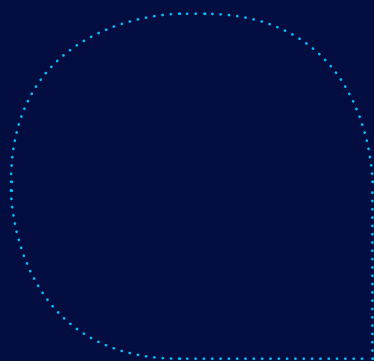
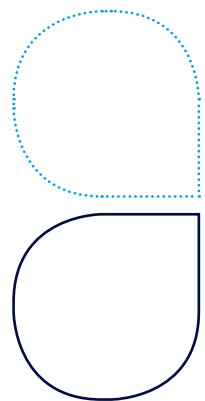




Health
Far West
Local Health District



Year in
review
17|18



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VISION AND VALUES

OUR VISION

Excellence in rural and remote health

OUR MISSION

Enabling health in our communities

OUR CORE VALUES

Collaboration Openness Respect Empowerment

ABOUT FAR WEST LOCAL HEALTH DISTRICT

The Far West Local Health District is located in the far west of NSW. The northern part links more closely with South Australia, while the southern part has closer links with Victoria. The region consists of mostly open plains and is bisected by the Darling River. Land use is dominated by pastoral grazing and mining to the north, where irrigation is absent. Land use along the Murray River is more diverse, including citrus, grain and grape production. The local health district provides health care services across a geographic area of approximately 194,949 square kilometres.

Traditional custodians of the land covered by the District include the Barkandji/Paakantji, the Wilyakali, the Nyampa and the Muthi Muthi.

About 30,740 (2016 Estimated Residential Population ERP) residents live within the District. People of Aboriginal heritage make up 3,799 or 12.4% (2016 ERP) of the population, compared to 208,476* for all NSW. Representation of culturally and linguistically diverse communities is very small in the district with 91.1% of residents coming from an English speaking background.

**Source: NSW Health – Health Stats May 2018*

Demand for health services have been changing in line with the ageing population with increased rates of chronic disease. The LHD is enhancing models of care that focus on integrated care and alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.

Over the next decade, the District's population is expected to decrease by 9.6% by 2036. There is, however, a planned land release in the Wentworth Local Government Area that may increase the population over the next 25 years, doubling the existing population within that local government area. Additionally, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the LHD aged 65 years and over is projected to increase from 18.0% in 2016 to 29.0% by 2036. With the elderly generally requiring a greater proportion of health care services than other populations, it is expected that this growth will increase the demand for services in the District.



The rate of circulatory disease hospitalisations in Far West was slightly higher than that of NSW. Both high blood pressure and high cholesterol were approximately 60% higher among Far West residents than NSW residents. Hospitalisation rates for COPD and diabetes-related conditions were two and three times that of NSW, respectively, while those for intentional self-harm in 2015-16 were the second highest of all the LHDs. However, of all the LHDs, the Far West reported the lowest rates of psychological distress.

This will require a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

Source: NSW Health – Health Stats May 2018



A WORD FROM OUR CHAIR AND CHIEF EXECUTIVE

We are pleased to present the Far West Local Health District Year in Review. The Far West LHD continued to build on our strengths and achievements throughout 2017-18.

The health sector never stops. We know that our staff work hard, around the clock and throughout the year, doing important work each day to meet your health needs and ensure that our communities get the best service possible.

Your feedback is helping us get a better understanding of individual health needs, to help you live your best life. We are working closely with our partners to provide holistic and connected health services. Telehealth technology is proving to be an effective tool to overcome the challenges of our geographic isolation by providing timely access to doctors and other health professionals, so you don't have to travel as often or as far for consultations. We are constantly striving to improve services located in our communities, with local residents, for example, now benefitting from an extended weekly orthopaedic service with the appointment of four new specialist surgeons in June 2018.

We have expanded the reach of our Primary Health Care Nurses working within School Health Hubs to give children a healthy start and help them form good habits that will keep them healthy throughout their life – a successful program demonstrating the benefits of a collaborative approach to delivering positive health outcomes in the Far West.

The health sector is one of the biggest employers in our region. The Far West Local Health District has been working hard to develop a resident workforce, improve our culture and provide pathways to employment for local people. Our School Based Traineeship program is growing and we have increased opportunities for Indigenous trainees, including in our remote health services. We are proud that our Indigenous employment rates continue to be the highest for NSW, which

reflects our community and our commitment to delivering culturally appropriate and safe care. The appointment of our inaugural Director of Aboriginal Health and Planning demonstrates our determination to deliver sustainable health outcomes and make progress on closing the health gap between Aboriginal and non-Aboriginal people.

Living and working in Far West NSW presents health, lifestyle and workforce challenges different to other regions and cities. Innovation is an important part of improving health care and overcoming the isolation and vast distances in the outback. The Far West Local Health District has rolled out a new free WiFi service at the Broken Hill Health Service and at the Broken Hill Community Health Centre, in partnership with eHealth NSW. The WiFi system allows patients and visitors to stay connected with friends and family, access entertainment, and manage their everyday lives, wherever they are in the hospital.

We continue to improve our facilities across the district so that we can provide better services close to home and improve conditions for our staff who work in our remote communities. Our new Community Health Centre in Broken Hill opened in July 2018 as part of the \$30 million Broken Hill Health Service Redevelopment. This significant capital infrastructure program included the reconfiguration and improvement of the Broken Hill Health Service's Ambulatory Care, Oncology and Specialist Clinics areas and reception. Planning is underway for a new HealthOne facility for Dareton/Buronga, and upgrade of the Tibooburra Health Service.

The Far West LHD continues to be busy across the whole organisation as we move into the new year and we acknowledge the significant contribution of the Board, Executive and staff of the Far West Local Health District towards the high quality of services delivered to patients and the communities we serve.



Dr Andrew Refshauge, Chair

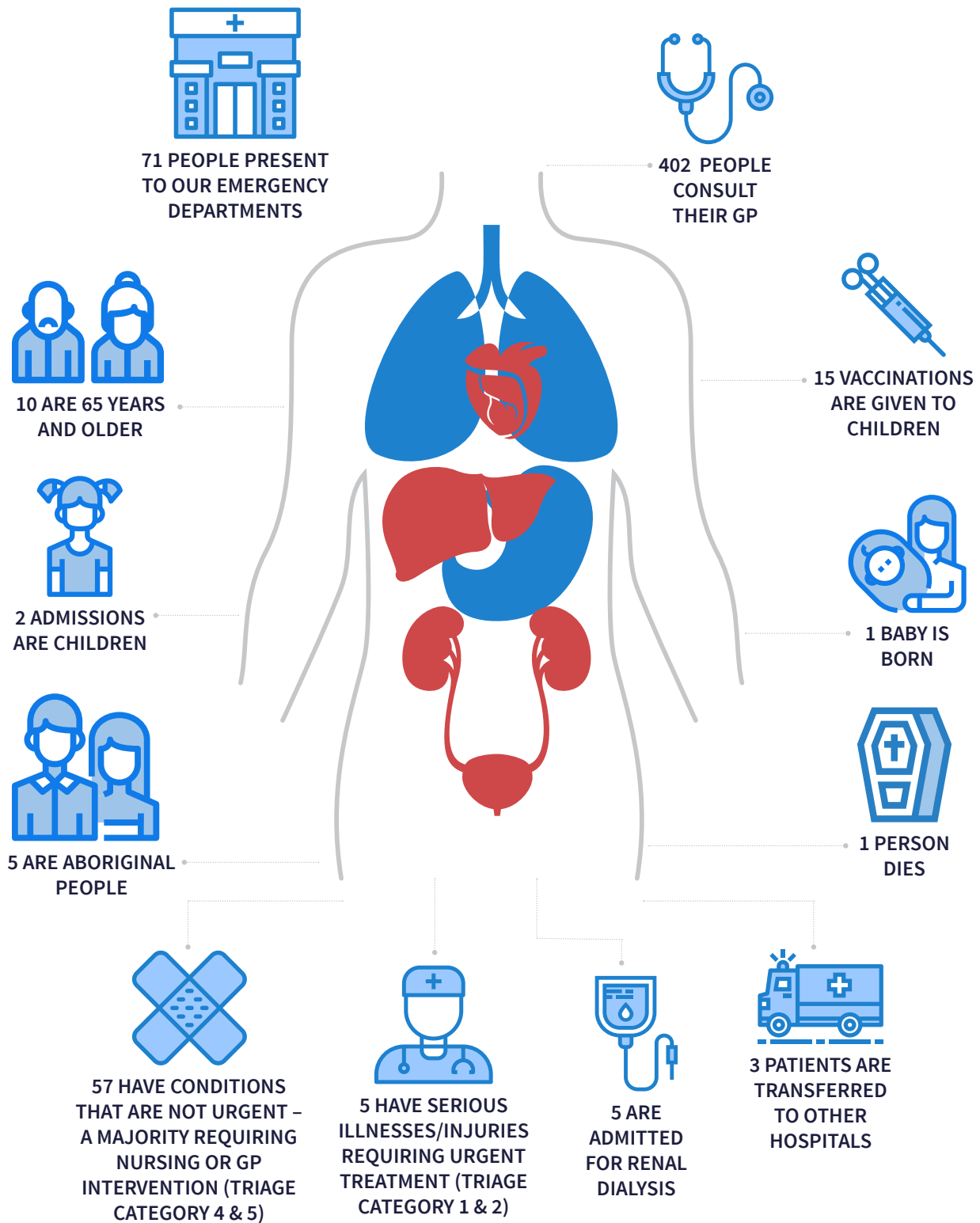


Stephen Rodwell, Chief Executive

AN AVERAGE DAY IN FWLHD 2017-18

Data Sources: i.Patient Manager (APAC), Version 12.0.1; NSW MoH DATA MART; DNR 2017-2018 Reconciliation Report.

EVERY DAY IN FAR WEST LHD



EVERY WEEK IN FAR WEST LHD

2 815 PEOPLE CONSULT THEIR GP

496
PEOPLE PRESENT
TO OUR EMERGENCY
DEPARTMENTS

- 401** HAVE CONDITIONS THAT ARE NOT URGENT – A MAJORITY REQUIRING NURSING OR GP INTERVENTION (TRIAGE CATEGORY 4 & 5)
- 34** HAVE SERIOUS ILLNESSES/INJURIES REQUIRING URGENT TREATMENT (TRIAGE CATEGORY 1 & 2)
- 18** ADMITTED PATIENTS ARE TRANSFERRED TO OTHER HOSPITALS
- 31%** OF TRANSFERS OCCUR WITHIN THE FWLHD
- 40** RESIDENTS ACCESS RENAL DIALYSIS

165
PEOPLE ARE
ADMITTED TO
HOSPITAL

- 72** ARE 65 YEARS AND OLDER
- 34** ARE ABORIGINAL PEOPLE
- 15** ARE CHILDREN
- 5** CHILDREN ARE ABORIGINAL
- 2** RESIDENTS ARE ADMITTED TO A PRIVATE HOSPITAL
- 4** ARE ADMITTED FOR A MENTAL HEALTH CONDITION

