



Far West in Focus

Milestone for Patient Reported Measures

A great achievement was seen by clinicians using the HOPE Platform in February – 1,000 Patient Reported Outcome Measures, or PROM surveys, have been completed.

Patient Reported Measures is a program that asks patients what matters most to them in their healthcare journey. Questions are asked via endorsed surveys that cover issues specific to the patients' illness as well as general quality of life. These responses are then used to provide a holistic approach to the care the patient receives.

Since going live with the HOPE platform in April 2021, clinicians have embraced the use of PRMs by seeing the value the surveys have upon the patients' overall health and

wellbeing. Currently there are almost 20 service areas across the District who are using Patient Reported Measures in HOPE.

PRM Project Manager, Kara Leonard said it has been a



credit to the clinicians on collecting this amount of PROMs due to the competing demands of the pandemic, health system and workforce.

"It shows the dedication of our healthcare workers to this program and really highlights

the value that clinicians and patients receive from completing surveys."

Executive Sponsor for the program Melissa Welsh congratulated the clinicians on reaching 1,000 PROMs and commented the high completion rate endorses that PRM's are a valuable tool for the clinician and the consumer to deliver care that matters to the person.

If you or your service is interested in implementing Patient Reported Measures, or have any questions, please contact Acting Patient Reported Measures Project Manager, Kara Leonard on 8080 1412 or kara.leonard1@health.nsw.gov.au

Kara Leonard, Acting Patient Reported Measures Project Officer (third from left) with a few of our clinicians that are using HOPE across the District — (from left) James Wells, Grace Charlesworth, Paula Harvey, Megan Jordan and Caitlin Fulham.



New faces in the Midwifery team



Midwifery Students Andra Klockzo (left) and Emma Bradshaw.

Broken Hill Maternity Unit is very excited to introduce new team members for 2023!

They are New Graduate Midwife, Shanique Matthews; Clinical Midwife Specialist 2 Core Team Leader Megan Butler and two new Midwifery Students, Andra Klockzo and Emma Bradshaw who are completing a Graduate Diploma in Midwifery this year.

The Maternity unit values supporting our midwifery leaders, growing our own midwives to maintain and nurture our local midwifery workforce and provide a supportive start to new midwives' careers.

Shanique has recently graduated with a Bachelor of Midwifery and is a familiar face in the maternity unit after working as an Assistant in Midwifery whilst she completed her degree.

Shanique is very excited to be working as a Midwife within the Midwifery Group Practice, providing continuity of midwifery care to a caseload of women and consolidating her skills learnt over the past 3 years.

Megan Butler joins the Broken Hill Maternity Unit from Armidale and Nepean Hospitals as the CMS2 - Core Team Leader and brings a wealth of midwifery experience after working closely with Aboriginal families and in labour and birth units in tertiary and regional maternity units over the past 10 years.

Megan is happy to be closer to some of her family members who have also moved to the LHD and is keen to lead and support the midwives in Broken Hill.

Andra joins the midwifery workforce after working as a Registered Nurse in Broken Hill and Wilcannia Health Services over the past 3 years. Andra is passionate about continuity of midwifery care and providing holistic care to women and families in Broken Hill.

Emma is originally from the UK, and has worked as a Registered Nurse for 16 years in the UK, Qld and WA, including in the Kimberley region. Emma has developed a love of outback life and has experience caring for women during the pregnancy, birth and postnatal period. Emma is excited to be in Broken Hill to study midwifery.

Megan is working within the Core Team; Shanique is working within the Midwifery Group Practice whilst Andra and Emma are working within both the Midwifery Group Practice and Core midwifery teams whilst also being on-call for labour and birth experiences and studying their Graduate Diploma in Midwifery (all in their own time!).

We wish them all the best for 2023 and beyond!



CM S2 Megan Butler (left) and New Graduate Midwife Shanique Matthews.

What is the Baby Friendly Health Initiative?

The role of the Baby Friendly Health Initiative (BFHI) is to protect, promote and support breastfeeding as part of a global partnership. This is achieved by providing Baby Friendly hospitals a framework to operate within, called the Ten Steps to Successful Breastfeeding.

