

Northern exposure



Health

Northern NSW

Local Health District

Newsletter, Issue 7

August 2013

Inaugural Nursing & Midwifery Awards

The short-listed finalists and winners of the first Northern NSW Local Health District's (NNSW LHD) Nursing and Midwifery Awards were announced at a ceremony held at Lismore Base Hospital (LBH) on 25 July 2013.

The inaugural Nursing Awards were named in honour of two recently deceased senior NNSW LHD Nurses. As well as each recognising the achievements of two high achieving Nurses, these Awards give ongoing recognition to Meryl Brown and Jane Ackerman.

The Meryl Brown Award recognises outstanding Nurse Management performance and the Jane Ackerman Award recognises outstanding Clinical Nursing performance.

At the Awards Ceremony six very good finalists were recognised for their outstanding achievements by the audience. Then the excitement hit fever pitch as the Award winners were announced.

The Meryl Brown Award was won by Gerri Heckel and the Jane Ackerman Award was won by Helen Lennon.

Recognition is given to Annette Symes, NNSW LHD Executive Director of Nursing & Midwifery and her Executive Team, who introduced these Awards to highlight the performance of some high achieving Nurses. Each winner received a \$1,000 educational scholarship.

Guests included Shirley Nelson OAM, former Director of Nursing of Byron District Hospital and recently retired Board Director of Feros Care and Beryl Jordan, who retired last year after more than 40 years of Nursing. Beryl was previously Director of Nursing (DoN) at Grafton Base Hospital (GBH) and LBH. Mick Heffernan, came to present the Jane Ackerman Award for Clinical Excellence, in memory of his late wife.

NNSW LHD Board Members who participated included the Chair, Brian Pezzuti and Hazel Bridgett and from NNSW LHD Executive, Chief Executive Chris Crawford and Annette Symes, Executive Director of Nursing and Midwifery were in attendance.



The Meryl Brown Memorial Award for Outstanding Achievement in Nursing/Midwifery Management was named in honour of the late Meryl Brown, a much admired, long-serving Nurse and Hospital Administrator. Her last position was EO/DoN at Ballina District Hospital, where she led and inspired her team at a time when the coastal population started experiencing its ongoing rapid growth.

The three finalists in this award were:

Debbie Dawes, Acting Assistant DoN for the Surgical, Paediatric, Obstetric, Gynaecology and Anaesthetics Division at TTH. Debbie has led the Operating Theatre staff through a time of significant change and redesign with great strength.

Jenny Shaw, EO/DoN at Mullumbimby War Memorial Hospital. Jenny was instrumental in the development of the Case Load Midwifery Service on the North Coast, which is now a successful model of care at both Mullumbimby and Murwillumbah Hospitals.



Beryl Jordan presented Gerri Heckel with the Meryl Brown Memorial Award for Outstanding Achievement in Nurse Management



Jane Ackerman

The Jane Ackerman Memorial Award is for Clinical Excellence and is named in her honour. Jane was a health professional who was highly respected and admired by her colleagues and totally dedicated to the nursing profession. Jane was a high achiever and held positions as Executive Officer/DoN (EO/DoN) at Byron District Hospital and DoN at The Tweed Hospital (TTH).

The three finalists for Clinical Excellence were:

Beverley Love, a Midwife in the Women's Care Unit at TTH, an inspiring nurse who has contributed to the professional and psychosocial needs of midwives across the LHD.

Sharon Kerr, Registered Nurse (RN) at TTH Mental Health Unit whose commitment to the holistic care of clients has helped make many lives much more manageable.



Helen Lennon and
Mick Heffernan

Helen Lennon, a Clinical Nurse Specialist (CNS) at GBH is known for her eagerness to continually improve her nursing and educational knowledge, and for her dedication to peer support.

Helen was announced the winner of the Jane Ackerman Award for Clinical Excellence and was presented with the perpetual trophy and a \$1,000 educational sponsorship by Mick Heffernan, whose affectionate reminiscences about his late wife resonated with the many staff in the room who had worked with Jane.

Say NO to Unsafe Work Practices



A word from the Editor, Susan Walker

Welcome to the August issue of Northern Exposure. A lot has taken place since the last issue and I have tried to include as much as possible, so I hope you enjoy the read and find something that is of interest to you. Please remember contributions are welcome.

Congratulations to Annette Symes, Executive Director of Nursing & Midwifery (N&M) and Wendy Howell, Deputy Director of N&M on establishing the successful Inaugural Nursing and Midwifery Awards in memory of two wonderful and passionate nurses, Jane Ackerman and Meryl Brown. Thanks to the Judging Panel, which also included Shirley Nelson, herself a former Nurse Manager of Byron District Hospital, Murray Spriggs, Manager of Community Participation and Leonie Baker, Executive Assistant who all supported Annette and Wendy with the difficult task in choosing the winners. Congratulations to all the finalists, some who knew and worked with both Jane and Meryl.



Above from left: Shirley Nelson (right) presents Awards to Jenny Shaw, Sharon Kerr and Bev Love.



Above wearing their City2Surf medals from left is Di Goldie, NUM Intensive Care/Cardiac Services at LBH with Vicki Rose, A/Executive Director Allied Health/ Chronic & Primary Care and John Wickham, District Manager, Medical Administration

Fundraising has been a key part of the City2Surf event since it first started in 1971. At last count around \$3.7 million was raised for 750 Australian charities. Among the 85,000 who registered in the City2 Surf event held last weekend in Sydney were some of our own staff.

Di Goldie has participated a number of times and John Wickham said he first entered in 1977 and has participated several times since then. On this occasion it took John 68 minutes. Vicki Rose said this was the first time she had participated and would recommend it to others. The walk is 14 kms and for Vicki it was a social event with lots of chatting along the way and took her 2 hours and 48 minutes. Sounds like a good way to support all those charities and keep fit at the same time.