2 136

NON-ADMITTED PATIENTS
ATTEND APPOINTMENTS

- 476** APPOINTMENTS ARE WITH COMMUNITY NURSING SERVICES
- 340** APPOINTMENTS ARE WITH SPECIALISTS

4

BABIES ARE
BORN; **1** BABY IS
ABORIGINAL; **0.2**
ARE LOW BIRTH
WEIGHT

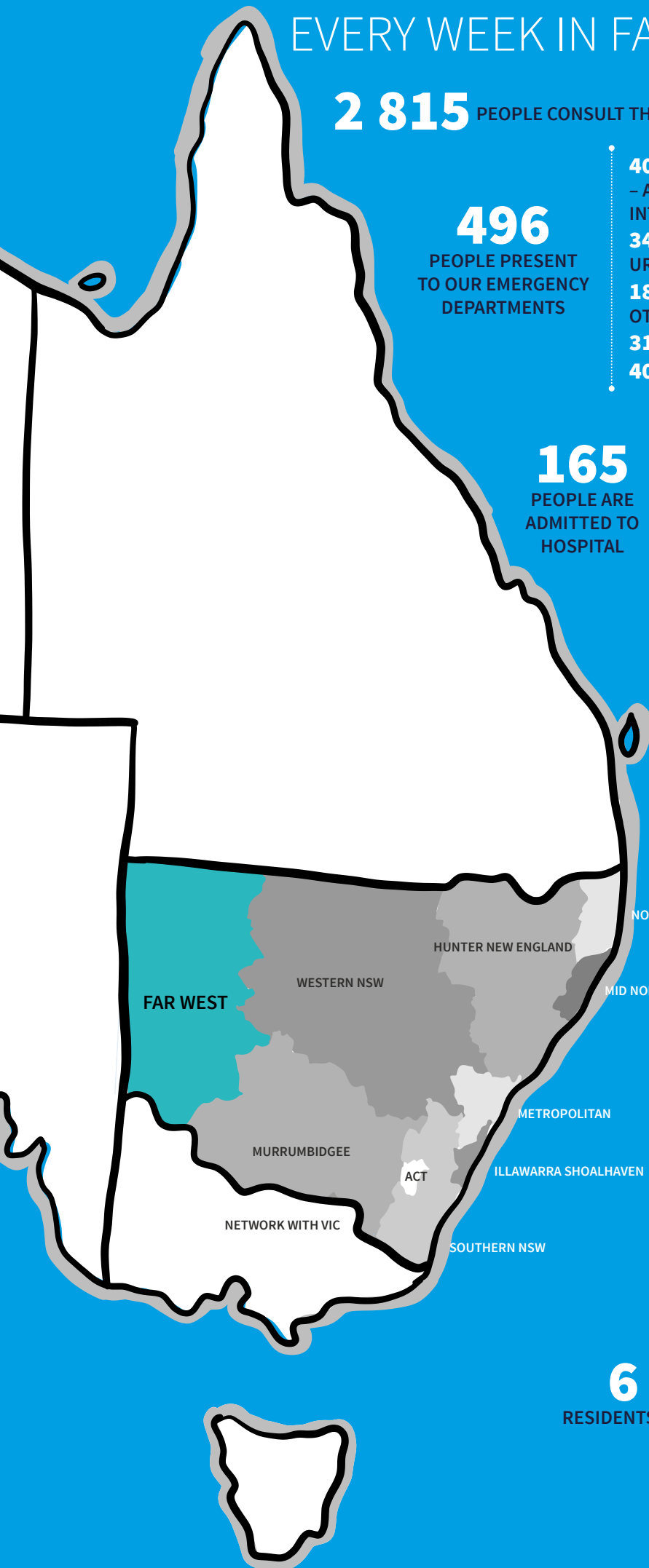
104

VACCINATIONS
ARE GIVEN TO
CHILDREN

6

RESIDENTS DIE

- 2** ARE < 75 YEARS OLD
- 2** PEOPLE DIE IN HOSPITAL



THE YEAR THAT WAS

25 748

PEOPLE PRESENTED
TO EMERGENCY
DEPARTMENTS

452

EMERGENCY

537

EMERGENCY DEPARTMENT
PATIENTS WERE TRANSFERRED
TO OTHER HOSPITALS

111 057

NON-ADMITTED PATIENTS
ATTENDED APPOINTMENTS

8 577

PEOPLE WERE ADMITTED
TO HOSPITAL

4 400

WERE DAY-ONLY
ADMISSIONS

1 402

PATIENTS USED PRIVATE
HEALTH INSURANCE

19 643

APPOINTMENTS WITH
SPECIALISTS

417

INPATIENTS WERE
TRANSFERRED TO OTHER
HOSPITALS

1 744
ELECTIVE

25 261

APPOINTMENTS WITH COMMUNITY
NURSING SERVICES

2 196

SURGERIES

5 408

VACCINATIONS

308

PEOPLE DIED IN THE FWLHD
87 PEOPLE DIED IN HOSPITAL

183

BABIES WERE BORN



4 PUBLIC HOSPITALS WITH
INPATIENT FACILITIES



6 COMMUNITY HEALTH SERVICES



689 FULL TIME EQUIVALENT (FTE) STAFF



758 INDIVIDUAL STAFF



1 CHILD AND FAMILY HEALTH SERVICE



159 VOLUNTEERS



7 SCHOOL HEALTH HUBS



15 SENTINEL CHICKENS



47 PROPERTIES



9 ORAL HEALTH CLINICS



170 BEDROOMS
INCLUDING STAFF
QUARTERS IN
BROKEN HILL

34,476 BOOKINGS OF FLIGHTS,
ACCOMMODATION, HIRE CARS AND
TRAINS PER ANNUM

\$117M TOTAL EXPENDITURE

YEAR IN REVIEW 2017–18

The Far West LHD in its seventh year continued to consolidate developments of the previous years with significant progress on initiatives.

The LHD continues to perform strongly against a range of indicators.

The Far West LHD retained a NSW Health performance rating of zero and achieved an on budget result for the 2017/18 financial year.

The development of a positive workplace culture and improving the workplace through its 'Yamirri Nharatji' program continued, including better staff engagement and interactions with patients and their families. The 2018 People Matter Employee Survey (PMES) increased participation from 58.4% in 2017 to a response rate of 70% in 2018. This is the second highest local health district participation rate in the state.

The LHD Travel Booking Centre expanded its client base, adding the Clinical Excellence Commission and the Cancer Institute NSW, further recognising the high quality service it provides to organisations across NSW.

The \$30 million purpose-built Broken Hill Community Health Centre opened on 2 July 2018 housing dental, community health and LHD administration. Stage 2 reconfiguration of Hospital cancer care and waiting areas will be complete by end 2018.

The 2018/19 will be busy for the LHD including continuing capital refurbishments moving from planning to construction at Broken Hill Hospital and in the HealthOne program with a new build facility at Buronga and a major refurbishment of the Tibooburra Health Service. Further capital works are in planning for the Mental Health Unit at the Broken Hill Health Service, staff accommodation improvements for Wilcannia and Ivanhoe Health Services, the replacement of the dental van at Dareton and the refurbishment of the medical imaging equipment for Breast Screen NSW.



KEY ACHIEVEMENTS FOR 2017–18

\$30 MILLION REDEVELOPMENT OF BROKEN HILL HOSPITAL AND DENTAL FACILITY RECONFIGURATION

The new Broken Hill Community Health Centre opened for business as part of the NSW Government's \$30 million redevelopment of Broken Hill Hospital and Dental Facility Reconfiguration, featuring a five-chair dental health facility, child, family and community health services and new Far West LHD administrative centre.

UPGRADED STAFF ACCOMMODATION

Upgraded staff accommodation in White Cliffs – one two-bedroom unit (\$160,000); Wentworth – one two-bedroom unit (\$159,000) and Wilcannia – one two-bedroom studio (\$137,000), assist with staff retention, in remote sites. Broken Hill Health Service replaced 18-year-old vinyl floor coverings for \$1.1million improving cleaning and infection control.

SCHOOL BASED TRAINEESHIP PROGRAM CONTINUES TO GROW WITH INCREASED APPLICATIONS

School Based Traineeship (SBT) combines paid work, training and school. Students receive industry recognised national qualification and credit towards their Higher School Certificate (HSC). Since its inception in 2016, the School Based Traineeship (SBT) Program has increased participation from the first cohort of nine SBT's completed in 2017 and ten completing in 2018. Demand for the SBT Program has grown significantly over the past year, with 34 applications received this year. The LHD to double the positions available for 2019 with increased Indigenous participation. SBT intake will increase to 20 in 2019-20, with 15 targeted towards indigenous students.

BROKEN HILL LEVEL 4 INTENSIVE CARE UNIT (ICU) RE-ALIGNMENT REDUCES PATIENT TRANSFERS

The Far West LHD has been working closely with St George Hospital in developing the Broken Hill Hospital Intensive Care Unit (ICU) into a Level 4 ICU. A memorandum of Understanding between the Broken Hill Health Service and St George Hospital ICU Level 6 enables sharing of Intensivists from March 2018.

DIRECT ACCESS COLONOSCOPY CLINIC (DACC)

Direct Access Colonoscopy Clinic (DACC) is an innovative nurse-led clinic that fast-tracks people with a positive faecal occult blood test (FOBT), through to colonoscopy, avoiding the wait-time to see a gastroenterologist and have a colonoscopy.

At end of June 2018, a waiting list to see a Gastroenterologist was reduced from 582 patients to 104 patients. Prior to DACC, positive FOBT patients waited up to 454 days for a Gastroenterologist appointment. 86% are now seen within 30 days. Prior to DACC, no patients attended colonoscopy within the National Health and Medical Research Council recommended timeframe. To date, 74% of DACC patients attended within the current 120 day recommendation. 72% of DACC patients had pre-cancerous lesions removed.





CONNECTIONS PROGRAM

Mental Health Drug and Alcohol Directorate, in collaboration with Mission Australia and GROW (non-profit organisation) have implemented a Mental Health Peer Support Workforce program called Connections. Connections is an after-hours service run by Peer Support Workers helping people with depression, anxiety and mental illness connect with others and the community. Over 120 people have benefited from the Connections Program, an after-hours service that links socially isolated people to activities in the community, ensuring that no-one is left behind. The program has reduced acute mental health inpatient admissions by 65% and Emergency Department presentations by 80% for the five most frequent attenders.

PRIMARY HEALTH CARE REGISTERED NURSES PROVIDING UNIVERSAL HEALTH SCREENING IN SCHOOLS

Primary Health Care Registered Nurse Schools Based Service (PHRNSB) places 5 Registered Nurses across ten primary and secondary schools in Broken Hill providing universal health screening (childhood obesity), health promotion, chronic and complex care case support to children and adolescents 5-18.

CONSISTENT HIGH PERFORMANCE IN EMERGENCY DEPARTMENT AND ELECTIVE SURGERY TARGETS

Broken Hill Health Service continues to achieve excellent patient flow in its Emergency Department. Patients are being seen in a timely manner meeting national targets. Broken Hill Health Service achieved Emergency Treatment Performance (ETP) targets with an YTD result of 90.3% (State target 81%), and Elective surgery targets for Category 1 and 2 targets, with only one Category 3 patient waiting as at 30 June 2018.

TRANSITION TO PROFESSIONAL PRACTICE (TPP)

Transition to Professional Practice (TPP) New Graduate Registered Nurse and Registered Midwife Program expanded to 21 participants in 2018. Graduate Registered Nurses are exposed to rural and remote health setting through 4 month rotations over the 12 months. In 2019, the intake will be expanding to 29 positions with new positions created in the specialties of paediatrics and mental health, as well as new rural and remote placements in Wentworth and Dareton.

ADDRESSING CHILDHOOD OVERWEIGHT AND OBESITY

Strategies to address childhood overweight and obesity embedded in Far West LHD primary schools and the early childhood services, including Go4Fun, Get Healthy in Pregnancy, Make Healthy Normal and Get Healthy, Munch and Move, Live Life Well @ School.

DEVELOPMENT OF ABORIGINAL WORKFORCE STRATEGY AND INCREASED INDIGENOUS EMPLOYMENT RATE

The LHD developed an Aboriginal Workforce Strategy and accompanying Implementation Plan, guiding the LHD over the next four years (2016-2019) to increase the representation of Aboriginal people in the workforce and the responsiveness of health staff and services to communities and community needs. The LHD achieved an indigenous employment rate of 8.71% as compared to 6.3% in the last financial year, which is significantly higher than the NSW Health target of 1.8%. The LHD target is to have an indigenous employment rate of 10.7% by 2019.

ALLIED HEALTH ASSISTANT

In July 2018, Wentworth Health Service was successful in obtaining Rural Health Outreach Funding to employ a part time (0.5FTE) Allied Health Assistant (Generalist). This position is to support the increase in transitional aged care beds by providing physiotherapy, occupational therapy, dietetics and speech therapy support to inpatients at Wentworth. This position works with the Lime Therapy allied health professionals to build capability and capacity within the Far West Local Health District. The position also uses telehealth facilities to extend dietetics services from Broken Hill to inpatients at Wentworth.

INCREASE IN TRANSITIONAL AGED CARE BEDS AT WENTWORTH

In October 2018, four transitional aged care program beds, that were not being used, were transferred from Broken Hill to the Wentworth Health Service where there is a greater need. This has enabled us to offer increase rehabilitation services for the Wentworth Local Government Area and surrounding areas, providing much-needed services closer to home.

OTHER ACHIEVEMENTS

Childhood Obesity – 60% of early childhood services have adopted 50% of practices in the Munch and Move program; 64% of primary schools have adopted 60% of practices in the Live Life Well @ School program.

Childhood Obesity – Health professional referrals to the Get Healthy Information and Coaching Service under Get Healthy in Pregnancy reached 109% by quarter three; Health professional referrals to the Get Healthy Information and Coaching Service reached ninety four per cent by quarter three.

BROKEN HILL HEALTH SERVICE REDEVELOPMENT

The Broken Hill Health Service Redevelopment started in late 2015 with the announcement of \$30 million to replace aging infrastructure in Broken Hill Health Service. Health Infrastructure directed the project, Savills and then NSW Public Works managed the project, Conrad Garget designed the building and spaces and all construction has been handled by Hutchinson Builders.

The project entailed seven months of planning and pre-approvals, 12 months of schematic and detailed design, two months for awarding of construction contracts, eight months to build the Community Health Centre, six months for the refurbishment of the health service and demolition of Kincumber House.

