity are admitted to the Ward.
- A multidisciplinary Paediatric Quality Assurance Committee will be formed to review any incidents and to provide good learning experiences for Clinicians treating Paediatric patients.
- The Paediatric Ward will operate as a 7.00am Monday to 5.00pm Friday Ward.

The overall Paediatric Service at MDH will be enhanced by:

- The introduction of two Specialist Paediatric Clinics per week.
- Making more use of the new Paediatric Room in the ED to avoid patients needing to be transferred to The Tweed Hospital (TTH).
- Improving the interface between the Hospital and Community Health Paediatric Services.
- Investigating how more Paediatric Surgery can be undertaken at MDH.
- Providing transport assistance to parents of Paediatric patients transferred to TTH, who do not have access to a motor vehicle.

"The NNSW LHD Board is committed to providing high quality clinical services in a cost effective manner and this decision about the provision of Paediatric Services at MDH will deliver on both these goals," Dr Pezzutti said.

Humpty Dumpty Foundation comes to Grafton Hospital



L-R: Mother Samantha Durrington, Ray Martin Humpty Dumpty Patron and Angie Garland Midwifery Unit Manager with premature baby Anastasia Windred. Thanks to Grafton Examiner for the photo.

Ray Martin AM and Paul Francis, Chairman of the Humpty Dumpty Foundation visited Grafton Base Hospital (GBH) and Bulgarr Ngaru Medical Aboriginal Corporation on 19 May 2014.

Visiting regional health services is incredibly important to the Humpty Dumpty Foundation. It enables us to assess, review and witness first-hand the medical equipment needs of health professionals in the region. It is also an opportunity for us to encourage locals to donate or purchase a piece of medical equipment for their local hospital or health service.

Paul Schofield, Director of Nursing said the timing of the visit was good as they happened to have a mother whose premature baby used

almost all the equipment the Humpty Dumpty Foundation had bought for GBH. Another mother had returned to the hospital with her babies to have their jaundice checked and was praising the equipment used for checking jaundice.



Humpty Dumpty Foundation

Dan Madden, Executive Officer said to date, Humpty Dumpty Foundation supporters from across Australia have generously provided \$98,000 worth of medical equipment to the GBH including an Infant Resuscitation Cot, a Jaundice Meter and a Sur Signs VM8 Beside Monitor, which is fantastic.

Paul Francis, Chairman of the Humpty Dumpty Foundation said there is always much more needed and he hopes the visit will inspire locals to continue to support their community.

The Humpty Dumpty Foundation is a children's charity that continues to make a significant impact on the lives of sick children at children's hospitals and health centres in every state of Australia.

To date, \$40 million has been raised and 214 hospitals across the nation have received equipment provided by the Humpty Dumpty Foundation and its amazing "Good Eggs" supporters.

Locals, community and business organisations interested in supporting the Humpty Dumpty Foundation and their local hospital by donating a piece of medical equipment or by making a donation can view the wish-list at www.humpty.com.au

Quality Awards Reward Innovation

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The winner of the Building Partnerships category was Active Kyogle. Active Kyogle was a federally-funded chronic disease prevention project which relied on the community to decide the health priorities and collaborative partners to plan and deliver the interventions. The project ran from 2010 to 2013 as a partnership between NNSW LHD, the Kyogle MPS and the local community development organisation, Kyogle Together.



Above: Jillian Adams, Manager Health Promotion Service with Nancy Martin, Executive Officer/Director of Nursing (EO/DoN) Kyogle Memorial Health with the Active Kyogle Award.



Deb Monaghan, NNSW LHD Board Member and Registered Nurse at GBH Operating Theatres with Helen Lennon, Clinical Nurse Specialist (CNS) Acting Infection Prevention & Control Manager and Mary King, CNS, Community Nursing

The winner of the Reducing Healthcare Associated Infection category was the Multi-Resistant Staphylococcus Aureus (MRSA) Clearance Programme in the Clarence Health Service (who are represented in the photo above).

This project focussed on follow up and decolonisation of known MRSA patients in the community setting to reduce care requirements for subsequent inpatient admissions.



