



Message from the Chief Executive

The year seems to be flying past as we enter May and the end of the 2012-13 Financial Year looms large.

The agenda established by the National Health Reform is driving changes across the LHD. There are ten new Standards for all health services to be implemented in 2013-14 and there will be work happening across the LHD, particularly in facilities outside Broken Hill over the coming six months. The increasing application of Activity Based Funding (ABF) is driving better documentation of activity to ensure the LHD is not financial disadvantaged.

It was great to see the Artist in Residence pilot begin, particularly given the active artist community in Broken Hill.

As part of developing the LHD, we have placed a strong emphasis on developing the leadership skills of staff across the LHD. This complements the efforts to move decision making as close as possible to where patients interact with the service.

Congratulations to Annette Vaarzonmorel and Melissa Cumming who have recently completed the CEC's Clinical Leadership program.

The last month also saw the commencement of a district wide leadership development program through the Advisory Board Company which involves members of the executive, managers, CNCs and staff identified as interested, potential leaders within the LHD.

The Patient Family Support pilot project seems to be developing well with the recent addition of more volunteers. While on the subject of volunteers, I smiled when I received my new phone book and saw Betty Sammut on the cover, though I have yet to get her to sign it for me.

We have now received advice that the Broken Hill Hospital has been accredited to take three interns. We welcome our current JMOs and look forward to building more opportunities for young doctors to develop their skills, gain experience and hopefully choose to undertake part of their careers in rural and remote areas.

- Stuart Riley, Chief Executive

In this edition...

- Artist in Resident Pilot launch
- New Palliative Care and Oncology Services
- National Volunteer Week 13-19 May
- Mobile Simulation Centre
- CGU — Standard 6: Clinical Handover
- CEC Executive Clinical Leadership Program graduates
- New BH Chronic Disease Management Program
- Internet basic for consumers
- Wilcannia behind hand washing campaign
- Betty a Kiosk cover girl
- MSC bus visits Balranald
- Patient Family Support Pilot
- PETS for Broken Hill Hospital
- Touring the District
- District staff in Desert Dash Fun Run
- Cancer and Palliative Care Planning
- YourSay Survey
- Policy Watch



Artist In Residence Pilot launched

The Artist In Residence Pilot had a successful media launch on 3 April at Broken Hill Hospital.

The Paediatric Ward was a buzz of activity with Artist Ian Howarth commencing the program with two budding artists Chris and Christy Rose (pictured right) and ably assisted by Nursing Student Danielle Norwell and Social Work Placement Student Jade To (pictured below).

Media interest from the BDT, ABC Radio and Southern Cross Television added to the excitement on the day. Interviews were given by Nigel Carlton, Paul Bennett and Ian Howarth informing the media on various aspects of the six month artist's residency including the main aim of engaging inpatients, families and the general public by inviting them to participate in the art sessions.

Sessions will vary depending on the location of the session and the participants. Each are sure to be unique in content and direction they may take, such as when Ian held a session with young Grace (below right).

Congratulations to everyone involved and we can't wait to see the final results of this worthwhile project — well done!





District welcomes new Palliative Care and Oncology Services

The District recently welcomed two new medical services in Palliative Care and Medical Oncology which will improve access to specialist medical services and result in better outcomes for patients and their families requiring these services.

Dr Sarah Wenham commenced work as a Palliative Care Physician at the Broken Hill Hospital late last year. Dr Wenham hails from the UK where she worked as a Palliative Care Consultant in the Blackpool area, which has a population of 333,000 people. Her husband Dr John Wenham is working at the Royal Flying Doctor Service. They brought with them their 5 year old daughter who is attending a local school.

It has been a dream come true to finally have a Palliative Care Specialist join the team, said Melissa Cumming, Director of Cancer Services, Innovation and Palliative Care. "Sarah brings with her a wealth of experience clinically, academically and from a service model perspective. As a rural area, we are very fortunate to have this level of Palliative Care Medical Service actually based here."

Dr Wenham, who works part time, has been consulting Palliative Care patients and their families, and supporting staff in their care of patients. Dr Wenham sees palliative care patients from Broken Hill and surrounding communities, across a range of settings (hospital, community and Aged Care Facility).