These standards ensure all mothers and babies receive appropriate support and information in both the antenatal and postnatal period regarding infant feeding.

In a BFHI accredited facility, breastfeeding is encouraged, supported and promoted. Breastfed babies are not given breastmilk substitutes (infant formula), dummies or teats unless medically indicated or it is the parents informed choice. BFHI accredited hospitals must maintain an exclusive breastfeeding success rate of 75% or higher to be eligible for assessment.



The Broken Hill Health Service has held ongoing BFHI accreditation since 2007.

This year the accreditation process will be held on 3–5 May 2023. During the month of April, senior midwifery staff will deliver staff education sessions throughout the hospital regarding the importance of being baby friendly and supporting breastfeeding mothers.

All staff are invited and encouraged to enrol in the My Health Learning module *Breastfeeding Promotion* (course code 45338916). It is an accreditation requirement that all staff who have contact with breastfeeding women are aware of their responsibility to support, promote and protect breastfeeding.

CORPORATE RECORDS — Why are records important?

Records tell us **what**, **where** and **when** something was done or **why** a decision was made. They also tell us who was involved under what authority. In other words, records provide evidence of government and individual activity. Records are an indispensable ingredient for accountable Government. Poor recordkeeping results in inefficiencies and poor decision-making.

The State Records Act 1998 establishes a number of responsibilities for every public sector organisation and employee (including contractors). They can be summarised into 6 key points:

Your Recordkeeping Obligations



KEY BENEFITS OF GOOD RECORDKEEPING



When should you make or keep a record?

If you are not sure whether you need to make or keep a record, ask yourself the following questions:



- Did I write, send, use or keep this in the course of my work?
- Am I (or someone else) required to act on this?
- Will anyone need this information in the future?

If the answer was yes to any of the above questions, you should make or keep a record in Content Manager/ TRIM allowing it to be properly managed, protected & made accessible.



Use corporate information systems

NSW State Records has online training available: [Training Resource Centre | State Records NSW](#)

For further information please contact Sharon McInnes, Corporate Records Administrator on 8080 1479 or by email FWLDH-CorporateRecords@health.nsw.gov.au



Advance Care Planning info stall

To acknowledge National Advance Care Planning Week 20-26 March, Far West LHD staff hosted an advance care planning information stall in Broken Hill Town Square to raise awareness about Advance Care Planning and Advance Care Directives.

Many people took the opportunity to stop and speak to the Advance Care Planning Project Officer Michelle Powell and other FWLHD staff team who were able to provide information and answer questions.

Advance care planning involves planning for future healthcare. It enables people to make decisions now about the health care preferences if they were to become seriously ill and unable to communicate their wishes, preferences or make treatment decisions. Having conversations with family members or health care providers, and then documenting these preferences, helps to ensure family members and health care providers know 'what matters most to you' and how best to respect your treatment preferences

Consumers & Health Care professionals can access further information via: Advance Care Planning Australia <https://www.advancecareplanning.org.au/>

If you would like further information about advance care planning Michelle Powell can be contacted on mobile 0457 217 401.



Michelle Powell
FWLHD Advance Care Planning Project Officer
and **Bernie Kemp**
FWLHD Palliative Care Aboriginal Health Worker

Celebrating World Autism Understanding Day — Sunday, 2 April

What is autism?

Autism can be tricky to define. Autism is a developmental condition that affects how a person learns and interacts with the world around them. Because autism has many different characteristics, no two people on the spectrum are alike. Every Autistic person is different to every other. This is why autism is described as a 'spectrum'. Aspect describes autism as a different brilliant®

How many people are on the autism spectrum?

The current research suggests that an estimated 1 in 70 people in Australia on the autism spectrum. Autism can be diagnosed in people from all cultural and economic backgrounds. The characteristics of autism may appear in early childhood, but sometimes they can go unrecognised until later in life.

