



Message from the Chief Executive

Welcome to the 4th edition of Far West in Focus.

It is pleasing to see that the positive COVID cases have begun to decrease after persistent increases in the previous month. I also believe that our collaborative efforts with the organisers of the Mundi Mundi Bash, the Council and other key stakeholders has contributed to curbing the expected spike in positive cases. In fact, the opposite occurred so well done to all concerned.

We were pleased to welcome to the District the Deputy Premier, Peter Toole, The Minister for Regional Health, Bronnie Taylor, Broken Hill's own Secretary of NSW Health, Susan Pearce and the Chief Executive of Sydney LHD, Teresa Anderson for the launch of the vICU. This is a significant milestone for us and the state in executing the inaugural vICU via a partnership model between two LHDs. I want to particularly thank all our staff and their counterparts in Sydney for making the implementation and the commencement of this service such a success.

It was also pleasing to hear the announcement of the new mental health in-patient unit and the redevelopment of our Emergency Department. Together with the Wentworth Hospital rebuild, the District has now been able to secure funding for

its top 3 redevelopment priorities in the last 2 years. Well done to all who contributed to this outcome.

It was particularly pleasing to see that we had three nominations for the state nursing and midwifery awards and winning two out of the possible eight categories. Well done to all to finalists and to our wining staff Dawn Evans and Tim O'Neill. You have made us proud and in doing so

once again you have demonstrated Far West's capacity to produce exceptional talent.

BurongaOne complex in Buronga is due for opening in mid-June and all is progressing well. There will be an open day for the staff and the community to visit the facility.

As you may be aware the Upper House Parliamentary Inquiry handed down its report and recommendations. The report and the recommendations are currently being considered by the Ministry of Health. I will advise you further



Mr Umit Agis

on this in the coming weeks. It was pleasing to see that Far West LHD Palliative Care and End of Life Program received a special mention in the report which urged for this model to be implemented across the state. This is a massive recognition of the innovativeness and the dedication of Melissa Cumming, Dr Sarah Wenham and their entire team. Please keep well and keep those innovative ideas coming!

— Umit Agis, CE



Celebrating the successful launch of the new vICU model of care: SLHD CE Dr Teresa Anderson AM, NSW Health Secretary Susan Pearce, ICU NUM Anna Simmons, Dr Wojciech Wierzejski, FWLHD CE Umit Agis and CIO for SLHD, Richard Taggart. Turn to Page 3 and 4.

Midwives celebrate International Day of the Midwife

Far West LHD midwives celebrated International Day of the Midwife on 5 May including the awarding of Midwife of the Year to Chandler Rieck.

Chandler was nominated by several colleagues as a skilled, caring and passionate midwife dedicated to providing excellent women centred care who builds relationships with families to ensure they feel safe and well cared for during their pregnancy, birth and postnatal period.

The day included a celebratory cake and afternoon tea.



Broken Hill Midwifery Group Practice midwife Chandler Rieck is the Far West LHD Midwife of the Year for 2022.

FWLHD staff shine in NSW nursing awards

A huge congratulations to two of our nurses who have won awards at the NSW Health 2021 Excellence in Nursing and Midwifery Awards announced on 21 April 2022..

Dawn Evans (Enrolled Nurse/ Aboriginal Health Practitioner, formerly of Wilcannia Health Service) was awarded Aboriginal Nurse/ Midwife of the Year.

Timothy O'Neill (Workforce and Leadership, Far West Local Health District and now working at Wentworth Hospital) was awarded the

Healing Heart Award for exceptional care (Nursing/Midwifery) – nominated by colleagues.

Tim and Dawn epitomise the outstanding contributions nurses and midwives make every day in Far West LHD and NSW Health, and the State awards recognises them for excellence in practice and for the significant contribution they make to their professions, their teams and the community.

Dawn and Tim are continuing the long tradition of Far West nurses and

midwives being acknowledged for their excellence and professionalism.

You can watch the awards including our nurses speaking on being nominated and winning in their category at [Excellence in Nursing and Midwifery Awards \(nsw.gov.au\)](https://www.nsw.gov.au/excellence-in-nursing-and-midwifery-awards)

It is also noted that Samuel Bryan was a finalist for Nurse of the Year, nominated when he was working at Broken Hill Health Service.

Congratulations to all the winners and finalists in this year's awards.

Dawn Evans - Aboriginal Nurse/Midwife of the Year 2021, NSW Health Excellence in Nursing and Midwifery Awards:

Dawn Evans, a popular and experienced nurse and qualified Aboriginal Health Practitioner, worked with the Wilcannia Health Service for 15 years.

"Getting this award just makes you want to be better and do more and more," she said. "Achieving something and being able to help people is just beautiful."



of Wilcannia.

"I would like to thank all my work colleagues in Wilcannia," said Dawn. "It's just great that they recognise the good work I've done. I just think I'm overwhelmed,

Dawn's nomination for the Award said, "Dawn demonstrates a genuine commitment and passion, and she works tirelessly to improve health outcomes for both Aboriginal and non-Aboriginal people in the community

Timothy O'Neill - Healing Heart (Colleague) Award, 2021 NSW Health Excellence in Nursing and Midwifery Awards

Tim's nomination for the award says it all: "Tim demonstrates an extraordinary commitment to the LHD nursing workforce, his colleagues and the public. As a leader Tim is compassionate and leads with hope, enthusiasm and commitment. He is kind and caring - nothing is ever too much trouble for Tim.