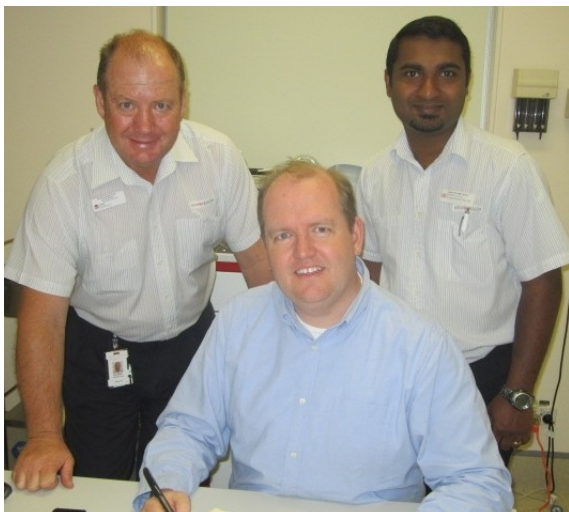
Also in March this year, Dr Jon Hogan-Doran, Medical Oncologist from Royal Adelaide Hospital commenced monthly clinics at Broken Hill Hospital. Dr Hogan-Doran trained in Adult and Geriatric Oncology and has worked in rural Oncology in Taree and Tamworth.

He consults with patients in Specialist Clinic who are having or may be about to have chemotherapy and works with the trained Oncology Nurses who administer chemotherapy at the hospital. He also consults patients via videoconference in between the monthly clinics, which means Broken Hill is effectively receiving Medical Oncology Services every fortnight from Royal Adelaide.

The opportunity for cancer patients in the District to be able to see an Oncologist in a timely manner without having to travel so frequently to Adelaide is a major benefit to them and their family, said Cancer Care Coordinator Sandra Turley.

The previous Medical Oncology face-to-face clinic was held here by Dr Michael Brown, who after ten years of service moved on to other areas of work. Royal Adelaide Hospital only recently had capacity to restart this service to Broken Hill.

The Broken Hill Hospital also links with Royal Adelaide Hospital via videoconference for patient consultation for Radiation Oncology/ Radiotherapy Services.



Medical Oncologist Dr Jon Hogan-Doran with Oncology Nurses Ben Stellini (left) and Darwin Andrews.



Palliative Care Physician Dr Sarah Wenham with Registered Nurses (from left) Rebecca Dalwood, Sue Netherwood and Carole Vlatko.

National Volunteer Week 13-19 May

Invitations will be going out to all Far West LHD Volunteers to a sausage sizzle, which will be held in the Courtyard of Kincumber House/UDRH on Monday 13 May at 12.30 pm.

I think that our Chief Executive, Stuart Riley expressed our sentiments eloquently when he said:

"We want to show our appreciation and express thanks to all our volunteers, for whatever role they play in assisting to provide a better level of care to our patients and staff. Various events we have planned during National Volunteer Week are a small but sincere way in which we can acknowledge the contribution made by all our volunteers."

The HR Team and BBQ Master Peter McDonald look forward to hosting the Volunteers, the Executive and the Media at this event. Looking forward to seeing you there!

- Mary Leehane, Volunteer Manager



Mobile simulation centre brings realistic training to Far West



Nurse Educators Tim O'Neill and Samantha Elliott with Sim Mum "Chloe" in the MSC. 'Chloe' can simulate all manner of births.

The mobile medical simulation centre used to train public health clinicians working in remote areas of the state paid a visit to the Far West this month.

The Sister Alison Bush Mobile Simulation Centre (MSC) is a custom engineered and built mobile simulation lab and classroom designed to accommodate the training needs of public health clinicians working in rural and remote areas of NSW (see page 7).

Nurse Educator Samantha Elliott, said the overall aim of the MSC project is to deliver quality education and training to public health staff working in regional and remote locations of NSW.

