



Health District staff rise above the floods

Tropical Cyclone Debbie may have unleashed her might across the top half of the Northern NSW Local Health District, causing devastation to the Tweed, Murwillumbah, Lismore, and Kyogle districts, yet LHD staff across the regions definitively illustrated that we all work in an industry that cares.

Across the LHD stories of staff members going above and beyond the call of duty have begun to emerge.

As their own properties and homes were being flooded, many staff remained at their work posts to ensure continuity of care and medical support – with many staff finding themselves unable to return home for up to three days.

Tales have emerged of Emergency Department

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Kyogle SES staff, Deb Castledine (left) and Phil Copeland, far right, provide transport to Kyogle Multipurpose Service (MPS) for Kyogle MPS EEN Bruce Taylor and Lismore Base Hospital RN Deb Burcher. Deb was unable to make it to Lismore due to flood waters so offered her services to Kyogle MPS, who gratefully accepted.



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Recognition
for the many
volunteers who
give each day to
the LHD



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We interview
Denise McCall,
Deputy Director of
Nursing at Ballina
District Hospital

NNSWLHD is committed to safeguarding the privacy of patient and employee information, implementing measures to comply with legislative obligations. Audits have commenced and will continue across the NNSW LHD throughout the calendar year.

Executive Update

I wish to offer my personal condolences to those families who experienced tragic loss of loved ones during the recent flooding across the North Coast and acknowledge the sadness and loss that others within the community have felt as a result of this devastating event.

Those who read my article would know I am very proud to be the Chief Executive and take every opportunity to praise the great work our teams deliver every day but my admiration and pride grew even more over the last week.

I can tell you that the selfless acts of kindness and dedication I have witnessed from staff and clinicians across our communities brought me to tears on a number of occasions and reminded me of the essential desire to help others when needed.

As we move into recovery phase I ask that we all keep an eye out for those amongst us who start to feel the emotional toll and offer them support and ensure they are aware of the support program we have established for our staff and our

communities.

You will also see in this edition of Northern Exposure that following a review of the Executive Structure we have made some changes which in my view position the Executive Leadership team to better represent our workforce and respond to the challenges we face in delivering the scope and depth of services to our communities.

I will be expanding more on these changes as I visit sites and services over the coming months.

Finally, I want to acknowledge the huge task that our Workforce Support team led by Ross Baker has undertaken in ensuring all our required staff had an up-to-date Working with Children Check (WWCC).

The changes to the respective legislation meant that come April 1 2017 staff across NNSW LHD who did not have a current WWCC would not be allowed to work and could have faced termination of employment.

Thanks to Ross and his team, by the end of March all relevant staff



had their WWCC confirmed and updated in Stafflink, and for this I am personally very appreciative.

*Wayne Jones
Chief Executive*

From the Board Chair

I note the email sent to all Staff from Chief Executive Wayne Jones thanking them for their work above and beyond during this period of natural disaster and advising staff to access the mental health support available.

I reiterate Wayne's emphasis on the importance of looking after each other as people rebuild their lives, homes, businesses and communities.

I encourage you to utilise the supports available. The publication *Looking After Yourself and Family After a Disaster* is available at: <http://www.redcross.org.au/files/>

I am advised that NNSW LHD and the North Coast Primary Health Network are working together to provide a response to the community through the provision of mental health first aid and counselling, with this coordinated by NNSW LHD Rural Adversity Mental Health Program Advisor Steve Carrigg.

This cooperation between the LHD and the PHN is yet another example of the strong working relationships and partnership in working towards an Integrated Health Care System for

Northern NSW residents.

This month I attended the Northern NSW Integrated Care Showcase - Better Together which showcased Clinical areas where we are working together to provide better Patient Centred Care.

I also attended three meetings that demonstrate this relationship at the stakeholder engagement level: being the Northern NSW Aboriginal Partnership Meeting, a combined LHD PHN Clinical Council Meeting and the Northern NSW Community Engagement Advisory Council.

At the operational level the two Executives hold joint meetings and next month is the next joint meeting of the two Boards. This collaboration at the service, partnership/advisory, operational and governance level is unique, and the relationship has been noted and recognised both by the NSW Ministry of Health and the Commonwealth Department of Health.