The Far West LHD now has new Community Health Centre (built using award winning innovative modular design) located at 2-4 Sulphide Street; Oncology and Medical Day Only Unit, Outpatient Services Reception area, procedure room in Specialist Clinics and additional offices and workstations in the ambulatory wing of Broken Hill Hospital. There is a markedly changed skyline with the demolition of Kincumber House and new garden areas in the place where Kincumber House once stood.

The project has broken new ground with the modular design of the Community Health Centre, and we have witnessed a very old building cut in half as part of the demolition of Kincumber House (with structural bracing work continuing into the new year for the part of the building that remains).

The Community Health Centre opened in July 2018 and was officially declared opened on Monday 26 November 2018. It marked the official acknowledgment of some three years of hard work by everyone involved and the Redevelopment of the Broken Hill Health Service draws to a close at end of 2018.



LEAD REPORT 2017

The Lead Report 2017: Broken Hill children less than 5 years old was released in November 2018, providing an update on the ongoing public health issue of elevated blood lead levels in children under the age of 5 in Broken Hill.

All children under the age of 5 residing in Broken Hill have been offered blood lead testing since 1991. This testing is voluntary and offered through the Broken Hill Child and Family Health Service and Maari Ma Primary Health Care Service. In addition, screening of umbilical cord blood lead levels of newborns, born in Broken Hill to resident mothers, commenced in 1996.

In April 2016, the NSW Ministry of Health endorsed the revised National Health and Medical Research Council (NHMRC) guidelines for the notification of blood lead levels from 10 µg/dL to 5 µg/dL. This report uses the revised lead blood notification figure and therefore reports on the proportion of children with blood lead levels under 5 µg/dL.

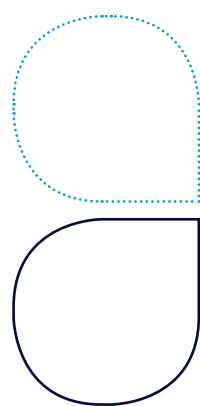
In 2017 there was an increase in the total number of children screened (687 to 730). During this period there was a 6.8% increase in the number of Aboriginal children screened (207 to 221) and a 6.0% increase in the number of non-Aboriginal children screened (480 to 509). The 221 Aboriginal children screened in 2017, represents the highest number screened on record. Aboriginal children tested as a proportion of all children tested has more than doubled since 2010, from 14.6% of all children in 2010 to 30.3% in 2016 and 2017.

The geometric lead mean level (age-sex standardised) for all children (1 to <5 years) was 5.7 µg/dL in 2017, slightly less than 2016 (5.9 µg/dL). However, the mean result for Aboriginal children increased in this period from 7.6 in 2016 to 8.7 µg/dL in 2017, while blood lead levels in non-Aboriginal children decreased, from 5.2 in 2016 to 4.6 µg/dL in 2017. The gap between these results (4.1 µg/dL) remains similar to the 2015 gap, and almost twice as much as the gap of 2.4 in 2016 between Aboriginal and non-Aboriginal children.

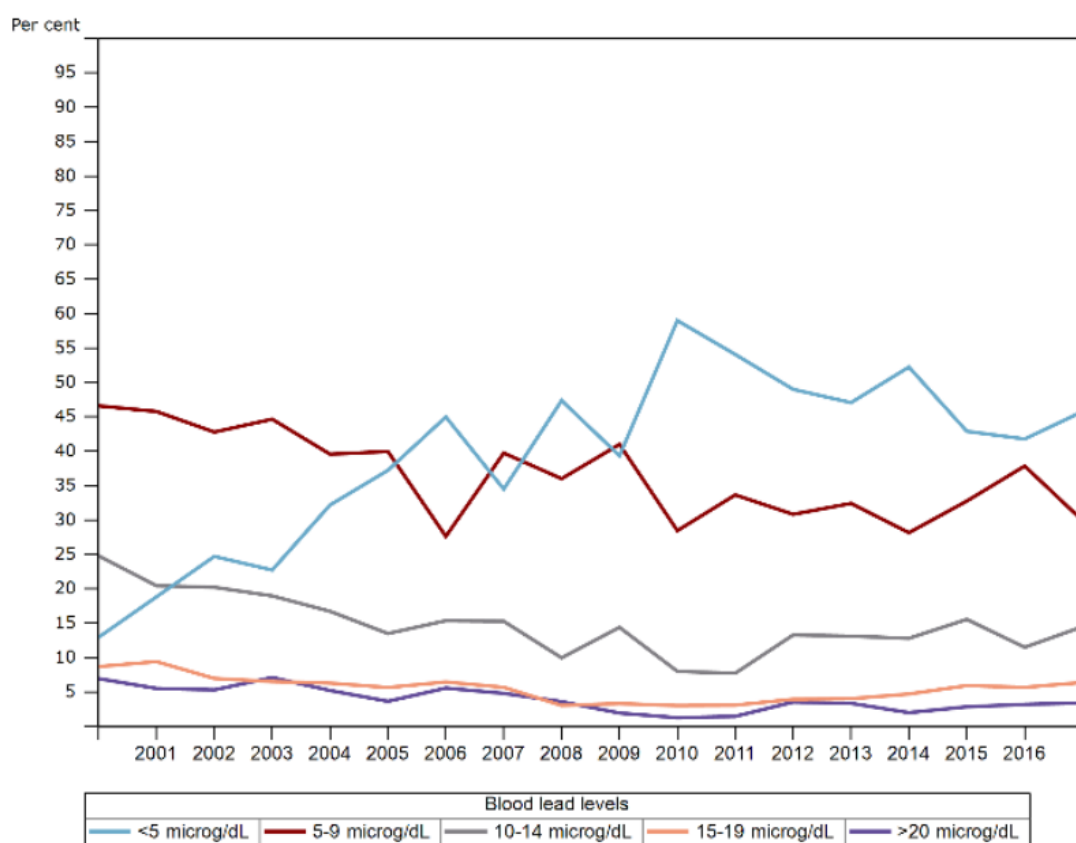
The 2017 results show 58% of non-Aboriginal children in Broken Hill had a blood lead level below 5 µg/dL, compared to only 22% of Aboriginal children. The result for Aboriginal children remained the same as 2016 (22%), whilst the result for non-Aboriginal children improved in the same period, increasing from 50% to 58%. When combining the results for Aboriginal and non-Aboriginal children, there was a slight increase (42% to 46%) of all children with blood lead levels below 5 µg/dL between 2016 and 2017.

There remains ongoing work to reduce blood lead levels in Broken Hill. The proportion of Aboriginal children in all lead level categories ≥ 5 µg/dL are higher compared with non-Aboriginal children. Although there has been improvements in non-Aboriginal children results in 2017, of the 386 children at or above 5 µg/dL over half, 55% (213), are non-Aboriginal and 45% (173) Aboriginal. Furthermore, 54% of all children (1 to < 5 years) tested in Broken Hill have blood lead levels above the current NSW Health notifiable level (5.0 µg/dL). In addition a review of blood lead levels by age group found that even for 1 year olds, the mean blood lead level was above the notifiable 5 µg/dL.

Information on the LeadSmart program is available at: <http://leadsmart.nsw.gov.au/>



Blood lead levels in children aged 1 to 4 years, Broken Hill, NSW, 2000 to 2017



Source: Broken Hill Child and Family Centre, Lead Program. Far West Local Health District. HealthStats NSW

http://www.healthstats.nsw.gov.au/Indicator/env_pbhem/env_pbhem?&topic=Environment&topic1=topic_env&code=env

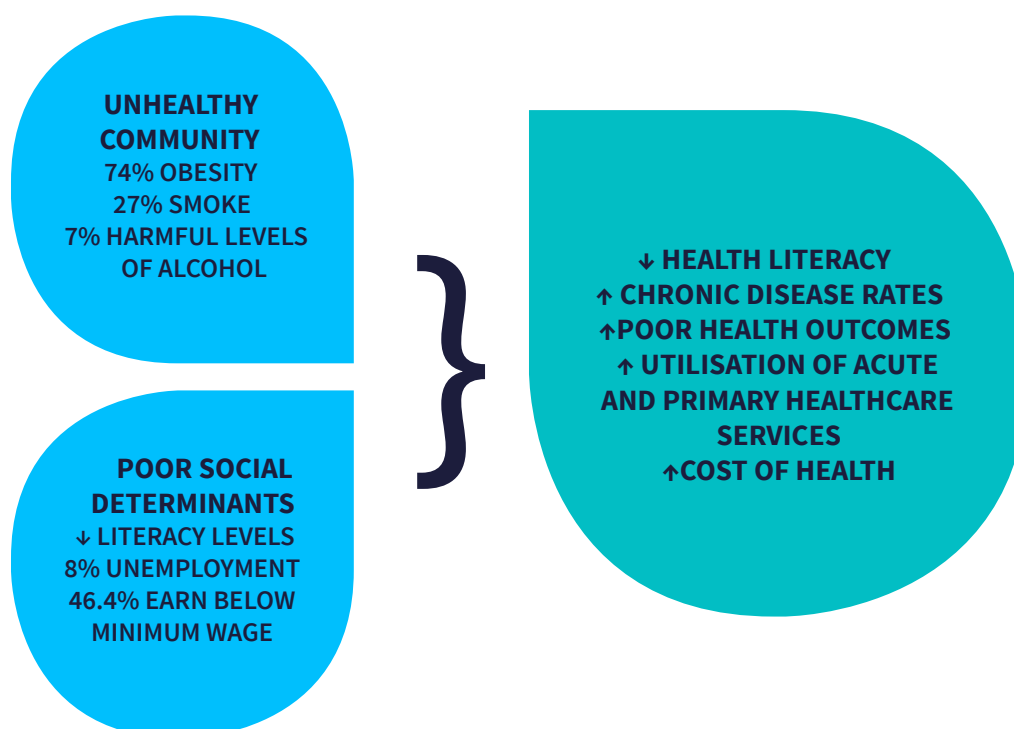
FAR WEST INTEGRATED CARE – WHOLE OF POPULATION APPROACH

Far West NSW population is decreasing, aging and experience poor health status compared to the rest of NSW, related to lifestyle risk factors and chronic illness. The low literacy levels and poor social determinants limit the capacity of some of the population to take responsibility for their own health and have impacted on health literacy and lifestyle behaviours.

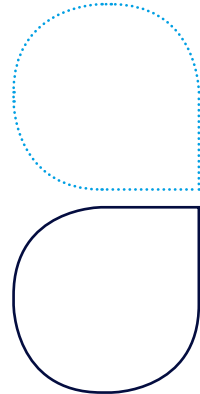
The Far West region has the highest proportion of Aboriginal residents 12.4% (2016 ERP) in NSW and many experience significant disadvantage. Our Aboriginal population is relatively young and also reflects the lower life expectancy of Aboriginal people.

Broken Hill is one of the most socially disadvantaged LGA's in NSW. Contributing to the social disadvantage are our education levels significantly lower than compared to the rest of NSW (2011 census). With 17.4% Broken Hill compared to 38.4% NSW completes year 12, and 20% Broken Hill compared to 11.2% NSW did not complete year 10.

The poor education levels have also impacted upon the health literacy and lifestyle behaviours of the community. The lack of active engagement and capacity to understand how their current lifestyle behaviours impact on their current and future health are evident through Broken Hill's chronic disease rates and risk factors.



If we do not change the LHD's acute care and primary healthcare services will struggle to cope with the escalating rates of lifestyle related illnesses, such as diabetes, respiratory, cardiovascular disease in the community if the risks factors to the development of chronic diseases are not addressed and the community is not actively engaged in their healthcare. We need to change our models of engagement to reflect the social exclusion.



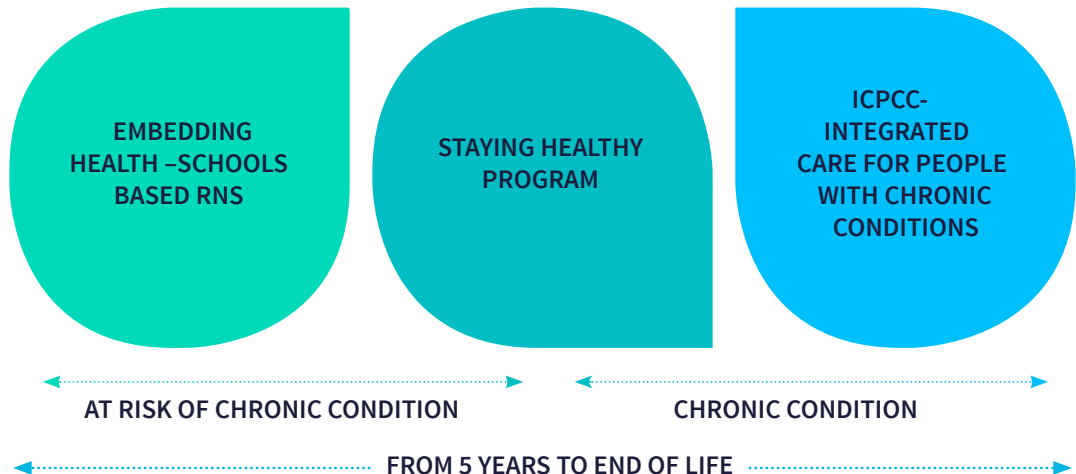
Healthcare service delivery must focus on person centered care and patient activation while recognising low social support as a contributing factor to poor health outcomes. Historically, primary healthcare services are accessed by consumers only when health problems become evident, despite the apparent long lead time to their presentation.