Miss Elliott said through simulation training clinicians can:

- practise in safe but 'real life' situations - with no risk to patients
- learn how to communicate effectively and make accurate and timely decisions
- learn how to function in stressful environments
- gain confidence in dealing with real patients
- practise skills in situations that they don't regularly encounter
- train in teams in the way that they actually work, and retain learning more effectively.

An open day was held for the public during the MSC's visit and a number of residents were amazed at the capability of the training scenarios the MSC can offer.

Clinical Governance Unit — Standard 6: Clinical Handover

Welcome to the Far West LHD Clinical Governance Units National Safety and Quality Health Service Standards update. This month we are focusing on Standard 6, Clinical Handover.

Standard 6: Clinical Handover

Clinical handover is an essential element to ensure a safe and high quality delivery of healthcare. Clinical communication problems are a major contributing factor in 70% of hospital sentinel events leading to an increased risk for adverse events. Adverse events are seen to increase particularly during a transition of care, when a patient is transferred between units, physicians and teams. Poor or absent clinical handover can have extremely serious consequences for patients in such that it can result in a delay in diagnosis or treatment, tests being missed or duplicated and can lead to the wrong treatment or wrong medication being administered to the patient. Standardised and structured communication during clinical handover has been shown to improve the safety of patient care, with critical information more likely to be accurately transferred and acted upon

The intention of Standard 6 is to ensure there is timely, relevant and structured clinical handover that supports safe patient care and is further broken down into 3 criterions addressing each component of safe effective clinical handover:

- Governance and leadership for effective clinical handover
- Clinical handover processes
- Patient and carer involvement in clinical handover

You can access more information and resources on the Commissions website. <http://www.safetyandquality.gov.au/our-work/accreditation/nsqhs/> Check out the accreditation newsroom link on the left side of the webpage for latest information and supporting documents.

In other news, we are welcoming Briana Bartley who has been appointed permanently in the District Patient Safety & Clinical Quality Manager position. Briana is taking a well-earned 9 week holiday from the 6th May and Wendy Chynoweth will be acting in the role during this time. Wendy can be contacted on 08 80801538 or via email.





CEC Executive Clinical Leadership Program Graduates

After twelve months of attendance at Executive Clinical Leadership Modules in Sydney, working group meetings, project planning, interventions and evaluations, Annette Vaarzonmorel and Melissa Cumming completed and presented their clinical improvement projects (see below) to the Clinical Excellence Commission (CEC) on March 22.



Prof Cliff Hughes, Melissa Cumming, Minister for Health Jillian Skinner

Both Annette and Melissa thank their working groups and relevant staff for their hard work and contributions to the success of the projects, and to Stuart Riley CE for supporting their participation in this worthwhile program.

Presentations were made to three panel members, invited guests and fellow program participants. The graduation ceremony was attended by Minister for Health Jillian Skinner, (who also presented the certificates to each graduate), Dr Mary Foley Director General NSW Health, and Prof. Cliff Hughes CE CEC.

Annette and Melissa led a project working group who were governed by strict processes including problem diagnostics, multi-voting, and the PSDA cycle for implementing change. Each project has sustainability factors to ensure that clinical outcomes for patients remain an ongoing priority in these areas.



Prof Cliff Hughes, Annette Vaarzonmorel, Minister for Health Jillian Skinner

The MUM Project - (Managing Unexpected Maternal Risk)

Annette Vaarzonmorel, HSM Balranald health Service

A review of maternity related presentations to Balranald MPS indicated that there appeared to be both delays in management and a low level of confidence by RNs in assessment, and management of pregnant women who presented to the Balranald ED. The issue was discussed with a range of staff including CFHN, NM, Diabetes educator and RN. There were clinical reviews and consultation with the maternity units in both Mildura and Swan Hill where pregnant women from Balranald are booked to have their babies.

On review, the issues highlighted as contributing to approximately 80% of the problems, were attributed to 3 main areas. The most significant factor was the delay in women presenting to the ED because they were 'unsure' if their issue warranted presentation. Other factors were the confidence of nursing staff who were not midwife trained and the use of available resources.

