

Grafton and Maclean Staff Long Service acknowledged

Mr Crawford presented over 200 Grafton Base Hospital (GBH) and Community and Allied Health Staff with long service badges on Friday 13 June 2014 acknowledging their service to the Local Health District (LHD) and its predecessors. He also presented badges to Maclean District Hospital and Maclean Community and Allied Health Staff on 18 July 2014.

It is very rare for Staff to have worked for 40 and 45 years. However, in Grafton Jenny Pearson received a 45 year badge and six other Staff members had accrued over 40 years of service. In Maclean Anne Farrell, Nurse Manager had accrued 46 years of service and received a 45 year badge and other staff had worked for 38 years, which is an extraordinary achievement," Mr Crawford said.

These ceremonies and presenting badges to Staff provide the LHD with an opportunity to show its appreciation by acknowledging the valuable contribution Staff have made to the provision of health services across the District over a long period of time.

"Staff are the most vital part of the health service - buildings and equipment are essential but without the commitment and dedication of staff, the delivery of high quality care would be impossible. Also of importance is the continuity of health care given by such long serving employees to our patients and to the community they serve," he said.

Long Service Badge Ceremonies

Chief Executive, Chris Crawford has commenced recognising Staff across the NNSW LHD with long service badges. Mr Crawford said it was timely to embark on this traditional acknowledgment again with new NNSW LHD badges.

As some of you are aware, over the years it has been a practice to recognise Staff for their long service. This commenced with the former Richmond Health Service in 1995 and followed with the Northern Rivers Area Health Service and the North Coast Area Health Service. For each of these Health Services new badges were required to be ordered that reflected the relevant name and distinctive features of the health service at the time.

Badges start at 10 years and go up in increments of five years, so acknowledgement ceremonies generally occur every three - five years.



Above: Grafton Staff with their badges. At front is Chris Peterson (40 years) and Jenny Pearson (45 years) behind them is Chris Crawford with those staff who were able to attend on the day.



Above some of the Maclean Hospital and Community Health and Allied Staff

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Say NO to Unsafe Work Practices



A word from Editor, Susan Walker

The Chief Executive has commenced acknowledging Staff for their long service. This means I am going through my files to see which Site is next due to be recognised. It is always a great opportunity to revisit Sites and see familiar faces or meet those who I speak to over the phone. Previously,

Grafton Staff received long service recognition in 2007 and Maclean Staff in 2000.

This month across the LHD Hospital Auxiliaries have been holding their Annual General Meetings (AGM) and I had the pleasure to be invited to the Byron Hospital Auxiliary AGM. It was good to see members from The Tweed Hospital Auxiliary and Mullumbimby Auxiliary also at that AGM.

Chris Barron, Nurse Unit Manager (NUM) for Byron Shire Community Health gave a power-point presentation which included an overview of the Staff and services provided by Community Health.

The Byron Auxiliary tabled a list of equipment it had purchased over the past financial year from its fundraising efforts. I am always amazed at the amount of fundraising the Auxiliaries do to purchase equipment for the benefit of Patients. Of course, having new equipment also helps the Staff who are caring for these Patients. No matter how small or large a hospital is or how few members the Auxiliary may have, they share a common goal which is to do their best to support their local hospitals.



At Byron Hospital Auxiliary AGM from left standing: Jan Lang, Auxiliary President (retiring), Keryn York, Executive Officer/Director of Nursing Byron District Hospital; Bernadette Loughnane, Executive Director Tweed/Byron Health Service Group; Chris Barron, NUM, Byron Shire Community Nursing; Seated L-R: Maureen Weir, Auxiliary Secretary, Mollie Strong, Vice President and new President and Pam McRae, Treasurer.

While in Byron I also attended a meeting on the planning progress for the new Byron Shire Central Hospital (BSCH), which is being managed by Health Infrastructure (HI). This is an exciting time as it has been a long wait for this Project to come to fruition. Chris Crawford said he has been working to achieve the goal of a Central Hospital since August 2000, when he attended his first Consultation Meeting with Byron Shire Community and Clinician representatives. A community member, Tony McCabe can trace his involvement back to the mid 1980's when a proposal was put forward to combine the then three Byron Shire Hospitals (Bangalow Hospital has since become a Community Health Centre) into a Central Hospital.

Sandra Fardon - Quiet Achiever

Maureen Saye, Child and Family Nurse has nominated her colleague Sandra Fardon, who is a Paediatric Speech Pathologist at the Child & Family Health Centre in Goonellabah, as this month's Quiet Achiever. Maureen said.....



Sandra (known in the team as Sandie), has been a valued fulltime member of the Child & Family Health Team since completing her four year Bachelor of Speech Pathology at Newcastle University two and a half years ago.

Sandie is always very willing to become involved and lend a hand within the team wherever necessary

and has also happily taken on the role of Quality and Safety Representative.

Sandie has a keen interest in travel and has already travelled to many different countries during the past six years, such as New Zealand, Europe, the United Kingdom, Thailand and Japan.

One of the highlights for Sandie was a trip to Kenya in January this year when she volunteered her four weeks annual leave and paid to join a Team of 12 health professionals from across Australia to travel to a remote village in central Kenya, called 'Odode'.