The LHD uses a multifaceted approach to address poor health trends of our community and acknowledges there are a range of factors that contribute to a person's health and wellbeing, their ability and their motivation to change health behaviours, the level of support they will need to help them to make a change, and access and use local healthcare services.

Changing the health behaviours and perceptions of the community, individuals and LHD staff cannot be achieved by a project in isolation but by a whole of population approach. This approach will target different sub-populations to make changes in their environments to create healthier environments for individuals and communities to make real and sustainable changes to their health and health behaviours now and in the future.

WHOLE OF POPULATION APPROACH

The FWLHD Integrated Care Strategy has evolved from standalone projects into a whole of population approach across the continuum of care, from school aged children to death with plans to expand service provision across all rural communities and into preschool aged children in 2019.



The whole of population approach to Far West Integrated Care will enable resources and services to span across the continuum of care from preventative health, management of chronic and complex conditions to end of life care through building capacity in creating and sustaining links across primary health care, social and welfare settings. This approach provides seamless effective care that reflects the needs of the whole person in partnership with providers and hospital avoidance strategies to create a better health-care experience for patients. Including services to improve health education and early identification of health issues and management of chronic disease with services with a focusing on screening, intervention and healthy development to ensuring a future healthy community.

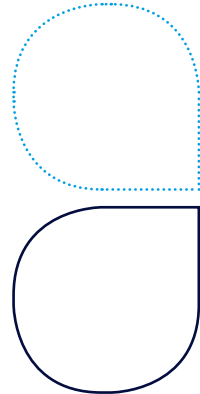
The Integrated Care whole of population approach will assist to build relationships and capacity across systems and workforces in both the private and public health, social, and welfare settings to support patients, carers, families and communities. This will enable the LHD to embed and expand service provision to other vulnerable population groups within the community.

The population groups included in the Integrated Care whole of population approach are Embedding Health (primary and high school aged children), Staying Healthy Program (young adult and working aged adults at risk of developing a chronic disease); Integrated Care for People with Chronic Conditions (ICPCC) (people with chronic disease over the age of 16 years) and the Small Site Integration Project (all consumers living in remote communities of all ages).

CHANGES TO INTEGRATED CARE PROGRAMS IN 2018

The Staying Healthy Program Stakeholder Evaluation was completed with recommended changes to program eligibility and exclusion criteria, and the accessibility and utilisation of the main program intervention the general practice based Care Navigator roles. The Care Navigators will be accessible to all Integrated Care populations as the key point of contact and link within general practice. The accessibility of the Care Navigators to all Integrated Care populations has provided greater collaboration and systems integration across healthcare settings and enable a whole of population approach across our communities. This has assisted the LHD to support the primary healthcare setting to create valued sustainable positions based within general practice and effective and efficient resource utilisation across all health care settings. Currently there are Care Navigators in three general practices in Broken Hill with plans to expand into two further general practices and to create an Aboriginal specific role.





Embedding Health initiative has addressed a significant gap in services and supports for children and young adult's health, education and social needs. The initiative engaging young people families and key health and education in health prevention and promotion, unmet health needs, wellbeing concerns, supporting families to navigate complex and fragmented health care delivery systems to ensure comprehensive and coordinated services. The initiative has been implemented across six primary schools and one high school in Broken Hill to support 2,908 students. In 2019 the initiative is to be extended to all primary and secondary schools across FWLHD including the School of the Air which services children from across three states (800,000sq km) and to all public and private preschools in the region. Two joint service positions with the Coomealla Aboriginal Health Service will be included in the service extension. This expansion will be the test case for a potential state rollout of joint funded services, collaborating across local services to support vulnerable communities. The expansion will require an increase of 5.0 FTE Clinical Nurse Specialist Grade 2 to support the rural communities. Joint Partnership with Aboriginal Medical Services is a key priority for Far West LHD.

The Small Sites Integration Project was developed in response to a significant risk in the management of patient information resulting in disjointed care and gaps in clinical documentation and information sharing. The creation of an electronic interface will enable the flow of relevant clinical information between the external GP provider platforms and the LHD systems for real-time sharing of information and support the continuity of patient care. The interface and processes created will support the sharing and management of patient information and standardised work practices across the facilities and external organisations working in the remote facilities. Currently support is being sought from NSW eHealth to assist the LHD with the funding and resources accessibility to development and implementation a bridging solution across the remote facilities. The identified bridging solution would be transferable to other rural LHDs.





PATIENT SAFETY, QUALITY AND INNOVATION

STATEMENT ON SAFETY AND QUALITY FROM THE CHIEF EXECUTIVE

The pursuit of Safety and Quality in healthcare is a journey that is not always travelled on a straight road. The many elements that contribute to the development of a safety and quality culture can be difficult to define when it comes to culture and the measurement of engagement. The Far West LHD is committed to a focus on safety, a willingness to act, a commitment to fairness and a belief that we can achieve excellence with empathy and the engagement of our consumers and staff in providing good care.

Our goal is to work with our consumers and staff and to achieve the Safety and Quality goals identified in the Service Level Agreement and the priorities identified in the LHDs strategic plan.

Our goal is to keep people safe in our care.

PATIENT EXPERIENCE

Consumer feedback is incorporated into the governance of the organisation via:

- > Patient stories (Board, HSM Meetings, MHDA Division, Wilcannia Health Service, Staff meetings all include patient stories)
- > Post-discharge Patient Surveys
- > Your Experience of Service (YES) surveys (MHDA)



- > Yimirri Nharatji processes (Patient rounding) recorded on Traffic Lights and reported up and down through the organisation
- > Complaints / compliments reported at multiple levels

Patient stories are presented to the Far West Executive meetings and to the Far West LHD Board. Actions arising from discussion of patient stories are captured and monitored through the Far West Executive meeting. Opportunities to provide patient stories are promoted through the CaRe screens.

STAFF CULTURE

High quality care is enhanced where staff and volunteers are committed, engaged and supported. An understanding of staff culture may be incorporated, as well as supporting behaviours that impact quality of care and patient safety.

Far West LHD have implemented 'Yimirri Nharatji' (based on the Studer program), the principles and the execution framework are reliant on 9 principles:

- > Commit to excellence
- > Measure the important things
- > Build a culture around service
- > Create and develop leaders
- > Focus on employee satisfaction
- > Build individual accountability
- > Align behaviours with goals and values
- > Communicate at all levels
- > Reward and recognise success.

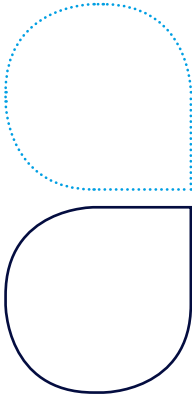
ROUNDING

Rounding is a standardised way for staff to engage other staff or patients. Rounding is proactively engaging, listening to, communicating with and building relationships with staff and patients. The first component of Rounding for Outcomes is Leader Rounding with Staff.

LEADER ROUNDING

The people who work in this LHD are our most important asset. Satisfied and skilled staff means a positive workplace, increased team work, and safe, quality care delivered. The result of a positive and satisfied team is an increase in patient quality care outcomes and their perception of the care they receive.

Leader Rounding is a process to help leaders connect with staff on a regular basis to show concern and care, check on what is working well, identify people to recognise, establish what tools and equipment are required to do their job and identify systems to improve.



Rounding involves proactively communicating with individual staff on a regular basis, to:

- > Identify what is working well in the department;
- > Highlight the great work that staff are doing;
- > Identify equipment needs, and
- > Identify issues and solutions that we as a department need to focus on.

There are structured questions to be used by each manager to ask their staff at least once a month:

- > What's working well?
- > Is there anyone you would like to recognise for doing great work in: our team/ our unit/ other teams/Services
- > Is there one area we need to focus on to improve service in our Ward/Unit?
- > If yes ask: Do you have any ideas or suggestions on how we can improve?
- > Do you have the tools, equipment and training to do your job?

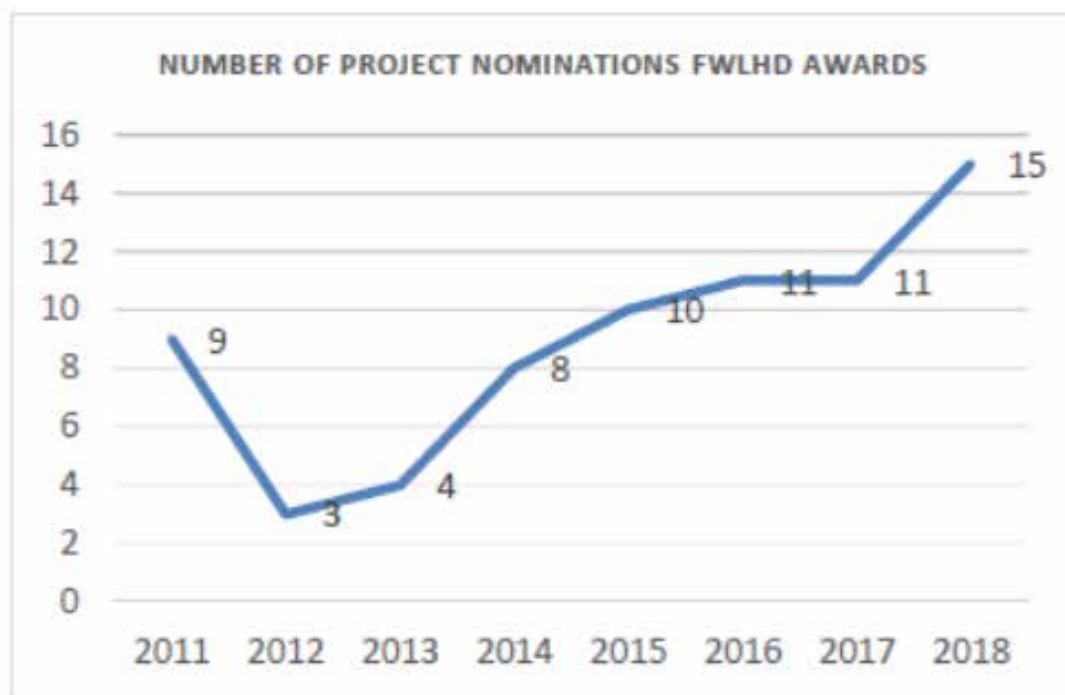
These questions have been designed to ensure that managers and staff are accountable for changes within their work area. Managers log all conversations on the Leader Employee Rounding Log, and create a Summary Report monthly to add to their Monthly Accountability Meeting.

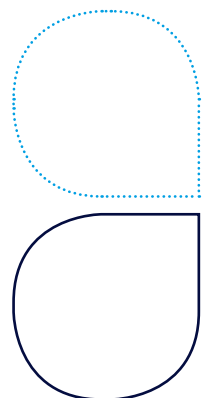
Benefits of Rounding with Staff

- > Reward and recognise staff;
- > Emphasize the positive instead of the negative;
- > Have first-hand knowledge of how organisational initiatives are affecting staff;
- > Build on relationships between management and staff;
- > Drives operational excellence – fixes systems, breaks down barriers and ensures the right tools and equipment are in place to get the job done and improve patient care, and
- > Patients benefit from better care and better service.

KEY ACHIEVEMENTS FOR 2017-18

The Far West LHD celebrated innovation and staff excellence during the annual Innovation and Staff Excellence Awards ceremony held on Friday 10 August 2018. There have been increasing numbers of project nominations each year which aligns with the implementation of the FWLHD Change Framework and OSIM action plan. This year's winning projects were the Direct Access Colonoscopy clinic, designed to reduce wait times for colonoscopy following positive FOBT screening, and the Centralised Remote Area Education (CRAE) project, providing district wide education via telehealth and achieving increased education outputs as well as efficiency gains for travel time and cost savings. All nominated projects aimed to improve consumer experience and outcomes, and continue to reflect increased staff engagement in safety and quality initiatives.





FAR WEST INNOVATION AND STAFF EXCELLENCE AWARDS 2018

FAR WEST MIDWIFE WINS NSW HEALTH EXCELLENCE IN NURSING AND MIDWIFERY AWARDS

In September 2018, Broken Hill midwife Boe Calvert, received the NSW Health Excellence in Midwifery – Registered Midwife award for her work to improve maternity care for Aboriginal women and families in rural communities.

The Awards recognise and publicly acknowledge nurses and midwives for their excellence in practice and for the significant contribution they make to their professions, their teams and the community.