The changes to be made will continue throughout the remainder of 2013 and include:

- Antenatal education to women who may otherwise need to travel distances to Swan Hill or Mildura. This would be carried out through collaboration with birthing facilities and antenatal care providers.
- In-services and case review for Balranald RNs to improve use of care pathways and resources in place but underutilised.
- Ongoing consultation with stakeholders such as CFHN, diabetes educator and community midwife to provide more effective care to pregnant women who present to the ED.

Management of Febrile Neutropenia in Broken Hill ED

Melissa Cumming, Director Cancer Services, Innovation and Palliative Care

Febrile neutropenia is a medical emergency, where the mortality rate increases by 7.6% with every hour's delay in commencing antibiotic therapy in the first six hours after hypotension onset. The aim of the project was that within 6 months, 100% of cancer patients presenting to Broken Hill ED with febrile neutropenia will have the appropriate antibiotic (ABO) treatment within 60 minutes. This project dovetailed onto the existing CEC Sepsis Pathway Program which had been showing improvements, but delays still existed.

The working group identified three main deficit areas of Knowledge, Protocol, and Communication, and a range of strategies were implemented, including but not limited to;

- formal and informal education with nursing, medical and ambulance staff
- screen savers & mouse pads on ED computers flagging febrile neutropenia protocols
- chemotherapy patient alert cards
- inclusion of febrile neutropenia in orientation package and triage package

Staff in Broken Hill ED continue to embrace the interventions, with the biggest improvement coming from the knowledge that antibiotics **should not** be delayed for results of investigations.

Before the CEC sepsis program, delay in ABO was 2-5 hrs after triage

After CEC sepsis program, delay in ABO was 1.5-2.5 hrs after triage

After Febrile Neutropenia Clinical Leadership Project, delay is 55 – 70 mins.



A new Broken Hill Chronic Disease Management Program

A new chronic disease management program started in Broken Hill on 15 April. The FWLHD Chronic Disease Management Program (the CDMP) is our local version of the NSW Government's "Connecting Care in the Community" program.

Jane Cain is the acting inaugural manager of the CDMP and has been enrolling patients since the 15 April.

The program's mission is to deliver more effective health management for people aged 16 years and over, with chronic diseases covered by the Program, and who are at very high risk or high risk of an unplanned hospital admission. The Program will help patients with chronic disease to improve their quality of life and avoid hospital admissions.

The 5 major chronic disease categories covered by the program are:

- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Diabetes
- Congestive Heart Failure
- Hypertension

Jane has been identifying potential patients as they come through the hospital, assessing them for their likelihood of readmission and inviting them to enrol in the program. In this initial stage of implementing the program, patients with the highest needs have been referred to Katrina Wilkinson, our Transitional Nurse Practitioner Chronic Care. Together Jane and Katrina are ensuring that these patients are comprehensively assessed, that a shared care plan is developed in conjunction with the patient's GP and other carers and that their care is well coordinated. All patients enrolled into the Program will also be reviewed regularly.

A new clinical approach will also be introduced into the care of all patients, enrolled in the CDMP, from the end of May. By then 24 staff from across Far West will have been trained in the behavioral change approach promoted by Health Change Australia (HCA). This approach to clinical consultations assists patients to adhere to medical treatment and lifestyle recommendations that lead to better health outcomes and quality of life.

When similar programs have been implemented elsewhere it has resulted in improved quality of life for chronic disease patients and about 1/3 reduction in chronic disease patients need for hospital admissions. We will look forward to similar benefits for our patient's in Far West.

Anyone can refer to the program by contacting Jane, during business hours (8:30-5pm Mon to Fri), on 08 8080 1664, fax 08 8087 4647 or email FWLHD.CDMP@gwahs.health.nsw.gov.au

- Dale Sutton, District Director of Nursing and Midwifery



Katrina Wilkinson and Jane Cain

Wilcannia right behind hand washing campaign

Wilcannia health staff proudly displaying that they are germ free. Signs and hands in the foyer ask patients to question their nurse and doctor if they have washed their hands.

The hospital has multiple hands on walls with questions and statements such as 'Have you washed your hands?'; 'No germs on me!'. The promotion complements a hand washing campaign on Imparja television encouraging hand washing.