Sandie spent the four weeks in Kenya working in a small Health Clinic that was set up by World Youth International. This work included visiting clients in their homes. There was no transport so Sandie always walked through the dirt and rough ground to their mud huts and dirt floors.

Sandie was also part of the team that conducted a Children's Health Clinic Day and was kept very busy checking 600 children for ringworm and nits. Sandie also spent time in Odode working together with a volunteering Physiotherapist to set up a disability support group. The Team's accommodation was very basic and included a dish of cold water on the floor containing a cup to pour water over herself for bathing.

To volunteer her time and resources, and to live in this remote community experiencing first-hand the culture of the Kenyan people is an amazing experience for a young Australian health professional.

This experience must surely be very helpful professionally, especially considering the culturally diverse society within which we live and provide health services.

Accreditation Congratulations



Jane Walsh, Director BreastScreen, NSW MNC & NNSW LHD with Dr Nick Repin, BreastScreen Radiologist cut the cake after being presented with the 4 year Accreditation Certificate by Chris Crawford, Chief Executive (far right).

North Coast BreastScreen Awarded 4 Years Accreditation

NSW State Accreditation Quality Improvement Committee put forward the North Coast BreastScreen Program to the National Accreditation Committee seeking a 4 year accreditation. The BreastScreen NSW North Coast program met all the National BreastScreen data accreditation standards, which is the first time this status has been reached by this Screening and Assessment Service (SAS). This is a unique status for any SAS in NSW.

This 4 year Accreditation is recognition of the positive changes that have been made in the last five years, which have resulted in an improved service to the eligible women on the North Coast.



Above some of the BreastScreen Staff from L-R: Faye Brennan, Collette Simpkins, Yvonne Britt, Fiona Murray (seated), Megan Bartlett, Joanne Brown, Shannon Jones, Maureen Williams and Michelle Borton.

The BreastScreen NSW program targets women aged 50 to 74 as a priority, however all women over 40 years are eligible for a free screening mammogram.

BreastScreen NSW has screening centres at Tweed Heads, Lismore, Coffs Harbour and Port Macquarie. A mobile van also visits the North Coast region. For current dates and locations of the mobile van or more information on BreastScreen NSW visit www.bsn.org.au

It's important - 30 minutes every 2 years could save your life. To book an appointment call 13 20 50.

Congratulations to Jane Walsh and all of the team at North Coast BreastScreen on attaining 4 years Accreditation, this is great news for North Coast women, who can have a Breast Screen knowing they are in excellent hands.

Clarence Hospitals and Community Health Services Awarded 3 Years Accreditation

Grafton Base Hospital and Maclean District Hospital, Clarence Network Community and Allied Health Services and Clarence Mental Health Services were subject to a full Accreditation Survey by Australian Council on Healthcare Standards (ACHS) against the more rigorous National Standards during the period 21 – 25 October 2013.

The ACHS is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation.

Established in 1974 the ACHS has a mission to "improve the quality and safety of health care" and with a vision to be recognised nationally and internationally as the leading Australian National Standards organisation that independently assesses performance and promotes and improves the quality and safety of health care.

Clarence Network Staff formed working parties and were delighted with the feedback provided by the Surveyors saying they had achieved compliance with each of the 10 National Standards, as well as achieving a very high number of meritorious ratings.



Left: Dan Madden, Executive Officer for the Clarence Valley Health Service is presented with the 3 Year Certificate of Accreditation by Chris Crawford, Chief Executive, NNSW LHD.

Chris Crawford congratulated the Staff on this excellent result, saying it is a testament to the tremendous work being undertaken locally so ensuring safe and effective quality systems are in place, which benefits the patients and clients who use these services.

Regional Hospital Revolutionizes Orthopaedic Procedure



L-R Craig Knox, LBH Physiotherapist Orthopaedic Care Coordinator, Coral Kempnich, ready to go home after her hip replacement and Brian Pezzutti



L-R: Doctors Lawrence Kohan, Richard Freihaut, Brian Pezzutti and seated is Dennis Kerr with his book 'Local Infiltration Analgesia' - a technique to improve outcomes after Hip, Knee or Lumbar Spine surgery.

"This revolutionary surgery allows patients to be able to walk within four hours of having surgery and to go home within 24 hours, which is a huge benefit to the patients receiving this surgery in their recovery and return to normal life," said Dr Pezzutti.

Local Orthopaedic Surgeon Dr Richard Freihaut has teamed up with Dr Pezzutti to offer this amazing procedure over the last three years at LBH.

Dr Pezzutti said this technique of providing pain relief after surgery and the ability of the patients to

Dr Brian Pezzutti, Lismore Base Hospital (LBH) Anaesthetist and Chair of the NNSW LHD Board was successful in bringing Doctors Lawrence Kohan and Dennis Kerr to Lismore recently to conduct the latest education on joint replacement surgery to local Orthopaedic Surgical Teams.

The Doctors, who are from a Sydney Private Hospital have pioneered a revolutionary technique for managing pain after total joint replacement surgery.

walk comfortably soon after surgery, has reduced the risk of deep venous thrombosis.