Boe was also a joint winner of the 2018 Far West LHD Excellence in Midwifery - Registered Midwife Award.

ACCREDITATION ACHIEVED

The Lower Western Sector was awarded three year accreditation against the National Safety & Quality Health Service Standards in November 2017. The FWLHD completed accreditation against the NSW Disability Services Standards in March 2018 and was granted accreditation until 2021.

The Broken Hill Health Service is undertaking periodic review against NSQHSS 1-3 in November 2018 and any previous recommendations will be reviewed at this time. The gap analysis against the second edition of the NSQHSS is underway. The FWLHD Community Home Support Program (CHSP) is to complete accreditation prior to July 2019 against the Commonwealth Home Care Standards.

OSIM ACTION PLAN (CAPABILITY BUILDING WITHIN FWLHD)

A number of strategies have been implemented to enhance the Far West LHDs change capability following the Organisation Safety Index Matrix workshop (undertaken with the Clinical Excellence Commission in August 2017). The action plan prioritised the development of a project planner to minimise risk of change fatigue (heat map was subsequently developed), project registration and endorsement forms, provision of Accelerated Implementation Methodology (AIM) training (training provided in February 2018), increased profile of the annual LHD Health Awards (see above), provision of workshops for basic project and change management skills (workshop provided in March 2018) and linking mentors to project leaders (launch of Project Buddy Program in March 2018). The Far West LHD Change Framework also reflects these capability building plans.

The OSIM action plan will be revised in early 2019 in collaboration with the CEC. The Far West LHD Change Framework will then be revised to ensure greater focus on capability building initiatives and actions.

CONSUMER ENGAGEMENT IN SAFETY AND QUALITY

The Far West LHD includes consumer representatives on several committees where improvement in safety and quality is a focus. In addition, each Health Council takes an active role in local health care quality and safety. For example, the Balranald Health Council has been instrumental in choosing activities for residents as part of the Live Better in the Multi-Purpose Service (MPS) collaborative project undertaken in partnership with ACI (see achievements below).

Patient engagement is measured via the Patient Experience Survey Following Treatment, which shows a higher than state average for patient engagement:

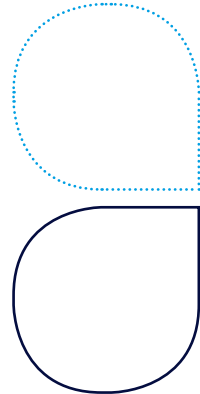
Patient Experience Survey Following Treatment								
Hospital	Overall Patient Experience Index		Patient Engagement Index		Patient Experience Survey ED Patients		Respect And Dignity Score	
	Oct-Dec 2017	Oct-Dec 2016	Oct-Dec 2017	Oct-Dec 2016	Oct-Dec 2016	Oct-Dec 2015	Oct-Dec 2017	Oct-Dec 2016
Far West LHD	8.8	8.7	8.6	8.6	89.7 %	95.4 %	9.5	9.2
NSW Health	8.6	8.6	8.4	8.4	89.4 %	88.9 %	9.2	9.3



The Your Experience of Service (YES surveys) are completed for MHDA services.

In 2017/18, Far West LHD's Mental Health and Drug & Alcohol (MHDA) service was rated second in NSW for overall experience of service. 82% of consumers said their care was 'very good' or 'excellent' (the state target for this measure is 80%). Despite our small numbers, FWLHD continue to have good completion rates. The YTD completion rate for Community MH&DA teams is 7.4% (NSW average of 6%). The Mental Health In-Patient Unit has a YTD completion rate of 58.9% (NSW average 34%).

The LHD also uses complaints, compliments and patient stories as measures of patient engagement. Complaints, compliments and patient stories are collected, shared, monitored and actioned. For example, patient stories are presented throughout the organisation, from the Board to each ward/team. Actions arising from the review of patient stories are captured and monitored through the Far West LHD Executive meeting.



Rounding with patients improves clinical outcomes, promotes patient safety and increases efficiency, and the LHD has implemented patient rounding as part of the Clinical Audit Schedule. Patient rounding asks consumers to comment on their experience of the care they have received. 87% of patients (n=152) report that staff introduce themselves and use their preferred name consistently (AIDET audit July 2017-June 2018). 94% of patients (n=134) reported that an explanation of the bedside handover process was given, that handover was performed at the bedside and that they were given opportunities to ask questions during the handover (Patient Survey Bedside Handover July 2017-June 2018). 84% of patients (n=61) reported they were seen by a nursing staff member every hour and 97% of patients reported staff did everything possible to manage their pain (Hourly Patient Rounding survey July 2017-June 2018).



RESPONSIVE TO CONSUMER COMPLAINTS

The Far West LHD has implemented a simplified complaints management process, which has ensured more timely response and completion rates once a complaint is received.

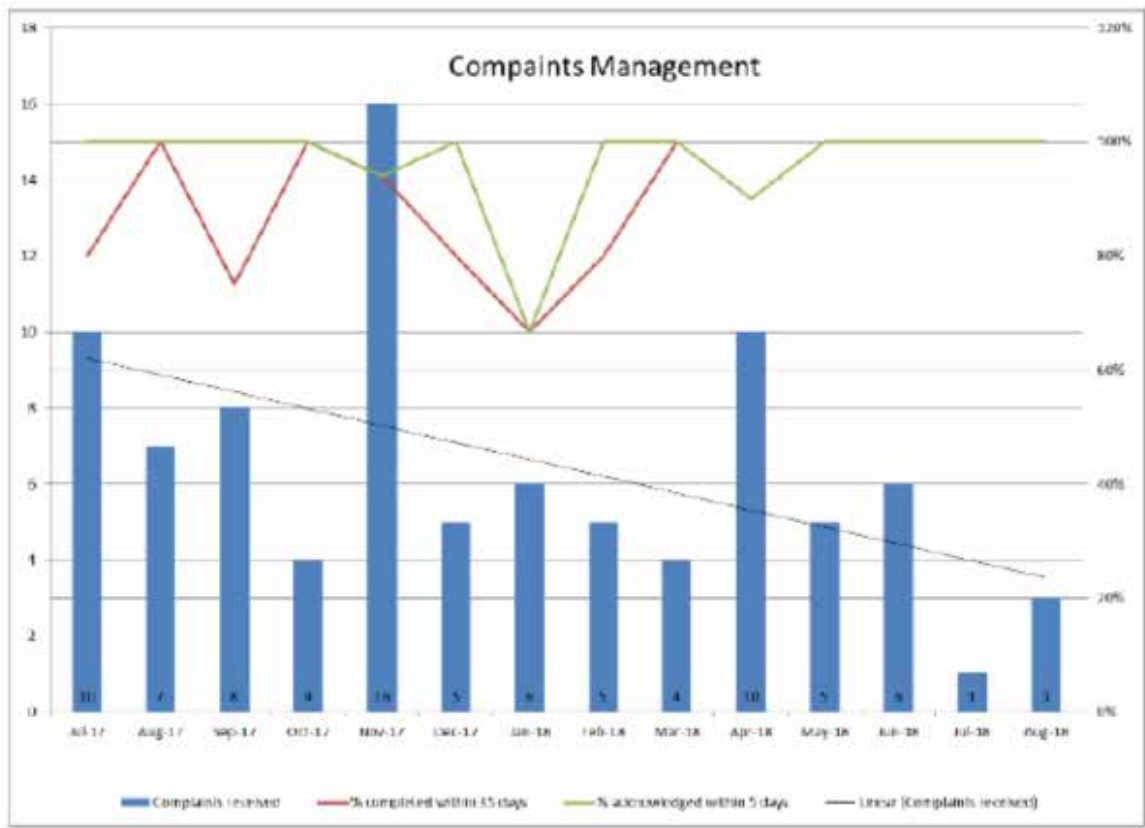
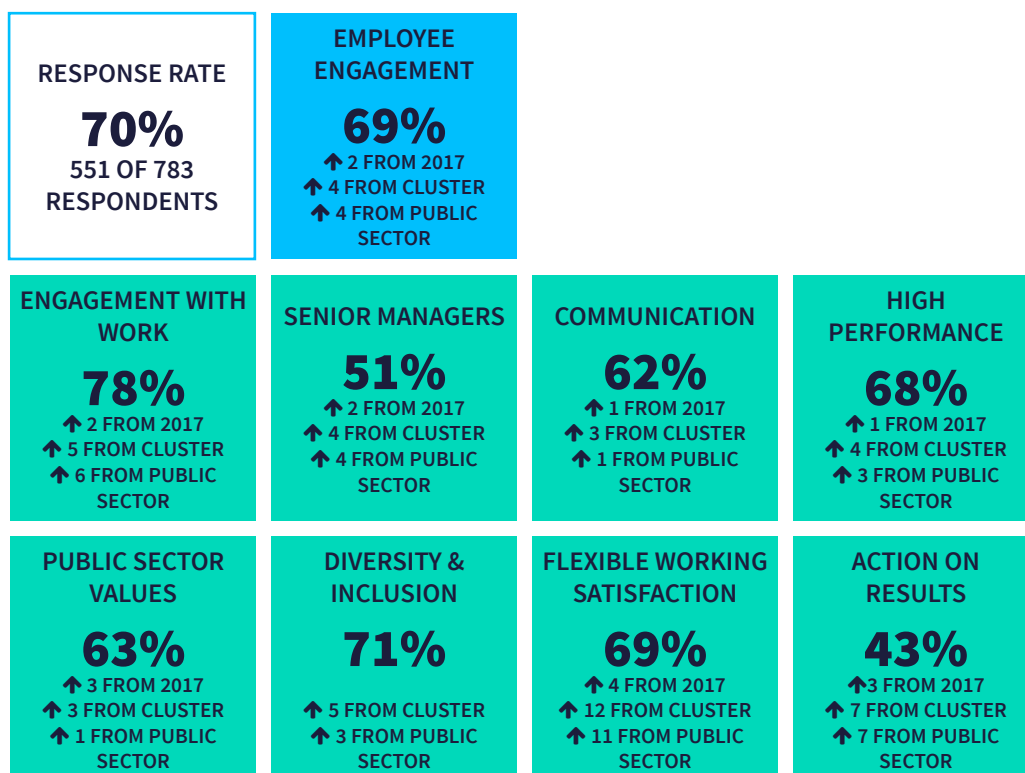
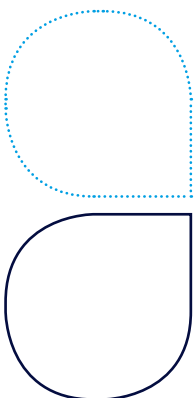


Table: complaints resolution timeframes

STAFF ENGAGEMENT SURVEY

The staff engagement index for 2018 (Public Service Commission (PSC) People Matter Survey – Engagement Index (%)) is 69% which is a 2% increase from the previous year and 4% higher than the overall public sector and the cluster results, placing Far West LHD equal first among the 15 LHD’s in NSW. The Far West LHD scored higher results than the cluster and the overall public sector in all the eight questions described as key drivers of engagement. The District improved the most in responses regarding senior management. Of these responses, staff showed an increase in senior management listening, in communication and in values. On average, responses to senior management increased positively by 6%. Other improvements were shown in work group collaboration, co-operation and achievement of client/customer satisfaction.



FAR WEST LHD SAFETY AND QUALITY ACCOUNT FOR 2017-18

The Far West LHD Safety and Quality Account for 2017-18 describes our progress in achieving outcomes in patient safety and clinical care, in alignment with the NSW Health Quality and Safety Framework. It also includes our focus areas for 2018-19.

INFECTION PREVENTION AND CONTROL

HAND HYGIENE

The FW LHD has set its own target compliance rate of 85% for hand hygiene for the past 12 months, and has remained above the state compliance rate of 80%. The Infection Prevention and Control CNC has commenced a project to engage consumers to ask staff to perform hand hygiene and identify barriers for this to occur.

Emergency Treatment Performance (% of all patients treated within 4 hour benchmark)

The FW LHD continues to meet the target compliance rate with 90.3% of all patients treated within the 4 hours during 2017/18.

HOURLY PATIENT ROUNDING

Hourly Patient Rounding has been implemented in most of the inpatient services in the Far West LHD. The FW_PD2018_010 Hourly Patient/Resident Rounding Procedure has been developed and is endorsed to guide the implementation of hourly patient rounding throughout the district. The patient survey results for these units/facilities for 2018 show an improvement in patients reporting 'being seen by a nursing staff member every hour' from 80% in 2017 to 95% in 2018.

SAFETY HUDDLES

The FW_PD2018_009 Conducting Effective Safety Huddles and White Level Inspections Policy has been developed and endorsed to support the implementation and completion of safety huddles in the Far West LHD. The implementation of safety huddles has commenced throughout the Far West LHD during 2017/18. By the end of 2018, 62% of targeted areas in the Broken Hill Health Service will also be using safety huddles at a frequency specific to each unit.