Chief Executive Report

NNSW LHD Quality Awards

My favourite function of the year is the NNSW LHD Quality Awards, because it gives me the chance to hear about and see recognized, the wonderful work that many of our teams are doing to improve the services that NNSW LHD provides. This years Awards ceremony was no exception with five innovative projects, which had been chosen as category award winners, being presented to the attendees. Information about the winners and some details about their projects are set out in the front page story.

It was great to see so many Members of the NNSW LHD Board and Executive in attendance to hear about these very good projects and to recognize the winners. It was also good to have the Agency for Clinical Innovation (ACI) represented on the night by Ms Jenny Preece. On behalf of the ACI, she presented the ACI Innovation Award to one of the category winners, whose project an ACI panel judged to be particularly innovative. On behalf of the Board and Executive I would like to publicly recognize and thank Ms Pam Mitchell, who puts in a huge amount of work to organize these Quality Awards. Pam is ably assisted in this task by other members of the Clinical Governance Unit.

What happens next to these good projects? Where they have got wider applicability, then every effort is made to cross-fertilize them within the LHD and where appropriate, throughout NSW

Health. NNSW LHD successfully did this a couple of years ago with the Advance Care Planning in the Ballina Renal Service Project, which won the Minister's Award at the Statewide Quality Awards. Already the ACI has announced that it intends to contact other LHDs to take up the project that won its Award. I will be meeting with the proponents of the project that was selected as the overall winner to see how that project can, in partnership with the NSW Education System, be rolled out more widely within NNSW LHD in the first instance.

Winter Strategies

As the temperatures now plunge into single figures, after a comparatively mild first half of June, both TTH and LBH have activated their Winter strategies. These Winter strategies involve the opening of additional beds and the engagement of more Clinicians on a temporary basis to increase the capacity of the two main NNSW LHD Hospitals, so they are better able to cope with the increased Patient demand that occurs during the Winter period. Now that these Winter strategies have been activated they will stay in place until the later part of September, when the peak in Patient demand subsides as Winter recedes.

On behalf of the Board and Executive I offer a big thank you to all the Clinicians and Support Staff, who put in an extra effort during the Winter period to ensure that the increased number of Patients continue to receive high quality and timely care. As a consequence, NNSW LHD continued during June to meet the demanding targets that have been set for it to provide more timely treatment to ED and Elective Surgery patients. Well done!

Integrated Care

Considerable work has now been completed between NNSW LHD and the North Coast Medicare Local in preparation to make a submission in response to the tender, which will soon be released by the NSW Ministry for Health (MoH), to seek bids to obtain funding from the Integrated Care Program Innovation Fund to improve the integration of services, especially Primary Health Services, within our locality. More information and ideas about how to integrate services were put forward at the recent NNSW Health events, being the Health Reform Symposium and the Board Members Conference.

Our current thinking is that the initial investment and redesign should be confined to a limited geographic area, not spread over the whole LHD, should be "deep" change, so effecting fundamentals, should be in some senses "disruptive" and should incorporate significant redesign. It should not be "more of the same" or introducing incremental add-ons. This will make both the design and the change process more difficult, as it will very much seek to move some Clinicians out of their comfort zones.

NNSW LHD Budget

The NNSW LHD has received its 2014/15 Budget, which is embedded in its 2014/15 Service Agreement with the MOH. The State Government through NSW Treasury and NSW MOH has introduced a number of positive measures into the NSW Health Budget and so the NNSW LHD Budget, to protect the NSW Health System as a whole, and NNSW LHD in particular, from the worst features of the Federal Health Budget. However, for NNSW LHD to deliver a balanced budget result will still be very challenging. In particular, we are being asked to raise considerably more own source revenue. We must try as hard as we can to do this, as the more own source revenue NNSW LHD can raise, the more it can then expend and still achieve a balanced budget.



Allan Tyson and Chris Crawford at the NNSW LHD Quality Award last night.

