


MINUTES

TSH Consumer Advisory Group

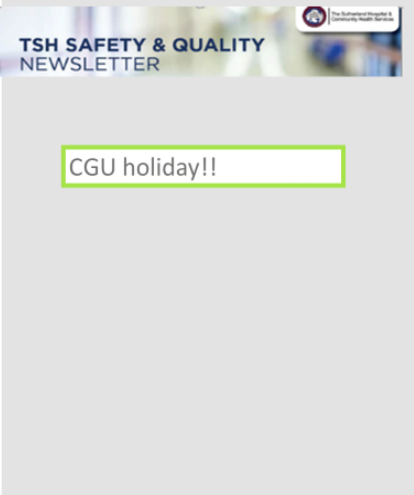
Wednesday 2 February 2022 at 2:00pm - via Microsoft Teams

| ITEM | DESCRIPTION | CARRIAGE |
|------|---|-------------------------|
| 1 | <p>Attendance:</p> | |
| | <p>Staff / Consumer Representatives:</p> <p>Malcolm Ricker (MR) Consumer Representative (Chair) Sharon Bennett (SB) Consumer Representative (Co-Chair) Peter Lewis (PL) Consumer Representative Godfrey Ross (GR) Consumer Representative Robyn Riley (RR) Consumer Representative Debbie Wood (DW) Consumer Representative Gen Webb (GW) Consumer Representative Jim Hankins (JH) Consumer Representative Carole Goodyer (CG) Consumer Representative Cheryl Hall (CH) Consumer Representative Vicki Weeden (VW) General Manager Jan Heiler (JHe) Director of Nursing and Midwifery Elizabeth Mason (EM) Manager, Clinical Governance Unit Josie Julian (JJ) Quality, Risk and Patient Safety Manager Naomi Dean (ND) Manager, Community Engagement & Fund Raising Mary Hughes (MH) Secretariat</p> <p>Apologies:</p> <p>Jenny Church (JC) Consumer Representative Sonia Markoff (SM) Consumer Representative Patrice Thomas (PT) Patient Safety Manager</p> | |
| | <p>Welcome Guests</p> <p>2.1 CAG Chair and Co-Chair 2022</p> <p>MR advised an EOI was sent out in January 2022 for the position of Chair and Co-Chair for 2022. MR was elected Chair and SB was elected Co-Chair.</p> | <p>Chair / Co-Chair</p> |
| 3 | <p>Declaration/s of Conflict of Interest – Nil</p> | <p>All</p> |
| 4 | <p>4.1 Approval of the December 2021 meeting – Endorsed by Vicki Weeden subject to the correction of a minor typing mistake</p> <p>4.2 Items arising – refer to action list</p> <p>Reminder for contributions to the Safety and Quality Newsletter “Consumer Corner”</p> | <p>Chair / Co-Chair</p> |
| 5 | <p>Management Reports</p> | |
| | <p>5.1 – General Manager Report</p> <ul style="list-style-type: none"> Covid has been the focus with Omicron coming faster than expected. Christmas period was challenging. Plans were put in place to ensure the facility was supported over the Christmas/new year period. <p>Changes were made rapidly throughout January with two COVID only hot wards established. Successfully initiated the walk-in assessment area in ED with the waiting area moved outside in the undercover area. Staff were furloughed during this time. Models indicated that it was more beneficial to have COVID in each of the wards as this was not the primarily reason for admission. The facility as a whole had COVID beds in all areas.</p> | <p>Vicki Weeden</p> |