The Northern NSW Aboriginal Partnership between the LHD/PHN and Aboriginal Medical Services is a strong partnership which provides frank discussion at the Senior Level around

issues for Aboriginal Health and shared planning and advocacy.

The combined NCPHN/NNSWLHD Clinical Council Meeting focussed on the Integration of Mental Health Care and was attended by 32 Clinicians across the spectrum of care including representation from GPs, VMO, Community Nursing, Allied Health, Aboriginal Health, Mental Health.

The Northern NSW Community Engagement Advisory Council had an attendance of 30 plus Community, Staff and Stakeholders from across the district who provided feedback on a range of issues including Health Literacy a joint PHN/LHD project, development of a system-wide Winter Strategy and the Patient Centred Medical Home.

A final reminder, as Northern NSW moves into recovery phase from the natural disaster flooding please look after each other.

*Brian Pezzutti
Board Chair*

Staff rise above flood water

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staff coming to work as their own properties were flooding; of staff relying on the SES to transport them to and from hospital to work shifts; of Junior Medical Officers (JMOs) cancelling flights home to remain at work and provide much needed medical attention; of nurses and doctors working numerous double shifts due to other staff being unable to get through flood waters to get to work.

There were domestic staff who worked around the clock turning over beds in hospital accommodation three times a day for those staff stranded by flood water yet remaining on duty, as well as administration staff who remained on duty only to find they could not get home.

As the waters subside and the reality of the devastation slowly begins to sink in, the physical issues of cleaning houses, accessing properties and accessing livestock will give way to the



Keen Street Lismore on Friday 31 March 2017 became a torrent of water.

psychological aspects of the disaster and

the deep impact on individuals, families and the community will begin to be felt.

This is a normal reaction to such an event. Staff who find they are experiencing difficulties in managing their daily activities are encouraged to seek support through the Employee Assistance Program (EAP).

The EAP provides short-term, confidential counselling and support for all employees and their immediate family members.

EAP is easily accessible, voluntary and can provide support on a range of personal and work related issues.

To access the EAP, visit the NNSW LHD Intranet. Click on the purple 'Employee Assistance Program' icon on the Work Support Centre dashboard. EAP is provided free to staff and family.

Are you okay?

Common reactions to a disaster include:

- Feeling fear or sadness
- Feeling overwhelmed
- Difficulty concentrating
- Tearfulness
- Problems with sleep
- Unwanted or recurring memories
- Replaying the events

If this is occurring:

- Spend time with family and friends
- Focus on routine
- Try to stay healthy
- Accept help
- Realise you are not alone
- Seek professional help through the Employee Assistance Program
- Contact the Mental Health Access Line on 1800 011 511

New names for LHD Executive

In keeping pace with changes to position titles within NSW Government, the Northern NSW Local Health District (NNSW LHD) Executive has undergone some name changes as well as position changes.

The NNSW LHD Executive will now be referred to as the Executive Leadership Team and some individual Executives have also changed

titles. There has also been a change in the membership of the Executive Leadership Team.

The Executive Director of Finance is now Chief Financial Officer; Executive Director Tweed Byron Health Service Group is now General Manager Tweed Byron Health Service Group; Executive Director Richmond Clarence Health Service Group is now General Manager

Richmond Clarence Health Service Group; Executive Director Mental Health & Drug and Alcohol Service is now General Manager Mental Health & Drug and Alcohol Service and Stream Services; Executive Director Allied Health and Chronic and Primary Care is now Director of Integrated Care and Allied Health; a new position - Director of Workforce has

been created; the Chief of Staff, Chief Executive Unit is now Director of Corporate Services; and the Executive Director Clinical Governance is now Director Clinical Governance.

The Executive Director of Nursing and Midwifery and the Executive Medical Director remain unchanged.

The previous Executives have retained their roles.



Lee McDougall
Editor

One of the driving questions fuelling my career as a Clinical Psychologist was this: "Why do we do what we do, when we know what we know?"

The recent natural disaster across half of the Northern NSW Local Health District has seen this question arise time and time again in my mind.

The first blinding question in the wake of recent events is "Why do we humans continue to build in areas that we know to be flood prone?"

As the owner of a property that floods I can answer this question quickly: the benefits outweigh the costs - usually.