For Tim excellence is not merely a skill, it is an attitude."

Tim is respected not only by his nursing colleagues but all staff within the FWLHD, and he is committed to enhancing a positive practice environment that ensures staff safety and wellbeing are well supported and always at the forefront of the organisation, this in turn is translated to high quality care for patients and increased staff morale and productivity.

"Far West has been very rewarding to me. I think I've got more out of it than I've put into it, put it that way," said Tim.



vICU launch and major upgrades at hospital ED and MH Unit

A \$10 million upgrade to the Emergency Department at the Broken Hill Health Service and an enhanced acute mental health inpatient unit was greeted with excitement when announced locally by the visiting Deputy Premier, the new Minister for Regional Health, the Minister for Western NSW and the NSW Health Secretary!

They were in Broken Hill on 20 April 2022 to announce the NSW Government's upgrade of the ED and mental health unit which coincided with the official launch of the new virtual intensive care (vICU) service between Far West and Sydney LHDs.

Deputy Premier and Minister for Regional NSW Paul Toole told media the significant investment is part of the NSW Government's commitment to improving regional and rural health.

"Regional health is a focus of our Government, and today's announcement builds on our vision to deliver the best possible health outcomes for all our remote

upgrade of the hospital's mental health unit.

"This is about ensuring patients, their families, carers and staff in the region have access to the best health and mental health care available," Mrs Taylor said.

The emergency department will be reconfigured to better meet the critical health needs of the region, including tailored treatment spaces for children and those requiring mental health services.

We are also upgrading the mental health unit at the hospital, to deliver a modern therapeutic space with co-designed facilities by people with lived experience.



Minister for Regional Health, Bronnie Taylor (front) with NSW Health Secretary Susan Pearce and FWLHD Chief Executive Umit Agis.

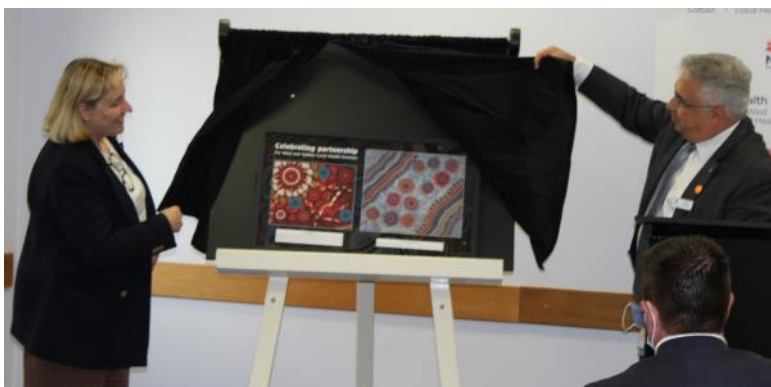
partnership between Sydney and Far West LHDs showed how the highly networked NSW Health system continues to collaborate to improve patient experiences and health outcomes throughout the State.

"Having worked as a clinician at the Broken Hill Health Service ICU at the start of my career, I understand how valuable this service is for staff and patients alike, and we will continue to encourage and support these kinds of collaborations throughout the NSW Health system," Ms Pearce said.

A scoping study has commenced and design options for the acute mental health inpatient unit are currently being developed, with work to commence in the coming weeks.

The upgrade to the mental health unit is being funded as part of the \$700 million state-wide mental health infrastructure program. The \$10 million investment in the Broken Hill Health Service emergency department is part of the NSW Government's \$500 million investment in rural and regional health infrastructure announced in November 2021

You can watch a video of the vICU launch on the intranet



SLHD Chief Executive, Dr Teresa Anderson AM and FWLHD Chief Executive Umit Agis unveil prints of the two Aboriginal artworks commissioned which acknowledges the traditional owners and symbolise the collaboration that exists between the two LHDs.

communities, including here in the State's Far West," said Mr Toole.

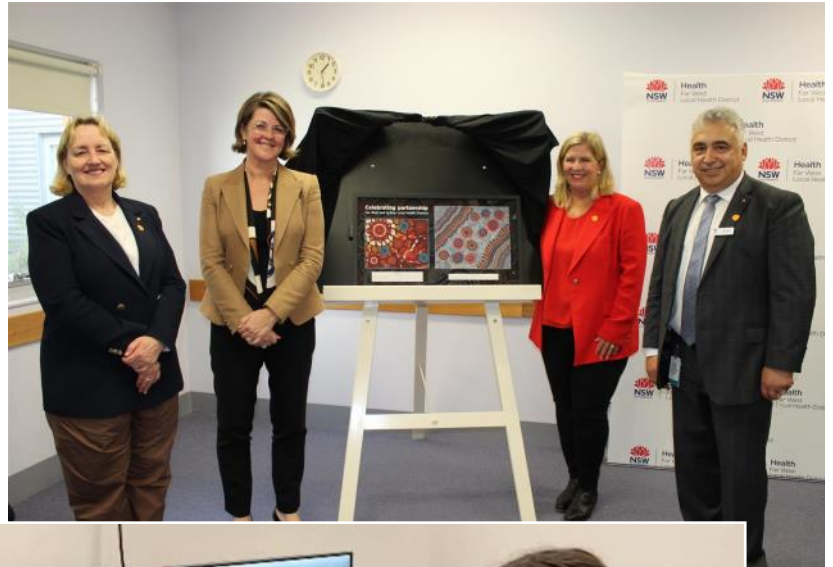
Minister for Regional Health and Mental Health Bronnie Taylor said the NSW Government is investing \$10 million to improve the Broken Hill Health Service Emergency Department, complementing a major

monitoring and video conferencing to connect clinicians, patients and carers in Broken Hill Health Service with intensive care staff at Sydney's Royal Prince Alfred Hospital and virtual hospital, rpavirtual.