CODE BLUE DRILLS

In the past 12 months, Broken Hill Health Service inpatient areas have undertaken four Code Blue Drills, using a variety of scenarios to simulate the various deteriorating patient situations and including the multidisciplinary team. Formal feedback was obtained from staff who participated in the drills and this highlighted that staff found value in learning about the importance of delegated roles and clear communication within the team. Code Blue drills have also occurred in smaller outlying facilities.

LEVEL 4 INTENSIVE CARE SERVICE MODEL (JOINT PROJECT WITH ACI)

The Far West LHD continues to implement the model of care for a level 4 role delineation Intensive Care Unit (ICU) for Broken Hill, which includes a networking relationship with a level 6 ICU (St George Hospital). Overall compliance with the service model has improved from 39% to 60%, with ongoing work required in the areas of medical staffing and medical governance.

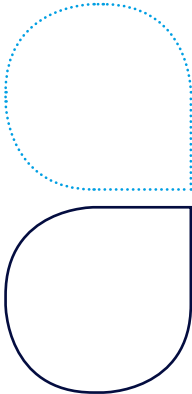
LIVING WELL IN MPS (COLLABORATIVE PROJECT WITH ACI) – BALRANALD MPS

Implementation of the Living Well in MPS service model aimed to provide a better experience for residents by having a more homelike environment, positive dining experiences, expertise in Aged Care and keeping residents and their families informed and involved. Final evaluation of the project occurred from December 2017-January 2018 and resulted in overall reduction in resident falls as well as an increase in positive resident experience in all domains. Balranald staff have conducted poster presentations about the project at the Rural Health and Research Congress in 2017 and the 2018 Rural Innovations Changing Healthcare (RICH) Forum and Essentials Of Care (EOC) showcase.

MENTAL HEALTH DRUG AND ALCOHOL (MHDA) CLINICAL GOVERNANCE AND ACCOUNTABILITY

During 2018 the MHDA service formed a link with the South East Sydney LHD Mental Health team to gain the benefit of their experience in implementing a major safety and quality improvement program.

In our small LHD, it is difficult for us to consistently provide an evidence based education for new graduate nurses working in the MHDA service. Consequently, the first phase of the partnership with SESLHD has been including our nurses in South East Sydney's Mental Health Transition to Practice Program. Their managers report these new nurses have acquired excellent clinical and documentation skills.



Another part of this partnership involves mentors for senior Far West MHDA staff. This complements local work on providing clinical supervision for mental health clinicians.

Clinical review practices in the community have been enhanced with clinicians having a one to one meeting with senior staff to review their caseload. This has improved evidence based care planning for clients.

The LHD works on improving the physical health of mental health consumers through the weekly Get Healthy Clinic for mental health ambulatory consumers and focusing on metabolic monitoring and linkages to general health services for inpatients.

The MHDA directorate has excellent KPI results. For example, absconding, seclusion and restraint rates are low, seven day follow up post discharge is high, and Your Experience of Service (YES) results indicate 82% consumers rank their overall experience in our mental health services as very good to excellent.

DOMESTIC VIOLENCE SCREENING – % routine domestic violence screens conducted

For 2017/18 the FWLHD currently has a 69% completion rate for routine domestic violence screens. This is a 30% increase on the reported rate for 2016/17.

MENTAL HEALTH – ACUTE SECLUSION RATE (episodes per 1000 bed days)

The FW LHD has decreased its seclusion rates for 2017/18. The YTD rate of 4.9 is again below the NSW 6.8 target.

MENTAL HEALTH – AVERAGE DURATION OF SECLUSION (hours)

The average duration of seclusion for 2017/18 was 1.2 hours. This is well below the NSW target of 4 hours and a significant improvement on the 2106/17 result of 3.9 hours.

PALLIATIVE CARE PATIENT SAFETY INITIATIVES

In 2018, a Palliative Care JMO commenced providing services to the inpatient setting to support palliative and end of life care. Processes for improving patient safety in the community have been developed and implemented, including Time out Procedures for drawing up parenteral medications and loading NIKI T34 pumps in the community palliative care setting, supervision of drawing up and storage of liquid oral opioids for patient/carer administration in the community palliative care setting and processes for managing and preventing pressure injuries in the community for palliative care clients. The Palliative Care Outcomes Collaborative (PCOC) has been implemented to benchmark and assess patient outcomes across the LHD.

The Far West LHD Palliative Care team have worked with the HETI e-learning module for filming of Aboriginal Aged Care/Palliative Care (Cultural Safety) education.

CHEMOTHERAPY PROTOCOL COMPLIANCE

Compliance with EviQ protocols for chemotherapy administration is closely monitored via audits of MOSAIQ (Oncology Information System), which aims to identify any variances to protocol. The Cancer Institute NSW audit of MOSAIQ FWLHD data demonstrated only 1 of 114 chemotherapy protocols was a non-EviQ protocol, and this case was justified due to toxicity.

The Oncology service is also now better supported by the commencement of a visiting Haematologist.

Fall related injuries in hospital resulting in intracranial injury, fractured neck of femur or other fracture (per 1000 bed days)

There was one fall resulting in serious injury during July 2017-June 2018. The rate per 1000 bed days was 0.050 which is less than the NSW Health average of 0.074 and the target of 0.22 (based on data extracted from QIDS). Although there were no falls resulting in serious injury after October 2017, there has been an upward trend of less serious falls incidents in the past 12 months. The LHD expects to see a continued reduction in the number of falls through the ongoing implementation of hourly rounding and CEC falls collaborative on falls prevention.

3RD OR 4TH DEGREE PERINEAL LACERATIONS DURING DELIVERY (PER 1000 BED DAYS)

There were two 3rd or 4th Degree Perineal Lacerations during delivery from July 2017 to June 2018. The rate per 1000 bed days was 0.101 which is lower than the NSW Health average of 0.390 and the target of 0.234 (data extracted from QIDS). Staff apply many interventions to keep 3rd or 4th Degree Perineal Lacerations to a minimum, these include: slow birth of head, not performing routine episiotomies and avoiding instrumental delivery where possible.

HOSPITAL ACQUIRED VENOUS THROMBOEMBOLISM (PER 1000 BED DAYS)

There were two hospital acquired venous thromboembolism involving pulmonary and deep vein thrombosis between July 2017 and June 2018. The rate per 1000 bed days was 0.101 which is lower than then NSW Health average of 0.211 and the target of 0.131.





HOSPITAL ACQUIRED PRESSURE INJURIES (PER 1000 BED DAYS)

There were eight hospital acquired pressure injuries from July 2017 to June 2018. The rate per 1000 bed days was 0.403, which although an improvement on the previous year is still above the NSW rate of 0.191 and the target of 0.256 (based on data extracted from QIDS).

FWLHD recognised the risk to patient care with a higher trending hospital acquired pressure injury rate. Immediate interventions have been put in place:

- > Formal Point Prevalence Survey (PPS) conducted 6 monthly at all 3 inpatient facilities in FWLHD (Broken Hill, Balranald, Wentworth) commencing September 2018;
- > Action plan with risk mitigation strategies from each Point Prevalence Survey;
- > Employment of a Clinical Nurse Specialist grade 2 in wound management whose portfolio includes pressure injuries (correct management, prevention and education);
- > Participation in the state wide Hospital Acquired Pressure Injury Collaborative which is working towards providing evidence-based and clinically appropriate Pressure Injury Prevention and Management guiding principles;
- > Ongoing implementation of hourly rounding and pressure injuries coding audit process.

HEALTHCARE ASSOCIATED INFECTIONS (PER 1000 BED DAYS)

The Healthcare associated infections rate per 1000 bed days in July 2017-Jun 2018 was 5.44. This is higher than the NSW rate of 2.994 and the target of 2.86 (based on data extracted from QIDS). The Clinical Nurse Consultant for Infection Prevention and Control is investigating these cases and we expect to see an improvement on this rate by the end of this reporting period.

SURGICAL COMPLICATIONS REQUIRING UNPLANNED RETURN TO THEATRE (PER 1000 BED DAYS)

There were seven surgical complications requiring unplanned return to theatre during July 17-June 2018. The rate per 1000 bed days was 0.302 which is lower than the NSW Health average rate of 0.409 and the target of 0.409.

HOSPITAL ACQUIRED MEDICATION COMPLICATIONS (PER 1000 BED DAYS)

The medication complications rate per 1000 bed days was 1.109 which is higher than the NSW Health average of 0.752 and target of 0.652. Ongoing work with documentation and clinical coding is continuing. All serious clinical incidents are also now subject to more rigorous review and executive sign off which will assist in highlighting medication complication issues across the district as they are occurring.

The FW LHD is implementing Electronic Medication system (eMEDS) during October-November 2018 and expect to see a decrease in the number of medication complications once this system is fully implemented.

HOSPITAL ACQUIRED NEONATAL BIRTH TRAUMA (PER 1000 BED DAYS)

There were nil hospital acquired neonatal birth trauma incidents in FWLHD during July 2017-June 2018.

MENTAL HEALTH PLAN – ENGAGEMENT/COMPLETION (OBSERVATION)

The Broken Hill Health Service Mental Health Inpatient Unit has undertaken significant training on the NSW engagement and observation policy. Compliance with the policy is audited in QARS. The September 2018 audits show an 85% compliance rate.

UNPLANNED HOSPITAL READMISSION WITHIN 28 DAYS OF SEPARATION – ABORIGINAL PERSONS

Audits are routinely completed for readmissions within 28 days. Auditing now includes examining aboriginal v's non-aboriginal readmission rates. Data collected will be examined in per 1000 separations to determine accurate rates between the 2 groups and to identify any trends that can be actioned.

MENTAL HEALTH: PRESENTATIONS STAYING IN ED >24 HOURS

Far West LHD has consistently performed well against this KPI, with no patients exceeding the KPI in the 2017-18 period.

SAFETY AND QUALITY IMPROVEMENT STRATEGIES

The Safety and Quality improvement strategies are largely driven by the requirements of the National Safety and Quality Standards and the accreditation process. This is reflected in the Safety and Quality Plan and Clinical Governance Framework for the District.



SAFETY AND QUALITY PRIORITIES FOR THE COMING YEAR

In 2018/19 the Far West LHD will be working on:

- > REACH Program – patient and family escalation
- > Level 4 Intensive Care Service Model – development and implementation of the medical model
- > Hospital acquired pressure injuries – participation in state-wide project and point prevalence auditing
- > Clinical Audit Program review – revised to align with version 2 of the National Standards
- > Palliative and End of Life Care framework to improve the palliative approach to care
- > CEC Amber Care Bundle – implemented in all inpatient facilities
- > Hourly Patient Rounding Evaluation
- > Leading Better Value Care initiatives
- > Seclusion and Restraint prevention
- > Standardised local Patient Experience Survey
- > The Last Thousand Days (BHHS) – focusing on advance care directives
- > End PJ Paralysis (BHHS) – encouraging patients to dress when no longer in the acute phase
- > Management of patients with bariatric needs
- > Lower Western Sector Clinical Review and M&M Committee
- > Clinical review committee restructure, including greater governance for serious clinical incident review

REFERENCES AND DATA SOURCES

- NSW Health System Purchasing and Performance Branch Safety and Quality Framework Sydney: NSW Ministry of Health; 2018
- NSW Health 2018 Service Agreement between Secretary NSW Health and Far West Local Health District; 2018-19.
- Public Service Commission (PSC) People Matter Survey 2018
- Health System Performance Report – Far West LHD – August 2018 Published on 21 September 2018
- The 2018-2019 KPI and Improvement Measure, Data Supplement v1.1, August 2018 contains a description of each indicator/measure.
- QIDS - Data Source- NSW Ministry of Health, Health Information Exchange (HIE).
- Your Experience of Service: What consumers say about NSW MH Services 2017/18, October 2018.





MENTAL HEALTH AND DRUG & ALCOHOL SERVICES

CONNECTIONS PROJECT – FIGHTING LONELINESS TO IMPROVE WELLBEING

The Mental Health and Drug & Alcohol (MHDA) Service has a number of significant achievements this year involving the district team and our clinical services.

CONSUMER EXPERIENCE

Our consumers rated the Far West MHDA service second in NSW for overall patient experience in 2017/18. Our inpatient services came in at number one and community teams number three. This represents significant effort on behalf of all our staff in distributing Your Experience of Service (YES) surveys to our consumers. It is also a testament to the quality of the care they provide.

MEDIA AND PUBLICATIONS

It's been a bumper year for publications and media thanks to the Consumer and Carer Action Group (CCAG), Tanya Clifton and Corina Kemp. We have a new Recovery Journal, an interactive workbook designed for staff to use with inpatients to assist their recovery; it can also be used at home. We produced two short films, Karen's Story and Destination Unknown.