Jennifer Boomer - Quiet Achiever

Jennifer Boomer is a Registered Nurse and the Quality Co-ordinator at Ballina District Hospital.

Jennifer has been a part of the Ballina Hospital 'family' for a number of years. She is a dedicated nursing professional, who gives great support to the patients under her care and to the staff.

Her smiling face lights up the ward. It's hard not to want to work with her because she has a way of making all those that surround her enthusiastic.

Jennifer has vast experience and skills including discharge planning, general ward and community care. This combination of skills allows her to confidently approach all activities that she is involved in.

She is extremely hard working and innovative and always there to help the team.

When approached to take on new challenges Jennifer is always enthusiastic and motivated. This was most evident when the role of Quality Co-ordinator for Ballina Hospital became available. Jennifer took on the challenge and has done an extraordinary job, placing Ballina Hospital in an excellent position to meet the challenges of an Accreditation survey.



Jennifer's skills and knowledge give the role of Quality Co-ordinator a massive boost from a strategic all of site approach.

Jennifer was nominated by Peter Jeffree, EO/DON; Jonathan Magill, DDON, Alice Street NUM General Ward and Emma Smith, After Hours Nurse Manager Ballina District Hospital

\$3 million for Casino ED Redevelopment

Casino Hospital was treated to some very special visitors in July. Federal Minister for Health Tanya Plibersek and Federal Member for Page Janelle Saffin came to announce \$3 million in funding to redevelop the Emergency Department (ED).

Ms Plibersek visited Casino Hospital late last year with Janelle Saffin and said she saw first-hand the pressing need for an upgrade of the ED. "I was so impressed by the hard-working staff and was convinced of the need to redevelop the ED so these Clinicians have facilities that match their dedication."

Ms Saffin said she deliberately brought Minister Plibersek to Casino Hospital so she could see for herself the urgent need for the upgrade.

Ms Plibersek paid tribute to the lobbying of Janelle Saffin for the redevelopment of the Casino Hospital ED, which will include:

- Four new treatment bays;
- Two new resuscitation bays;
- A redesigned ambulance entry area;
- A multifunctional Safe Assessment Room;
- A new triage area;



L-R: Federal Minister for Health Tanya Plibersek, Federal Member for Page Janelle Saffin with Casino District Hospital Nurse Manager Kayelene Guthrie and NNSW LHD Chief Executive Chris Crawford at Casino Hospital.

Photo: Jaime Brown, thanks to Northern Star

- A relocated waiting area;
- Piped medical gases to resuscitation and observation bays;
- A dedicated ED staff room; and
- Enhanced security for the ED.



Casino Carer Val Courte Wins National Kidney Health Australia Operation Angel Award



Above: Tom and Val Courte and rear standing from left is: Jane Ruane, Renal Case Manager, Lismore Base Hospital; Dr William James, Thomas George, Lismore MP and Amber Williamson from Kidney Health Australia

Carer, Val Courte from Casino has been recognised by Kidney Health Australia with the Operation Angel Award, which was presented to Val on 31 July 2013 in Lismore by Kidney Health Australia's Chief Executive Officer Anne Wilson.

Earlier this year Jane Ruane received a letter from Kidney Health Australia with a nomination form for the 2013 "Operation Angel Award". Jane said she and the team knew they had one in the Lismore Base Hospital (LBH) Renal Dialysis Unit and nominated Val. Jane said they were thrilled to hear she had won Kidney Health Australia's

National Operation Angel Award. The National Awards Program recognises the unsung heroes of the kidney sector – the carers, the patients, doctors and nurses who work tirelessly to support those with kidney disease and to increase awareness of the need to reduce the burden of kidney disease.

Currently in Australia nearly 11,000 people are on dialysis, over 1,000 are waiting for a kidney transplant and sadly over 54 die with kidney-related disease every day.

Val has been caring for her husband since 2004 when he commenced haemodialysis at the LBH. Tom has both of his legs partially amputated and has had significant health challenges since he started dialysis to treat his end-stage kidney failure. Val had little experience in driving but to support Tom, Val has driven him from their home in Casino for treatments three times a week, as well as driving him to Sydney on several occasions when he was critically ill.

The Dialysis Unit Staff say Val never expects the Staff to do anything for Tom that she could do herself. Those that know Val say that her dedication, enduring love and commitment to be by Tom's side during his kidney journey is truly admirable and inspiring to all around them. She also engages with and supports other patients, carers and staff, by lending a helping hand to ensure patients are warm and comfortable during their dialysis treatments. Husband Tom said his hard working and loving wife makes him feel like he is in Heaven already with the care he gratefully receives.

Ballina Clinical Education & Student Accommodation



Above from left: Prof Lesley Barclay, Director UCRH; Tanya Plibersek, Federal Health Minister; Janelle Saffin, Federal Member for Page and Dr Brian Pezzutti, Chair, NNSW LHD Board are all smiles at the Opening of the Ballina Clinical Education & Student Accommodation Facility, which is pictured at right.

Professor Lesley Barclay, Director University Centre for Rural Health (UCRH) said the opening of the Ballina Clinical Education Unit is the result of the strong partnership the UCRH has with the NNSW LHD.

Prof Barclay said they applied together and were successful in receiving funding through Health Workforce Australia (HWA), with over \$10 million of capital works, equipment and staff projects awarded. Part of this money (\$4.1m) went to establishing this wonderful new building in Ballina, which is located on the Ballina Hospital Campus.

The facility provides teaching areas and clinical rooms located on the ground floor that will extend practice opportunities for the health service and possibly the Medicare Local. As well as the Student Accommodation there is also a two bedroom flat for Clinicians, who may need to travel to Ballina Hospital to provide overnight cover and relief for other medical staff at the Ballina Hospital.