To deliver a balanced budget will require considerable focus and discipline and a more systematic process to take full advantage of all our opportunities to raise more own source revenue. On a positive note, preparation to perform better against the 2014/15 Budget than we did against the 2013/14 Budget has been underway for some months. Most Managers are approaching this task constructively and pro-actively. The NSW MOH has asked that Budgets be issued to NNSW LHD Facilities and Services by the end of July. In the meantime the NNSW LHD Finance Directorate is preparing the 2014/15 Facility and Service Budgets for consideration and approval by the NNSW LHD Board.

New Minor Works

As part of the Budget process NSW MOH has issued to NNSW LHD \$1.0 million to spend on Minor Works during the two years, 2014/15 and 2015/16. The NNSW LHD has decided to expend these funds on six medium sized and smaller projects rather than on one or two bigger projects to better share this funding around the LHD. The following six projects are being put forward to the NSW MOH for approval. The list should be considered provisional until that approval is received. The projects are: MDH extra Palliative Care Rooms, LBH Expanded CSSD to cater for extra surgery being undertaken, TTH new JMO Lounge, which has flow on benefits to other Clinical Services within the Hospital, Goonellabah Dental Clinic upgrade, Lismore Adult Mental Health Unit Courtyard enhancement and GBH new Emergency Medicine Unit. The exact costing and timing of these projects is still being finalized.

Chris Crawford

Many Mobs Building Strength and Connection

2014 State-wide Aboriginal Health Conference

Recently NNSW LHD's Aboriginal Maternal and Infant Health Service (AMIHS) team attended the Many Mobs Building Strength and Connection Conference.

This biennial Conference is facilitated by the Health Education and Training Institute (HETI) Training and Support Unit for Aboriginal Mothers, Babies and Children (TSU).

This year the Conference was held during National Reconciliation Week and acknowledged the importance of building relationships between Aboriginal people and other Australians to encourage community cohesion and respect.

The Conference was opened by the Hon Melinda Pavey MLC, Parliamentary Secretary for Regional and Rural Health and keynote speakers included experts in the fields of Aboriginal Health, Child Health and Paediatrics, Research, Infant Child and Family Mental Health and Psychiatry, and Education and Literacy.

The program was designed to facilitate collaborative partnerships that support health workers to deliver culturally appropriate services within a primary health care framework.

Sponsorship from HETI was provided to cover conference fees, accommodation and travel costs for the entire AMIHS



Clockwise from back left: Natalie Gray, Dana Lavelle, Cinnamon Williams, Danielle Torrens, Michelle Mitchell, Laurel Moore, Leanne Booth, Joshua Collins and Stefanie Mercy.

team. Coordinators and nominated managers were sponsored through NSW Kids and Families.

The Conference was an opportunity for the AMIHS team to network with service providers from across NSW and learn from the showcase of outstanding work being undertaken across the State and also from the expert knowledge, experience and information that was shared by the keynote and workshop speakers that presented. The team will now look at ways to locally implement some of the innovative ideas and best practice outcomes from across the State.

A musical treat for Murwillumbah Hospital



Due to popular demand and with a little coercion, prominent surgeons Dr Hugh Won and Dr Ross Warner commenced the Operating Theatre session at MDH on Monday 19 May with a short "Recital for Violin and Cello"!

Dr Ian McPhee, Consultant Anaesthetist, introduced the two Surgeons to the audience of patients, visitors and staff.

Ian suggested that too often, our colleagues might "hide their light" and not reveal aspects of their lives that go beyond just the "clinical".

Both Surgeons are accomplished Musicians, Dr Won regularly leading the Gold Coast Chamber Ensemble in performances on the Tweed and Gold Coasts.

Thank you to Lynne Penglase, NUM, Perioperative Unit, MDH for submitting this story and photos so we can share it with our readers.



Interview with Dr Abbey Perumpanani, Director of Emergency Services for Clarence Valley Health Services

Dr Abbey Perumpanani recently made a presentation to the NNSW LHD Executive about changes implemented at the Grafton and Maclean Emergency Departments (EDs). The Executive were very impressed with the work and the resulting improvements in performance. I caught up with Dr Abbey (as he is referred to) after attending his presentation to the Senior Managers Forum recently held in Grafton.