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| | <p>Staff have been amazing and everyone has provided support and assistance. Staff are tired and we are hoping for a reprieve to allow staff to have a break. February activity through the ED is starting to settle.</p> <p>Priority is to ensure staff, patients and site is safe. Healthcare workers like to support each other, however the challenge is to balance the wellbeing of staff at the same time as having to deliver a service. District services staff were redeployed at the direction of the Chief Executive. Surge and pandemic plans need to be adaptable as each wave has been different. Delta was worse from an acuity perspective however the volume from Omicron has been wider. Plans are in place and are always being adapted to reduce any issues should there be a surge. The hospital still has its normal activity on top of Covid.</p> <ul style="list-style-type: none"> • VW advised she is happy for a Consumer Representative to be involved in the pandemic planning and for the pandemic plans to be presented to CAG to review from an external perspective • Winter planning is underway while dealing with Covid as business as usual • The next six weeks will be preparing for the hospital accreditation on 15 March 2022 | |
| | <p>5.2 – Nursing and Midwifery Update</p> <ul style="list-style-type: none"> • The Christmas, new year and January have been challenging and the KPIs reflect that. Things have slowed down over the last week • Reemployment of staff across the district to work in the wards with the nurses has helped nursing staff. Both the staff and patients have appreciated the extra help • Vaccination clinic (Moderna) has moved to the “Health One” building on Kareena Road and is operating 4 days per week • Recruitment has been challenging with a shortage of health qualified staff. Increasing recruitment capacity with new nursing and medical staff starting • Plans are reviewed regularly which has placed the hospital in a good position • Staff have gone above and beyond and are very dedicated to look after the community | Jan Heiler |