New Lismore Liver Clinic Opens

The Lismore Liver Clinic has moved to new premises. Its Opening coincided with Hepatitis Awareness Week. The new premises allows more people from around the Northern Rivers better access to potentially life saving treatments.

Hepatitis NSW CEO Stuart Loveday, who was on hand to officially open the new Liver Service, said it was great to see the hard work of many people in the Northern Rivers recognised through the opening of the Clinic.

"We need more Clinics like this one," Mr Loveday said. "We need better education, better identification and better treatments."

Mr Loveday said that Northern NSW had the third highest notification rate of Hepatitis C in NSW. The ongoing impacts of chronic Hepatitis C are serious, with around 20 per cent of patients developing cirrhosis within 10 to 20 years of the onset of infection. Liver failure from chronic Hepatitis C is one of the most common reasons for liver transplants.



Prof Barclay said "It is exciting times as a portion of the HWA funding is also going to Lismore towards the new building across the road from LBH where the old Blood Bank building was.

In addition, extensions to student accommodation and simulation teaching space at Murwillumbah and Grafton have been approved with the Murwillumbah facility upgrade completed and very active and Grafton nearly finished. This will make a substantial difference to the students in long stay medical programs, who are doing their rural placement and allied health students, who have less opportunity to obtain low cost or no cost accommodation during their placements.

These recent achievements exemplify how the collaboration between the UCRH and the LHD creates positive outcomes for both and not least, our local Health Professionals and the community they serve.

The teaching facilities will not only be used by students but also by Clinicians. They also have the need to continue learning and previously have had limited opportunity for clinical or simulated learning to help develop a guide or to refresh their practice.

Our overall aim is to train our own health professionals who come to us as students, and those clinicians who teach them, so that graduating students return to stay and practice in this beautiful part of the world.



At the opening from left: Luke Close, Githbul Artist who painted 'First Light Dreaming' with a grant received from Hepatitis NSW with Jenny Heslop, Manager HIV & Related Programs (HARP) with Stuart Loveday, CEO, Hepatitis NSW.

The Lismore Liver Clinic is a specialist treatment centre for the Hepatitis C Virus. People interested in making an appointment are encouraged to seek a referral from their General Practitioners. If you or someone you know needs more information or support on Hepatitis, call the NSW Hepatitis Helpline 1800 803 990/1300 437 222 or visit www.hep.org.au



Chief Executive Report

2013/14 Budget

The 2013/14 NNSW LHD Budget is the most challenging one that has been received for quite a while. There are a number of positives contained within the Budget but the magnitude of the tasks set on both the expenditure saving and revenue enhancement sides of the Budget make it very tough.

This is the second Budget that has been allocated to NNSW LHD on an Activity basis. This means that around eighty percent of the funding received by NNSW LHD is provided on the basis that certain activity targets will be achieved. Should these activity targets not be achieved, then the Ministry of Health (MOH), on behalf of the State and Federal Governments, reserves the right to recall some of the funds allocated on the basis that they have not been utilised to achieve the targeted activity level.

Under these Activity Based Funding arrangements, most of the Budget received is calculated based on the cost of treating a specified number of Patients. To enable it to treat extra Patients, NNSW LHD has received an additional 1381 National Weighted Activity Units (NWAUs), which are funded at the NSW Health average price of \$4671.

The extra treatments that NNSW LHD has been funded to provide are mainly acute and sub-acute treatments (1002 NWAUs) with additional Emergency Department (152 NWAUs) and Non-acute (227 NWAUs) treatments also funded.

Examples of how these extra funds will be utilised include:

- Opening of an extra Intensive Care Unit bed at TTH
- Opening of a temporary and then interim Emergency Medicine Unit at LBH
- The appointment of a second Orthopaedic Surgeon at GBH.

Also, NNSW LHD has received an increase in its Block (not tied to activity targets) Funding allocation. This will support the rollout of extra Clinical Nurse Educator and Clinical Nurse Specialist positions within NNSW LHD.

As well, NNSW LHD will receive extra funding under the National Dental Scheme, which will enable it to considerably increase the number of Dental Assessments and Treatments that it can provide. This will reduce the NNSW LHD Dental Waiting Lists progressively throughout the year as our Dental Patients receive these extra services.

On the expenditure side of the budget, NNSW LHD must contain its costs in two ways. Firstly, it must make cash savings. This will largely occur by not spending as much on Salaries and Wages as it would otherwise have done. For this reason the LHD Management has been examining how it can maintain current service levels, while employing less Staff in particular areas. This will require us to work smarter and so more efficiently.

Secondly, strategies will be introduced to better manage Patient demand. Various studies are now demonstrating that the more expensive model of treatment is neither the safest nor the most Patient focused way to provide care. For example, the Sepsis Kills Project has clearly demonstrated that better quality care can be

provided at a lower cost. Patients have indicated that they would prefer to be treated at home if that option is available. Therefore, more emphasis will be put on Programs, such as the Hospital in the Home and the proactive Connecting Care – Severe Chronic Disease Program - with inpatient care being utilised for seriously ill Patients.

On the revenue side of the Budget, NNSW LHD has again been asked to raise more own source revenue to contribute to funding its services. As previously advised this extra revenue will be raised without asking Medicare eligible Patients to incur out of pocket charges for services they receive in NNSW LHD Hospitals. As in previous years, this extra revenue will only be able to be raised by Clinicians and Managers working closely together to optimise revenue raising opportunities.

Since January, the NNSW LHD Board and Executive have been working closely to consider options and to prepare for the 2013/14 Budget. They have been aware that it would be tough. To meet its challenges, we need to be smarter and more efficient than ever before and to quickly embrace and expand new models of care. In particular, the NNSW LHD needs to have a keen focus on providing more integrated and community based care. Clinicians and Managers need to work together to review all our major costs and see where more cost effective solutions can be adopted.