Internet basic for consumers

The internet is a great tool for consumers to gain knowledge, share their stories, and engage with other consumers and the health system, according to the Federal Department of Broadband, Communications and the Digital Economy.

However, understanding and accessing the internet is a challenge for many people. This new site aims to help people learn the basics about using the internet. Go to: <http://bit.ly/YZnPqW>



Betty a Kiosk cover girl!

Congratulations to the Kiosk Auxiliary President, Betty Sammut, who is the new Cover Girl for the Broken Hill Telephone Directory.

Betty said she was excited to be given this honour but feels the honour belongs to the whole Auxiliary and the wonderful people she works with. Well done to Betty and all the Volunteers of the Kiosk Auxiliary. It's a pleasure working with you and I am very proud of you all.

Gerry, Kiosk Auxiliary Secretary, took the opportunity of inviting the Kiosk Volunteers to personally autograph the Phone Book as a souvenir (see right) and to celebrate the Kiosk Auxiliary raising over one million dollars which was donated to the Broken Hill Hospital. In fact the million \$ mark was reached in 2009-10 and they are well on their way to the next million. —Mary Leehane, Volunteer Manager



Mobile Simulation Centre visits Balranald MPS

Balranald MPS had the pleasure of hosting a visit by the Mobile Simulation Centre when it visited on 15-17 April.

The centre allowed all nurses to experience on hand training with Nurse Educator Sam Elliott.

Staff were updated on a variety of clinical scenarios reporting that their knowledge had developed by their involvement in the bus.

Hospital Auxiliary and Health Council members were also invited to view the bus during its stay.

Registered Nurses' Gaye Renfrey, Gail Purtill, Fran Grimm, Rona Garrie and Cathy Kruger are pictured caring for the simulation doll "George"

Patient Family Support Pilot

The Patient Family Support (PFS) Working Party and Volunteers welcomed Jade To, Fourth Year University of Sydney Social Work Student to the PFS Team.

Jade is on a four month placement and during this time she will be scoping the PFS Pilot and reporting her findings at the end of her placement.

Jade will also be working with Child and Family's Angela Harvey (Child & Family Support Worker) for clinical and community experience.

Jade is enjoying her new environment, as Broken Hill is very different to her hometown of Sydney, and has settled in well and already feels part of the PFS Team and the HR Team.

The PFS Volunteers also welcomed two new Volunteers to the Team, Tim O'Neill, Nurse Educator and Karen Kemp, Clinical Nurse Consultant.

Social Work Student Jade To with Karen Kemp and Tim O'Neill





PETS for Broken Hill Hospital

The Broken Hill Health Service is undertaking a ten week pilot of Patient Experience Trackers from 18 March 2013. The aim of the pilot is to determine where staff are providing excellence in care and identify areas for improvement by providing near real-time feedback from patients and staff about their hospital experience on any particular day.

The PET is an electronic, mobile feedback device which is pre-loaded with five questions to help the Healthcare Team understand what patients think about the service and care they receive.

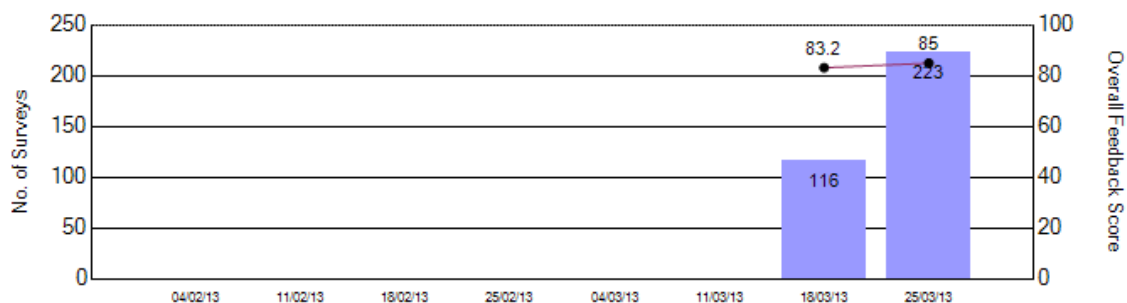
Pets are very easy to use and take only about 30 seconds to complete and use is totally anonymous. The questions can often be a "conversation starter" about the service that is delivered and can be offered to all patients, at any time and on any day.