Karen's Story describes one woman's experience of mental health care, while Destination Unknown takes potential consumers on a journey through mental health services in Broken Hill to reduce the fear of the unknown. We also have a great new banner to take to health promotion activities.

Mental Health Inpatient Unit

Tracy Munro (NUM), and her staff in the Mental Health Inpatient Unit have been working hard to introduce changes to the safety and quality of care in their service. Some of these changes include:

- > Improving clinical handover by implementing the ISBAR format and keeping handover information on the electronic journey board where it is current and visible to everyone
- > Improving clinical documentation by implementing the S.O.A.P format – SOAP stands for subjective, objective, assessment and plan
- > Not a single person has been secluded or restrained since June 2018
- > Making the unit safer. This has included adding an airlock double door and raised fences to prevent absconding, starting safety huddles (a quick meeting to review the risks of each inpatient)
- > Successfully moving from a paper based system of medication management to eMeds, an electronic system
- > Securing over \$200,000 in funding to improve the therapeutic environment. Once this work is complete, the unit will have six individual bedrooms, a new coat of paint, new bedroom and outdoor furniture, and refurbished bathrooms.

PARTNERSHIPS

Collaborative Family & Carer Working Group: All organisations that are funded to specifically work with families and carers within the Far West meet to plan events. This group has been designed to promote collaboration, planning and pooling of resources. It has successfully prevented duplication of services and double booking of events.

Connections: this program relies heavily on a strong partnership between Mission Australia and Far West LHD. It has been highly successful in its aim of reducing loneliness in Broken Hill.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

CAMHS has filled all clinical positions with great people and, despite the absence of a permanent team leader while recruitment processes are underway, has managed to achieve some significant progress. This includes:

- > Introduction of daily handover meeting to promote patient safety
- > Weekly meetings with headspace and the Broken Hill Community MHDA team to share information, referrals and mutual clients
- > Improving data input – recording improved by 80% in a month
- > Better use of the CAPTOS Telehealth service, a partnership with Westmead Children's Hospital that provides expert clinical consultation, training and supervision
- > On site high school support by the School Link Coordinator

INTEGRATED VIOLENCE PREVENTION AND RESPONSE SERVICE (IVPRS)

The IVPRS has recruited some high calibre staff this year. Sherree Ferrall and her team have got straight to work on a number of initiatives, including:

- > A redesign of their service and clinical governance structure
- > Two RNs have completed SANE training to allow them to conduct forensic examinations of sexual assault victims. Having nurses on the ground to provide this service significantly improves patient care in a very stressful situation.
- > After a long time looking for the right person, the first IVPRS Aboriginal Trainee in NSW will commence employment in 2019
- > Going fully electronic with all services now entering information in CHOC

HEALTH PROMOTION

MHDA and IVPRS staff have participated / led a number of health promotion activities this year. These include:

- > NAIDOC day in the park
- > Mental Health Month Concerts with singer/songwriter Nancy Bates
- > The Lovebites Program for year 8 and 10 students to raise awareness about the impact of domestic violence.
- > Year 7 transition into high school day
- > Youth School Expo



WORKFORCE

Staff Excellence: Two of our team were received Staff Excellence Awards this year. Corina Kemp took out the award for Aboriginal Staff Excellence and Dallas Seager won the Customer Service Award.

Peer Support Workers: Our first two Peer Support Workers have been recruited and will start work in the new year. A detailed Model of Care outlines their role, which is primarily to support people back into the community upon discharge from the MHIPU.

New graduate mental health nurses: New graduate Mental Health Nurses joined their colleagues in South Eastern Sydney Local Health District in the Transition to Practice Program. This is the first time our new nurses have been able to participate in a tailor made mental health program designed to equip them for modern mental health care.

Orientation: After a long gestation period, the MHDA Staff Orientation Guide was released this year to help new staff understand our service.

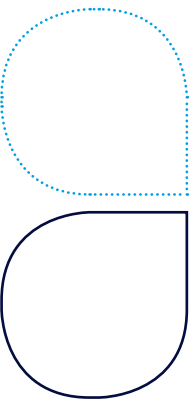
Aboriginal Mental Health Trainee Program: Corina Kemp created new log books to help managers, preceptors, colleagues and trainees understand the requirements for workplace learning for each of the three years of training.

Professional Development: MHDA staff participated in plenty of professional development in 2018, including:

- > Cognitive Behavioural Therapy
- > Motivational Interviewing
- > Acceptance and Commitment Therapy
- > Integrated Violence, Abuse and Neglect (VAN) training
- > Introduction to CAMHS
- > Autism spectrum and Asperger's syndrome
- > Sexual assault privileged communication
- > Project Air conference
- > Numerous short presentations covering the NDIS, amendments to the Mental Health Act, the Memorandum of Understanding with Police and Ambulance for the safe transport of mental health consumers, drug & alcohol care, the NSW Strategic Plan for Mental Health and a variety of other topics.

Loneliness is linked to depression, social isolation and poor health. The Far West Local Health District (LHD), Mission Australia and GROW developed the Connections program to counteract the effects of loneliness and improve the mental wellbeing of the Broken Hill community.

Connections is all about reducing loneliness and isolation by connecting people to each other and to their community. It is an informal, activity based, non-clinical after-hours service for socially isolated people, run entirely by Peer Support Workers with lived experience of mental ill health. It kicks off at the end of the day when other services shut up shop.



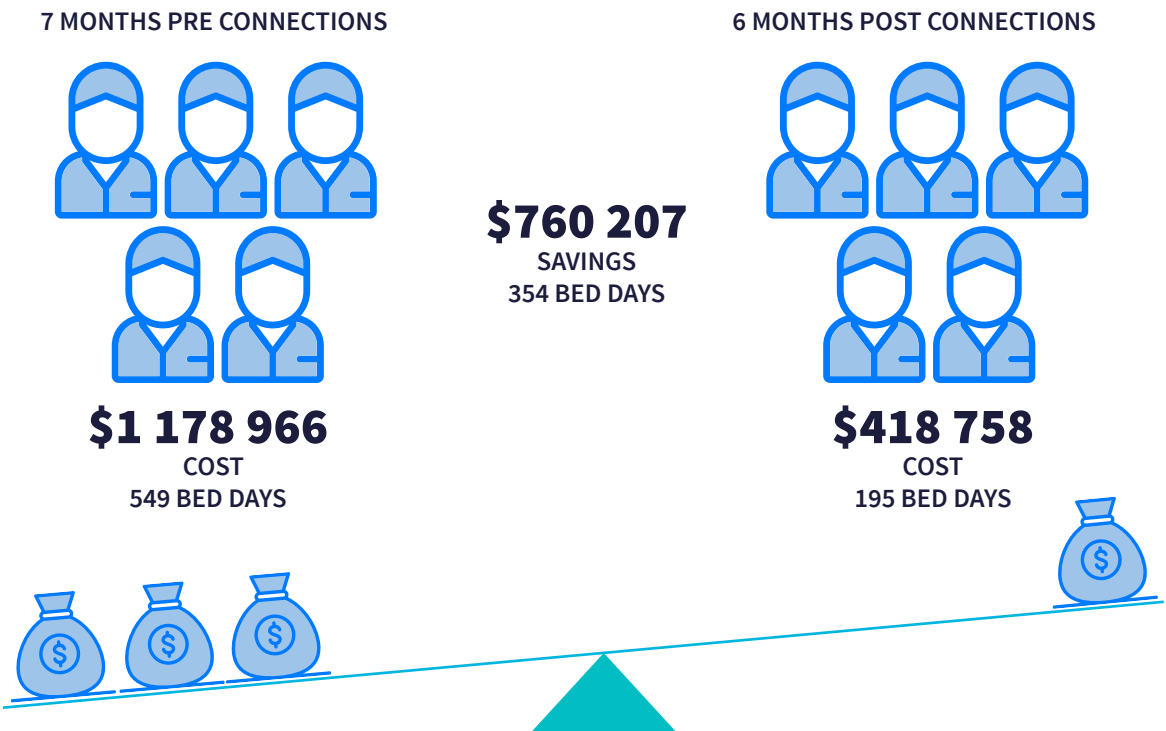
People who attend Connections decide on a monthly program of social activities with the Peer Support Workers. This involves some activities in the local community and some at home base. Activities include karaoke, dinners out, gallery openings, movies, gym, craft, picnics and pretty much anything the participants choose. Because many people are isolated because they can't find the money for activities, Connections covers all costs. This means no one is excluded.

Connections provides people with a road to wellbeing and a bridge between inpatient services and the community. To demonstrate how this works, one participant said "My whole life, well, my previous life, I was happily a lone wolf. However, as my new life unfolds, I have made some lovely new friendships in Broken Hill, community connections I would call them.... Every aspect, every minute of my rehabilitation path has been filled with kindness, wisdom, respect, positivity and care. ED, MHU, Recovery Centre and now Connections have all in their own way played key roles in establishing, and maintaining, my new life. I could never differentiate between each department or organisation. All I can say is that the good work of one was enhanced and reinforced by the next along the way..."

In the first six months of operation, 55 people accessed Connections activities, and attendance is trending up. After examining the data for the 5 people who attended most frequently, we found significant change.

In the 6-7 months before Connections opened, these five people had used 549 acute mental health bed days and presented to the Emergency Department (ED) 16 times. In the six months after Connections opened, bed days had reduced to 195 and there were only 3 ED presentations. This amounts to a 65% reduction in bed days and an 80% reduction in ED presentations for these five people. This has resulted in a reduction in LHD service costs of almost \$763,000.

People who attend Connections have increased confidence, hope, connection, friendships and a sense of belonging to their own community. The Peer Support Workers have also formed a strong network which supports their professional identity as a new mental health workforce.



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OUR BOARD

The members of the Far West LHD Board are appointed by the NSW Minister for Health for a term of up to five years per appointment.

MEMBER	APPOINTMENT START DATE	APPOINTMENT END DATE
Dr Andrew Refshauge	1 June 2017	15 June 2019
Mr John Harris	1 January 2011	30 June 2021
Mr Stephen O'Halloran	1 January 2011	30 June 2021
Ms Mariette Curcuruto-Dunlevy	8 October 2016	7 October 2020
Ms Michelle Dickson	8 October 2016	7 October 2020
Mr Wincen Cuy	8 October 2016	7 October 2020
A/ Prof Dr Lilon Bandler	1 January 2018	31 October 2022
Mr Paul Kemp	1 January 2018	31 October 2022

The Far West LHD Board is chaired by Dr Andrew Refshauge and seven Board members. Mr Stephen Rodwell, Chief Executive and the Board are responsible for:

- > improving local patient outcomes and responding to issues that arise in the LHD
- > monitoring the performance of the LHD against performance measures in the LHD Service Agreement
- > delivering services and performance standards within an agreed budget, based on strategic and operational plans
- > ensuring services are provided efficiently and producing annual reports that are subject to state financial accountability and audit frameworks and
- > maintaining effective communication with local and state public health stakeholders.

There are five board committees that oversee specific areas of the business including providing advice on the organisation's strategy, approving key investments, ensuring major risks are identified and managed, and assisting the Far West LHD Board in achieving its goals and objectives. They are:

- > Health Care Quality
- > Workforce Development
- > Aboriginal Health
- > Finance and Performance
- > Audit and Risk

Services shared with Western NSW LHD:

- > Medical and Dental Appointments Advisory
- > Research and Ethics
- > ICT

MEET OUR BOARD MEMBERS

DR ANDREW REFSHAUGE



MS MICHELLE DICKSON



MR JOHN HARRIS



MR WINCEN CUY



MR STEPHEN O'HALLORAN



ASSOCIATE PROFESSOR DR LILON BANDLER



MS MARIETTE CURCURUTO-DUNLEVY



MR PAUL KEMP





OUR EXECUTIVE LEADERSHIP TEAM

MR STEPHEN RODWELL, CHIEF EXECUTIVE



MR KEN BARNETT, GENERAL MANAGER
BROKEN HILL HEALTH SERVICE



MS DIANA FERRY, EXECUTIVE OFFICER



MS DALE SUTTON, GENERAL MANAGER
LOWER WESTERN SECTOR AND DISTRICT
DIRECTOR OF NURSING AND MIDWIFERY



MS NONI INGLIS, DIRECTOR OF FINANCE
AND CORPORATE SERVICES



DR ANDRÉ NEL, DIRECTOR OF MEDICAL
SERVICES AND ACTING DIRECTOR OF
CLINICAL GOVERNANCE



MS ZANDRA COREY, DIRECTOR OF
CLINICAL GOVERNANCE (UNTIL 6 JULY
2018)



MS MICHELLE HARKIN, CHIEF
INFORMATION OFFICER, WESTERN AND
FAR WEST LOCAL HEALTH DISTRICTS



MS SUSAN DALY, DIRECTOR MENTAL
HEALTH DRUG AND ALCOHOL



MS DONNA CRUICKSHANK, DIRECTOR
ABORIGINAL HEALTH AND PLANNING
(APPOINTED 5 NOVEMBER 2018)



MS MELISSA CUMMING, DIRECTOR CANCER
SERVICES, INNOVATION (RURAL) AND
PALLIATIVE CARE





OUR STAFF

WORKFORCE OVERVIEW

A total of 689 full time equivalents (FTEs) comprising 758 individuals were employed by FWLHD in 2017-18.