This has been of enormous benefit to around 80 patients attending LBH for this procedure and has cut the average length of stay by half. It is hoped that this revolutionary procedure will be adopted more widely across the NNSW LHD and possibly beyond, following the education session provided by the Visiting Doctors at the University Centre for Rural Health (UCRH).

Aboriginal Cardiac Patients the real winners of National MedicineWise Award



L-R Kerry Wilcox, NNSW LHD Cardiac Coordinator with UCRH Darlene Rotumah, Associate Lecturer/Coordinator e-Social and Emotional Wellbeing Project and Lyndy Swain Pharmacist

A partnership involving The University of Sydney (US), through the UCRH North Coast, NNSW LHD and the Heart Foundation has gained major recognition at the prestigious National Prescribing Service National MedicineWise Awards 2014.

The winner of the Excellence in Consumer Information Award was a project to develop a self-management guide for Aboriginal and Torres Strait Islander people with a history of cardiac problems. The co-winners of the award were Lindy

Swain, UCRH Pharmacist Academic, Dr Lisa Pont, Pharmacist at The US Nursing Faculty, UCRH's Assoc Prof Janelle Stirling and Kerry Wilcox, Cardiac Services Coordinator, NNSW LHD.

Prof Lesley Barclay, Director UCRH said, "The real winners are Indigenous heart disease patients, both in our region and nationally, who now have an easy-to-understand, culturally relevant resource on managing a serious health challenge in their daily life."

"Chronic heart failure is a major cause of illness and death among Aboriginal and Torres Strait Islander communities. Previously, standard health resources were not culturally or linguistically useful for many Indigenous people," Lindy Swain said.

Congratulations Maclean District Hospital

Maclean District Hospital (MDH) recently underwent the Occupational Health, Safety & Injury Management Profile. Management and Staff were provided with constructive feedback from the Profilers who announced MDH had attained a score of 95%.

This is an outstanding result and all Staff involved are to be congratulated. The result is validation that the systems and programs that have been put in place have made the workplace safer and more secure.

A score of 95% makes both Clarence Sites leaders in the Work Health and Safety rankings within the LHD and across the State.



Chief Executive Report

Vision

Recently, I have been conducting a roadshow around the LHD talking about our Vision. You might think that this topic is too airy fairy for a Chief Executive Roadshow. But that is not the case, as the Vision is all about the direction that we want to head in and what we want to achieve. The reason that the LHD Executive decided that I should undertake this Roadshow is that in their responses to the last Your Say Staff Survey the feedback received was that a reasonable proportion of Staff were unclear about the LHD's Vision. Below I set out the Presentations key messages.

Strategic Plan

The main information about the LHD Vision is found in our Strategic Plan. This is not surprising as the Strategic Plan is intended to be a more general aspirational document.

The Strategic Plan sets out the "Vision Statement" for the LHD as **"Better Health and Excellence in Health Care"**. This gives us twin high level goals. We need to contribute to keeping people well and if they get sick, we need to give them really good health care.

Like a pyramid, the Vision cascades down from its Vision Statement pinnacle gathering more detail as it travels towards the operational base. The next step on this journey is the "Purpose Statement". This is **"to work together to promote better health across our diverse Community and provide person centred, integrated care through a valued, skilled, motivated and sustainable Workforce."** This Statement adds three extra elements to our Vision. These are the "diverse community", "person centred, integrated care" and the importance of our Clinicians and Staff. These are all essential features that are required to provide really good health care.

To connect the Vision and Purpose Statements with the LHD's frontline operations, ten Pillars have been identified. They are intended to give Clinicians and Staff a more practical understanding of the meaning of the Vision.

Ten Pillars

The first of these Pillars is **"Promoting Wellness"**. This is part of how Good Health is supported and maintained. In the presentation I illustrate this Pillar by referring to the need for a balanced lifestyle, healthy eating, keeping fit and avoiding unhealthy habits, such as smoking.

The second Pillar is **"Early Intervention"**. This is both about ready access to the right services, in the right place at the right time for reactive care and about outreach to special needs groups and proactive monitoring of advanced chronic patients so that a deterioration is identified and addressed before it becomes serious. This is proactive care.

"Increased Treatment in Community Settings" is the third Pillar. In some ways it follows on from the second Pillar. It is about Hospital in the Home, Community Palliative Care, Community Treatment Orders and more Integrated Community Health and GP services. It is about Hospital care being very much

a last resort because treatment in a community setting is readily available and is linked up.

The fourth Pillar is an **"Integrated Hospital System"** where hospitals support each other through networking. They play different roles, including regional, local and specialist (eg; rehabilitation) service provision.

The fifth Pillar is **"Optimum Self-Sufficiency"**. This Pillar ties in well with the proceeding Pillars, as it is about having as many services as possible provided locally. Therefore, a good range of primary and secondary services are required. In addition, as much as critical mass will allow, local access to tertiary and high level secondary services is also important.

"Integrated Hospital and Community Services" is the sixth Pillar. It compliments the linking up of the Primary Services and the networking of the Secondary Hospital Services. This sixth Pillar is about making sure that there is a seamless interface and a really good transfer of care between the Primary and Second services, in both directions.