Autism is a different brilliant®

- Respect difference and diversity
- Build a person's skills based on their strengths, interests, aspirations and support needs
- Develop autism-friendly environments
- Support others to understand and embrace autism and to develop respectful supportive interactions



autismspectrum.org.au | 1800 277 328

Vale — Sister Margaret Schmidt

The Far West Local Health District wishes to acknowledge the passing of a former nurse who had made a significant contribution to the health service and the community, Margaret Schmidt, on 27 February 2023, age 94.

Margaret Schmidt worked 46 years as a nurse at the Broken Hill Hospital and was well known and respected, referred to as 'Sister Schmidt' for most of her career.

Margaret was born on 15th December 1928 in Jerilderie and growing up had a dream to become a nurse. At age 16 she entered the convent and became a teacher. She left the convent in 1950 and worked as a governess on rural properties. Her dream came true in 1952 when she was accepted into the training program at the Broken Hill and District Hospital.

Whilst completing her four years of training she met her husband Norm Schmidt, married and was a mother of five children.

Sister Schmidt worked night shift and progressed to become the much loved and respected Night Supervisor.

When Sister Schmidt commenced her career, nurses wore starched uniforms, aprons, collars and caps with a stripe per year of training. No-one was prouder of their veil than Sister Schmidt.

She was meticulous with her ritual times:

- Norm, her husband dropping her off and picking her up, every night.
- The order of her night rounds.
- Always using the stairs, never the lift.
- Her rounds in Geriatrics with the porters.

She was chosen to be a part of the guard of honour of local nurses when the Queen visited Broken Hill in 1954.



Sister Schmidt had seen her share of workplace changes during her career that had her cringing; such as when nurses started calling doctors by their Christian names or even worse, a nickname; when the veil was to be no more and hospital-based training was to be a thing of the past; and when she was taken off night shift.

The starched veil was eventually replaced with a paper disposable veil and then veils were no longer required to be worn, much to Sister Schmidt's disgust. She made the decision to continue wearing her veil with pride, it was just an accepted part of Margaret.

Margaret took great pride in anyone that she worked with, excelling in either their professional or personal life. Sister Schmidt was a devoted carer in every sense of the word, she cared for who she was and what she represented - community, family, church and wellbeing.

The term icon/legend is often used loosely, however Margaret Schmidt or Sister Schmidt was a legend of life, in a life so well lived.

The Far West LHD expresses its sincere condolences to the family and friends of Margaret Schmidt on her passing.

Former and current nurses and FWLHD staff formed a guard of honour at Margaret Schmidt's Funeral



Diabetes health practitioners invited to apply for funding

The RDN is inviting rural health professionals to apply for scholarships, bursaries and study leave to enhance access to care for more than 11,500 people living with type 2 diabetes (T2DM) in Western and Far West NSW as part of the Care Partnership – Diabetes (CP-D) program.

\$13.7 million in funding has been allocated to improve health outcomes for the 1 in 20 people living with T2DM in Western and Far Western NSW.

Amongst a range of initiatives, CP-D aims to support the regions' type 2 diabetes workforce by offering training and education opportunities for local health practitioners.

The aim is to enhance access to diabetes-specific care for communities.

[Expressions of interest](#) close on 16 April 2023.

Read more about the [funding on offer, including eligibility requirements](#).

Aged Care Corner...

APRIL FALLS MONTH

April Falls Month® is an annual campaign to raise awareness about the impact of falls and to promote the latest best practice fall prevention strategies. The overall campaign goal is to get active and improve balance for fall prevention. It may be an amusing play on words but the state-wide April Falls Day (Saturday 1st April) and April Falls Month are serious business.

Did you know?

- 37% of injury-related deaths are caused by falls
- 30% of 65's fall each year
- 23% reduction in falls with regular exercise.

'It takes a child one year to acquire independent movement and ten years to acquire independent mobility. An old person can lose both in a day' Professor Bernard Isaacs (1924-1995)



Better Balance for Fall Prevention

APRIL FALLS MONTH Better Balance for Healthy Ageing
GET STRONG, GET GOING!