The NNSW LHD Board has now approved the 2013/14 Budget for allocation to the Hospitals and other Services. Budget Allocation Letters will be sent out in the next week or so. Then by the end of August 2013, as per the Garling Report requirement, details of the Budget allocation will be posted on the NNSW LHD Internet Site.

The key emphasis of providing high quality patient care will continue to be the LHD's guiding light. The necessary changes and cost savings need to be made in such a way that enables quality and safe patient care to continue to be provided.

Engaging with other Health Agencies

In the "old days", the main external health focus for Area Health Services was with the Department of Health. Now that we have a slimmed down MOH and smaller LHDs, much of their old roles are now undertaken by other Health Agencies. These include the Clinical Excellence Commission, Agency for Clinical Innovation (ACI), Bureau for Health Information, Health Education and Training Institute, Cancer Institute, NSW Kids and Families, HealthShare and Health Infrastructure. The NNSW LHD Board and Executive Members actively engage with all these Agencies, as well as the MOH on a regular basis to advocate on behalf of NNSW LHD.

In particular, the NNSW LHD Board has recently approved four initiatives upon which NNSW LHD will engage with the ACI in 2013/14. These are the ACI Pathway for Acute Myocardial Infarction, National Stroke Pathway, Rehabilitation Network Model of Care and in conjunction, the Management of Fractured Neck of Femur and Osteoporosis Prevention of Refracture Projects. These collaborations with the ACI should present good opportunities for NNSW LHD Clinicians to improve services that are provided to local Patients.

As well, the Board indicated that it would give positive consideration to collaborating in the future with the ACI on four other initiatives. These are on the Integrated Care of Older Complex Persons Framework, Care of Confused Older Persons Program, Diabetes Models of Care and High Risk Foot Services. Some of these initiatives were nominated as priorities by NNSW LHD Clinicians, during the consultation process on possible collaborations with the ACI. However, when approached about some of them the ACI advised that they are not as well developed as the chosen collaborations. As a consequence the ACI advised that collaborations on some of these initiatives would be pursued more productively if undertaken in 2014/15.

Buying local makes good business sense



At the Buy Local Project Northern Rivers launch from left: Lismore Mayor Jenny Dowell, NSW LHD Chief Executive Chris Crawford, Lismore MP Thomas George, Lismore City Council Business Facilitator Mark Batten, General Manager Gary Murphy, NSW Business Chamber Regional Manager John Murray, ICN Deputy Director Peter Webster and UCRH Director, Professor Lesley Barclay AO.

NNSW LHD, Lismore City Council (LCC) and the UCRH have joined forces to create the Local Buy Gateway, aimed at keeping more business contracts within the region.

Dubbed "a huge online noticeboard" enabling Government Departments to source products and services locally, the initiative is supported by the NSW Industry Capability Network (ICN), a not-for-profit, State Government funded service that has around \$247 billion worth of projects listed.

Alzheimer's Australia 15th Annual National Conference

Over 700 delegates attended the Alzheimer's Australia 15th National Conference with the theme – Tiles of Life Colouring the Future. The conference was held in Hobart from 14 – 17 May 2013, with people coming from all over the world to attend.

Atosha Clancy Team Leader / Social Worker with the Dementia Outreach Service and Kathy De Souza Clinical Project Officer for the DementiaCare eLearning program, both presented papers at this conference.

Atosha recently completed HETI's Rural Research Capacity Building Program and presented her major findings in a paper titled: Improving the Practice Model for a Dementia Outreach Service. Her investigation identified the practice model of the service, including the theoretical foundations, the practice pillars on which it sits, the core activities and the enabling factors that oil the smooth functioning of the service.

Atosha highlighted the importance of clinical expertise being available to people living at home with dementia through an outreach model and the central role that a multidisciplinary team plays. She discussed the finding that the community positioning of the Dementia Outreach Service was valued by the community dementia services as it had enabled the Far North Coast to build a strong sector response to people living with dementia.



Kathy De Souza and Atosha Clancy

You can see Atosha's full report on the HETI website:
<http://www.ruralheti.health.nsw.gov.au/completed-projects>

Kathy's paper was titled Dementia Care: Resource and Training Network. Forging ahead to meet the needs of metropolitan, rural and remote clinicians by taking a positive approach to care of the person with dementia through an eLearning application

Kathy raised the profile of the Acute Care of the Older Person Dementia eLearning program, which is managed by a small dedicated team within NNSW LHD.

The program, is innovative, interactive, fully facilitated and provides an excellent platform for education delivery for NSW Health staff working in metropolitan and in rural and remote locations. The course is accessible online 24/7 and is free to NSW Health staff.

In 2012 the Dementia Care Resource and Training Network was a category finalist in the NSW Health Awards and the runner-up in the 2013 Asia-Pacific MetLife Award for Dementia Education. If you would like to know more about this program email Kathy on kathryn.desouza@ncahs.health.nsw.gov.au

Interview with Debbie Huxstep, Nurse Unit Manager Murwillumbah Rehabilitation Unit Murwillumbah Hospital

Debbie grew up in Yamba, went to School in Maclean and then embarked on a nursing career that took her to Murwillumbah. Susan Walker asked her.....

Did you always want to work in Rehabilitation?
I actually wanted to be a teacher. I wanted to teach History and English but I didn't think I would get a scholarship to go to Uni and in those days, I knew my parents couldn't afford to put me through Uni. So I went nursing for 12 months and that was in 1977 and I'm still here.

What made you decide on nursing as a career?