The seventh Pillar **"Sustainable Health Care Provision"** is about cost effective models of care, so optimizing the value of the funds received. It is also about expanding the funding available by growing own source revenue. Another key factor that is essential to sustainable health care provision is maintaining a skilled and motivated workforce.

The eighth Pillar underpins all the others. It is the provision of **"High Quality and Safe Care"**. Utilization of best practice models of care, highly skilled and capable Clinicians and Support Staff and proactive management of risk are all important elements in the provision of high quality and safe care.

"Patient Centred Care" the ninth Pillar is closely related to the eighth Pillar. They both deal with the patient experience. But they are different. The eighth Pillar focuses on the technical outcome of the care, assessed by such criteria as whether the illness has been cured. The ninth Pillar is about the Patient's perception of his/her experience. It is more about being treated with respect and compassion, being listened to and involved in the care and looking after the "little things" such as a Patient's valuables.

The tenth Pillar is about **"Undertaking Education and Research"**. This is futuristic. It is about refreshing Clinician skills with the latest practices or upskilling them to take on new roles and it is also about training the next generation of Clinicians. Research is about discovering new and better ways of providing care such as via new treatments or better practices, so that the care that is provided is continually improving.

Enablers

To support these ten Pillars six enablers are identified. These are strong Clinician engagement, good Teamwork, robust Clinical Service Planning, reliable Information Technology Systems, strong Financial Planning and Management and determined Advocacy.

Conclusion

It has been pleasing that my Roadshow sessions have been generally well attended and have generated interest and discussion amongst the attendees, who have included frontline Staff as well as Managers. Most pleasing of all is that those who have participated in the sessions have generally agreed with the Vision presented.

Chris Crawford

Work starts on Byron Shire Central Hospital



Good news has been given to Byron Shire residents with NSW Health announcing funding of \$1.5 million to finalise the planning and commence the BSCH Early Works. These Early Works will be On-grade Carparking at the Ewingsdale Site and to development of a new sewerage system.

Don Page, Member for Ballina said construction of the new BSCH will start in 2015 and be fully operational by mid-2016. The current Byron District Hospital and Mullumbimby & District War Memorial Hospital will be replaced by the BSCH when it opens.

The new BSCH will have 65 beds; 24 hour accident and emergency services; x-ray and medical imaging facilities including a CT Scanner and a day Chemotherapy Unit. It will also have a low risk maternity service similar to that currently offered at the Mullumbimby & District War Memorial Hospital.

The new BSCH will have state-of-the-art equipment and as Byron is a popular destination, it is expected it will attract more Clinicians to the area.

The location, being close to the Pacific Highway, will provide faster access to The Tweed and Gold Coast University Hospitals for those patients, who are in need of a higher level of care.

As well, having the Ambulance Station adjacent to the new hospital means patients can be treated more quickly than they have been in the past. We know getting in and out of Byron can be extremely difficult with traffic congestion, especially during the holiday season, so the LHD continues to support the development of a Byron Bay CBD By-pass.

Consultation with LBH Neighbours



Above L-R: LCC Representatives; Chris Crawford in front of Coffee Cart; Narelle Gleeson; Troy Harvey; Jillian Adams and Scott Huxley.

The LHD and LBH Management have been pro-active in engaging with the Community neighbouring LBH. A "Coffee Cart" consultation meeting was held on 10 July 2014 to brief interested neighbours on the Project. This consultation was less about the benefits of the project and more about how any side-effects of the 18 months of construction on the Site will be mitigated, so that the adverse effect on neighbours is minimised.

Topics discussed included noise, dust, traffic flow and parking. Community members were also provided with contact details so that during the construction period they can raise their concerns early and have them addressed.

Further, the Community members were advised that regular consultations will be held for the duration of the Main Works period to update them on the latest developments, so they can raise any concerns with Senior Managers. The Lismore City Council and HI also sent senior representatives to participate in the "Coffee Cart" consultation session.

Update on LBH Carpark



Above L-R around the table is Lizette Twisleton, Linda Wirth, Jillian Adams, Bob Miller, Sharyn Hunniset, Sophie Morris and Ben Riley, Transport NSW.

HI has now secured all the land it requires to build both Stages One and Two of the LBH Multi-storey Carpark. Each stage will have approximately 250 carparking spaces. Stage One of the project will cost around \$9.5 million to be derived from a NSW Treasury loan of \$7.5 million and around \$2.0 million allocated from the Stage 3A Project contingency allowance.

HI is currently finalising its planning of the first stage of this Multi-storey Carpark. This planning also involves negotiations with Sydney University to build a 60 Unit Complex that would accommodate Medical Students and Junior Medical Officers. There would be construction of both one and two bedroom Units within this development. The building of this accommodation would be funded by the University of Sydney and would occur in conjunction with the development of the first stage of the Carpark so as to "soften" the otherwise stark façade of the Carpark.

The acquisition of the land for the second stage of the Carpark is an important development, as this future-proofs the ability of HI to develop this second stage of the Carpark at a later time in parallel with clinical infrastructure and clinical service developments at the LBH, when funding is allocated for the Stage 3B upgrade.