Best results with at least 150mins per week = Functional strength exercise + High balance challenge

Supported by COTA NSW Falls Prevention & Healthy Ageing Network

Falls prevention is everybody's business!

The overall **'Better Balance for Fall Prevention'** campaign goal for 2023 is to promote increasing physical activity for fall prevention, and improvement of life and social balance for better mental health.

It's well known that poor balance and strength will affect a person's mobility and put them at an increased risk of a fall. So by improving balance and strength, people can reduce their risk of falling and suffering a fall-related injury. Research has shown that exercise of any type has been shown to reduce the risk of falling by 23%.

For optimal physical and mental health, it is recommended that all adults (regardless of age, health, or ability) to do 30-60min of physical activity most days. To prevent falls and maintain independence this should include exercise or activities that improve strength and

balance. By promoting appropriate physical activity, and social programs to meet everyone's needs and interests, we can all benefit. It's never too late to get active and every bit of activity helps!

Falls prevention is everybody's business!!

- Many falls can be prevented.
- Fall and injury prevention needs multidisciplinary management.
- Older adults in contact with healthcare for any reason should be asked, at least once yearly, if they have (i) experienced one or more falls in the last 12 months, and (ii) about the frequency, characteristics, context, severity and consequences of any fall/s.
- Engaging older adults is essential for prevention of falls and injuries: understanding their beliefs, attitudes and priorities about falls and their management is crucial to successfully intervening.

For further resources: <https://www.activeandhealthy.nsw.gov.au> and <https://fallsnetwork.neura.edu.au/aprilfalls/>

Find an exercise program on Active & Healthy
www.activeandhealthy.nsw.gov.au
Click here to learn more

APRIL FALLS MONTH Better Balance for Fall Prevention
GET STRONG, GET GOING!

Have your exercise goals been impacted by the pandemic? Your local exercise professional can help you get started

Contact your local Exercise Professional to discuss improving your strength and balance
Visit: fallsnetwork.neura.edu.au

Supported by COTA NSW Falls Prevention & Healthy Ageing Network

Staying active and on your feet

Security Focus

White Level Inspections

What is it?

An inspection for any articles that are suspicious, unusual or unable to be accounted for.

Who does it?

People who know the work area.

Why do it?

So staff are confident in the security of their workplace.

When are they done?

- Each day on arrival at work
- Randomly throughout the day
- When requested by management.
- Notify the person in charge of the items exact location and description.
- The person in charge will then determine if a Code Purple Response is necessary.



You're already completing White Level Inspections.

People generally notice when something is out of the ordinary.

What If I find Something?

DO NOT TOUCH THE ITEM.

Do not immediately assume that the article is suspicious just because it does not belong where it was found or it cannot be identified.

If you are unable to determine where the item has come from or what the item is:

- Notify the person in charge of the items exact location and description.
- The person in charge will then determine if a Code Purple Response is necessary.



RNPiP — at the core of growing Rural Nursing in FWLHD

Continued from previous page

aspiration of every new nurse, and gaining a comprehensive understanding across the generalist domain of nursing is often underestimated. The profession cannot exist without the exceptional standards of care administered by these nurses, and now generalist nursing in rural and remote environments has been identified by NaMO, Ministry of Health as a specialty in its own right.

Accordingly, a pathway has now been developed to pursue a career as a Rural Generalist Nurse. The significance of this decision by NaMO is underlined by their offer of funded scholarships (up to \$8,000) to support nurses undertake a post-graduate certificate and progression to Master's Degree.

For more information on RNPiP and postgraduate scholarships, use QR code.



Almost 30 applications for this funding have already been received by NaMO, and throughout my visits across FWLHD I met nurses showing a keen interest in taking up this chance to begin a career into rural nursing.

As we continue to see significant changes across the entire nursing workforce, it will be our nurses taking on a post-graduate Certificate and Masters in a Rural Nursing Pathway who will have vital roles to play in transforming the future of how healthcare is provided across Far West NSW.



