

# New Services run out of Ballina District Hospital

## New specialist service for the NBIRS



Dr Jodi Cartoon will be joining the Northern Brain Injury Rehabilitation Service (NBIRS) on site this month to conduct the first Brain Injury Psychiatry clinic. Clinics will be held here quarterly for the service.

Dr Cartoon is a Psychiatrist specialising in brain injury. She is employed at Royal North Shore and Westmead Hospital after completing her brain injury psychiatry fellowship in 2019. The fellowship is an Australian first, and was developed to address the very limited resources available to brain injury patients with psychiatric and behavioural issues, and the difficulty in coordinating their care with mental health services.

A very significant proportion of patients with severe traumatic brain injury have psychiatric and behavioural problems. Many professionals can be helpful in managing these problems, but there is a specific role for a psychiatrist with experience in treating this population, especially around assessing severe depression, suicidality, psychosis, marked apathy and problems with aggression and inappropriate sexual behaviour.

We are pleased to welcome such a tremendous service to our team.



Some of you may have seen a new face around the corridors of BDH this past week.

Rebecca Manners is the new Parkinson's CNC for the NNSW LHD. This Parkinson's CNC position is co-funded by Parkinson's

NSW and the NNSW LHD. This nurse placement is the fourth established by Parkinson's NSW and the third based on this joint-funding and partnership model with the nurse physically based in the LHD organisation.

Rebecca moved from New Zealand for the role where she was working at Auckland City Hospital as the Movement Disorder Nurse Specialist.

Rebecca is located with the Northern Brain Injury Rehabilitation Service and Rural Spinal Cord Injury services here at BDH.

This is a brand new service so it will take a little time to get processes and systems in place prior to accepting referrals and supporting people with Parkinson's.

Parkinson's disease is the second most common neurological condition in Australia and it is expected that the number of Australians affected will continue to increase as the population ages. People living with Parkinson's disease have more frequent hospital admissions, with inadequate care and support in the community being a key factor.

Having a specialist Parkinson's nurse embedded in the LHD will enable the flexibility and mobility to work across health care settings (acute, primary health, community and residential care).

The position will cover the Tweed/Byron/Ballina area. Be sure to introduce yourself and we will update in future communication when the service is up and running.

## BALLINA DISTRICT HOSPITAL

### SPECIAL POINTS OF INTEREST:

- ◆ SAFETY & SECURITY HUDDLE IMPLEMENTATION PROGRESS REPORT
- ◆ NURSE CALL SYSTEM
- ◆ CHRISTMAS CLOSURES
- ◆ A GREAT BIG THANK-YOU
- ◆ WELCOME TO NEW STAFF
- ◆ ACCREDITATION
- ◆ NEW SIGNAGE
- ◆ NEW SERVICES RUN OUT OF BALLINA DISTRICT HOSPITAL

# BALLINA MONTHLY

November 2020

## SAFETY & SECURITY HUDDLE IMPLEMENTATION

### PROGRESS REPORT

The Safety and Security Huddle is a short, guided, multidisciplinary meeting aimed at identifying clinical, behavioural and environmental issues within the clinical areas. The aim is to increase situational awareness of safety risks that may affect staff, patients, visitors or others in the workplace.

It is expected that Ballina District Hospital (BDH) will hold Safety & security Huddle in Emergency Department, General Ward & Rehabilitation three times a day at the NUM's nominated times.

External monitoring and evaluation and a monthly compliance report is forwarded to the EO/DON from the Safety Culture Coordinator.

It is expected that there will be a 100% compliance with documentation for all Safety & Security Huddles.

Number of Code Blacks are then monitored and reported to WH&S Committees & NNSW LHD Security Meetings.