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|--|--|--------|--------|-----------|--|-------------------|------------|--------|--------|---------|---------------------------------------|--|-------|-------|-----------|--------------|---|------|-------|--------|---------------|---|-------|-------|-----------|------------------|--|-------|-------|--|---------------------|---|------|-------|--|---------------------|---|-------|-------|--|--------------------------------------|---|------|----|--|----------|---------------------------------------|------|--------|--------|----------|---|-------|-------|---------|----------|---|-------|-------|-----------|------------|---|-----|---|--|----------------------|--|-----|-----|--|--|--|------|------|--|------------|--|--------|-----|--|------------|---|-------|-----|--|--|
| | <div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="197 174 783 264"> <h3>Patient Flow and Demand Statistics- The Sutherland Hospital</h3> </div> <div data-bbox="831 174 1158 277" style="text-align: right;">  </div> </div> <table border="1" data-bbox="193 282 1155 1563"> <thead> <tr> <th></th> <th>Definition</th> <th>Jan-22</th> <th>Target</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>Emergency Treatment Performance (ETP)</td> <td>Total patients who have departed from the Emergency Department within 4 hours of presentation.</td> <td>56.3%</td> <td>70.0%</td> <td>2077/3671</td> </tr> <tr> <td>Admitted ETP</td> <td>Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.</td> <td>6.5%</td> <td>50.0%</td> <td>53/767</td> </tr> <tr> <td>Discharge ETP</td> <td>Patients who have been discharged from the Emergency Department within 4 hours of presentation.</td> <td>69.6%</td> <td>90.0%</td> <td>1997/2862</td> </tr> <tr> <td>Transfer of Care</td> <td>Patient brought in by ambulance who are "offloaded" within 30 mins</td> <td>81.0%</td> <td>90.0%</td> <td></td> </tr> <tr> <td>Pre 10am Discharges</td> <td>Patients who are discharged before 10am</td> <td>8.5%</td> <td>15.0%</td> <td></td> </tr> <tr> <td>Pre 12pm Discharges</td> <td>Patients who are discharged before 12pm</td> <td>20.0%</td> <td>35.0%</td> <td></td> </tr> <tr> <td>Patients in hospital for over 9 days</td> <td>Admitted patients with a Length of Stay greater than 9 days</td> <td>62.0</td> <td>65</td> <td></td> </tr> <tr> <td>Triage 1</td> <td>Patients must be reviewed immediately</td> <td>100%</td> <td>100.0%</td> <td>11 /11</td> </tr> <tr> <td>Triage 2</td> <td>Patients must be reviewed within 10 minutes</td> <td>61.8%</td> <td>80.0%</td> <td>327/499</td> </tr> <tr> <td>Triage 3</td> <td>Patients must be reviewed within 30 minutes</td> <td>68.3%</td> <td>75.0%</td> <td>1044/1514</td> </tr> <tr> <td>Surge Beds</td> <td>Un-funded beds required to be open, due to capacity reasons</td> <td>7.5</td> <td>0</td> <td></td> </tr> <tr> <td>CCM Sign Out (hours)</td> <td>Time taken to transfer a patient out of Critical Care Medicine once "signed out"</td> <td>9.1</td> <td>6.0</td> <td></td> </tr> <tr> <td>Elective Surgery Access Performance (ESAP) CAT 1</td> <td>Patients who have elective surgery completed within CAT 1 timeframe of 30 days</td> <td>100%</td> <td>100%</td> <td></td> </tr> <tr> <td>ESAP CAT 2</td> <td>Patients who have elective surgery completed within CAT 2 timeframe of 90 days</td> <td>100.0%</td> <td>97%</td> <td></td> </tr> <tr> <td>ESAP CAT 3</td> <td>Patients who have elective surgery completed within CAT 3 timeframe of 365 days</td> <td>50.0%</td> <td>97%</td> <td></td> </tr> </tbody> </table> | | | | | | Definition | Jan-22 | Target | Numbers | Emergency Treatment Performance (ETP) | Total patients who have departed from the Emergency Department within 4 hours of presentation. | 56.3% | 70.0% | 2077/3671 | Admitted ETP | Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation. | 6.5% | 50.0% | 53/767 | Discharge ETP | Patients who have been discharged from the Emergency Department within 4 hours of presentation. | 69.6% | 90.0% | 1997/2862 | Transfer of Care | Patient brought in by ambulance who are "offloaded" within 30 mins | 81.0% | 90.0% | | Pre 10am Discharges | Patients who are discharged before 10am | 8.5% | 15.0% | | Pre 12pm Discharges | Patients who are discharged before 12pm | 20.0% | 35.0% | | Patients in hospital for over 9 days | Admitted patients with a Length of Stay greater than 9 days | 62.0 | 65 | | Triage 1 | Patients must be reviewed immediately | 100% | 100.0% | 11 /11 | Triage 2 | Patients must be reviewed within 10 minutes | 61.8% | 80.0% | 327/499 | Triage 3 | Patients must be reviewed within 30 minutes | 68.3% | 75.0% | 1044/1514 | Surge Beds | Un-funded beds required to be open, due to capacity reasons | 7.5 | 0 | | CCM Sign Out (hours) | Time taken to transfer a patient out of Critical Care Medicine once "signed out" | 9.1 | 6.0 | | Elective Surgery Access Performance (ESAP) CAT 1 | Patients who have elective surgery completed within CAT 1 timeframe of 30 days | 100% | 100% | | ESAP CAT 2 | Patients who have elective surgery completed within CAT 2 timeframe of 90 days | 100.0% | 97% | | ESAP CAT 3 | Patients who have elective surgery completed within CAT 3 timeframe of 365 days | 50.0% | 97% | | |
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| | 5.3 Overview of Patient Feedback Quarterly Update – due in March | | | | | Valmai Ciccarello | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Presentation/Discussion – TSH Outpatients Consumer Internet Information Site https://www.seslhd.health.nsw.gov.au/sutherland-hospital/services-clinics/directory/outpatients-department <ul style="list-style-type: none"> • It was identified that there was no external facing information for patients who wanted to access outpatient services • The website provides an overview for patients before they come into the hospital system. All clinical areas that have a current live webpage have a hyperlink for access • An “Outpatient Services” tile will be added to the main home screen • The same layout as POW was used for consistency and making it easier to | | | | | April Gosses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | navigate across sites <ul style="list-style-type: none"> • Working with Public Health to hyperlink outpatient information pages in the PHN. A GP information session will also be arranged • EM suggested adding a feedback link on the main screen for consumers to give any comments and/or feedback may be useful, especially for accreditation <p>Action: MH to distribute the website link to the committee for review and provide feedback to April Gosses by 8 February 2022</p> | |
| 7 | General Business | All |
| | 7.1 Report from the Chair <ul style="list-style-type: none"> • Meeting time will remain at 2:00pm-3:30pm. SB will take over and chair the meeting if it runs overtime • There will only be one presentation each meeting • Acknowledged Natalie Winbank for her work as CAG secretariat • Registrations are available for the Mental Health First Aid Course – refer to flyer at the end of the minutes <p>Action: Consumer representatives to send their interest and availability to MR asap</p> | Chair / Co-Chair |
| | 7.2 Community Engagement & Fundraising update <ul style="list-style-type: none"> • A fundraising strategy is being developed • Website is being updated outlining the opportunities for donations and volunteering • Contract has been signed with Raisers Edge for a software program to manage hospital donations • In discussions with LifeGrain Café to sell flowers • Planning for a Winter Ball fundraising event to be held in June | Naomi Dean |
| | 7.3 Corporate Services update <ul style="list-style-type: none"> • VW will continue to provide the corporate services update | Vicki Weeden |
| | 7.4 Standards/ Accreditation update <ul style="list-style-type: none"> • Quality and Safety audits continued during Covid • Consumers who were involved in the mock assessments will be involved in the accreditation. A mock assessment will be arranged • The next Quality and Safety newsletter will be released in February. Consumer representatives are invited to contribute to “Consumer Corner” with 100 words or less. Contributions to be sent to JJ | Josie Julian |