Wendy Upcott
 Project Officer, RNPiP (Rural Nursing Pathways in Practice)
 Phone 08 8080 1676 or mobile 0499 757 080.
 Email Wendy.Upcott@health.nsw.gov.au

Call for Abstracts RICH Forum

The 2023 RICH Forum will show case the positive health outcomes that can be achieved through planting seeds of innovation within the rural health sector and nurturing the service, the community and the workforce.

Abstracts are called for and submissions close 21 April 2023. For information go to the intranet or contact Shellie Burgess, Rural Health Network Manager ACI at ACI-RuralHealth@health.nsw.gov.au





Security Audit Fact Sheet — No 3

Security Audit — What is it?	Who will be audited?
<p>In 2013 the Ministry of Health released a guideline called Protecting People and Property. In 2018 the Security Audit Assessment tool PD2018_038 was released. This is the audit tool for Protecting People and Property.</p>	<p>The audit is about protecting you, the patients and the health system from harm. All areas will be audited in all facilities. All staff will be involved. Make sure you read the fact sheets & know the answers.</p>

What do I need to know? What do I need to do?

- There are a number of policies and plans for your facility/department that relate to security. You need to be aware of them, and your role and responsibilities — especially in an emergency situation.
- Some of these policies are listed below — there may be others that are specific for your work location.
 - Code Black/Duress response.
 - De-escalation.
 - Evacuation and sheltering for safety.
 - Safety Huddles and White Level Inspections.
 - Work Health and Safety Legislation,
 - Enterprise Risk Management
 - Aggression, Seclusion and Restraint in Mental Health Facilities.
 - Violence Prevention and Management Training Framework for the NSW Public Health System.
 - Health Care Facility Lockdown.
 - Principles for the Safe Management of Disturbed and/or Aggressive Behaviour and the Use of Restraint.

As the manager, what do I need to do?

Ensure

- You are aware of the requirements of Protecting People and Property and the Security Audit and you are gathering your evidence of compliance and placing it in the appropriate folders.
- You and your staff are undertaking the identified Security training in My Health Learning — Security Awareness of All Staff — 194502198.
- You are assisting staff to be aware of their roles and responsibilities of the security related policies listed above.
- You organise regular practice sessions for Code Black, Evacuation and MAPA for all staff.
- You investigate and manage all incidents in consultation with staff.

Need more information? Chat to your manager!

Remember — Security is everybody’s business!

Understanding Lateral Violence

Lateral violence, also known as horizontal violence or intra-racial conflict, is a product of a complex mix of historical, cultural, social, familial and workplace dynamics that results in a spectrum of behaviours that include:

- gossiping
- jealousy
- bullying
- shaming
- social exclusion
- family feuding
- organisational conflict
- physical violence.

Lateral violence is not just an individual's behaviour. It often occurs when a number of people work together to attack or undermine another individual or group. It can also be a sustained attack which is cyclical in nature which causes trauma for individuals, families, groups, workplaces and communities.

It is important to understand that lateral violence doesn't just refer to physical violence but also social, emotional, psychological, economic and spiritual violence.

Lateral violence takes many forms and the use of technology has allowed and indeed facilitated the continued use of lateral violence in communities

through cyber-bullying and mobile phone apps and social media sites. The individual messages that are sent using apps such as Facebook, Instagram, Bluetooth, Push, WhatsApp and other technologies are causing widespread troubles that are involving many members of families, extended families and entire communities.

That almost everyone has access to mobile phones with a wide range of applications makes the use, spread and reach of lateral violence all the more pervasive.

It's important to recognise that if we don't work to address the trauma created by lateral violence, it will spill over into the next generation. It is crucial that we are serious about the trauma and harm that it causes and take steps to break the cycle now.

For support

[13YARN](#) – A national helpline for Indigenous people who are going through a tough time and feel like having a yarn. All of the operators are Indigenous people who are trained to support you without judgement and to



provide a confidential, culturally safe space to yarn about your needs, worries or concerns. Call 13 92 76 (24 hours a day).

[Kids Helpline](#) – A free Australian telephone and online counselling service for young people aged between 5 and 25. Call 1800 55 1800 (24 hours a day; speak or online chat with trained counsellors).