Next on the list is: "Why do people continually ignore the repeated warnings and advice to stay out of flood waters and drive or walk through them?"

This answer is a little more complex. Adrenalin and stupidity are at the top of the list however.

Countering these two questions is perhaps for me the most intriguing: "What drives nurses, doctors, cleaners, security staff, wardspeople, clerical staff to hold firm in their positions and provide whatever service is required until the crisis abates?"

As a devotee of human nature I know that there is no such thing as altruism.

Now, I know that simple statement may result in a deluge of emails countering this statement however my position is based on years of study and observation of human nature.

Yet the fact remains: people again and again selflessly displace themselves to care for others during intense natural disasters.

As we reel from this natural disaster and begin the long road to recovery, story after story of human kindness, compassion, and commitment to the point of exhaustion continue to surface.

All I can think as I ponder all this is that once again I am inspired to be part of the human race.

Cathie Nilon - Quiet Achiever

Name: Cathie Nilon

Position: Librarian

Nominated By: Rae Rafferty, Nurse Manager, Workforce Development and Leadership Nursing and Midwifery NNSW LHD

Cathie has been the librarian at Lismore Base Hospital (LBH) since 1990, when she was initially employed to set up the library which would provide resources for LBH and its then subsidiary site, Nimbin.

In 1993, the library service was expanded to cover the eight sites within the Richmond District.

After finishing her Science degree at University of Sydney, Cathie realised she preferred to work in a science-related library, rather than in a laboratory or classroom.

Today, Cathie continues to enjoy this role which enables her to make a difference by helping clinical staff access the information they need to improve their knowledge in the delivery of health care.

Cathie loves empowering people, especially those who have been away from study for years, to improve their information retrieval skills so they can complete their studies.

She is familiar with many specific interests and the fields of study. This means she can proactively offer assistance and be a facilitator to clinicians delivering better patient care.

Cathie has been nominated by Rae Rafferty, who has called on Cathie's expertise over many years;



most recently when she needed help tracking down articles for her thesis. In particular, Cathie located a crucial 1937 article, turning over many stones in the process.

"In 30 years dealing with librarians, Cathie is the best I have ever come across," Rae said.

Rae nominated Cathie for her efficient, calm and knowledgeable approach in assisting others with their research, and for being a fantastic listener.

"Cathie makes you feel that your research is worthwhile," Rae said. "Budding researchers in this district should know who she is."

Cathie said staff shouldn't feel they are intruding or wasting her time when they ask for help looking for resources or information.

"It is part of my role to help connect people with their information needs. Please come and see me if you need assistance," she said.

Check out NNSW LHD Facebook page

The Northern NSW Local Health District Facebook page is used for a range of promotional activities, including the Health Promotion newsletter, pictured right, by Workforce for recruitment, and by the LHD Media Unit to promote local events.

It is regularly updated with the happenings across the LHD. Check out our page today!



Special care from Syke and Genna

A special area of interest and a desire to learn more was the impetus behind Lismore Base Hospital (LBH) midwives Genna Colegate and Skye Shirley completing their Graduate Certificate in Neonatal Care.

Both midwives received a scholarship through the Australian College of Nursing (ACN) to commence their 12-month full-time course through ACN, while continuing to work in the Women's Care Unit.

Genna has since commenced working fulltime as a staff member of the Special Care Nursery (SCN), while Skye is currently working in the Midwifery Group Practice (MGP) model.

LBH SCN Nurse Unit Manager Joanne Ezzy said both Skye and Genna were a 'wonderful asset' and addition to the SCN.

"Genna completed her Bachelor of Midwifery course in 2013 and rarely have I seen such a natural aptitude right from University for the SCN," Joanne said.

"Genna has continued to increase her skills, through mentoring, in the care of the sick and/or premature newborn. She provides an exceptionally high level of proficient care."



From left, Skye Shirley, Genna Colegate, and NUM Joanne Ezzy with baby Elizabeth at the Lismore Base Hospital Special Care Nursery.

Jo said Skye was currently contracted to the MGP, but was hoping to rejoin the SCN, where she had previously been working casually.

"The high level of knowledge Skye

has gained from having completed this course will be of great benefit to the babies she is currently caring for during the antenatal and postnatal period," Joanne said.

New helpline for staff

Health support for nurses and midwives is now a phone call or mouse click away, thanks to a new national service.