I started as an enrolled nurse on the Gold Coast first, to see if I would like nursing. I then went to the Repatriation and General Hospital at Concord in Sydney where I trained as a Registered Nurse. I discovered that I loved working with the older people and at the time they were mostly returned soldiers. I've worked in Brisbane, Waterfall and St. Vincent's Rehab in Lismore. Since finishing my hospital training I have completed a Clinical Nursing Degree and a Health Management Degree, as well as a Post Graduate Certificate in Rehabilitation Nursing. I've done all types of Nursing, Urology, Aged Care, Geriatrics and I was also a Practice Nurse for a while and then I just fell into Rehab. Since the position in Rehab became available and coming to work in Murwillumbah I've loved it and haven't looked back.

How long have you been in Murwillumbah?

I started in May 1996, which is when works started to build the Urlup I've been here basically since the first brick, so a lot of my heart and soul is in here. The Nursing team is very stable, but the Allied Health team is fluid and there are only two of the original staff still working here.

How many people come through the Unit now?

Yearly, on average between 220 and 250 admissions. In the last 6 months, the KPIs were 163 referrals and 84% were accepted. People wait on average about 1 1/2 days from the time they are accepted to be admitted to the Unit. In the last 6 months we have an 80% return to home or low care rate.

You would have seen a huge increase in the number of patients since then?

Yes, we started with 12 beds and increased to 24 but we are now funded for 20 beds and we run on about 80% occupancy across the year. Some months are full and other months are quiet, it's cyclical.

What about the Outpatient Clinics?

Yes, we see people in the Day Hospital and Outpatient Clinic. The Cardiac and Respiratory Chronic Care Programs also conduct their own Outpatient Clinics within the Unit as does Dr Cecilia Silva-Withmory, our new Rehabilitationist.

What are the big changes you have seen over the period you have worked here, apart from the increase in the patients and the types of injuries you see?

The patients are being referred earlier, which means they are sicker and that means they stay longer, which creates problems with length of stay, as patients staying longer can delay the admission of new patients. Also, not having a Rehab Specialist for 8 years impacted as well. But we had great support from the GP VMOs during that period, which meant we could keep operating. Now that we have Cecilia, things are much better.



Are people sicker these days?

They are not so much sicker, they just can't stay in hospital as long as they used to. They are discharged earlier and we are doing more advanced procedures. Things that someone may have died of 20 years ago, now they can be treated and live longer.

How did you manage without a Rehab Specialist?

We are a really good cohesive multidisciplinary team we all pulled together and made it work. I took on extra management responsibilities and one of the GPs, Dr Higgins took over as the Acting Director, managing the medical side. It was difficult to only get purely rehab patients in because we didn't have a Specialist as our gatekeeper to say, "No they are not suitable for Rehab."

What is a standout in your memory of someone you have helped to get home?

We've had a lot of people come to us and you think 'oh they're not going to get anywhere' and then they make it home. There was an elderly gentleman who had Guillain-Barre' syndrome, which is a viral neurological condition. When he came in, the only thing he could move was his head and he was with us just over 4 months and he walked home with a single stick. It's a great outcome and a wonderful feeling because we stopped him going to a Nursing Home. This would be one of our most rewarding experiences.

"to see them walk out and go home, it is the best nursing experience ever"

You must see some amazing recoveries?

It is really good because when someone comes and they are totally unable to do anything for themselves and then to see them walk out and go home, it is the best nursing experience ever. Because they are here so long, they become a family themselves. All the patients encourage each other to do new things and they ask us about our families. To see someone being able to brush their teeth for the first time after having no idea of how to do that for the past six weeks is brilliant.

What are your hopes for the future?

What we really would like is to take on some new challenges. I would love to see an Acute Stroke Unit, that's really important. We have the Rehab Staff, the CT Scanner and a new ED with ED Doctors and I have nurses who are trained in Acute Stroke, and we have four beds that we could use. I would also like to do some more Outpatient Clinics and I would really like to see a Rehab in the Home Program established, for people who don't need to come in as an inpatient but could benefit from some treatment at home.

Don't Community Nurses do that or do you need specialised team?

No you need to have a specialised Rehab Team. There is actually a State-wide Rehabilitation Redesign Project that I'm a member of and we are looking at introducing or trying to set up 'In Reach to Acute', which is a Rehab team that's in acute Hospitals. So while patients are waiting to come to the Rehab Unit they can have their Rehab commenced in an acute area. Then if they respond well, they may not even have to come to a Rehab Unit and can go straight home.



Quit 4 New Life (Q4NL) Program

What is Quit 4 New Life?

A Ministry of Health initiative, the Q4NL program is a smoking cessation support initiative for pregnant Aboriginal women and women who identify as having an Aboriginal baby. As well, it targets family household members with the aim of reducing smoking rates and creating smoke free environments during a women's pregnancy. Working in partnership with key health sectors and services, NSW Health Promotion will be responsible for coordinating the roll out of the

Q4NL program across the local health district.

Why is reducing smoking rates during pregnancy for Aboriginal women important?

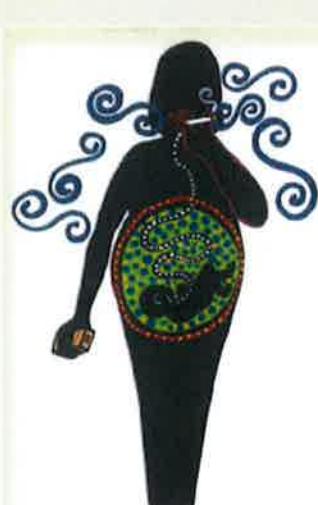
Smoking rates amongst Aboriginal women during pregnancy remain high despite the fact tobacco smoking is known as the single biggest killer and cause of disease. The prevalence of smoking during pregnancy among NSW Aboriginal women is more than 4 times that of all pregnant women in NSW. Currently smoking rates in pregnant Aboriginal women is approximately 47.9% as compared with 10% in non Aboriginal pregnant women.