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| <p>Report for TSH CAG Committee February 2022</p> | <h2 style="text-align: center;">TSH Clinical Governance Unit –Quality Audits January 2021</h2> <p>Audits completed in December 2021/January 2022</p> <ol style="list-style-type: none"> 1. Medication safety high risk medications TSH December 2021 Full Cupboard Audit 342 items auditted, 96% compliance 2. TSH_05_Delirium_Risk_Assessment_Monitoring, delirium risk assessment and monitoring 109 audits completed, 56% compliance 3. TSH_3_Infection_Control_Clinical_Practice 105 audits completed, 98% compliance 4. The Sutherland Hospital Bedside Clinical Audit 85% 5. Pressure Injury Point Prevalence <p>Bedside Clinical Audit 83% compliance 70 audits completed this month</p> <p>Doing well; Alerts – allergies, adverse drug reactions entered into eMR > 95%</p> <p>Areas of concern;</p> <ul style="list-style-type: none"> ▪ Delirium assessment/management 56% but ↑ ▪ Falls ; Strategies to prevent falls discussed with patient/carer 78% <p>Actions</p> <ul style="list-style-type: none"> ▪ Delirium Working party has been set up to implement strategies to improve delirium assessment and management. Increased monitoring ▪ Business rule developed and communicated. Continued monitoring. <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>RISK REPORT New Risk Patient Safety: New Risks</p> <ul style="list-style-type: none"> ▪ Mandatory training completion medical staff ▪ Falls rates ▪ Cytotoxic exposure management </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Accreditation TSH</p> <ul style="list-style-type: none"> ▪ March 15 – 18 March 2022 ▪ Staff beginning final preparation stages ▪ Consumers involved in NS 2 Partnering with Consumer meeting will be contacted and prepared. </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>NATIONAL STANDARDS – focus on NS 5 Comprehensive Care – delirium Risk screening and Management</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070C0; color: white;">What?</th> <th style="background-color: #0070C0; color: white;">Who?</th> <th style="background-color: #0070C0; color: white;">By When? / status</th> </tr> </thead> <tbody> <tr> <td>1. Small Working party formed – lead by DON.</td> <td>Comprehensive care working party</td> <td>Completed</td> </tr> <tr> <td>2. Aged care CNC education/CBR/Flowchart developed</td> <td>Aged care CNC/NUMS</td> <td>In progress</td> </tr> <tr> <td>3. 4 week weekly monitoring of process around delirium risk assessment and monitoring</td> <td>CNC/QM/NUMS</td> <td>In progress</td> </tr> </tbody> </table> </div> | What? | Who? | By When? / status | 1. Small Working party formed – lead by DON. | Comprehensive care working party | Completed | 2. Aged care CNC education/CBR/Flowchart developed | Aged care CNC/NUMS | In progress | 3. 4 week weekly monitoring of process around delirium risk assessment and monitoring | CNC/QM/NUMS | In progress |  |
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| 3. 4 week weekly monitoring of process around delirium risk assessment and monitoring | CNC/QM/NUMS | In progress | | | | | | | | | | | | |
| 8 | Document Reviews - Nil | | | | | | | | | | | | | |
| 9 | Standing Items | | | | | | | | | | | | | |
| | 9.1 TSH Clinical Council N/A | Robyn Riley | | | | | | | | | | | | |
| | 9.2 TSH Executive Governance The Stroke Neurology Team have been recognised as one of the top 13 stroke services in Australia. The report for CGU was tabled for information. EM advised: <ul style="list-style-type: none"> • The report from our Readiness Assessment on 13 & 14 October 2021 has been received. The review team commended our culture of quality and safety, our management of falls, pressure injuries and the deteriorating patient, our aboriginal health care and our end-of-life care. Areas to focus on include: • 1) mandatory training 2) performance reviews 3) provision of safety and quality data information to the community 4) modification of the business rule for engaging with consumers 5) Correct storage of sterile stock 6) workplace instruction for the reprocessing of ultrasound equipment and endoscopes 7) delirium risk assessment 8) requirement for all trolleys on the wards to be locked 9) blood management pre-operative screening 10) Provision of patient information to enable informed decision making for consumers. The on-site assessment will occur on 1 December 2021. • In the event we experience a spike in cases, the SESLHD is proposing to utilise TSH for inpatient ward-based COVID-19 activity. One hospital will be designated to care for ICU COVID-19 patients – this will most likely be SGH. This will also allow consolidation of resources. | Malcolm Ricker | | | | | | | | | | | | |
| | 9.3 TSH Food and Nutrition (bi-monthly) N/A | Jenny Church | | | | | | | | | | | | |
| | 9.4 Patient Safety Clinical Quality Meeting <ul style="list-style-type: none"> • Steady rise of interpreter use for surgical consent. Audits done every 2 years. Last audit TSH was in 2020 with 47% compliance and in 2015 18% compliance. There has been a big improvement but still need to work towards 100%. • No HS1 reported for October 2021. There have been 4 HS1 incidents so far this year. Sitting above last year's rate of 0.034, but below facility rate 0.052. | Malcolm Ricker | | | | | | | | | | | | |