Launched on March 8 2017, Nurse & Midwife Support (NM Support) is the first national dedicated telephone and online service providing confidential advice and referral to nurses and midwives about their health and wellbeing.

NM Support is run by Turning Point, a leading addiction treatment, research and education organisation.

Callers to the service have 24/7 access to an experienced team who can provide advice and referral to nurses and midwives on a wide range of health and wellbeing related issues.

The service also offers support to nursing and midwifery students, educators, employers and concerned family members.

Turning Point Program Director Anthony Denham said that while nurses

and midwives were recognised as the caregivers, they could also face health challenges requiring support.

"This may include stress caused by work, family problems, relationship issues, as well as alcohol and drug related issues, or mental health concerns," Mr Denham said.

Mr Denham said the service provided anonymous 'no strings attached' support to help nurses and midwives deal with health issues that may be affecting their personal lives and their work.

"I would encourage any nurse or midwife who needs our help to call us for free today," Mr Denham said.

"You are not alone. Help is available."

The service is available across Australia and is open to nurses, midwives, students, employers, educators, concerned friends or relatives and the public.

To access NM Support or for further information, call 1800 667 877 or visit www.nmsupport.org.au

Art funding up for grabs

NSW Ministry of Health has provided Northern NSW Local Health District with funding for art projects through the NSW Health and the Arts Framework.

NNSW LHD staff and teams are

invited to submit an Expression of Interest for funding.

Two projects up to \$10,000 and up

to four smaller \$2000 projects will be funded.

Projects can involve any kind of art: visual, digital media, performing art, literary art or the built environment.

Get your entry in to Susan.walker@ncahs.health.nsw.gov.au by 10 April 2017.



From left, Maxine Molyneux, Health Promotion Officer with NNSW LHD with Ashleigh O'Mahony and Caroline Reed from the NSW Premier's Implementation Unit at Lennox Head Public School.

Premier's team checks on childhood obesity

In early March, Ashleigh O'Mahony and Caroline Reed from the NSW Premier's Implementation Unit (PIU), visited the Northern Rivers to find out how the Healthy Children's Initiative was being implemented.

The PIU is a cross-government initiative to ensure that relevant Government Departments work well together to reduce the rate of childhood obesity by five percent by 2025.

Childhood obesity is a Premier's priority and the Healthy Children's Initiative is one program to help achieve the goal.

The PIU will conduct fieldwork in a variety of Local Health Districts (LHDs) across NSW where key programs are being implemented to support this vital initiative.

Ashleigh and Caroline met with the Health Promotion team to discuss how the delivery of the program was going. As part of their visit, they met with representatives from participating schools and early childhood centers.

Over the past five years, NNSW LHD has recorded the lowest childhood obesity rates in the state and has been working on childhood obesity programs since 1998. Childhood obesity programs currently operate in over 90 percent of all primary schools and child care centers.

Ashleigh and Caroline will take insights from their trip back to the Premier to support the delivery and share good practices across LHDs.



300 LIVE HEALTHPATHWAYS!

The HealthPathways Team are pleased to announce that there are now over 300 live HealthPathways!

Advance Care Planning HealthPathway

"Would I be surprised if this patient died in the next 12 months?"

Whatever the answer is to this surprise question, it may indicate it's time to start the conversation about advance care planning.

Advance care planning is the process whereby patients, in consultation with health care providers, family members and important others, make decisions about their future health care should they become incapable of participating in medical treatment decisions.

The process of advance care planning informs and empowers patients to have a say about their current and future treatment.

Advance care planning improves quality of care, including end-of-life care. It increases the knowledge and respect for end of life wishes and reduces the likelihood of a person receiving unwanted burdensome treatments. It improves both patient and family satisfaction with care. It can help to reduce the risk of stress, anxiety and depression in the surviving relatives of the deceased patients. Despite this, so many patients still do not have access to advance care planning. Research indicates that patients expect their doctors to initiate advance care planning conversations and appreciate it when they do.

Many doctors find these conversations difficult, and have inadequate training in advance care planning and end-of-life care communication.

HealthPathways has recently published a guide to advance care planning and preparation of advance care directives (ACD). The pathway includes tools and YouTube clips on initiating the conversation, assessing

capacity and completing an ACD. In NSW there is no mandated form of an ACD, so we have included a few commonly used templates as well as plenty of patient resources.