Table 3: Clinical Unit Shift Compliance 2020

Clinical Unit	Risk Category	Entries	Days	Compliance
BAL Emergency	high	62	31	67%
AM Shift		19	31	61%
Night Duty		21	31	68%
PM Shift		22	31	71%
BAL General Ward	high	49	31	53%
AM Shift		12	31	39%
Night Duty		20	31	65%
PM Shift		17	31	55%
BAL Rehab/TCU	high	83	31	89%
AM Shift		28	31	90%
Night Duty		26	31	84%
PM Shift		29	31	94%
BAL Renal Unit	low	24	31	77%
AM Shift		22	31	71%
PM Shift		2	31	6%
BAL Theatre	low	9	31	29%
AM Shift		9	31	29%
BAL Trans Care	low	1	31	3%
Night Duty		1	31	3%



## Nurse Call System

Work is progressing on the installation of the new Nurse call system across the hospital. The contractors have been on site for a number of weeks installing cabling in the ceiling. Next week will see them conduct test and certify the structured cabling that has been roughed in. The best news is that the system will be implemented across the whole site. Until the installation is completed we will continue with processes currently in place for the nurse call in GW and for medical emergencies across the hospital (Activation of the Duress pendant)

## Christmas Closures

The Christmas Closedown period for 2020/2021 will be from 25th December to Friday 8th January inclusive. All staff who are not involved in delivery of essential services are asked to take leave during this period. Please forward your SARA forms to your manager ASAP.



## A Great Big Thank-you

The EO/DON & DDON would like to say thank you to all staff we have had great difficulties staffing the wards over the past months with all the extra staff we have required to do bell rounding, front door scanning etc. When our backs have been to the wall you have stepped up and graciously filled the voids. This has meant many double shifts, extra shifts, redeployment to other wards all accepted very graciously.



## Welcome to New Staff

We have had a rotation of Transition to Practice nurses welcome:

Georgia Bentley, Melissa Smith, Ash Benkowics & Nicole Twist.

New members of Rehab team are:

Elle Warburton, Marion McClintock, Sofia Atzori.

## Accreditation

We have received confirmation that Accreditation will take place from 14th -19th November 2021.

We are aware that there are many wonderful quality projects happening across the site. Could we ask that if you have a Quality Project that you complete the quality one pager and forward it to the Quality & Safety Meeting. The one pager will be logged as evidence for the surveyors who will be guided to the project team for further information.

The quality Improvement Project Proposal forms can be found as Appendix 2

QUALITY IMPROVEMENT PROJECT REPORT  
This form is to be used to record all Quality Improvement initiatives across NNSWLHD

Select the national standards relevant to your improvement activity		Select the dimensions of the quality framework that your project addresses	
Clinical Governance		Access	
Partnering with Consumers		Efficiency	
Preventing & Controlling Infections		Effectiveness	
Medication Safety		Consumer Participation	
Comprehensive Care		Education and Training	
Communicating for Safety		Safety	
Blood Management		Information Management	
Recognising & Responding to Acute Deterioration		Other	

  

Hospital	Ward	
Title:		
Team:		
AIM:	What do you hope to achieve by this Quality Activity / Improved Work Practice?	
PLAN:	Identify the problem, likely causes, potential solutions and how to measure your results. (USE DOY POINTS) Identify a base line measure prior to commencing the Quality Improvement Activity	
DO:	What strategies were used to implement the potential solution from planning stage? Collect data and include a time line with dates.	
STUDY:	Evaluate the effectiveness of the activity by comparing results with identified base line measure from planning stage.	
ACT:	What changes did you implement based on the results of the improvement activity? What was the outcome of the implemented change?	
Team Leader Name:	Signature:	Date:
Received by Quality Department		
Name:	Signature:	Date:
Registration Number:	Uploaded to NNSWLHD Intranet	Date:
+ Evaluation: (3 months post implementation) How do you know your project has made a difference?		
Name:	Signature:	Date:
Evaluation Results		

## New Signage across the Site

You may have noticed that there have been a number of new signs erected across the site. This was as a result of two members of the Community Advisory Group (CAG) completing the way finding audit for Ballina District Hospital. The members provided us with great insight to how all of the posters and fliers including notes were seen by the community. We will invite the team members back to complete a follow up audit to ensure that the signage is useful in assisting members of the community find their way easily to different areas within the hospital.