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| | <ul style="list-style-type: none"> The personal/health care assistant, will be supernumerary and funded by MOH or we will be reimbursed from the Ministry. They will co-ordinate calls between the patient's and their families, and they will help them with anything non-clinical and with companionship or tasks that they need done so that the nurses on the ward can operate at the top of their scope. This will be managed by part of the casual pool. No determination has been made on the Award as yet. <p>Action: JHe advised broad recruitment for the Personal Health Care Assistant has been done. TSH hasn't had any positions allocated yet as most have gone to the bigger facilities. The positions are similar to an AIN with the capacity to do other tasks eg: making beds, some cleaning. An update will be provided at the next meeting</p> | |
| | <p>9.5 Infection Control Committee</p> <ul style="list-style-type: none"> The committee is happy to answer any questions that CAG may have <p>Action: CAG appreciates the offer to enquire regarding infection control issues at any time. Despite the busyness of the area, the situation remains calm</p> | Gen Webb |
| | <p>9.6 Falls Prevention Committee N/A</p> | Sonia Markoff |
| | <p>9.7 Skin Integrity Prevention and Management N/A</p> | Godfrey Ross |
| | <p>9.8 Safe Use of Medicines Committee N/A</p> | Cheryl Hall |
| | <p>9.9 TSH Emergency Response Working Group (quarterly) Aggressive Incidents Report</p> <ul style="list-style-type: none"> Year to date; 139 incidents of aggression, 34 of these were Code Blacks. Highest number of aggressive incidents occurred in Emergency Department, followed by Mental Health wards, and then Aged Care wards. Currently work with Health & Safety (WHS) and Workforce across the district about how to reduce aggressive incidents. Goal - fewer incidents and higher support for staff members. March 2022: Train the Trainer for Emergency Department Violence Prevention Manage (EDVPM) will commence (with some security staff) Management of Actual and Potential Aggression (MAPA) Training will also occur throughout the year of 2022. Cancer Services ICT Downtime – Across The Sutherland Hospital and St George Hospital. This caused significant problems and resulted in delayed treatment to patients. Still being resolved on an ICT (Information Communications Technology) level. | Sharon Bennett |
| | <p>9.10 NS2 Partnering with Consumers N/A</p> | Sharon Bennett |
| | <p>9.11 End of Life Care Committee (EOLCC) December 2021 meeting cancelled</p> | Carole Goodyer |
| | <p>9.12 Wayfinding Committee January 2022 meeting cancelled</p> | Gen Webb and Peter Lewis |
| | <p>9.13 Blood Transfusion Committee N/A</p> | Deb Wood |
| | <p>9.14 Consumer Walk Around (feedback/follow-up) On hold due to Covid</p> | Malcolm Ricker |
| 10 | Reports for Noting | |
| | 10.1 Diversity (Quarterly) | Jim Hankin |