Remember, ACDs are not limited to elderly people with chronic or terminal illnesses or dementia. Any competent person over the age of 18 years can and should complete an ACD.

Written by Dr Brenda Rattray

Visit the Advance Care Planning HealthPathway:
<https://manc.healthpathways.org.au/39484.htm>

Username: manchealth
Password: conn3ct3d

For further information regarding HealthPathways email kkeyte@ncphn.org.au



Volunteer Appreciation Week 2017

In recognition of the outstanding contribution volunteers make across the NNSW LHD, hospitals throughout the district celebrated NSW Volunteer

Week during March. Volunteers were treated with morning teas, afternoon teas, and surprise cakes in celebration of their important and tireless work.



Front, from left, Lismore Base Hospital Volunteer Chaplains Rita Richards, Mary McFadden and Margaret Davis with Kym Hickey (NUM Ward C8).



Above from left: Keryn York (Byron Central Hospital EO/DON) and volunteers Debbie Butler, Pam McRae and Sharon Le Beau.



Casino District Hospital United Hospital Auxiliary president Robyn Spruce cuts the cake at the surprise volunteer morning tea.



Above from left: Jo Giese (MDH ED NUM), Lionel Shaw (MDH Auxiliary Member), Tara Chambers (MDH Nurse Manager) Rhonda Shaw (MDH Auxiliary member) and Paul Schofield (MDH/GBH Director of Nursing) with MDH's volunteer appreciation board.

Left: Lismore Base Hospital Volunteers and staff enjoy afternoon tea.



Gillard Chair of beyondblue

Former Prime Minister Julia Gillard has been appointed as Chair of the national depression initiative beyondblue, replacing former Victorian Premier Jeff Kennett.

Ms Gillard, Australia's 27th Prime Minister, was elected unopposed to the organisation's Board of Directors and will replace Mr Kennett after 17 years.

Ms Gillard said her father, John, a psychiatric nurse, had helped shape her understanding of mental health and mental health care facilities.

"I'm absolutely delighted that Jeff and the Board have the confidence in me to take over as Chair of an organisation that has made such a difference in the lives of so many young Australians, but there is only ever going to be one founder and without Jeff Kennett there would be no beyondblue at all," Ms Gillard said.

Indigenous conference

Indigenous Conference Services (ICS) are joining with the Indigenous Wellbeing Centre (IWC) to stage The 2017 National Indigenous Drug & Alcohol Misuse Conference scheduled to be held in Brisbane on the 21 to 23 August 2017.

Similarly on the same dates, the 2017 National Indigenous Colour of Justice Conference will also be held at the same venue.

These conferences have been in the planning and development stage for over 18 months. Planned are in excess of 25 different sessions over the two and a half days, with guest speakers coming from all levels such as Indigenous justice sector, government and non-government agencies and community groups.

These conferences are designed to provide a voice for the community as well as develop and share information between community and governments.

For further information please go to the website: www.indigenousconferences.com or email: adminics@iinet.net.au

Positive parenting provided in home

Lismore Sustaining NSW Families (SNF) has been operating for five years.

SNF is a Child and Family Health Nurse (CFHN) voluntary home visiting program offered to eligible families during pregnancy or who have had a baby in the past four weeks.

The program is designed to continue until the baby's second birthday, consisting of approximately 25 home visits.

SNF is based on a randomised control study conducted in South Western Sydney (MECSH 2008) which found that structured and sustained home visiting programs resulted in positive outcomes including:

- improved transition to parenting
- improved experience of being a mother
- improved quality of the home environment from a child development perspective
- improved cognitive development of children

The program aims to promote to parents the benefits of providing an



The Lismore SNF team, back row, from left, Belinda Long (Social Worker), Mignon Halford (Dietitian), Jane Bryant (Speech Therapist), Meg Binks (CFHN), Margaret Stewart (Physiotherapist). Front row from left, Jen Thomson (Clinical Coordinator), Michelle Somerville (CFHN), Nikki Paull (CFHN), Leanne Rudwick (CFHN).

emotionally sensitive and nurturing environment for their child which enhances child development, family relationships and the health and wellbeing for the entire family.