[Lifeline](#) – A free 24-hour phone service that provides support to anyone experiencing emotional distress. Call 13 11 14 (24 hours a day).

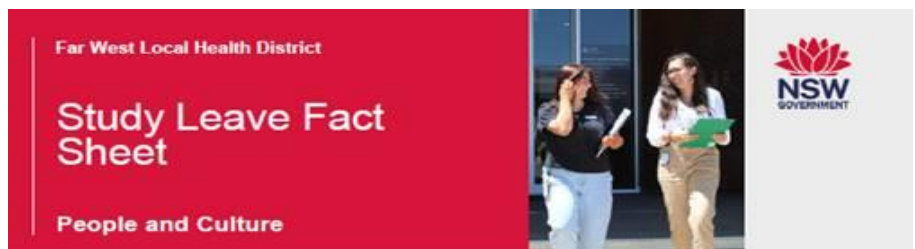
[Beyond Blue Support Service](#) – A mental health and wellbeing support organisation that provides help in addressing issues related to depression, suicide, anxiety disorders and other related mental illnesses. Call 1300 22 4636 (24 hours a day; speak in confidence with a trained counsellor).

Transition to VPM training

Over the coming months FWLHD will transition from providing MAPA training to VPM training to all clinical staff.

This change is required to bring the FWLHD in line with state-wide training practices. Whilst the transition is occurring, all staff will still be current in their existing MAPA training until VPM is provided.

Please address any queries to Ms Airlie Smith, Safety Culture Coordinator
airlie.smith@health.nsw.gov.au or 08 8080 2238.



The People and Culture Directorate are pleased to release the '[Study Leave Fact Sheet and Application form](#)'. NSW Health and the Far West LHD support the professional and career development of its employees and have developed this tool to guide staff and managers through the study leave process. *(Please note, this document does not apply to Health Service Senior Executives, nor to Medical Officers, Career Medical Officers or Staff Specialists where other specific Award provisions apply.)*

The fact sheet includes valuable information on the processes of applying for study leave and is guided by the [NSW Health Leave Matters policy – PD2023_006](#). The fact sheet and application form can be located on the Far West LHD Intranet page – [Learning and Development](#). For more information or any queries, please contact FWLHD-Humanresources@health.nsw.gov.au

COLLABORATION | OPENNESS

BRILLIANCE

Nominations

RESPECT | EMPOWERMENT



CONGRATULATIONS

Congratulations to the following staff for receiving a Brilliance Nomination in March 2023.

Amanda Morris
 Ashwin Beeharry
 Babette Cruickshank
 Ben Yassa
 Brooke Napier
 Buddhika
 Lokuarachchi
 Buronga HealthOne
 Admin Team
 Caitlin Fulham
 Cameron Standley
 Chelsea Anderson
 Corey Sclater
 Damian Clifton
 Dene O'Shea
 Dialysis Nursing
 Team
 Donna Ellis
 Dr Michael Burrows
 Elise Callaghan

Elizabeth Mackie
 Erin Jutronic
 Fraser Colley
 Georgia Ward
 Grace Matthews
 Graeme Hurley
 Jazmin Tindale
 Jenny Cooper
 Juanita White
 Kahlia Liston
 Karen Winter
 Kyra Tumes
 Maintenance
 Department Team
 Maternity Unit Team
 Medical Ward Team
 Minaben Patel
 Naomi Marks
 Natasha Staude
 Pamela Illingworth

Pooja Harikumar Nair
 Richard Shoebridge
 Robert Lui
 Sarah McCormack
 Shae McCunnie
 Tamara Thomas
 Tanya Brown
 Tegan Gray
 Telicia Nicholls
 Tiana Jusic
 Tim O'Neill
 Tony Sebastian
 Tori McManus
 Vicki McCormack
 Vien Thanh Truong
 Vilmae Appleton
 Wendy Gleeson
 Wendy Upcott

Do you have an idea for change, for a service improvement, better patient and staff experiences, or any burning project proposals?