Interview with Dr Alison Winning, Infectious Diseases Physician

Alison Winning has recently been appointed as the first Infectious Diseases Physician and Clinical Microbiologist in the Northern NSW LHD.

Alison grew up in and did her medical training in Brisbane. She attended the Cavendish Road State High School, where she was the Senior School Dux.

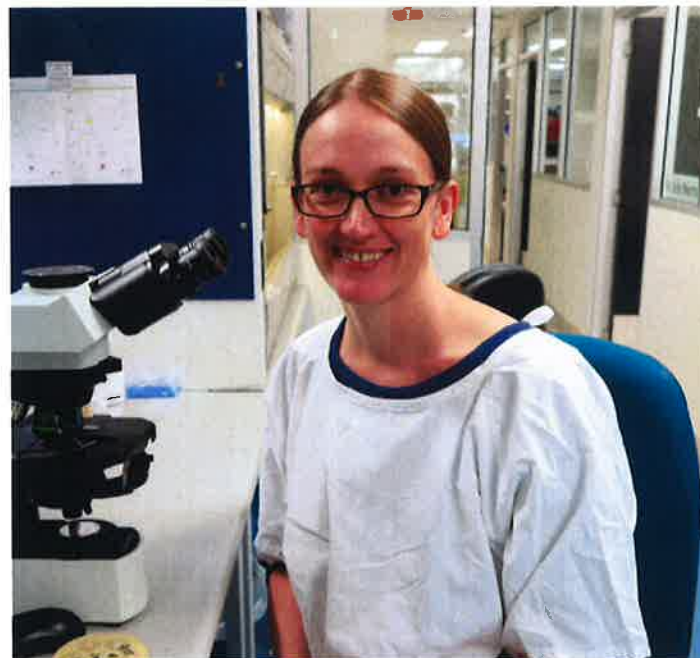
Alison then attended the University of Queensland, from which she graduated with a Bachelor of Medicine and a Bachelor of Surgery. Subsequently, she obtained qualifications in Microbiology and Infectious Diseases. This qualifies her to undertake work in a Pathology Laboratory, as well as in a Hospital.

During the period when Alison was undertaking her Specialist Training, she worked at a variety of Brisbane Hospitals. She has worked at Royal Brisbane and Women's Hospital, the Mater Adult Hospital, Princess Alexandra Hospital, the Prince Charles Hospital and most recently Redcliffe Hospital.

She also worked for Pathology Queensland, Central Laboratory at the Herston Hospitals Complex. During her earlier placements Alison worked as either an Infectious Diseases Registrar or as a Microbiology Registrar.

After becoming a Specialist, Alison had two roles, one where she was employed as a part-time Infectious Diseases and Hospital in the Home Physician at Redcliffe Hospital. Also she worked as a locum/relieving Infectious Diseases Physician at the Mater Adult Hospital, Mater Private Hospital and Brisbane Private Hospital.

Since gaining her appointment Alison has relocated from Brisbane to live locally.



What do you do in the Microbiology laboratory?

In the Microbiology laboratory we process and analyse specimens from patients to help in the diagnosis of various infections. We use different methods such as microscopy, culture or PCR to identify bacteria, fungi, viruses and parasites from specimens. We also test bacteria for antibiotic sensitivities. My role in the lab involves overseeing the testing and reporting, and liaising with clinicians regarding results.

What else does your role as Infectious Diseases Physician and Clinical Microbiologist involve?

I provide an Infectious Diseases consultation service based at The Tweed Hospital. The types of infections I might see include bloodstream infections, bone and joint infections, endocarditis, surgical site infections, infections in returned travellers and other complex infections. I am also involved in Infection Control and Antimicrobial Stewardship within the District.

We hear about antibiotic resistance and 'superbugs'. What is being done to address this?

Antibiotic resistance in bacteria is increasing and it is a problem. Worldwide and in Australia we are now seeing some bacteria that are resistant to all of the antibiotics we have, which means we may see untreatable infections. Also there are very few new antibiotics being developed. Inappropriate and overuse of antibiotics is one of the drivers of resistance.

Following infection control principles and always practicing hand hygiene is very important of course to help prevent the spread of resistant organisms in our hospitals. Also Antimicrobial Stewardship (AMS) programs are now a requirement for all Australian hospitals. AMS programs aim to promote appropriate antibiotic prescribing, reduce patient harm and decrease the incidence of resistance.

Are you enjoying living in Northern NSW?

It's such a beautiful part of the world! I feel really lucky to be living so close to beautiful beaches as well as the hinterland. My family is also enjoying the sea change.

National Safety and Quality Health Service Standard Three-Reducing Healthcare Associated infections requires Health Services to have a robust antimicrobial stewardship system in place. Recruitment of an Infectious Diseases Physician is pivotal to achieving this. Appropriate prescription of antibiotics reduces antimicrobial resistance. Together with appropriate infection prevention and control practices, this reduces the incidence and impact of health care associated infections.

Given her training and experience, Alison is working 0.65 FTE for TTH and 0.35 for Pathology North. Due to the importance now accorded to antimicrobial stewardship, LBH has also been given approval to recruit a part-time Infectious Diseases Physician with the filling of this position nearly finalised.