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| | Next meeting 14 February 2022 | |
| | 10.2 Diversity Report – Nil | Meng Chen |
| | 10.3 Infection Control – Nil | Lisa Symonds |
| 11 | <p>Advocacy</p> <ul style="list-style-type: none"> RR enquired about a previous issue regarding CAG request for the name of CCM to revert back to ICU. PL advised this matter was discussed at the Wayfinding Committee where it was directed to TSH General Manager. <p>Action: CAG has requested this issue be followed up with TSH General Manager</p> | All |
| 12 | Correspondence – Nil | |
| 13 | Governance Items – Nil | Chair |
| 14 | Items to escalate to PSCQ Committee and / or TSH Clinical Council - Nil | All |
| 15 | <p>New Business</p> <p>15.1 Terms of Reference</p> <ul style="list-style-type: none"> EM is the author as the CAG has moved to CGU. Minor adjustments were made. All representatives need to read and sign a Code of Conduct form. This will be recorded and held on file. <p>Actions: MH to resend TOR to committee for review and feedback by 8 February 2022 MH to send the Code of Conduct form to the committee to sign and return</p> | Elizabeth Mason |
| | <p>15.2 Issues Log and 15.3 Ideas Register</p> <ul style="list-style-type: none"> SB explained the purpose of the log is to highlight issues and ensure these issues are addressed and not forgotten about. The Register and Log will be distributed to committee | Sharon Bennett |
| | <p>15.4 CAG representative quarterly newsletter</p> <ul style="list-style-type: none"> SB presented an example of the newsletter. The newsletter is for the CAG committee only to share ideas and learn from each other | Sharon Bennett |
| | <p>15.5 CAG Brainstorming session</p> <ul style="list-style-type: none"> Three key areas to focus on: <ul style="list-style-type: none"> reviewing and streamlining agenda continue walkarounds introductory orientation manual More feedback from representatives would be appreciated instead of the items by TSH staff representatives PL has requested these items are revisited when meetings are held onsite | Elizabeth Mason |
| 16 | Business Without Notice – Nil | All |
| 17 | Confidential Items – Nil | All |
| 18 | Meeting Closed – 3.50pm | Chair / Co-Chair |
| | <p>Date of next meeting:</p> <p>Date: Wednesday 2 March 2022</p> <p>Time: 2.00pm</p> <p>Venue: Executive Meeting Room or Microsoft Teams</p> | |

| ITEM | DESCRIPTION | CARRIAGE |
|------|---|----------|
| | <p>CERTIFIED AS A CORRECT RECORD</p> <p>Verbally endorsed by Robyn Riley</p> <hr/> <p>Name</p> <p style="text-align: center;">2 March 2022</p> <hr/> <p>Signature Date</p> | |

Action Items:

| Minutes Ref / Date | Agenda Item | Action | Responsibility | Progress |
|---------------------------|--------------------|---|-----------------------|-----------------|
| 2/2/22 | 6 | Distribute TSH Outpatients Consumer Internet Information website link to the committee for review and provide feedback to April Gosses by 8 February 2022 | MH | |
| 2/2/22 | 7.1 | Mental Health First Aid Course Consumer representatives to send their interest and availability to MR asap | All | |
| 2/2/22 | 11 | Outstanding matter regarding ICU being named CCM. CAG has requested this issue be followed up with TSH General Manager | EM | |
| 2/2/22 | 15.1 | Resend TOR to committee for review and feedback by 8 February 2022 Disseminate the Code of Conduct form to the committee to read, sign and return | MH | |
| | | Invitation to contribute to Clinical Governance Newsletter | All | Ongoing |