The Lismore SNF team works in partnership with families drawing on family strengths to promote program aims.

Allied Health professionals (Social Worker, Physiotherapist, Occupational Therapist, Speech Pathologist, Perinatal Psychologist and Dietitian) form an integral and consultative part of the Lismore SNF Team.

Sustaining NSW Families does not replace the midwife or medical officer for pregnancy care and is different to the universal Child and Family Health Nurse Service.

HETI Online name change

Did you know, HETI Online is now called My Health Learning?

The updated site has a clean, modern look, and is optimised for use on mobile devices.

It still offers the same courses created by the Health Education and Training Institute (HETI), locally developed resources and material from other contributing organisations.

All existing bookmarked links and web pages will continue work, and your



**MY HEALTH
LEARNING**

previous eLearning history will be right where you left it.

You don't need to do anything different to access the system, simply go to the link on your intranet site or visit myhealthlearning.health.nsw.gov.au and log in with your Stafflink user name and password.

For information or assistance, contact the Northern NSW HETI Online helpdesk at NNSWHETIONlineHelpDesk@ncahs.health.nsw.gov.au

Interview with Denise McCall

Northern Exposure recently sat down with Denise McCall, Deputy Director of Nursing at Ballina District Hospital (BDH), to chat about her nursing career, her ties to the Northern Rivers and her love of quality improvement. Fiona Baker reports ...

Denise McCall had been in management with Woolworths for 13 years when she decided she needed a change, and so completed her application to study nursing.

Denise was living in Cowra at the time, raising two young sons, yet wished to move back up north closer to Nimbin, where she had been born and where her parents still lived.

Denise ended up at the University of New England, Armidale, and completed several placements with Northern NSW Local Health District (NNSW LHD) during her studies.

Palliative Care and Rehabilitation were Denise's two preferred areas of speciality, and she found work in the Rehabilitation Unit at Prince Henry Hospital in Sydney after graduating.

While there, Denise undertook a post-graduate course in Rehabilitation at Royal Rehab, and was successful in securing a job initially working in their Brain Injury Unit, and then later in the Spinal Cord Injury Unit, based in Ryde.

Denise was seconded to a position in the Disability arm of Royal Rehab, and spent seven years as the Operations Manager there.

During that time Denise became involved in significantly changing the model of service delivery to their disability clients, a project that she still regards as one of the most rewarding of her career.

"The service was pretty much 'one service fits all,'" Denise said.

"We sat and talked to the people who were receiving the care, some of whom had been in the service for over 50 years."

Denise and her team worked closely with the clients, family members and

staff to create a model of care which focussed on the individual client's likes and dislikes, and which enabled her team to provide a personalised service which matched those preferences.

"We implemented a really beautiful and, I would say, truly person-centred care," Denise said.

The program took around 12 months to implement, and required a significant change of attitude by all involved.

disability and rehabilitation sector.

"I think we've got a long way to go before we truly become person-centred," Denise said.

Denise came to Ballina District Hospital (BDH) as the Nurse Unit Manager of Rehabilitation and Transitional Care in 2013. In January this year she was appointed as Deputy Director of Nursing.

Although she's now squarely on the operational side of things, Denise manages to hold onto some of the personal interaction she had as a NUM.

"I make a point of saying hello to the clients, I don't think it hurts for someone in a senior management role to know people's names," she said.

"It's probably easier to do that here in Ballina because people stay for longer and you get to know them."

Coming from such a quality-focussed background, Denise loves the evaluation and quality aspect of her role, and gets excited about changes that can come through dealing with complaints and incident management.

"People look at me sideways when I say I love IIMS," she said. "Anything that goes into that system gives us an opportunity to change."

According to Denise, the staff at BDH make it a great place to work. She also names the tireless Auxiliary and the hardworking volunteers on the general and rehabilitation wards as making a huge difference to the place.

"It's really nice to walk into a room and see somebody other than a nurse sitting with a patient, reading the newspaper with them or having a cup of coffee. We've got a small group of volunteers here, but what they do is fantastic," Denise said.



"It was a difficult but successful process made possible by a dynamic and enthusiastic team," Denise said.

The program also included creating recreation groups so that clients could participate in activities such as cooking and gardening, and the introduction of 12-month goal setting for clients.