Our local data suggests smoking during pregnancy is an issue within local Aboriginal communities. Of all Aboriginal babies born in 2010, just less than half of the mothers smoked during pregnancy.

Smoking cessation is often considered a low priority within Aboriginal communities when faced with more pressing issues such as inadequate housing, family violence and poverty. However, smoking during pregnancy is a major health concern, contributing to an increased risk of a broad range of obstetric complications, stillbirth, low birth weight and sudden infant death syndrome. In addition, exposure to environmental tobacco smoke is a risk during pregnancy and harms both the mother and foetus.

How do we find out more information about the Q4NL program?
Health Promotion is hosting training days for all Staff who work with pregnant Aboriginal women and their families on 14th October in Lismore and 16th of October in Tweed Heads (9.30 – 3.30pm). Tracey Greenberg, NSW Tobacco Cessation Trainer for the MoH will facilitate the workshops.

The workshops are free and lunch and morning tea are included. The aim of the training is to build and further enhance staff knowledge and skills in tobacco cessation strategies and increase their skills and knowledge in the use of Nicotine Replacement Therapy (which will be provided free to the target group and their families to help them quit smoking). For further information phone Christine Sullivan – Cessation Support Leader – Quit for New Life m:0417 474 417.



Heart Failure Management

Getting it Right

Byron Bay Heart Failure Conference

Saturday 7th September

9.30am - 4.30pm

Byron Community Centre

Cost \$65 per person

Be a part of this exciting north coast conference to learn current best practice in the treatment and management of heart failure.

Dr Ajay Gandhi Cardiologist John Flynn

What is heart failure and why is it so important to 'get it right'

Dr Di Blackensee, The Tweed Superclinic

Working to get the best outcomes for patients in General Practice

Jeremy Mills, Mental Health Programs Coordinator, North Coast Medicare Local

Engaging patients in self-management

Debbie Rigby, Consultant Clinical Pharmacist, Brisbane

Medications for heart failure

Peter Hood, Exercise Scientist, Southern Cross University

&

Tiphanie Johnson Exercise Physiologist, Tweed Heart Failure Rehabilitation Program

Exercise for heart failure

Symptom management:

What do we need to teach our patients?

Richard Grzegorzukla, Dietician

Low sodium diets - will they make a difference?

Francesca Leaton, Heart Failure Clinical Nurse Specialist, Tweed Hospital

Managing heart failure patients in the community

Ellis Bradshaw, Aboriginal Health Worker

National Heart Foundation Booklet 'Living Every Day With My Heart Failure'

Case study Panel discussion

Working together to make a difference

Cardiologist, Pharmacist, Psychologist, Heart Failure Nurse, GP, Practice Nurse, Exercise Physiologist, consumers.

Who should attend?

General Practitioners, Pharmacists, Nurses, Allied Health Professionals, Exercise Physiologists

A collaboration between the University Centre for Rural Health North Coast and Northern NSW Local Health District and Sponsored by North Coast Medicare Local

Enquiries: sue.nelson@ucrh.edu.au



Carer Consultation Program

The Carer Consultancy Program facilitates expert Carer/Consumer feedback on health service activities across the NNSW LHD. The program has been operational for two months and has provided the NNSW LHD with consultancy on activities such as; proposed changes to hospital visiting hours, patient information, NNSW LHD policies and procedures.

This program is possible due to the generosity of community members from across the North Coast. Each of our Consultants lives with a unique set of circumstances and is incredibly inspiring.

Catherine Abbas is from the Lower Clarence and is a valued member of our 27 strong consultancy team. Catherine is the mother and primary carer of her daughter Emma, who has Intellectual and physical conditions requiring 24/7 attention.

"I always aim to make sure that my daughter is not disabled when it comes to fun and adventure in her life. I take Emma out on a surfboard and take her travelling to Indonesia. Although she can't verbally express herself well, her smiling face says it all. I am determined to give her every experience I can," said Catherine.



After taking Emma surfing, her friends provide some respite, so that Cath can enjoy a tranquil moment out in the blue room. Catherine says "Surfing is just the tonic to re-energise and keep my mind and body in shape for life's demands."

"I spent a lot of time with Emma in Hospitals in her younger years. She was fed with a nasal gastric tube for the first 2 years of her life and had several "scary" admissions. Thankfully, Emma's health has improved markedly and although presented with many challenges, she has a full and happy life. This could not have been possible without support from hospitals, doctors, nurses and family."



Above: Catherine Abbas (right) and Emma (second left) with friends at her favourite home away from home.

Below left: Catherine takes Emma for a paddle and below - Catherine enjoying some respite surfing.



"I feel that being a consultant provides an opportunity to give something back to the system. Hopefully, the feedback that we provide, from the perspective of the patient and carer, will be helpful and will contribute to efficiencies and improvements to our local health services."

For more information on how your service unit can engage the Carer Consultancy Program, please contact: ken.lee@ncahs.health.nsw.gov.au



Latest Patient Survey Underway

Developed to identify trends in patients' perceptions and experience of care, the latest NSW Patient Survey is underway.

The Patient Survey will provide insight into what patients are saying about their experience in NSW hospitals and other Healthcare Facilities and what is important to them.

The survey results will assist health service providers and policy makers to identify their strengths and opportunities for improvement in providing safe, quality care.

The large scale quality and safety project, conducted by the independent Bureau of Health Information, asks for confidential feedback about aspects of the patient experience.

The current survey is the Adult Admitted Patient Survey.

The Ministry of Health transferred management of the Patient Survey to the Bureau in 2012.

Based on feedback from healthcare professionals and health consumers, the survey has been structured to make it easier for patients to complete and best reflect their experience of care.

Following the Adult Admitted Patient Survey, an Emergency Department survey will be conducted later this year.