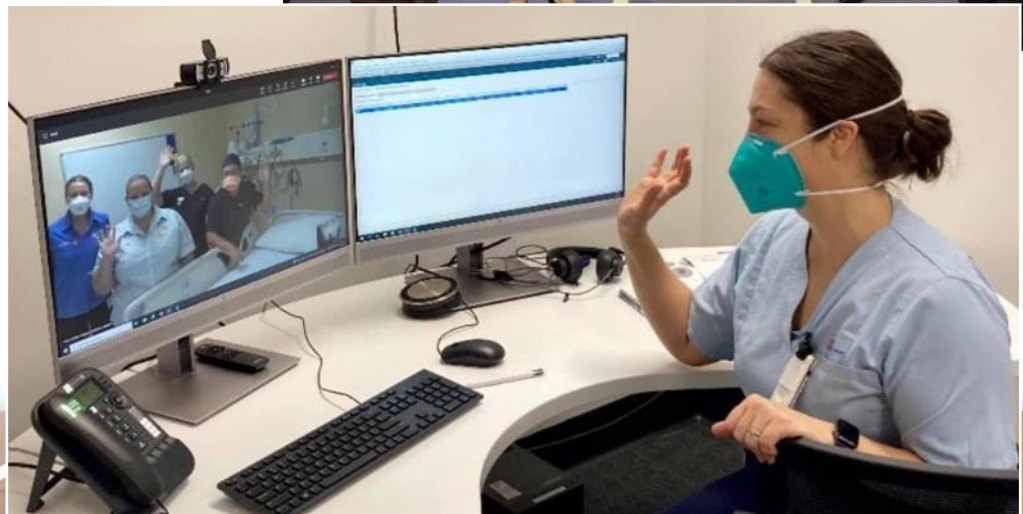
NSW Health Secretary Susan Pearce said at the launch the

Our VIPs joined Far West and Sydney Executive and staff at the official launch of the new vICU service that links critically ill patients and our clinicians with Sydney-based specialists. This model of care uses remote

vICU launch



The official launch of the vICU was held at Broken Hill Health Service with the visiting Ministers, and FWLHD and SLHD Executive and staff celebrating the collaboration behind the project. A video was also shown explaining and demonstrating the virtual model of care.





People and Culture Directorate ran some of our newest employees through Corporate Induction this month. They were (from left) Tegan Henderson – Physiotherapist, Daniel Sowden – Clinical Support Officer, Grace Charlesworth – Podiatrist, Tim Symonds – PMO Projects Coordinator, Paul Bawden – Health Service Planner, James Wells – Musculoskeletal Coordinator, Chandima Gammanpilage – Management Accountant and Nicole Hall – Human Resource Officer.

Good Samaritan Packs

Broken Hill Health Service has a support service called “Good Samaritan Packs” for clients/patients that are admitted and do not have any toiletries. These clients/patients are given a small pack of shampoo, conditioner, soap, comb, toothpaste and toothbrush to get them going.

This service has been going for approximately six years and was created due to the kind donations from staff who collected toiletries when they travelled for work.



We were then hit with COVID-19 and the supply diminished, but the Nurses Education Fund and CHC Dental Centre came to the rescue with a huge donation.

Sadly, the supply of donations is starting to diminish again. This is a callout to all staff that are travelling to collect the toiletries and donate to this



great service. All donations can be forwarded to Jane Cain (ASET Nurse) located in the After Hours Managers Office.

“A good Samaritan is a person who gratuitously gives help to those in need.”

Karen retires after 41 years of nursing

After 41 years of nursing and 10 years within Far West LHD, Karen Brewster, Clinical Nurse Educator - Diabetes Educator, retired on 27 April after a long and wonderful career in nursing.

Karen has spent the last 10 years caring for patients with Diabetes Mellitus and supporting staff with education and diabetes management plans for patients in our communities.

Karen has contributed to educational resources, care coordination and many changes in endocrine services and practice through the years, her skills and expertise will be missed.