Results from the PETS are processed electronically and reports are provided back to participating units on a daily, weekly and monthly basis.

The PETS have been provided throughout the Broken Hill Health Service to Allied Health, Specialist Clinic, Emergency Department, Day Surgery, Medical Ward, Surgical Ward and the Maternity Unit. Two PETS have also been provided for staff feedback. Early results indicate that the level of satisfaction with the service and care are high.



Weekly Trend Report – March 2013 HOSPITAL OVERALL



Staff can be proud of this achievement but it does not mean that we do nothing; we are required to maintain our vigilance and look to those areas where improvement can be made.
— Coral Bennett, BHHS Quality Manager



Touring the District

In a recent trip to some of the facilities that are a part of the Far West Local Health District, Linda Lynott and John Leehane met with the Health Service Managers at Balranald, Dareton and Wentworth to discuss both financial and operational matters affecting their sites.

Although a relatively brief visit was made to each centre, Linda and John and the respective HSM utilised their limited time together to discuss issues and exchange ideas and information.

The visits also afforded John the opportunity to tour the Health Facilities and meet staff.

At Balranald MPS, Linda Lynott and John Leehane caught up with staff including HSM Annette Vaarzonmorel.



District staff in Fun Run Desert Dash

The Far West Local Health District was well represented by staff at the 2013 Living Desert Dash on Sunday 7 April, 2013.

There were 10km, 5km & 3km distance events for runners and walkers of all ages and fitness levels.

The weather was warm and the flies outnumbered the entrants 1000 to 1, but the camaraderie and enthusiasm on the day made the trek worth it.

Congratulations go to all those who participated on the day, with a special acknowledgement to FW Physiotherapist, Lucy Netherwood who took out the Open Women's 10km



District staff taking part in the Fun Run included (from left) Lucy Netherwood, Christy McManus, Helen Hayes, Noni Inglis, Karen Chrisakis, Robyn Stewart and Sue Netherwood. Absent: Kathy Mullins and Rosemary Martin.

Term 2 JMOs on the wards

The latest group of JMOs joined the District for Term 2 this month.

They are all keen on experiencing remote medicine and particularly working with the RFDS. The group are all new to the region, except for Rajith Mendis, who was here on a previous term but as a surgical resident.

We can be sure they will enjoy joining in with the community during their stay.



Our latest JMOs (from left) Suthaharan Manoharan (Paediatric Resident), Trish Kahawita (Medical Resident), Cositha Santhakumar (Medical Resident), Emily Deck (ED Resident), Rajith Mendis (Medical Registrar), Yana Martynova (Medical Registrar) and Mayoaran Kandasamy (Surgical Resident).



FWLHD Cancer and Palliative Care Services Planning Day

A Cancer and Palliative Care Services Planning Day held in Broken Hill attracted over 37 staff from across the LHD along with staff from key partner agencies such as RFDS, UDRH, Maari Ma, Southern Cross Aged Care, NSW Cancer Council and the Agency for Clinical Innovation (ACI).

The day was co-facilitated by Jackie Van der Neut (Senior Planner FWLHD) and Rob Wilkins (Manager Palliative Care Network ACI) and included a number of presentations in the morning to set the scene and staff "put to work in the afternoon" to develop strategies.



Organiser Melissa Cumming Director Cancer & Palliative Care Services, said the day was extremely productive and a number of local strategies were suggested to meet some of the objectives of the NSW Cancer Plan and the NSW Ministry of Health Palliative Care Plan. These can be included in the development of a Cancer & Palliative Care Services Plan for the LHD.



Rob Wilkins with Jackie Van Der Neut and Melissa Cumming

However, it was a day where the focus was on action and not just about a plan to put on a shelf. The strategies will be included in a draft services plan which will be available for comment by staff and consumers from all the communities in the District. An implementation plan will be developed to ensure that the identified strategies will be actionable where at all possible.