Dr Abbey grew up and went to Medical School in India before going over to the UK where he was awarded a PhD from the University of Oxford. After spending two years at Harvard University in the US as a physician fellow, he worked as a Management Consultant with the Boston Consulting Company. He has spent the last decade doing clinical work and was appointed Director of the Clarence Valley Emergency Services last year.

Dr Abbey kindly agreed to be interviewed so I could ask him about the changes made in the Grafton and Maclean EDs. I asked Dr Abbey the following questions:

Susan: How have the changes you made improved the care of patients in the Clarence Network?

Abbey: We have seen three main benefits for our patients: firstly, they are being seen quicker as evidenced by our improved Triage Times; secondly, they are being processed sooner as evidenced by our improved National Emergency Access Time Target (NEAT) performance; and thirdly, fewer of them are leaving before they are fully cared for as indicated by the halving of our Did not Wait numbers.

Susan: Why were changes necessary?

Abbey: Historically we have had a very well-run small Department with highly skilled and motivated staff. However as the Department grew in size, complexity and expectations, we started to face problems—chiefly because strategies that worked well in a small Department, did not work in the larger Department. One of the key indicators of this was our being mentioned in a National Health Performance Authority Report as one of the worst performing regional EDs in Australia with respect to NEAT. So change became necessary to address the challenges brought on by growth.



What was the most significant change you made?

Abbey: Because our Department had grown in size and complexity over the years, the floor of the ED started to get unwieldy. So we split the ED floor into three separate functional units each with its own dedicated team

of nurses and medical officers on each shift. This improved communication and coordination of patient care within each of the units resulting in patients being processed much quicker.

Susan: What were some of the other changes?

Abbey: We made about a dozen other changes and I will mention three of them. We renegotiated how we interacted with some of the other Departments such as Radiology, which resulted in a much faster turnaround of X-rays and CTs. We also rationalised and integrated the Emergency Services across the Clarence Valley thereby leveraging synergies resulting in decreased



duplication of care and of transportation of patients. The Department improved its governance through regular monthly Departmental Meetings, Morbidity and Mortality Meetings, and a training calendar.

Susan: How much did it cost to bring about these changes?

Abbey: The accepted wisdom in change management theories is that improving productivity comes at a cost. Interestingly, in our case, as our productivity improved, our costs actually came down. We saw a decrease in workload, decrease in FTE requirement, decrease in risk and a decrease in expenditure.

Susan: How did you come up with the ideas for the changes?

Abbey: Differences of opinion, which are intrinsic to any change management exercise, are also its life blood. Having regular Departmental meeting helped promote a more participatory and inclusive style of governance for the two Departments, allowing all of us to contribute to the way the Departments are managed and in the process generating new ideas for change. As Departments we worked well together - generating, vigorously debating and implementing new ideas – at these meetings.

Susan: How would you do things differently if you had to do it all over again

Abbey: There is no easy way to manage change—change by its very nature is messy. But if everybody pulls together and works as a team—as we did—the process becomes much more manageable. We had very good teamwork in both Departments and this helped to generate new ideas and to manage conflict. We also had a wealth of clinical experience and local knowledge which was very useful. For instance Dr Alistair McInnes one of the senior doctors grew up in Grafton; Ms Amy Low, the NUM of the Grafton ED has led the Department for over 28 years.

Susan: What is the most critical element to managing change?

Abbey: That will depend on the setting in which the change is being made. In our case, it was having the involvement of the Executive and in particular the strong commitment of the Executive Officer, Mr Dan Madden.

Change, by its nature, involves discussions, debates and disagreements which can result in deadlock. Having a mechanism to break deadlocks and keep up the momentum for change is critical. For us this mechanism was provided by our local Clarence Network Executive.

NSW Spinal Outreach/Rural Spinal Cord Injury Service Visit Ballina

The NSW Spinal Outreach Service (SOS), incorporating the Rural Spinal Cord Injury Service (RSCIS), recently visited Ballina for its annual Spinal Clinic and Education Session for Clinicians.

The SOS is a multidisciplinary team based at the Royal Rehabilitation Centre in Ryde, which provides metropolitan and rural outreach services to people who have sustained a spinal cord injury (SCI).