When complete, the Bureau will publish the Patient Survey reports on its website. <http://www.bhi.nsw.gov.au>

Latest Board News

Mental Health Forum

The Board has previously endorsed the establishment of a Mental Health Forum and Hazel Bridgett advises that a successful Orientation session for the Mental Health Forum Members was held on 29 July 2013 with the first meeting scheduled for 23 August 2013.

The Mental Health Forum will provide a means for Consumers, Carers and the Community to actively participate in and contribute to, the review and development of Mental Health Services (MHS). It is a way for their voices and perspectives to be brought to the decisions which are made regarding the improvement of public Mental Health Services.



Above: It was a full house at the Rural Health Forum held in Lismore on 12 August 2013. Far right Dr Brian Pezzutti has some questions.

Recognition of Staff and Volunteers

In addition to a range of Disciplines, Hospital and District Awards including Hospital Staff Appreciation Awards, Quality Awards and Nursing and Midwifery Awards the NNSW LHD Board has agreed to establish Board Staff Appreciation and Community and Volunteer Contribution Awards to be introduced and trialled at this year's Annual Board Community and Stakeholder Meeting which will be held in December 2013.

From the Board's deliberations the Staff Appreciation Award/s should be made to individuals or teams from both Clinical and Non Clinical work areas and should be considered for contributions which are above expectations and could include but not be limited to aspects such as creating a positive environment, good organisation and excellence in collaboration. In addition to the Staff Appreciation Awards one or two Awards for Community or Volunteer Contribution to NNSW LHD will also be presented.

Please start thinking about who you might wish to nominate for a Board Staff Appreciation or a Community or Volunteer Contribution Award. Nomination details will be forwarded to Staff through the various Directorates in the coming weeks.

Rural Health Plan - HAVE YOUR SAY

Over forty Clinicians, including Board Members, Chair Dr Brian Pezzutti and Dr Allan Tyson, Community Members and other Stakeholders attended a Focus Group for the NSW Rural

Health Plan which was conducted by The Hon Melinda Pavey MLC, Parliamentary Secretary for Regional Health and Dr Liz Develin, Director, Health System Planning and Investment, NSW Ministry of Health.

Participants were asked to provide input and thoughts around the following key issues and there was strong advocacy for equity for rural health services:

1. Workforce issues relating to recruitment, retention and training
2. The need to work together and improve the coordination of care
3. The need for better access to specialty services and tailored rural health services
4. Models of care
5. Community expectations for health services delivered in their local areas
6. Enhanced Information and Technology
7. Strengthened Administration, Coordination and Research

A copy of the discussion document and an opportunity for input is available at the following links and all staff are urged to **HAVE YOUR SAY** <http://www.health.nsw.gov.au/rural/pages/rhp-issues-paper.aspx> and <http://engage.haveyoursay.nsw.gov.au/ruralhealth>

The Ministerial Advisory Committee for Rural Health which is co-chaired by the Parliamentary Secretary for Regional Health,

Melinda Pavey and Associate Professor Austin Curtin, a Surgeon from NNSW LHD, are leading the development of the Rural Health Plan.

NNSW LHD has two other representatives on Ministerial Advisory Committee for Rural Health being Mr Denys Wynn, Manager Medical Imaging, Lismore and Ballina Hospitals and Mr Chris Crawford, Chief Executive Northern NSW Local Health District. <http://www.health.nsw.gov.au/rural/Pages/mac.aspx>

Centre front standing from left: Simone Proft from Ministry of Health, Chris Crawford, Melinda Pavey, Iain Graham, SCU and Steve Blunden, CEO Casino Aboriginal Medical Service.



NSW Health Farewells

NSW Ministry of Health has recently farewelled two of its long serving and highly regarded senior Health Executives - Kathy Meleady and Catherine Katz. The departure of two such capable and senior public servants is a significant event within NSW Health. From the NNSW LHD perspective we want to say a big 'Thank You' for the tremendous assistance they have provided to us over many years.



Kathy Meleady commenced work in NSW Health in 1980 as a Forensic Chemist. Over the past 33 years she has undertaken a variety of roles including Analytical Chemist at the Pesticide Residues Laboratory, Policy Analyst AIDS Bureau, Policy Analyst and then Manager of the Planning and Performance Branch, Associate Director Planning and Performance Branch, and Director Statewide Services Development Branch.

In recent years, Kathy has driven the development of guidelines to improve standardisation of approaches to service delivery, service planning, and asset and capital planning. In addition she has managed the new technology horizon scanning functions and the implementation of strategies to improve access to intensive care facilities for adults and children, and cancer services, particularly in rural NSW. Kathy has represented NSW Health on numerous committees at a State and Commonwealth level.

One of the several lasting legacies of Kathy's work lies in the fact that 95% of the NSW population can now access Cancer Services within 100km of their homes. Those of us who have worked with

Kathy will greatly miss her tireless efforts, her encyclopaedic knowledge of all aspects of her portfolio and her calm wisdom and advice.



Catherine Katz first started work as a registered nurse at Royal North Shore Hospital and after periods nursing in regional NSW, Hong Kong and Nepal went on to undertake various health planning and policy roles in NSW.

Catherine expanded her skills working as a Senior Budget Officer in NSW Treasury and as a consultant to the Ministry for Housing, Planning and Urban affairs in the mid-1990s. After a brief sojourn in Queensland Health as Deputy Director of the Policy and Planning Division, Catherine returned to NSW and took on a number of senior roles including Manager Government Relations, A/Director Aboriginal Health Branch, Principal Policy Analyst in the Structural and Funding Policy Branch, Director Government Relations Branch, and Director Inter-government Funding Strategies Branch.