There is still an opportunity to have input into the plan by contacting Melissa with any ideas prior to receiving the draft. Email her on mcumming@gwahs.health.nsw.gov.au. Melissa thanked all staff who were able to attend on the day and for their valuable contributions to this service plan.



Congratulations to the Executive of the Broken Hill Health Service who took the initiative to promote staff participation in the 2013 NSW Health YourSay Workplace Culture survey.

A staff BBQ was held in the Hospital foyer and all employees were invited to attend. During the meal members of the Executive team talked with staff and encouraged everyone who had not done so to go on line and register their feedback about workplace culture. The District recorded 425 returns and an estimated response rate of 57% - the highest out of all the Health Districts in NSW.

A big thank you to Peter McDonald and Marshall Kelly (pictured left with BHHS GM Nigel Carlton) who organised, cooked and cleaned up after the barbecue.





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 and Summary	Doc No.	Date Issued
<p>Community Prescribing of Highly Specialised Drugs for Hepatitis B To advise how non-specialist medical practitioners may be accredited to prescribe Highly Specialised Drugs for the maintenance treatment of chronic hepatitis B until PD2008_036 - Highly Specialised Drugs Program Funding Requirements is revised.</p>	IB2013_016	27/03/2013
<p>Pension Based Scale of Fees This Information Bulletin is to be read in conjunction with PD2005_622. This Information Bulletin outlines current fees chargeable in relation to patients within the following categories:- Nursing Home Type Patients (in General Hospitals), State Government Aged Care Services subject to the Aged Care Act 1997 (ie Nursing Home and Hostel residents, residential aged care services provided in Multipurpose Services and flexible care places under the Transitional Aged Care Services program), Residential Services not subject to the Aged Care Act 1997 and patients of Public Psychiatric Hospitals and Residents of Homes and Home Sections of Hospitals.</p>	IB2013_015	27/03/2013
<p>Public Hospital Training Wage (State) Award Advises of increases to the rates contained in the Public Hospital Training Wage (State) Award effective 16 December 2012.</p>	IB2013_014	27/03/2013
<p>Child Wellbeing and Child Protection Policies and Procedures for NSW Health The Child Wellbeing and Child Protection Policies and Procedures for NSW Health brings together in a single document the tools and guidance for Health workers to meet their legal and policy responsibilities within the NSW Government Child Protection System.</p> <p>Every Health worker coming into contact with a child or young person has a responsibility to protect their health, safety, welfare and wellbeing.</p>	PD2013_007	15/04/2013
<p>Junior Medical Officer - 2014 Annual Recruitment Campaign Dates The purpose of this Information Bulletin is to outline the Junior Medical Officer Annual Recruitment Campaign dates for 2014.</p> <p>The recruitment dates advise the system when Junior Medical Officer positions may be advertised, interviewing may commence, offers may be made, system reporting by HealthShare NSW commences and when the processing of successful applicants will occur. These are developed in consultation with the Senior Clinicians, National Medical Colleges and NSW Health stakeholders.</p>	IB2013_018	17/04/2013
<p>New Classification for Sonographers To advise of a new classification for Sonographers who do not hold a Bachelor of Medical Radiation Science in Diagnostic Radiography or a Bachelor of Applied Science in Medical Radiation Science - Nuclear Medicine.</p>	IB2013_017	16/04/2013
<p>Injury Management and Return to Work To assist managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.</p>	PD2013_006	08/04/2013
<p>NSW Health & Ageing and Disability and Home Care (ADHC) Joint Guideline The Joint Guideline aims to ensure that staff in hospitals and disability accommodation support services are aware of their respective roles and responsibilities for people with disability before, during and after transfer of care from hospital. Although some Local Health Districts (LHDs) and ADHC Regions have already developed local protocols which provide the framework for effective support of ADHC clients during a hospital stay, the Guideline aims to facilitate a higher level of compliance with existing ADHC policies and NSW Health.</p>	GL2013_001	24/04/2013