In 2017-2018, 164 new staff members joined Far West. They brought a range of skills from our local communities, other LHDs and across Australia.

The District has the highest proportion of Aboriginal staff of all Local Health Districts. At 30 June 2018 the District employed 66 Aboriginal and/or Torres Strait Islander staff, making up 8.44% of the total workforce FTE. The Aboriginal Workforce Strategy 2016-2019 outlines strategies to recruit and retain Aboriginal staff members, to ensure that our services meet the needs of our communities now and into the future.

At 30 June 2018 women accounted for 90.24% of the Districts workforce and four were in key senior roles.

WORKFORCE DEVELOPMENT

The LHD had a Mandatory Training compliance of 69.04% at June 2018.

20 new graduate nurses commenced in the Transition to Professional Practice program February 2018.

10 year 11 School Based Apprentice and Trainees commenced a two year program with the District in February 2018.

CULTURE INITIATIVES

The 2018 People Matter Employee Survey (PMES) ran from Friday 1 June to Monday 2 July 2018. The LHD achieved an engagement level of 69%, which puts the LHD in the top three agencies in the State. The engagement increased from 67% in 2017, and continues a consistent increase in culture across the lifespan of the Survey.

The District improved the most in responses regarding senior management. Of these responses, staff showed an increase in senior management listening, communication and values. On average, responses to senior management increased positively by 6%.

Other improvements were shown in work group collaboration, co-operation and achievement of client/customer satisfaction.

In contrast, there was a decrease in perceptions around direct "my" managers. Responses showed and average decrease of 3% in employee input, encouragement, communication, performance management, and manager involvement in work decisions.

OUR PARTNERS

The Far West NSW LHD has strong relationships with several key health organisations to provide healthcare services and support to ensure the best health outcomes for the communities living in Far Western NSW.

Over the years, health organisations have recognised the importance of taking an ongoing working collaborative approach to help overcome the challenges of providing timely and quality healthcare to rural and remote communities.

AMBULANCE SERVICE OF NEW SOUTH WALES

The Ambulance Service of New South Wales has stations and staff located at Balranald, Broken Hill and Wentworth. The FWLHD provides ambulance services on behalf of the Ambulance Service of New South Wales, and in partnership with community volunteers, at Ivanhoe, Menindee, Tibooburra, White Cliffs, and Wilcannia.

COOMEALLA HEALTH ABORIGINAL CORPORATION

The Coomealla Health Aboriginal Corporation (Coomealla Health) is an Aboriginal Community Controlled Organisation based in Dareton. It aims to provide a holistic approach to culturally respectful primary health care and also provides services to the Greater Sunraysia area of NSW and Victoria.

MAARI MA HEALTH ABORIGINAL CORPORATION

Maari Ma Health Aboriginal Corporation (Maari Ma) is an Aboriginal Community Controlled Health Organisation based in Broken Hill. It provides primary health care services in Broken Hill and also outreach services to smaller communities using facilities operated by the Far West LHD. The LHD also contracts Maari Ma to provide a range of services in communities outside Broken Hill.

ROYAL FLYING DOCTOR SERVICE - SOUTH EASTERN SECTION

The RFDS provides primary health services to people living outside Broken Hill, as well as a range of primary health services in facilities operated by the LHD. The RFDS provides emergency, aeromedical evacuations, inter-hospital transfers, GP clinics, remote consultations in dental, mental health, women and children's health and audiology as well as supports visiting specialists.

WESTERN NSW LOCAL HEALTH DISTRICT

The Far West LHD has a Service Agreement with its neighbour Western NSW LHD for the shared functions of Health Protection (Public Health Unit), Health Promotion, and Health Intelligence Unit, Communication and Technology. Staff members from these functional areas are located in Broken Hill.

WESTERN NSW PRIMARY HEALTH NETWORK

In 2015, the Western NSW Primary Health Network (PHN) was established incorporating the whole of Far West LHD and functions of the previous Far West and Lower Murray Medicare Locals. The PHN is a Commonwealth funded health initiative with key objectives to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

UNIVERSITY DEPARTMENT OF RURAL HEALTH - BROKEN HILL

The Broken Hill University Department of Rural Health (UDRH) focuses on expanding and enhancing the rural and remote health workforce including medical, nursing and allied health students through multidisciplinary education and training, research, professional support and service development. It also provides research training for GPs and primary health care workers as well as providing professional development support for other local health professionals.



OUR VOLUNTEERS

Far West Local Health District has a total of 159 registered volunteers across the District; but this figure does not include Auxiliaries in the outlying sectors or the Health Councils.

We have a very strong volunteer presents across the far west and are extremely lucky to have people who generously donate their time and efforts for the common good of both the local health district and the communities they serve.

Our volunteers are involved in a variety of projects and activities including:

Broken Hill cohorts Aqua Volunteer Leaders; Broken Hill Kiosk Auxiliary; Artist in Residence; Dementia/Delirium & Palliative Care Volunteer Team; Fundraising Volunteers; Patient Family Support Staff/Volunteer Team; Consumer Representatives; Mental Health Inpatient Unit Volunteers; Tai Chi Volunteer Leaders; HR volunteer; Co-located Volunteers from the Royal Flying Doctor Service; Hospital Visitor; Telecross; Local Clubs and St Vincent de Paul.

Balranald Seniors Activity Centre; exercise, transport and day care.

Dareton – Wentworth Tai Chi Volunteer Leaders; Hospital; Seniors Activity Centre; Aqua.

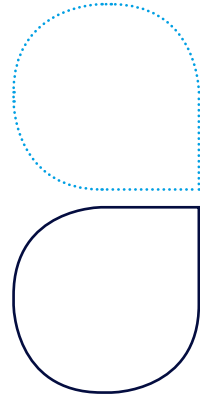
A brief description of some of the volunteer-assisted activities across the District:

- > The Broken Hill Base Hospital Kiosk Auxiliary was established in 1941. Volunteers again made a significant donation to the Broken Hill Hospital to the tune of \$166,500 to buy equipment in the 2017-18 financial year. A cheque for \$166,500 was presented to the General Manager of the Broken Hill Health Service, Mr Ken Barnett, by Kiosk Auxiliary President Betty Sammut and Treasurer Stephen Bennett. This latest donation will bring the donations by the Kiosk to the Hospital in just the last nine years to a grand total of \$1,611,000.
- > The Patient Family Support Team: a group of 9 current staff members who volunteer, after hours weekdays and 24 hrs on weekends, on a call out basis to assist family and loved ones of critical patients who have been brought in to the Broken Hill Hospital Emergency Department.
- > The Dementia Delirium and Palliative Care Volunteer Team: visiting referred patients assisting with their needs and those of their family/carers.
- > Tai Chi and Aqua classes – In conjunction with Health Promotions – NSW Western LHD

We have volunteer involvement in Balranald, Dareton and Wentworth running exercise groups and contributing to the Hospital, Multi-Purpose Services and transport along with Hospital Auxiliaries across the District.

Far West LHD promotes and celebrates our volunteers to demonstrate our appreciation for their efforts and to reflect and recognise the value of their contribution. Throughout the year we held several “thank you” events including:

- > National Volunteer Week 21—27 May 2018; Celebrations and mandatory training of for volunteers took place on 26th May 2018 at Thyme on Argent. The event also included the presentation of the Far West LHD and Pamela Lord Volunteer of the Year Award.
- > Far West LHD Chief Executive, Stephen Rodwell, had the pleasure of announcing the finalists in the Volunteer of the Year Award; the Dementia/Delirium and Palliative Care Team and the Patient Family Support Team.

- 
- > Appreciation Certificates for volunteers and those from co-located services; Red Cross-Telecross Service, Local Clubs and St Vincent de Paul were also presented. Events were also held in Balranald and Wentworth. The Chief Executive and Directors are extremely supportive of our volunteers and we often have Board Members attending various volunteering events.
 - > The Far West Local Health District Pamela Lord, Volunteer of the Year Award was also announced in May. The 2018 Volunteer of the Year Award went to the Patient Family Support Team. The Far West LHD thanks all team members for their ongoing support and dedication.

As a result of this recognition and promotion of volunteers the Far West LHD and volunteers receive broader public recognition while gaining a higher profile in the community, receiving many compliments.

This year Far West LHD welcomed a new part-time role, the Community Palliative Care Volunteer Coordinator. This position has been funded by the NSW Ministry of Health, specifically looking at developing community palliative care volunteer services, which will complement the existing inpatient volunteer services managed by the Volunteer Manager Far West LHD.

For more information on Far West LHD Volunteer Services please follow the link <http://fwlhd.gwahs.nswhealth.net/HumanResources/Volunteers.php>



FINANCIAL SUSTAINABILITY

FWLHD ensures systems and controls are in place to safeguard our finances and assets.

Financial sustainability instils resilience, productivity, growth and innovation which is fundamental to providing excellence in rural and remote health care to the people of Far West.

HIGHLIGHTS

The Asset Replacement and Refurbishment Program (ARRP) provided for the replacement and / or refurbishment of equipment throughout the District. The Broken Hill Hospital received funding for a central sterilising department reverse osmosis system, installation of compliant fire hydrant pump set, pipework and hydrants and utensil washers and much of the vinyl flooring has been replaced. There was an upgrade of the hydraulics at Tibooburra. Parapet cladding was installed at Balranald.

The Crystal Street redevelopment was completed and occupancy commenced in June 2018.

Donations of significance for the purchase of equipment in 2017-2018:

> Broken Hill Kiosk Auxiliary	\$166,500
> Breast Cancer Support Group	\$34,950
> Rodney Hurst Fundraiser	\$23,000
> Gavin Blow Memorial	\$20,000
> Wentworth Palliative Care	\$10,000

FWLHD's expenditure for 2017-2018 was \$117 million with 62 per cent of the cost attributed to employee related costs.

FWLHD's revenue for 2017-2018 was \$134 million with 86 percent received from the NSW Ministry of Health in the form of 69 per cent for recurrent funding and 17 per cent for capital funding.

FWLHD's had revaluation surplus of \$9 million for land, buildings and infrastructure following the comprehensive revaluation completed during the year. This resulted in a net result after revaluation of \$25.421 million.

The Audit Office of New South Wales provided an unqualified audit opinion on the 2017-18 Far West Local Health District financial statements.

FWLHD retained a NSW Health performance rating of zero.

FWLHD provided travel booking for 34,476 NSW Health passengers in 8 Districts and specialty networks and continue to be recognised for excellence in travel services for NSW Health.

ANNUAL FINANCIAL STATEMENTS

The complete audited financial statements are published in the 2017-18 NSW Health Statutory Financial Report and are available on our website <http://fwlhd.health.nsw.gov.au/index.php>.



IMAGE CREDITS

Emily Saurman
Branko Licul
Diana Ferry

TOOL TREE

LOCATION DIRECTORY

LOCAL GOVERNMENT AREAS

- Broken Hill
- Central Darling
- Wentworth
- Balranald and the
- Unincorporated Far West

PUBLIC HOSPITALS (INPATIENT FACILITIES)

- Broken Hill Health Service
- Wentworth Health Service
- Balranald Health Service (Multi-Purpose Service)
- Wilcannia Health Service (Multi-Purpose Service)

COMMUNITY HEALTH CENTRES

- Broken Hill Community Health Centre – Wilyakali Palii-mala Kirra
- Dareton Primary Health Care Service
- Ivanhoe Health Service (HealthOne)
- Menindee Health Service
- Tibooburra Health Service
- White Cliffs Health Service

CHILD AND FAMILY HEALTH SERVICES

- Child and Family Service – Wilyakali Palii-mala Kirra

ORAL HEALTH CLINICS

- Broken Hill Community Health Centre Dental Clinic – Wilyakali Palii-mala Kirra
- Balranald Dental Clinic
- Dareton Dental Clinic
- Ivanhoe Dental Clinic
- Menindee Dental Clinic
- Tibooburra Dental Clinic
- White Cliffs Dental Clinic
- Wilcannia Dental Clinic
- Lower Western Sector Dental Van

SCHOOL HEALTH HUBS

- Alma Public School
- Burke Ward Public School
- Broken Hill Catholic School
- Central School
- Morgan Street Public School
- North Public School
- Railway Town Public School

BROKEN HILL COMMUNITY HEALTH CENTRE

2-4 Sulphide Street

PO Box 457 Broken Hill NSW 2880

Telephone: (08) 8080 1469 | Facsimile: (08) 8087 2997 | www.fwlhd.health.nsw.gov.au

Business hours: 8.30am-5.00pm, Monday to Friday