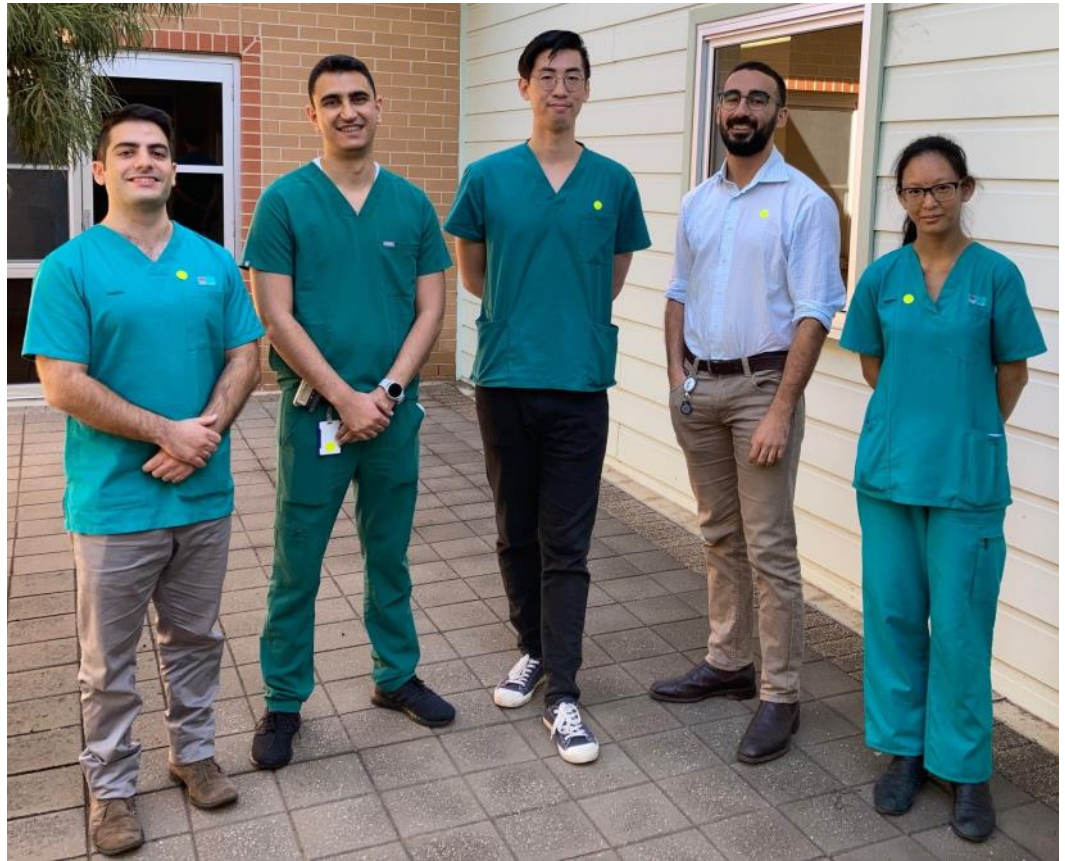
Karen is pictured with a token of appreciation from her colleagues and many well wishes ahead. The Education Team wish her all the best in her next wonderful chapter as Nan, wife, mother and avid traveller!

Congratulations Karen!



Welcome to Our Term 2 JMOs

The LHD extends a warm welcome to our new JMOs for Term 2. They are (from left) Dr Jonathan Seif— Palliative Care RMO, Dr Nima Iranpour—Surgical RMO, Dr Simon Lei— Medical SRMO, Dr Erol Dalkic— Psychiatry RMO and Dr Cindy Chau— Paediatric RMO. Absent: Dr Senali Wanniarachchi— Emergency RMO, Dr Purshaiyna Thirukumar— Emergency intern, Dr Pooja Harikumar Nair— Medical Intern, Dr Thiyasha Wanniarachchi - Surgical Intern, Dr Darren Luo— Medical SRMO, Dr Amber Pesendorfer— Medical RMO and Dr Ashley Bennett— Medical RMO.



Palliative Care Volunteers

Congratulations to our new cohort of Community Palliative Care Volunteers who have completed the 25 hour Induction Training Program with the LHD and are now ready to volunteer in the Dareton community.

Three new volunteers join the existing Community Palliative Care volunteer team who support palliative care

patients. The volunteer team has been doing this since 2019.

The volunteers graduated recently and were presented a Certificate of Completion indicating they are ready to commence visits with palliative patients in the community.

Patients living at home who are receiving Specialist Palliative Care Services are eligible for Community Palliative Care Volunteer Services. A volunteer and a patient are matched to ensure compassionate and person centred support for the patient and their carers to enhance their quality of life.

Melissa Cumming, Program Director Cancer and Palliative Care Services in Far West LHD congratulated the dedicated team of volunteers on completion of their training.

“I wish to thank everyone for their dedication to the comprehensive volunteer training and wish them well in their future palliative care volunteer roles,” she said.



Our latest Palliative Care Volunteers (from left) Robyn Phillips, Ann Laver, Margi Christie and Palliative Care Volunteer Coordinator Janeen Norris.

Wentworth Collaborative Care key partners catch up

Far West LHD Executive and staff recently met with key partners and local stakeholders in Wentworth who are part of the Wentworth Collaborative Care Project.

Wentworth is one of five sites chosen to be part of a wider program across western NSW being led by NSW Rural Doctors Network in partnership with NSW Health (FWLHD, Western LHD and Murrumbidgee LHD) and Western PHN.

Wentworth was chosen due to existing relationships between FWLHD, Coomealla Health Aboriginal Corporation (CHAC) and Wentworth Shire Council. The Local Stakeholders are: Far West LHD, Dareton Primary H Care, Wentworth Hospital; Dareton MHDA, NSW Rural Doctors Network, Western PHN, CHAC, Murray House Aged Care (RACF), Broken Hill UDRH, Wentworth Shire Council and a community reference group of 10 local members.