The RSCIS operates as a unique "hub and spoke" model with Rural Spinal Coordinators based in five regional centres across seven NSW LHDs. The Coordinator positions are integrated with local Brain Injury Rehabilitation Service teams.

The NNSW LHD has the highest prevalence of people living in the community with a SCI in NSW. Their health needs are chronic and complex and the model aims to facilitate a health promotion approach with local and specialised support.

The SOS/RSCIS team spent three days at the Ballina Rehab Unit providing a medical and multidisciplinary clinic to clients from the LHD.



L-R: Liesel Jeffers, NBIRS/RSCIS Manager; Dr Rachel McQueen, Senior Medical Registrar, SOS; Associate Professor James Middleton, Director, Statewide Spinal Cord Injury Service; Anne Willey, Occupational Therapist (OT), SOS; Karla Cooper, Clinical Nurse Specialist, SOS; Peter Daly, RSCI Coordinator, RSCIS; Alison DiSanto OT, SOS; Therese Powell, Physiotherapist, SOS; Melissa McCormick, Rural Service Manager, RSCIS and Angela Pong, Social Worker, SOS.



L-R: Meredith Ward from Ballina ACAT, Bill Tyrell, CNC Stomal Therapy & Continence and Helen Craig, Byron OT at the Workshop.

The SOS/RSCIS team also ran a workshop for Clinicians managing people with SCI at the Ballina Surf Club.

The workshop focused on 'Ageing with a SCI' and was very well received with over 45 Clinicians attending the day.

The SOS/RSCIS encourages NNSW LHD Clinicians to contact the service for clinical support, advice or to link their SCI client to the service by calling 02 9808 9666 or email rscis@royalrehab.com.au

Thank you to Rehabilitation Specialist Dr Ulla Gerich-McGregor and the Rehabilitation Unit Team for hosting the service and the NBIRS/RSCIS Manager, Liesel Jeffers and Peter Daly who facilitated and supported the Clinic.

who are not Medicare eligible. Only patients with stroke for upper limb spasticity are eligible.

Dr Gerich-McGregor asked one of her patients (Daryl pictured right with Dr Gerich-McGregor), how he felt after having the injections and if the injections were effective in his case. Daryl, had an injury 25 years ago and has a deformed right foot through increased spasticity in right leg, ankle and foot resulting in recurrent falls when walking.



Daryl said he was very happy to have the opportunity, after so many years to get some Botox injections in his leg. He cannot afford \$1,500 for the injections and was amazed at how well the injections worked. His goals have been to wear his shoe for more than 1 1/2 hours each day and increase his ability to wear a shoe for his mobility. He was able to achieve this and could walk more easily and efficiently. His gait changed, he is more upright and looks more normal when he walks. He knows that after the first injection the effect is only a temporary improvement that will last for 3-6 months. He is worried about what happens after that time. He hopes it will be funded and a Spasticity Service for the North Coast will be set up in the future to help him and others in a similar situation and thanked the Sponsors.

Spasticity Workshop

Earlier this year Dr Ulla Gerich-McGregor, was very pleased to host a workshop for the NNSW LHD in the Ballina Hospital Rehabilitation Unit. Guest Speaker was Prof Ian Baguley, a Rehabilitation Specialist with Sydney and Brisbane based Occupational Therapists and Physiotherapy Specialists in Spasticity management.



Prof Baguley (pictured left) does research in Spasticity management and is likely the most experienced Botulinum Toxin injector for Spasticity in Australia and has been recognised with an Order of Australia for his work and care of Traumatic Brain injury patients.

Dr Gerich-McGregor offers Spasticity management with Botulinum Toxin injections and is an approved \$100 injector for Medicare and is hopeful of attracting interested Staff to help set up a Spasticity Management Service for the LHD. Injecting is only a small part of the treatment she offers but it is very expensive.