In January 2012 Catherine established the Policy and Technical Support Unit at the ACI. Over the last two years she had been the Acting Director of the Inter-government and Funding Strategies Branch and the Government Relations Branch and has led cross border negotiations, negotiation of National Partnership Agreements, health reform implementation activities under the National Health Reform Agreement, and the NSW Health input on the National Disability Insurance Scheme. Catherine has overseen policy development in Aged Care, Primary Care, Multicultural, Refugee, Mens' and Womens' health.

Local Health District Farewells



Helen Coombs retired on 14th July 2013 after 40 years of nursing. Helen commenced working with the LBH on 19th May 1963 as a Midwife in the Delivery Suite and in General Obstetrics until January 1968. Helen returned after a 10 year break taking a position at Ballina District Hospital on 13th June 1978 and retired on 14th July 2013 after 40 years of Nursing. The NNSW LHD congratulate and thanks Helen for her commitment for providing nursing care to patients in the Richmond Valley over this long period.

Helen is pictured at her Farewell - Thanks to Ballina Advocate for the photo.

Janette Mawhinney

Janet commenced her nursing career at the LBH on 16th February 1969 as a trainee Registered Nurse. After completing her training in February 1972 she left to gain experience at St Margaret's Hospital in Sydney and Tamworth Hospital. Janet returned to LBH on the 15th February 1981 and gained a position in the Children's Ward, where she specialised in Paediatric Nursing. On 30th June 2013 Janet left after providing care to our patients over 35 years.

Kerry Byrne, NUM said that throughout her career Janet had been an invaluable member of the Paediatric team. The NNSW LHD Board and Executive congratulated Janet on her dedication through the care she had given to patients and their families of the Richmond Valley.



Above Janet is pictured seated centre (green collar) at a farewell lunch held in her honour, given by her Paediatric Ward colleagues and where she was presented with a Certificate of Appreciation.

North Coast Public Health Unit have three Staff who have retired recently after many years.



Dianne Anson left the Health Promotion team in July. Di has been working at Maclean Community Health for 28 years. Di was delivering the 'Live Life Well' at School and 'Munch and Move' programs to around 50 Schools and Child Care Centres in the Clarence Valley. Di will be missed by her colleagues and the volunteers who ran walking groups with her.

Farewells

Annie Kia commenced with North Coast Health as a Drug & Alcohol Counsellor on 4 January 1995 and joined the Health Promotion Unit in 2002. She has led the Unit's work on the Smoke Free Health Care Policy and created the famous cold turkeys Nick n Tina. The implementation of this policy resulted in a significant reduction of Staff smoking rates (almost halving), far greater than the general population at the time. Annie then worked on supporting healthy environments projects, where she was instrumental in establishing a regional partnership of 26 government and non-government organisations (Sustain Northern Rivers), which is working to promote sustainable practices in the areas of transport, food security, energy production/consumption and biodiversity. A passionate health promoter, Annie continues her healthy environment work and is currently employed as the National Community Engagement Coordinator for Lock the Gate Coalition against Coal Seam Gas.



Julia Gill has been a dedicated Health Promotion Officer for 23 years. Her Health Promotion career started in Sydney but she worked most of her career serving the Tweed community. Julia also took up the opportunity to gain much valued experience and expertise when she spent two years in Alice Springs, supporting local Aboriginal desert artists to produce beautiful smoking cessation resources.

She was known for her passionate, creative and colourful personality and always approached her work with great

energy and enthusiasm.

One of Julia's particular long-term passions was the successful development and maintenance of many local walking groups in collaboration with the Heart Foundation. Julia will be sincerely missed by her colleagues and communities in which she worked.



Congratulations



Elaine Trustum with grand-daughter Georgia on left and Kayelene Guthrie, Nurse Manager at Casino Hospital.

Elaine Trustum celebrated 50 years' of service with the Coraki Campbell and Casino Hospitals on 30 June this year with an afternoon tea which was attended by her family and staff.

Elaine commenced as an Enrolled Nurse at the Campbell Hospital Coraki on the 30 June 1963. In June 1970 she accepted a position at Casino & District Memorial Hospital where she still works on a part-time basis as an Enrolled Nurse. Kayelene Guthrie, Nurse Manager, said Elaine is caring, committed and calm. Elaine has a long family history in the area and is community orientated and the hospital is very much part of her community.

Family Thank GBH Maternity Unit

Grafton Base Hospital Maternity Staff were presented with a brand new dining set and a large fridge for the Staff Room in recognition of the amazing care given to the Eagleton family.

Zoe Eagleton had arrived at the Maternity Unit on 8th June 2013, 36 weeks and six days pregnant and was not due to have her baby for another three weeks. However, her condition deteriorated greatly, as a result of a life-threatening obstetric complication known as HELLP syndrome. Later that night, Dr Arvind Dougall, Obstetrician, delivered baby Harrison into the world but things were still on very shaky ground for the Eagleton family.

When Harrison was born, he wasn't breathing for the first seven minutes and Dr Andrew Terrey, VMO Paediatrician, took over his care and resuscitated him. He weighed just 1868 grams and though Harrison was revived, Zoe was at risk of seizures, as a result of a condition called pre-eclampsia (high blood pressure).

Harrison Dougall Eagleton is the couple's first baby and was named in recognition and thanks to Dr Dougall.

"Basically the care that we've had here has been nothing short of amazing," Mrs Eagleton said. The sensitivity, support and knowledge helped us through the joyous but difficult time."

Midwifery Unit Manager Angie Garland said there are 30 staff in the Maternity Unit, so a massive fridge will definitely come in handy and the gift is much appreciated by staff.

Pictured left: Zoe and Alwyn with baby Harrison and GBH Midwifery Staff at rear Lee O'Shea, Jo Twitchin, Jen Carty, Jenny O'Hara and Angie Garland.

Photo - courtesy of the Daily Examiner