ATTENDANCE LIST

| Name | Position | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec |
|---|---|------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|
| Malcolm Ricker (MR) | Consumer Representative (Chair) | | ✓ | | | | | | | | | | |
| Sharon Bennett (SB) | Consumer Representative (Co-Chair) | | ✓ | | | | | | | | | | |
| Debbie Wood (DW) | Consumer Representative | | ✓ | | | | | | | | | | |
| Carole Goodyer | Consumer Representative | | ✓ | | | | | | | | | | |
| Godfrey Ross (GR) | Consumer Representative | | ✓ | | | | | | | | | | |
| Jenny Church (JC) | Consumer Representative | | Apol | | | | | | | | | | |
| Jim Hankins (JH) | Consumer Representative | | ✓ | | | | | | | | | | |
| Genevieve Webb (GW) | Consumer Representative | | ✓ | | | | | | | | | | |
| Cheryl Hall (CH) | Consumer Representative | | ✓ | | | | | | | | | | |
| Peter Lewis (PL) | Consumer Representative | | ✓ | | | | | | | | | | |
| Robyn Riley (RR) | Consumer Representative | | ✓ | | | | | | | | | | |
| Sonia Markoff (SM) | Consumer Representative | | Apol | | | | | | | | | | |
| Vicki Weeden | General Manager | | ✓ | | | | | | | | | | |
| Jan Heiler (JH) | Director of Nursing and Midwifery | | ✓ | | | | | | | | | | |
| Elizabeth Mason | Manager, Clinical Governance Unit | | ✓ | | | | | | | | | | |
| Josie Julian | Quality, Risk and Patient Safety Manager | | ✓ | | | | | | | | | | |
| Patrice Thomas (PT) | Patient Safety Manager | | Apol | | | | | | | | | | |
| Valmai Ciccarello (VC) <i>(quarterly attendance)</i> | Consumer Feedback and Medico-Legal Manager | | | | | | | | | | | | |
| Naomi Dean | Manager, Community Engagement & Fundraising | | ✓ | | | | | | | | | | |
| TBA | Corporate Services Manager | | | | | | | | | | | | |
| Mary Hughes | CAG Secretariat | | ✓ | | | | | | | | | | |
| Name | Written Updates Provided | Jan | | | | | | | | | | | |
| Lisa Symonds | Clinical Nurse Consultant, Infection Control & Prevention | | x | | | | | | | | | | |
| Yu Dai | Diversity Health Coordinator | | x | | | | | | | | | | |
| Sharon Nathaniel or Delegate | Nurse Manager Demand Management/WOHP | | ✓ | | | | | | | | | | - |

MENTAL HEALTH FIRST AID



ENROLMENTS NOW OPEN FOR 2022

ACCREDITED 2-DAY PROGRAM

Mental Health First Aid Program Overview

This is a 2-day education program designed to provide people with the skills to give first aid to others experiencing a mental health crisis and become an accredited Mental Health First Aider.

This is an evidence-based training course which gives you the skills and confidence to have supportive conversations with co-workers and help guide them to professional help if needed. It has been shown to increase knowledge, confidence and helping behaviours, and reduce stigma.

Who can attend this program?

Anyone with an interest in supporting staff and community members in crisis situations, managers and team leaders.

What is covered in an MHFA course?

You will learn to recognise common mental health problems, how to provide initial help to someone experiencing a mental health problem using a practical, evidence-based Action Plan, and how to respond in a crisis situation. During the course, you will have the opportunity to practice new skills in a safe environment.

Note: This is not a therapy or support group program.

Why is Mental Health First Aid important?

More and more workplaces are realising the impact of mental health problems at work on their people and productivity. Encouraging early help-seeking is one way to promote a mentally healthy workplace. This is where Mental Health First Aid can help.

Register now via [My Health Learning](#) for the workshop dates listed on the following page.

****you must be able to attend both days of the workshop****

For more information please contact: SESLHD-OrganisationalDevelopmentLearning@health.nsw.gov.au

| | Workshop Dates | Venue |
|----|---|----------------------------|
| 1 | Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm | The Sutherland Hospital |
| 2 | Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm | The Sutherland Hospital |
| 3 | Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm | Garrawarra Function Centre |
| 4 | Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm | Garrawarra Function Centre |
| 5 | Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm | The Sutherland Hospital |
| 6 | Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm | The Sutherland Hospital |
| 7 | Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm | The Sutherland Hospital |
| 8 | Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm | The Sutherland Hospital |
| 9 | Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm | The Sutherland Hospital |
| 10 | Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm | The Sutherland Hospital |