Let us know — Scan the QR code or go to <https://www.surveymonkey.com/r/WBHNSHZ>



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.

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**

Nominations are now open for the 13th annual Far West LHD Staff Recognition and Health Innovation Awards. Everyone is encouraged to nominate a deserving staff member and/or an innovative project. Nominations will close on 14 April 2023.



Nominations Open

2023 FAR WEST LHD 13TH ANNUAL STAFF RECOGNITION AND HEALTH INNOVATION AWARDS

To nominate
Extraordinary
colleagues and
inspiring teams



If you experience an issue with the staff recognition nomination form or have a query, contact Louise Heffernan:
Louise.Heffernan1@health.nsw.gov.au
or PH: 08 8080 1500

To nominate
Innovative
Projects



If you experience an issue with the project nomination form or have a query, contact Chelsea Edwards:
Chelsea.Edwards1@health.nsw.gov.au
or PH: 08 8080 1549

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
Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW	IB2023_006	01/03/2023
Care of women with suspected or confirmed Fetal Growth Restriction	GL2023_004	24/02/2023
Emergency Department Dental Referrals	GL2023_005	01/03/2023

Please be aware the following policies have been endorsed and are now available on our intranet site for your reference:

These Policies have been reviewed and updated:

[FW_PD2023_011 Daily Multidisciplinary Rounds](#)
[FW_PD2023_012 Medication Handling & Administration Credentialing](#)
[FW_PD2023_013 Nursing and Midwifery - Minimum Standards for Documentation](#)
[FW_PD2023_014 Negative Pressure Wound Therapy](#)
[FW_PD2023_015 Maternity - Use of the Transcutaneous Bilirubinometer \(TcB\)](#)
[FW_PD2021_028 Hypoglycaemic Management of Admitted Patients](#)
[FW_PD2021_071 Requirements for Resuscitation Trolleys](#)
[FW_PD2023_001 Home Visiting Safety Measures](#)

These Policies have been rescinded:

[FW_PD2015_048 Daily Multidisciplinary Rounds](#)
[FW_PD2014_010 Medication Handling & Administration Credentialing](#)
[FW_PD2016_040 Negative Pressure Wound Therapy](#)
[FW_PD2016_010 Maternity – Use of the Transcutaneous Bilirubinometer \(TcB\)](#)
[FW_PD2016_012 Nursing and Midwifery Services – Minimum Standards for Documentation](#)
[FW_PD2016_023 Home Visiting Safety Measures](#)

These Business Rules are new:

[FW_BR2023_005 Palliative Care - In and After-hours Access to Specialist Palliative Care Admission, Referral, Consult and Advice](#)
[FW_BR2023_009 Working in the Community](#)

These Business Rules have been reviewed and updated:

[FW_BR2023_008 Use of Safe Assessment Room](#)
[FW_BR2023_007 Maternity - NSW NETS Newborn Retrieval Criteria](#)

This Business Rule has been rescinded:

[FW_BR2021_005 Use of Safe Assessment Room](#)
[FW_BR2020_061 Maternity – NSW NETS Newborn Retrieval Criteria](#)

Health Payment Portal live

The new [NSW Health Payment Portal](#) and sundry debtor invoice is now live at Far West LHD!

The portal and invoice align with the whole of government 'Government Made Easy' principles and are expected to deliver significant benefits to NSW Health, its patients and business partners by making it easy to pay NSW Health.

The new sundry debtor invoice offers digital payment methods including the preferred method – via the new NSW Health Payment Portal. The portal creates a consistent, user-friendly, digital payment experience and currently offers card payments; other payment methods will be progressively added.

The new invoice and payment portal is now live at 20 health entities and is expected to be rolled out to remaining health entities later this year.

Read more, see a sample invoice and watch a video of the portal on the [Cash Transformation Program website](#).

If you have any questions, please contact Rajendra Chinmayanathan, rajendra.chinmayanathan@health.nsw.gov.au, 08 8080 1548.



Kindness Matters

BRILLIANCE

Nominations



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