I asked Alison if she could tell me about her role and what it encompasses

I work full-time as a staff specialist. One third of my role is as a Clinical Microbiologist with Pathology North Northern NSW. I work one day per week in the Microbiology laboratory at Lismore Base Hospital and the remaining Microbiology time is spent at The Tweed Hospital.

The other two thirds of my job is as an Infectious Diseases Physician working at The Tweed Hospital.

NAIDOC Week



NAIDOC Week is held every year in the first full week of July and celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

This year's theme is *Serving Country: Centenary and Beyond* honours all Aboriginal and Torres Strait Islander men and women who have fought in defence of our country. We proudly highlight and recognise the role they have played in shaping Australia's identity and pause to reflect on their sacrifice.

Across the State, the NSW Government is working hard on closing the gap between Aboriginal and non-Aboriginal health outcomes. More Aboriginal people live in NSW than in any other Australian State or Territory and improving Aboriginal health is a key focus for the NSW Health System.

In collaboration with the Aboriginal Health and Medical Research Council – NSW Health released the NSW Aboriginal Health Plan 2013-2023. This 10 year plan focusses on changing the NSW Health System to ensure policies and programs meet the needs of Aboriginal people across the State with a key focus on improving Aboriginal health status. The project funded by NSW Health provides training for Aboriginal people living in regional and remote areas of NSW to become qualified Dental Assistants and also assists pathways into higher educational studies.



NAIDOC week was celebrated across the LHD and as the pictures show, there were a lot of activities for all the family. Thank you to Tony Betts for the photos.



Latest Board News



Left: Conrad Groenewald, Chief Executive HealthShare with Brian Pezzutti, Board Chair

Whilst in Ballina for its 2 July 2014 Board Meeting, the Board undertook a number of pre and post Board Meeting activities that included:

- Morning tea with Clinicians
- Presentation from Mr Conrad Groenewald Chief Executive HealthShare
- Attendance at NSW LHD Quality Awards.

Prior to the Board Meeting a number of Board Members met with Nursing, Allied Health and Medical Clinicians over morning tea.

The NSW LHD Board acknowledges that increased interaction with Clinicians will improve Board Members knowledge and understanding of Health Services, and improve the inter-action of the Board and Board Members with Clinicians. This was evident at this meeting, where a number of questions relating to the Board's make up were asked. A couple of the questions and answers on the Board's composition are included below. Future editions of the Northern Exposure Board News will include a profile of an individual Board Member.

How many clinicians verses non clinician Members?

There are currently six practicing Clinicians and six Members with other skills and experience, some of whom are former Clinicians, on the Board

How many women are on the Board?

There are currently six women and six men on the Board.

What is the Geographic make up of Board Members?

Board Members reside in Junction Hill, Grafton, Tintenbar, Bangalow, Rous Mill, Richmond Hill, Kingscliff, Banora Point, Goolmangar, Lismore, Wollongbar and Tweed Heads.

The Clinicians present were also interested in understanding the governance role of the Board. The Clinicians had the opportunity to speak frankly with the Board about the services they provide and this assists the Board Members in their understanding of local services and issues, which gives a context to their deliberations in relation to the Board's governance role, whilst acknowledging that the day to day operational issues raised need to be referred on to NSW LHD Management. The NSW LHD Board Members intend to hold similar meetings with Clinicians across the District, which will enable them to

hear about similarities and differences between different parts of the LHD.

HealthShare NSW

Mr Conrad Groenewald provided the NNSW LHD Board with an update on HealthShare NSW, one of the key organisations within NSW Health and spoke to HealthShare's Strategic Plan 2014-2017 which is available at: http://www.healthshare.nsw.gov.au/__data/assets/pdf_file/0017/231047/HS14-030_HealthShare_Strategic_Plan_A4_DV.pdf

A couple of statistics in relation to two of HealthShare's services provide a sense of the size of service it provides is set out below.

Employee Transaction Services

- Statewide payroll for 140,000 NSW Health employees
- 384,000 pays processed per month...that's 4.6 million annually.

Linen Services

- Largest supplier of health services in Australia
- 775,000 kilos of clean linen supplied each week
- 98.7% fill ratio of customer linen orders in past year.

Board Members had the opportunity to ask a series of questions relating to the range of services provided by HealthShare NSW.



Conrad Groenewald presentation to the Board

Health resources available in other languages

The NSW Multicultural Health Communication (MHCS) has sought assistance in advising Staff about the range of resources in other languages available from the MHCS.

The MHCS is a NSW funded State-wide service that ensures that people from culturally and linguistically diverse backgrounds have quality multilingual information to help increase their access to health services. The MHCS website is a key platform for the dissemination of this information. The site has more than 450 health resources in over 65 languages – www.mhcs.health.nsw.gov.au.

NNSW LHD has relevantly low numbers of persons of Non English Speaking Background and so Staff and Community knowledge of and access to these resources is important. In addition there are a growing number of tourists visiting the North Coast for whom these resources can be of use.