It was a joint visit to Wentworth by FWLHD CE Umit Agis with Richard Colban (CEO NSW Rural Doctors Network), who was accompanied by Mark Muchiri (Western Region Manager, RDN).

The purpose was for Mr Agis and Mr Colban to meet face to face with local stakeholders for the first time as the project has been run virtually so far. They visited and met with the Project Stakeholders at Dareton Primary Care, Dareton MHDA, CHAC, Wentworth Shire Council, Wentworth Hospital and Murray House Aged Care.

The group also visited the Buronga HealthOne construction site – where CHAC will partner with Dareton PC to

provide GP services from the location, and Wentworth Hospital, where CHAC are now supplying VMO services. The group also visited possible sites for the Wentworth Hospital redevelopment.

The lunch meeting provided an opportunity for the stakeholders to meet together (socially distancing safely) including the community members. Both Mr Agis and Mr Colban gave short speeches acknowledging:

- the collaborative relationships that exist between organisations in the

Wentworth area,

- the work that has already been done to come together and develop a shared understanding of the community and organisational needs,
- the work in developing a common vision for a future collaborative and coordinated primary health service system in the Wentworth LGA.

They thanked the community members who have been fully involved at every step of the project so far.



Outside Dareton Primary Care (from left) Angela Harvey, (Manager Dareton Mental Health Drug & Alcohol), Denise McCallum, Mark Muchiri (Regional Manager, NSW RDN), Helen Morris (HSM Dareton Primary Health), FWLHD CE Umit Agis, Richard Colban (CEO NSW RDN) and Kevin O'Neill (Project Manager Collaborative Care).



The Health Wellbeing and Support Services Expo was held at Balranald on 7 April 2022.

The Balranald Health Service showcased services and support that is available to the community. Pictured at the Expo are Gail Purtill, Michelle Straub, Bernadette Pappin, Bella Mannix and Karen Gleeson.

National Recovery and Resilience Agency Community Outreach Events

The FWLHD RAMHP Coordinator/s had joined the National Recovery and Resilience Agency along with other services to provide support to farmers, farm workers, families and rural communities across the FWLHD living through the immediate and longer-term effect of drought.

The overall aim of these community outreach events was to bring together community members to share with them information on what supports are available and how they can access this support.

RAMHP along with other services travelled to the communities of Balranald, Packsaddle, Tibooburra, White Cliffs, Wilcannia, Broken Hill, Menindee, Pooncarie, Mungo and

Wentworth. These events provided farmers and communities with the opportunity to connect with services, access financial support and assistance, receive \$500 rotary vouchers for those that were eligible, and access resources and support towards drought preparedness.

Overall the community outreach events were a great success in providing communities with the opportunity to reconnect with community members and to meet local services, state services and government services face to face. From community members meeting services face to face, this had assisted them in becoming more familiar with what

services and support are available to assist them and it is hoped that familiarity

with these supports will empower people to make use of them when required.



Community Outreach Events: Beccie McIntosh (Services Australia), Bronte Lee (RAMHP Coordinator) and Thomas 'Toby' Ellis (Rural Financial Counselling Service).



Pam Illingworth recently visited Balranald MPS and provide ALS training and ran through Triage scenarios for the Registered Nurses.

Pictured at one of the training sessions are Gail Purtill (performing CPR), Michelle Straub, Linta Devasia and Fran Grimm.

Prostate Cancer Specialist Nurse (PCSN)

The last Staff Forum featured a presentation by Prostate Cancer Specialist Nurse Ruben Hillier, about the service provided to prostate patients and their families and his contact details are provided below.

The service provides quality support and care coordination to men and their families in all areas of prostate cancer care, from newly diagnosed through to those men who have already had treatment.

Whether newly diagnosed or have already had treatment a PCSN provides quality support and coordination to men and their families in all areas of prostate cancer care.

Accessing the Prostate Cancer Specialist Nurse:

Our PCSN is based at the Broken Hill Health Service and covers the Far West Local Health District.

You can ask your doctor or specialist to contact the PCSN on your behalf or if you would prefer you can contact the PCSN yourself.

P: 08 8080 1773

M: 0428 770 340

E: ruben.hillier@health.nsw.gov.au

The PCSN works three days a week. If no answer leave a message with your best contact details and Ruben will call you back at his first opportunity.



2021 NSW Public Sector Employee Survey

More information about the PMES report and Action Plan can be found at [People & Culture PMES intranet page](#).

PMES Focused Update on Grievance Handling

You said: You are not confident with the way your organisation handles grievances.
What we did: To assist with promoting a positive and productive workplace culture, we have 'Blue Flagged' two of the following My Health Learning modules:
CORE Chat – Our Values in Action (to be completed at least once for all FWLHD staff)
FWLHD - Code of Conduct (to be completed every two years for all FWLHD staff)
NB: Blue Flags in MHL are for local mandatory training only

PMES Focused Update on SENIOR MANAGEMENT

You said: Senior Managers need to engage with staff.
What we did: Senior Managers are having regular contact with their teams and other staff across the organisation. Over the past few months the following engagement has occurred:

- Executive Director of Nursing & Midwifery attends BHHS weekly, and periodically works in clinical units e.g. Emergency Department, Medical Ward.
- Deputy Director of Nursing & Midwifery; Director of Nursing & Midwifery; Patient Flow; and Director of Medical Services attend daily rounds in BHHS.