Thanks to sponsorship, five patients, who are not Medicare eligible were able to be injected at the Workshop for education purposes. This is the only way in Australia to help patients with Spasticity

Latest Board News

Out and about in the Clarence Valley - Second Annual Cultural Awareness Bus Trip

A number of NNSW LHD Board, Executive and Senior Staff Members joined Aboriginal Elders including Aunty Muriel Burns, Chair of Ngayundi Aboriginal Health Council for a Cultural Awareness bus trip in the Clarence Valley on Saturday 24 May 2014.

The trip included a tour of the soon to be opened Yamba Community Health Centre, Bulgarr Ngaru Aboriginal Medical Service and lunch with the Aboriginal Community at Baryugil. The Board thanks Mr Scott Monaghan, Chief Executive of Bulgarr Ngaru for the hospitality shown both at Bulgarr Ngaru and at Baryugil.



Board Members and members of Ngayundi Aboriginal Health Council visit to Yamba Community Health Centre

Whilst on the bus, participants were provided a quiz, which highlighted some interesting pieces of information for the discussion, which included:

- The first Aboriginal person to win an Olympic Medal was swimmer Samantha Riley, whose mother was adopted and whose grandmother was a part of the stolen generation.
- Whilst there have been four Aboriginal people elected to Federal Parliament being Neville Bonner, Ken Wyatt, Aden Ridgeway and Nova Perris, an additional Member, Mal Brough is of Aboriginal decent but does not identify as such.
- Commonwealth Boxing Middle Weight Title Holder Tony (Anthony) Mundine OAM was born in Baryugil in 1951, his son is Anthony Mundine, who is an Australian professional boxer and former rugby league player.

May Board Meeting held at Grafton Base Hospital.

Whilst in Grafton for its May Board Meeting the Board undertook a number of pre and post Board Meeting activities which included:

- Morning tea with Clinicians
- A tour of the Hospital including the new Pharmacy
- A Patient Story provided by the Transitional Aged Care Service
- A meeting with key stakeholders including the Chair of the United Hospital Auxiliary, Clarence Valley Mayor Richie Williams and a representative from the Office of Chris Gulaptis MP, Member for Clarence.



Above L-R: Board members Rosie Kew, Joe Ogg, Deb Monaghan (front), Dan Madden, Executive Officer, GBH (rear); Brian Pezzutti, Board Chair; David Frazer; Andrew White, Director GBH High Dependency Unit; Malcolm Marshall, Allan Tyson and Terry Cooper, Site Foreman.



Presentation to the Board of a Patient Journey by GBH Transitional Aged Care Team L-R: Jenny Corkett, Registered Nurse Coordinator; Angelica Bueno, Occupational Therapist and Brenton Sahlgqvist, Physiotherapist.



Meeting with Stakeholders at GBH L-R: Rosie Kew; Richie Williams; Debbie Newton representing Chris Gulaptis; Allan Tyson; David Frazer (rear); Deb Monaghan; Alba Linklater, President, GBH Auxiliary; Dan Madden (rear); Joe Ogg and Malcolm Marshall.

The Tweed Hospital Performing Well for Patients

Geoff Provest, State Member for Tweed has congratulated The Tweed Hospital (TTH) Clinicians on treating ED and Surgery patients more quickly.

NSW EDs have been given a challenging target to treat attending patients within four hours.

TTH ED has been treating around 82% of its patients within four hours, which is above the NSW Health target of 81% of patients being treated within four hours.

This represents an improvement from 2013 when TTH ED treated 75% of attending patients within four hours.

The improvement has occurred despite TTH ED treating 1,031 more patients between 1 January - 30 April 2014. During the same period TTH Surgical teams have also been treating Elective Surgery patients more quickly.



TTH Intensive Care Unit (ICU) has a new ICU Room bringing the total to 8. Pictured L-R: Dr Joe Ogg, VMO Specialist, ICU; Kerrie Martin, Clinical Nurse Educator; Dr Tony Miller-Greenman, ICU Registrar; Howard Clare, NUM; Dr Michael Hills, Director Medical Services, Tweed Byron Health Service Group; Iain Johnston, VMO Specialist ICU; Denise Harris, Assistant DoN and Dr Steve Naughton, ICU Resident Medical Officer.