One client's goal, Denise remembers, was to swim with the dolphins in Coffs Harbour.

"The biggest delight I got was the day she'd been swimming, she actually rang me at work to tell me she'd done it," Denise said.

"It was wonderful to see that this young girl had the support of the people who were working with her to be able to achieve that goal."

Denise says there is still work to be done in terms of service models in the

Bonalbo MPS has MP site tour

Member for Lismore Thomas George last month inspected progress on the new Bonalbo Multipurpose Service (MPS), which is part of a \$300 million program of works upgrading existing MPS facilities and building new facilities across rural and remote NSW.

"I am delighted to see the project is on track," Mr George said.

Mr George inspected the works which are progressing to schedule, with piling work now completed and foundations well underway.

Following on from the main works contract being awarded to Decmil Australia Pty Ltd in January 2017, it is a significant milestone in the NSW Government's commitment towards the Bonalbo MPS.

The MPS project at Bonalbo is replacing the existing hospital and community health building with a modern, integrated health facility.

"This will be an excellent facility for residents west of the Range when it is completed in 2018," Mr George said.



From left, Bonalbo Hospital Nurse Unit Manager Cheryl Ducat, Chris Kortyka from Decmil, Nancy Martin, EO/DON MPS Network, Thomas George MP, Jasleen Singh from Decmil, and Julie Cadet, Change Manager.

The Multipurpose Service model tailors healthcare needs for the local community by integrating health, aged

care services, and emergency services, to provide flexible health service delivery.

Workshops for Heart Disease

Heart disease is the leading single cause of death among Aboriginal and Torres Strait Islander Australians.

Workshops are being held in locations across the NNSW LHD to raise awareness of the risk factors for heart disease among Aboriginal and Torres Strait Islander women, who are at least three times more likely to be hospitalised due to the disease than non-Aboriginal and Torres Strait Islander women.

Women are learning about the impact of exercise, nutrition, stress reduction and other risk factors from community and hospital health practitioners.

"This is a new, collaborative approach to addressing this issue," Anthony Franks, Aboriginal Chronic Care Officer with NNSW LHD, said.

The program includes three one-day workshops, the first of which were held in March, with the following workshops scheduled for May and July.

The workshops are being held at Grafton, Muli, Casino, Ballina, Maclean, Goonellabah and Tweed Heads.

District Child Protection Training Plan endorsed

The NNSW LHD Child Protection Training Plan has recently been endorsed.

The Child Protection Training Plan seeks to give staff clear guidance around the requirements of Child Protection training courses they need to attend and how those courses are delivered and maintained.

NNSW LHD is required to ensure all staff are adequately trained in their mandatory reporting responsibilities and their ability to effectively assess, identify and respond to child wellbeing concerns.

A copy of the Child Protection Training Plan can be found at <http://intranet.nswlhd.health.nsw.gov.au/doc-lib/documents/all/nswlhd-child-protection-training-plan/>

If you are looking for child protection information, finding it on the NNSW LHD Intranet is now a whole lot easier.



Simply look for the Child Protection Icon on the Work Support Page, pictured. Here you will find information on your role as a Mandatory Reporter and Responder when you have child wellbeing concerns.

You will also find the contact details of the Child Protection Team who look forward to assisting you if needed.



Tweed gets new Midwifery service

The Tweed Hospital introduced a new model of midwifery care in March, with the official launch of the Tweed Midwifery Group Practice (TMGP).

The TMGP provides continuity of care for women who are generally healthy, with a low risk of pregnancy and birth complications.

Under this model, women have the opportunity to be seen by the same midwife from their first antenatal visit right through their pregnancy, during birth and after they've returned home.

"The benefits of this type of midwifery model lie in the continuity of care which enables the development of a relationship between a woman and her midwife throughout the pregnancy journey," Susan Freiberg, Director of Nursing and Midwifery, The Tweed Hospital, said.

The TMGP is the fourth model of its kind within NNSW LHD, with Lismore Base Hospital, Murwillumbah District Hospital and Byron Central Hospital also



Midwives, management and steering committee community representatives at the launch of the Tweed Midwifery Group Practice at The Tweed Hospital.

offering the service. There are seven midwives working in the Tweed MGP,

providing round the clock support for women under their care.