- Deputy Director of Nursing & Midwifery periodically works in clinical and non-clinical units for staff engagement and support.
- Program Director Cancer & Palliative Care Services works closely with the team in Elleoura Lodge & BHHS daily.
- Director Allied Health, Partnerships and Innovation attends BHHS weekly for team meetings; MAMs and other staff engagement.
- General Manager District Services regularly attends remote sites to engage with staff.
- Additionally the Executive Leadership Team attend site visits to support and promote key events throughout the year. E.g. Chief Executive attending the construction site for Buronga HealthOne; and Executive Leadership Team attending all sites and cooking BBQ for staff.

More information about the PMES report and Action Plan can be found at [People & Culture PMES intranet page](#).

COLLABORATION | OPENNESS

BRILLIANCE

Nominations

RESPECT | EMPOWERMENT



CONGRATULATIONS

Congratulations to the following staff for receiving a Brilliance Nomination in April 2022

SARU Nursing Staff
 Angelina Miller
 Avril Fazulla
 Ben Humphries
 Branko Licul
 Briana Bartley
 Bridget Harris
 Caroline Anderson
 Chelsea Anderson
 Dale Dwyer

Erica Bartlett
 Eureka Van Der Merwe
 Grace Searle
 Holly Fabila
 Jacinta Barraclough
 Jan Martin
 Jan Pearce
 Jessica Cavalletto
 Joe Worgan
 Kahlia Liston

Kyeesha Jones
 Medical Ward Staff
 Nicole Rigby
 Peter Schindler
 Racheal Murphy
 Rachel Spangler
 Shauna Taylor
 Tegan Gilby
 Violetta Mucerino

The Brilliance Nominations are a great way to share positive feedback with your peers for the great work they are doing. All Brilliance Nominations are logged in a register for the Annual FWLHD Health Staff Awards and then forwarded to the nominated staff member via email. **Scan the QR Code to nominate or go to www.surveymonkey.com/r/JNQK8D5**

Fatigue Management

Fatigue can be a major issue for the organisation with shift working patterns, especially those with long or irregular hours. Where facilities operate 24/7, extended wakefulness, inadequate sleep and night work can be common and it is impossible to totally eliminate fatigue from the workplace.

Traditionally, organisations have adopted a prescriptive approach to managing fatigue that focuses primarily on controlling the hours an individual can work per shift, minimum break times, maximum number of sequential shifts or the cumulative number of hours worked in a given period.

Whilst compliance with limits on working hours has a valid role to play,

in recent times fatigue management has moved towards a more flexible and multi-layered approach.

The FW Work Health and Safety – Managing the Risk of Fatigue at Work FW_PD2018_011 outlines the process for identifying the potential for work related fatigue to become a WHS issue, and to prevent and manage work related fatigue. Working environments that provide services around the clock have a greater potential for work related fatigue to become a WHS issue. In particular, staff working in environments that require shift work, extended hours or high levels of overtime may be at increased risk of suffering work related fatigue.



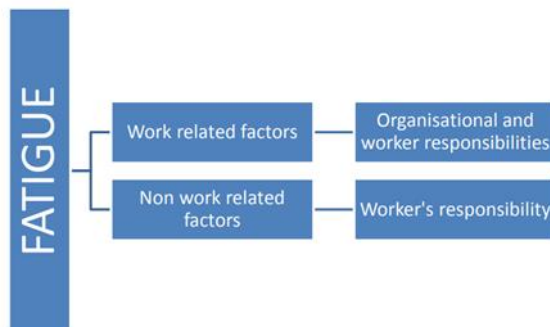
Fatigue can be both work related and non-work related. The FW procedure does not address personal lifestyle choices and their potential flow on to the workplace. Lifestyle issues and personal commitments outside of the workplace have the potential to either mitigate or exacerbate how fatigue might be experienced in the workplace. All workers should be aware of this relationship and recognise their own role in managing fatigue.

Identifying the causes of fatigue

Fatigue can be caused by work related factors, personal factors outside of work, or a combination of both.

Factors that may contribute to and increase risk of fatigue include:

- Work schedules – shift work, night work, hours of work and breaks, secondary employment;
- Type of work being undertaken i.e. job demands;
- Sleep i.e. length of sleep, quality and time since last sleep;
- Environmental conditions e.g. exposure to heat, cold, vibration, noise;
- Non work related factors such as lifestyle, family responsibilities, health, other work commitments, and travel to and from work.



All managers and workers need to review the WHS- Managing the Risk of Fatigue at Work procedure FW_PD2018_011 which will assist in the management of fatigue risks.

The risks associated with fatigue should be managed following a systematic risk management process as follows:

1. Identify the factors which may cause fatigue in the workplace, and assess the risks.
2. Control the risks by implementing the most effective control measures.
3. Review control measures to ensure they are working as planned.

Consulting workers at each step of the Risk Management process

encourages everyone to work together to identify fatigue risk factors and will assist in implementing effective control measures, consultation also assists in raising awareness about fatigue risks.