L-R: Bernadette Loughnane, Executive Director Tweed Byron Health Service Group (TBHSG) and Dr Rob Davies, Director of Emergency Services TBHSG for NNSW LHD

While TTH continues to treat 100% of the sickest surgical patients within 30 days, it has simultaneously improved the timeliness of the treatment of Category 2 (semi urgent patients) in 90 days from 93% to 97% and the treatment of Category 3 (non-urgent patients) within 12 months from 95% to 97%.

TTH is meeting the 2014 surgical targets set for it by the NSW Ministry of Health.

This is great news for Tweed residents as it means they now receive high quality surgical and ED services more quickly.

Congratulations to the hard working Doctors, Nurses, Allied Health and Support Staff for their commitment, professionalism and genuine concern for patients in their care.

Tweed Cardiac Nurses attend World Cardiology Congress

TTH Cardiac Assessment Nurses Kellie Thompson and Sally McLean were fortunate enough to receive a scholarship to attend the World Congress in Cardiology held in Melbourne. The four day program focused on efforts to reduce premature cardiovascular deaths by 25% by 2025.

With over 150 sessions in cardiology, policy and public health to choose from featuring the latest scientific and research findings delivered by world leading experts, it was difficult to choose which sessions to attend. Topics covered included AMI, arrhythmia, hypertension, arrhythmia, sudden cardiac death, heart failure, valvular disease, prevention, rehabilitation and health promotion.

Healthy lifestyle modification remains the key to cardiovascular disease prevention.

- Know your BP - aim for less than 140/90
- Lower your cholesterol – continue to take your statins if you are at high risk
- BE SMOKE FREE - come and talk to the Cardiac Assessment Nurses or Cardiac Rehabilitation Nurses in your hospital if you want to quit
- Diabetes – know your status and keep it well controlled

The conference reiterated what we do in our health care setting, with what we have, we should be proud of.



Above: Kellie Thompson and Sally McLean at the Conference doing hands on training with TTH CPR manikin

Exercise Right

Exercise Right Week is a national campaign and is held in the last week of May. Exercise Right highlights the importance of exercising in a way that suits the individual and how an Accredited Exercise Physiologist can help in providing expert advice.

According to statistics nearly 70% of Australian adults (almost 12 million), are either sedentary or have low levels of physical activity. This is far below the expected minimum level outlined by the National Physical Activity Guidelines, said Kylie Everman an Accredited Exercise Physiologist at Lismore Base Hospital.

"What can be more worrying about the lack of physical activity is the lack of awareness a person has about the damage being done to their body by not exercising," Kylie Everman said.

In 2010-2011, the leading cause of death in Northern NSW was cardiovascular disease, which was significantly higher than the rest of NSW (205/100,000 compared to 177/100,000), followed by cancers (173/100,000) and respiratory diseases (46/100,000).

On page 10 Tweed Cardiac Nurses Kellie Thompson and Sally McLean highlight the importance of exercising, so the figures mentioned above are further evidence of the consequences of the lack of physical activity.

Physical activity can play a key role in preventative measures for all of these conditions. However, we often see too few people taking action in either preventing or treating these diseases, due to a lack of awareness or a fear of not knowing where to start.



LBH Exercise Physiologists Kylie Everman and Tiphanie Lloyd explain the benefits of exercising right to William Goode.

Physical activity does much more than improve your body image and make you lose weight, it can help you:

- Reduce your blood pressure
- Decrease total cholesterol
- Reduce stress levels
- Improve mental health
- Feel more energetic, confident, happy and relaxed
- Improve your balance and posture
- Maintain healthy bones and strong muscles
- Decrease your risk of heart disease
- Decrease your risk of developing Type II diabetes

For more information please go to www.exerciseright.com.au

Helpline eReporting Child Protection Concerns to Community Services



From 1 July 2014, Helpline eReporting will be made available for all mandatory reporters from the Community Services website.

eReporting is an online system for making child protection reports to Community Services if you have current concerns about the safety, welfare or wellbeing of a child or young person.

eReports are delivered securely and automatically to the Child Protection Helpline for assessment. eReporting can be accessed from www.kidsreport.facs.nsw.gov.au

eReporting must only be used for non-imminent suspected Risk Of Significant Harm (ROSH) reports.