Between the Flags enhancements

The roll-out of electronic medical records continues across the Northern NSW Local Health District with enhancements being made to the Between the Flags system.

These State Baseline



of Altered Calling Criteria, improved frequency of observations component, and improved function of yellow zone and red zone alerts.

Clinical Information Systems (eHealth) will test the enhancements in the

non-prod eMR environment ready for the implementation

into the live environment of eMR (NPROD). The implementation date is 17 May 2017.

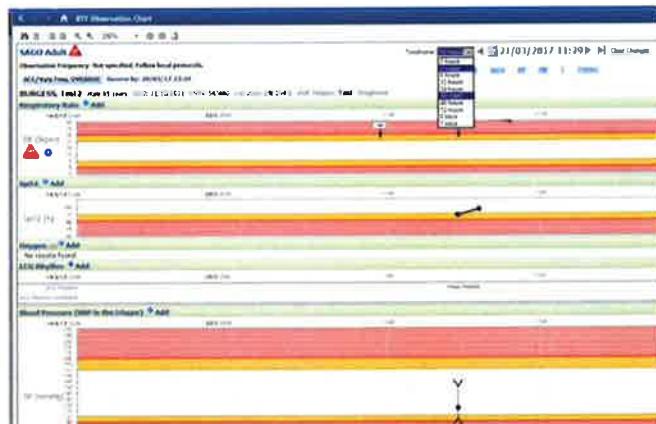
A downtime of eMR will be required for the install into NPROD. This will be scheduled to ensure minimal operational impact for patient care & clinical staff.

A multifaceted training approach will be adopted leveraging on the existing knowledge base of BTF by clinical staff.

The training will include:

- ability to select timeframe of graphs display (view 2hrs-7 days);
- date and time to view;
- trend lines between timeframes;
- altered reference ranges displayed.

The BTF enhancements will include improved function



A screen shot of the new Between the Flags screen.

- Medical officers will be offered formal demonstrations, face-to-face training sessions and provided support through online learning (Note: the HETI online training BTF Course Number is 131316408 and BTF Paediatric Course Number is 132261490).
- In-service demonstrations and socialisation with identified superusers particularly nurse/ midwifery educators, Junior Medical Officers and Registrars by CIS eMR trainers.
- Quick reference guides are available on the intranet and able to be accessed from within the eMR via the eMR application Clinical links tabs.

Key CIS Unit contact is:
danielle.supierz@ncahs.health.nsw.gov.au.

* NB: The Standard Maternity Observation Chart and Standard Newborn Observation Chart remain on paper.

The last word ...

Health Care Excellence Award for Doreen

Aboriginal Health Worker, Doreen Kelly, recently received two TAFE awards after completing her Certificate 3 in Aboriginal and/or Torres Strait Islander Primary Health Care in 2016.

Doreen received the 'Excellence Award' which she shared with another student, and she was the winner of the inaugural 'Monty's Award' for Aboriginal and/or Torres Strait Islander Student of the Year.

The Monty Award is named after the well-known counsellor who passed away in 2016.

While at TAFE, Doreen

did work placements with Lismore Aboriginal Maternal and Infant Health Service (AMIHS), and was appointed to a permanent position there in October 2016.

Doreen had previously worked in aged care with the Aboriginal Elders group at Uniting Care.

Doreen is a Bundjalung woman from the Lismore region, and is following in her mother's and sister's footsteps of working in Aboriginal Health.

"This is my passion," Doreen says.

"I always wanted to get into health to help my people achieve better health outcomes."



Coraki HealthOne completed



The new Coraki Campbell HealthOne facility will provide a range of integrated services including Physiotherapy, Oral Health, Medical Specialist consulting, and Community Health services.

Construction of the new Coraki HealthOne is now completed with a community open day planned to be held prior to the operational opening.

A Community Open Day had been planned initially for Saturday, 8 April however the recent flood waters cutting off Coraki from its surroundings resulted in the open day being postponed.

The new \$4 million facility has been

constructed at the rear of the old Coraki Campbell Hospital.

"The Coraki Campbell HealthOne facility will provide a range of integrated services including Physiotherapy, Oral Health, Medical Specialist consulting, and Community Health services," said the General Manager of Richmond Clarence Health Services Group, Lynne Weir.