The following documents are included in the WHS-Managing the Risk of Fatigue at Work procedure FW_PD2018_011 which will assist in identifying and managing fatigue risks.

- Fatigue Risk Assessment Tool with action plan.
- Fatigue Checklist.

The fatigue checklist provides guidance to assist in identifying risks of fatigue but is not an exhaustive list of risk factors. If the answer is yes to any of the questions, fatigue risks may need to be further assessed and control measures implemented.

All workers throughout Far West LHD are encouraged to take an active

role in managing their own fatigue, by identifying signs and symptoms of fatigue, and determining the most appropriate action, in consultation with their Manager/Supervisor.

The Fatigue Self-Assessment Tool (F-SAT) can be used for this purpose (Appendix 2 within the FW procedure). It is recommended that this tool be implemented prior to commencing work.

Workers are encouraged to monitor their own level of alertness and concentration at work, and also look out for signs of fatigue in co-workers. Workers are encouraged to further assess their fatigue levels after work.

*Western NSWLHD
— Risk Management Unit*

Parkinson's Disease

Aged Care Corner...



Parkinson's disease is poorly understood. Many people associate the disease with an elderly relative or the odd celebrity on TV. The majority of the population understand it to be 'just the shakes'. The reality is much different.

- Parkinson's is the second most common neurological disease in Australia after dementia.
- The disease affects an estimated 10 million individuals worldwide – 100,000 in Australia.
- 38 Aussies are diagnosed with the disease every day.
- 20% of sufferers are under 50 years old and 10% are diagnosed before the age of 40.
- The number of people with Parkinson's has increased by 17% in the last six years with costs to the community increasing by over 48%.

For comparison purposes, the prevalence of Parkinson's is greater than prostate, bowel and many other forms of cancer and the total number of Parkinson's sufferers is 4 times the number of people suffering with MS.

Parkinson's disease (PD) is a neurodegenerative disorder that affects predominately dopamine-producing ("dopaminergic") neurons in a specific area of the brain. It is the

result of insufficient dopamine, which is caused because nerve cells in the brain that produce this chemical have died. Without dopamine, movements become slower, so people with Parkinson's take longer to do things than others.

Symptoms generally develop slowly over years. The progression of symptoms is often a bit different from one person to another due to the diversity of the disease. People with PD may experience:

- Tremor, mainly at rest and described as pill rolling tremor in hands. Other forms of tremor are possible

- Bradykinesia
- Limb rigidity
- Gait and balance problems

The cause remains largely unknown. Although there is no cure, treatment options vary and include medications and surgery. Most drug treatments aim to ease movement symptoms by: increasing the amount of dopamine in the brain; stimulating the parts of the brain where dopamine works; or blocking the action of other factors (enzymes) that break down dopamine.

As a result, each individual will have a carefully balanced combination of medication to control and manage their symptoms. The timing of this medication is crucial, and it is

important that all health professionals caring for people with the condition understand this if optimum symptom control is to be achieved and maintained. If patients do not receive their medication on time, the consequences can be serious. Their ability to manage symptoms may be lost; for example, they may suddenly be unable to eat or drink, get out of bed or go to the toilet independently. The worst outcome would be complete inability to move and it can take a long time to regain symptom control.

CLINICAL FEATURES

- Head bent forward
- Tremors of the head
- Masklike facial expression
- Drooling
- Rigidity
- Stooped posture
- Weight loss
- Akinesia (absence or poverty of normal movement)
- Tremor
- Loss of postural reflexes
- Bone demineralization
- Shuffling and propulsive gait



NURSING MANAGEMENT

- Medication therapy as prescribed
- Rehabilitation
- Client and family education
- Warm baths and massage to relax muscles
- Instruction about medication therapy
- Bowel routine
- Self-help devices to meet daily needs: Raised toilet seat, Long-handled comb
- Exercise to loosen joint structures
- Range-of-motion exercises to prevent deformities

For more information: Parkinson's Australia – www.parkinsons.org.au
 My Health Learning: Caring for People with PD No. 283839943
 FWLHD Intranet: Learning Package: Parkinson's Disease



Two modules now mandatory

There have been some changes to your My Health Learning in response to the 2021 PMES results.

The actions relating to 'Grievance Handling' that were contained in the Action Plan have been 'Blue Flagged' for two of the My Health Learning modules which appear:

CORE Chat – Our Values in Action (to be completed at least for all FWLHD staff) .

FWLHD - Code of Conduct (to be completed every two years for all FWLHD staff).

This means that the modules **are mandatory** for all FWLHD staff. If you have any questions please make contact via the HR email FWLHD-Humanresources@health.nsw.gov.au

Work Health & Safety - Risk Management

Importance of Hazard Inspections

Regularly walking around the workplace and observing how things are done can help you predict what could or might go wrong. Look at how people actually work, how plant and equipment is used, what chemicals are around and what they are used for, what safe or unsafe work practices exist as well as the general state of housekeeping.

Things to look out for include the following:

- Does the work environment enable workers to carry out work without risks to health and safety (for example, space for unobstructed movement, adequate ventilation, and lighting)?
- How suitable are the tools and equipment for the task and how well are they maintained?
- Have any changes occurred in the workplace which may affect health and safety?