The NNSW LHD has included links to these resources on its Internet site which are available at: <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/nsw-multicultural-health-communication-service/>

Queen's Birthday Honours Congratulations



Joyce Bell



Michael Pelmore

Three outstanding community members from across the Local Health District have been recognised and honoured with a prestigious Order of Australia Medal for their service to the community in which they live and work. Chris Crawford, Chief Executive wrote to each of them on behalf of the NNSW LHD extending his sincere congratulations on their receiving national recognition and for their dedication to the community.

Joyce Bell is a huge community supporter with a long list of volunteer work she is involved with. Joyce Bell is President of the Maclean District Hospital Auxiliary that provides enormous support to the Hospital. The Auxiliary has made some significant donations over the years, which are of great benefit to the Hospital's Patients and Staff.

Michael Pelmore is a General Practitioner (GP) at the Meadow's Medical Centre in Mullumbimby where he has worked since 1976 and he has been a Visiting Medical Officer at Mullumbimby & District War Memorial Hospital for 38 years. Michael was recognised for his service to medicine and to the Mullumbimby community. He is commended for his long service and dedication to Mullumbimby Hospital.



Phillip Silver, is recognised for his distinguished career and his dedication to public service, as Chair of the Rous Water County Council for seven years and as a Councillor for 17 years. He also provided 20 years of service to the Ballina Shire Council as a Councillor, including ten years as Mayor, during which time the Council undertook

many projects which were of great benefit to the community. In his capacity as Mayor, Phillip Silver provided valuable input into the operation of the local health services, which was much appreciated.

Phillip Silver also held the positions as President of the Northern Rivers Regional Organisation of Councils for two years and as Chairman of the NSW Country Mayors Association for two years. All of this is a real testament to the commitment he gave to local government and the residents of the Ballina Shire.



L-R: LBH Auxiliary members Iris Cameron, Susan Havilah and Jan Clifford with Kevin Carter, LBH Business Manager, Lynne Weir, Executive Director of the Richmond Clarence Health Service Group; Jenny Dowell, Lismore Mayor; Rita Richards, Auxiliary President; Thomas George, Lismore MP; Chris Crawford and Narelle Gleeson, LBH Director of Nursing and Midwifery.

The Anglican Parish of Lismore recently held a Service to celebrate the 100th anniversary of the Anglican Diocese of Grafton at which a cheque was presented by the Lismore Parish to the LBH Auxiliary representatives in recognition of the valuable contribution it gives to LBH. The Auxiliary received a cheque for \$4,000 as part of the 2014 Centenary. The \$4,000 was raised by the community and will go towards the purchase of a Hi-lo bed (which costs \$4,045). The LBH Auxiliary raised over \$70,000 this past year, which has helped purchase equipment for the benefit of patients.



NNSW LHD pays tribute to Dr Betty Marks (known as Dr Betty to her patients), who retired from the Queens Street Medical Centre in Murwillumbah at the end of June where she had been working since 1954. Dr Betty was also a VMO at Murwillumbah Hospital until the age of 60.

Dr Betty said her father encouraged her to practice medicine and after completing the six year course in five years (due to the war there were no semesters), she graduated from the University of Sydney. In 1948 she started at Prince Alfred Hospital where she met her husband Dr Jim Marks. At the time she said the Doctors were on call for up to 140 hours a week and were paid £5 per week. She and her husband moved to Murwillumbah in 1953. Now aged 90 and after 60 years as a GP, Dr Betty is looking forward to getting more involved with some of the community groups she is a Patron of and spending more time with family and friends, many of whom are her former patients.

Hosted Services Update



Following a detailed governance review and consultation process, it was agreed that the Hosted Service arrangements for Internal Audit and Information Communications and Technology (ICT) would conclude on 6 July 2014.

As of 7 July 2014 NNSW LHD has had a separate Audit and Risk Committee to that of MNC LHD. Also, it has had its own Internal Audit Manager. This position is currently occupied by Ms Emma Webb, in an Acting capacity.

Therefore, from 7 July 2014 the Clinical Information System group's employment transferred to NNSW LHD but remains within the Hosted and Held Partnership Agreement but will come under the management of NNSW LHD. As of that date ICT Staff located north of Woolgoolga are employed by NNSW LHD and services are provided as specified in a Memorandum of Understanding (MoU).

Coming to a Site Near You - Starts 1 August

Improving wound assessment across the NNSW LHD by using a standardised, evidenced based Wound Assessment Chart



In 2012 NNSW LHD Wound Interest Group identified there were multiple different approaches to wound assessment in both the acute and community sectors.

As a result of this a multi-professional sub-group, which was drawn from acute and community sectors came together to undertake an evaluation of current Wound Charts across the LHD based on an evidenced derived framework. The framework used was the Australian Wound Management Associations 'Standards for Wound Management'.

As a consequence a new Wound Assessment Chart has been developed that is consistent with this framework. The Chart was trialled in September 2013 and adjusted in response to Clinician feedback. This new standardised, evidenced based Wound Assessment Chart is now ready to be rolled out across the LHD from 1 August 2014.

Improving wound assessment across the LHD by using a standardised, evidenced based Wound Assessment Chart will improve patient outcomes by ensuring:

- Timely wound diagnosis is achieved;
- Reliable communication and standardised language around wound assessment;
- Consistency around wound management and products used;
- Evidenced based wound management across the LHD.