Reporters are encouraged to use the Mandatory Reporter Guide (MRG) before making a report to the Helpline.

The MRG helps you determine when to phone or complete an eReport to the Helpline. The Mandatory Reporter Guide can be accessed from: www.sdm.community.nsw.gov.au/mrg/

Advantages of Helpline eReporting are:

- Easily accessible and easy to use;
- No user registration process required;
- Built-in drop down menus;
- Access to the Mandatory Reporter Guide from within the eReport form;
- Ability to review your report before submitting;
- Instant receipt and reference number upon submission of the report;
- Copy provided of the submitted eReport; and
- Ability to save and print the eReport transcript to store for your own record keeping purposes.

Frequently asked questions about eReporting can be accessed from:

[https://kidsreport.facs.nsw.gov.au/captchalimagePROD/\(X\(1Saqjh3orhfipsju3atikrpylu\)\)/FAQ.aspx](https://kidsreport.facs.nsw.gov.au/captchalimagePROD/(X(1Saqjh3orhfipsju3atikrpylu))/FAQ.aspx)

An online eReporting training module is also available at:

<http://elearning.community.nsw.gov.au/eReporting/eReporting.swf>

Staff News

Congratulations to Dr Mim Weber and Jonathan Magill on graduating from the Executive Clinical Leadership Program.



Above: Luke Worth, Director, Systems Relationships with the Ministry of Health presented Certificates to Mim Weber (left) and to Jonathan Magill (right).

Yvette Bowen, has been appointed the Acting Manager, Workforce Change & Sustainability Service for the NNSW LHD Chief Executive Unit. Yvette's substantive position is that of District Manager, Work Health & Safety and Injury Management.



Tara Chambers commenced at Maclean District Hospital on 2 June 2014 as the NUM for the new Rehab/Sub Acute Unit. Tara has moved from Mona Vale Hospital, where she held the position of NUM of the 30 bed Rehab Unit for three years.



Thank You

Earlier this month Kyogle Memorial Health (KMH) Service received the latest pieces of equipment, which was made possible due to the generous donation of \$4,000 by Eileen Boyle and the Happy Wanderers and \$7000 from the KMH Hospital Auxiliary. This money enabled KMH to purchase a new Slit Lamp, at a cost of \$11,000.00. Previously this equipment was not available at KMH and patients had to go elsewhere for this examination to occur.



With the new Slit Lamp from left: Melissa Ingram, NUM ED and Acute Care Ward, Wilma Morrison from the Hospital Auxiliary; Eileen Boyle, representing the Happy Wanderers; Ellen Dougherty, Hospital Auxiliary and Dr Sumir Ahmed, GP/VMO



Above L-R: Ann Scheife, Director of Nursing & Midwifery at TTH presented Kerrie Martin, Clinical Nurse Educator - ICU and Maree Carroll, Clinical Nurse Consultation - Infection Prevention and Control with Certificates on the successful completion of the Standard Precautions Auditor Training.

On the 7 July 2014 Shared Services will separate for Internal Audit. **Gail Farrar**, Internal Audit Manager will no longer be responsible for NNSW LHD.

Emma Webb will take over this role for NNSW LHD in an acting position. As part of this role Emma will also be the A/Public Interest Disclosure Coordinator. Emma can be contacted on 6620 7616 or via e-mail. If you need to contact Gail regarding any matters relating to pre - July 2014 please contact Emma. Our thanks to Gail Farrar for her significant contribution over the last 8 years and we wish her the very best for the future.



L-R: Gail Farrar and Emma Webb

The Slit Lamp is an instrument used in Ophthalmology for examining the external surface and internal segments of the eye, including the eyelid(s), lashes, conjunctiva, cornea, anterior chamber, pupil, iris, vitreous and retina. A high-intensity beam of light is projected through a narrow slit and a cross section of the illuminated part of the eye is examined through a magnifying lens.

Below: KMH was also presented with a further donation of \$2,290 from funds raised by the Red Cross and the RSL Club.