As you walk around, you may spot straightforward problems and action should be taken on these immediately, for example cleaning up a spill, unblocking emergency exits. If you find a situation where there is immediate or significant danger to people, attend to the hazard urgently by reporting to management and making the area as safe as possible.

Risk Assessment

A risk assessment involves considering what could happen if someone is exposed to a hazard and the likelihood of it happening. A risk assessment can help you determine:

- how severe a risk is
- whether existing control measures are effective
- what action you should take to control the risk
- how urgently the action needs to be taken.

A risk assessment can be undertaken with varying degrees of detail depending on the type of hazards and the information, data and resources that you have available. It can be as simple as a discussion with workers or involve specific risk analysis tools and techniques.

When should a risk assessment be carried out?

A risk assessment should be done when:

- there is uncertainty about how a hazard may result in injury or illness;
- the work activity involves a number of different hazards and there is a lack of understanding about how the hazards may interact with each other to produce new or greater risks;
- changes at the workplace occur that may impact on the effectiveness of control measures;

A risk assessment is mandatory under the WHS Regulations for high risk activities such as entry into confined spaces, and live electrical work.

Risk Register

All facilities should have a WHS risk register and all identified risks need to be added to the facility register. Risk registers should be reviewed monthly at the WHS committee meetings. All control strategies need to be included on the risk register. Once all appropriate controls to manage the risk are completed the risk can be closed off on the risk register.

For more information regarding Hazard and Risk Management refer to the WHS – Workplace Hazard and Risk Management Procedure [FW_PD2019_007](#) or contact the Risk Management Unit on **02 6369 8863**



Have you ever said to yourself, “If they just changed this and did it this way, it would be much better”?

Well, now you have a quick and easy way to suggest your ideas!

Scan the QR code or go to <https://www.surveymonkey.com/r/WBHNSHZ> if you have ideas for change; for service improvement, better patient and staff experiences, or any burning project proposals you might have. We want to make sure that any of our staff with ideas for projects, innovations or change have a platform to submit their ideas and have a chance to talk about them.

The Project Management Office (PMO), located at the CHC in Broken Hill, will receive your ideas through the portal and explore opportunities to convert these into projects.



A monthly **Security Focus** is to assist all LHD staff establish and maintain the security of the working environment through awareness.

Security Focus

Security Focus will include useful links, standards and themes covered in the Ministry Security Policy - (Protecting People and Property. This policy details key aspects of personal and property security that assist NSW Health Agencies to maintain an effective security program that is based on a structured, on-going risk management process, including consultation, appropriate documentation and record keeping, regular monitoring and evaluation). Standards are also assessed every two years as part of the NSW Security Improvement Audits. For further information on audits visit Security Improvement Audits (including Security Improvement Audit Tool) at https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2021_037

This month, we're looking at Section 2 — Core Security Risk Controls.

Chapter 11 — Duress Alarm Systems

The importance of Duress Alarm Systems



- Do you know where the duress buttons are located in your department?
- Do you know how to activate a duress, Fixed / Mobile or by phone?
- Does your department conduct testing?
- Does your department keep evidence of testing for auditing purposes?

Test Duress systems is part of your department's **Monthly WHS Hazard Inspection Checklist**.

<http://fwlhd.gwahs.nswhealth.net/WorkHealthandSafety/WorkHealthandSafety.php>

Section:

SECURITY AND WORKPLACE VIOLENCE		Y/N N/A	COMMENTS
51	Are all designated staff wearing or have access to duress alarms?		
52	Have monthly duress alarm tests been completed on both mobile and fixed alarms, and tests been documented?		

Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

<https://www.health.nsw.gov.au/policies/manuals/Pages/protecting-people-property.aspx>

SECTION 2 Core Security Risk Controls

Chapter 11 Duress Alarm Systems

Testing Regimes must be documented eg testing occurs at least every 30 days.

For further information:

<http://fwlhd.gwahs.nswhealth.net/WorkHealthandSafety/DuressPendants.php>



The LHD held Patient Experience Week on 25-29 April, to show our employees that we appreciate them and acknowledge their accomplishments, and honour those who impact patient experience every day. The week builds staff and community relationships and celebrates all our healthcare staff. As part of the week, BHHS hosted a Superhero Day, inviting all staff to come to work dressed in a superhero t-shirt! We even had a cake!



Policy Watch — PDs available on MOH internet

The following documents have been published on the NSW Ministry of Health internet site <http://www.health.nsw.gov.au/policies>. These documents are official NSW Health policy. Compliance with Policy Directives is **mandatory**.

Title	Document Number	Date Issued
Implantable Medical Device	IB2022_009	26/04/2022
NSW Rural Adult Emergency Clinical Guidelines	GL2022_004	20/04/2022
Admission to Discharge Care Coordination	PD2022_012	11/04/2022
Patient Discharge Documentation	GL2022_005	12/04/2022
Access to Sanitary Pads and Tampons in NSW Health Services	IB2022_008	05/04/2022
Statewide Protocol for the Supply or Administration of COVID-19 Vaccine	PD2022_010	30/03/2022
Bring Your Own Device and NSW Health Smart Devices	PD2022_011	31/03/2022
National Health and Medical Research Council Research Staff Salary Rates	IB2022_007	25/03/2022
NSW Older People's Mental Health (OPMH) Acute Inpatient Unit Model of Care Guideline	GL2022_003	31/03/2022