NNSW and MNC LHD's ICT Services worked on a MoU to provide ICT services into the future to minimize duplication and assure continuity of services whilst providing each LHD with the autonomy to develop services more closely aligned with local clinician and community needs.

The State-wide Help Desk will continue to be the key contact for reporting faults for all client services and will be "business as usual".

In summary, the changes for ICT that occurred from 7 July 2014 were largely behind the scenes. However, NNSW LHD renamed its ICT Services as E-Health Services. Also as the E-Health Services will now be directly managed by NNSW LHD it is anticipated that they will be more responsive to NNSW LHD priorities and our Clinicians needs.

The Transition Team would like to sincerely thank everyone involved in both the reviews and in preparing the LHDs to achieve independence. The professionalism and dedication demonstrated has made the task of progressing to independence achievable.

McKid Medical Centre Expansion Opens



Above in the new McKid Medical Centre from left is Dr Michael Douglas, Dr Sumir Ahmed, GP/VMO; Chris Crawford, Chief Executive, NNSW LHD and Dr Srikanth Vure.

On Friday 11 July the McKid Medical Centre extension located at Kyogle Memorial Health was officially opened by Chris Crawford. The McKid Medical Centre extension was made possible as a result of a Federal Government 'Primary Infrastructure Grant' of \$408,000. The total cost of the upgrade was \$563,000 with the McKid Group contributing \$155,000 to complete the building. This allowed for the McKid Medical Centre to expand its premises and services.

The Medical Centre now consists of 12 Consultation Rooms, one of which is designated for a student, pathology collection room and a minor procedures suite. Staff are excited to have the long term student placements from the University of Wollongong now occurring.



Staff News



Above the hard working Dementia Care team: at rear Anne Moehead, Nurse Practitioner Psychogeriatrics/Dementia and Kathy De Souza, CNC Dementia Care e-Learning Project Officer with Ian Johnston, Clinical Geropsychologist at Ballina Hospital.

The DementiaCare resource and training network is constantly striving to provide the best evidence based dementia eLearning program possible.

The team is currently working on its latest module for the site. This module will focus on Dementia and Aboriginal people. The development of this course has involved extensive consultation and research to ensure the information is current and evidence based. The course will prepare and equip NSW Health Clinicians, across a range of Nursing and Allied Health fields, to meet the needs and address the condition of dementia in Aboriginal people.

If you would like to know more about what is on offer at the DementiaCare resource and training network then email the team at Support.DementiaCare@ncahs.health.nsw.gov.au

Farewell



Michael Grande was a CNS in the LBH Intensive Care Unit (ICU) for the past 8 years. He left on 20 July 2014 to take up a position in the School of Health and Human Sciences at Southern Cross University. ICU Staff held a farewell for Michael where he was presented with a Certificate of Appreciation thanking him for his dedication to nursing patients but also for support in training Staff in manual handling and involvement with the Work Health Safety Committee.



Stephen Knowles retired on Friday 11 July 2014 after more than 29 years working in the Lismore Mental Health Service. Stephen commenced in the Lismore Mental Health Inpatient Unit on 24 February 1985 as a Clinical Nurse Specialist (CNS) and later transferred to work in the Acute Care Service in the Community. He was presented with a Certificate of Appreciation at a Farewell Afternoon tea held in his honour.

Thank You



Dear Rebekka and the Our Kids Team,

I am writing to let you know that our little boy, Mitchell Allan Charter, recently spent four weeks in the Special Care Nursery at the Lismore Base Hospital after his birth on the 28 May 2014. He presented with low tone and had some difficulties with feeding. He received his feeds through a nasal-gastric tube for a number of weeks while mummy, daddy and the wonderful team at the Special Care Nursery worked tirelessly to get him home and to be solely bottle-fed. We were finally able to achieve that milestone and bring him home on Tuesday 24 June 2014.



We are happy to say that Mitchell is going from strength to strength because of the wonderful support we have received and he brings us a lot of joy.

This is to also acknowledge that we were the very lucky recipients of a beautifully hand-made quilt from Barbara Stoker and the Quilts-4-Kids project. We have written to Barbara and the group thanking them personally.

This is a gift we will treasure forever, serving as a humble reminder of our little family's journey.

As a token of our thanks we would like to share a couple of pictures of Mitchell during the early days in Special Care and the final momentous journey home.

Please accept our utmost thanks and appreciation for being such a wonderful organisation who supports many families on a sometimes very dark and difficult road.

Yours faithfully, Louise, David and Mitchell Charter



Randal Godfrey has worked as a Wardsmen at LBH for 14 years and recently underwent an 8½ hour operation on his face to remove a cancer. He has since had reconstructive surgery to help reduce side effects to his face.

To cheer him up some of his work mates visited him at home and presented him with a jumper of his favourite footy team, which they had organised to be signed by all the members of the team.

Welcome

NNSW LHD is pleased to announce that a permanent GP has been recruited to Bonalbo. Dr Sunil will commence as the GP in Bonalbo on the 11 August 2014. Dr Sunil has a strong background in the provision of Rural GP services. He has most recently worked as a GP at the Castlereagh Medical Centre and at Coonamble Multipurpose Service.

