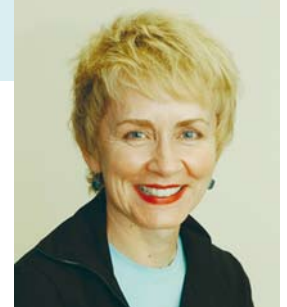


HealthMatters



directions Uschi Schreiber, Director-General



Welcome back to 2006! I hope all of you had a pleasant Christmas and are ready for a busy and undoubtedly challenging 2006.

The biggest challenge in 2006 will be to implement the reforms in the Queensland Health Action Plan. These reforms will result in a more responsive and sustainable health system.

Medical workforce

The current workforce crisis presents a significant problem to us. The shortage of doctors and nurses is not a problem unique to Queensland – it is a national issue.

As part of a package of reforms to address medical workforce shortages, the Premier and the Minister for Health have announced that senior doctors working in Queensland public hospitals will benefit from a \$272.3 million increase in pay and allowances over the next three years, which comes on top of the agreement reached between the State Government and public hospital doctors in December 2005.

This increase will make Queensland public hospitals a more attractive employer for senior doctors and will hopefully help us to recruit doctors to Queensland and retain doctors already in the system.

Nursing EB

Negotiations with nurses over new pay and conditions are continuing. Nurses have an important and essential role in the delivery of high quality health services in Queensland public hospitals.

The Government is working with nurses through the Nursing Interest Based Bargaining process to ensure they have access to improved pay and conditions and continue to work for Queensland. These negotiations will continue over coming weeks.

High-level Clinical CEO positions

Clinical CEO positions will be established at RBWH and PAH as soon as possible. This model will also be trialled at Rockhampton and Cairns Hospitals to evaluate its effectiveness in regional hospitals. These positions were advertised nationally and internationally on February 11-12. The Clinical CEO positions will report to the Area Health Service Manager.

District Manager roles will be retained at the RBWH, PAH, Cairns and Rockhampton hospitals to support the Clinical CEOs. These roles will effec-

tively become General Operations Managers which will report directly to the Clinical CEO.

Other District Manager roles and reporting relationships will remain unchanged.

In Brisbane the Clinical CEOs will also fulfil a broader leadership role for clinical coordination in Metropolitan South (PAH, QEII, Bayside, Logan, Mater (public)) and Metropolitan North (RBWH, RCH, TPCH and Redcliffe-Caboolture).

In Rockhampton, the clinical CEO will also have a coordination and advisory role for all provincial health service districts in the Central Area Health service.

In Cairns, the Clinical CEO will manage Cairns Hospital and provide a clinical leadership role for Tablelands and Innisfail Districts.

Clinical CEOs will work closely with appropriate clinical networks led by clinician chairs.

Clinical networks

The establishment of clinical networks was discussed at a workshop organised by Professor Michael Ward on 31 January 2006. The workshop was attended by clinicians, senior executives and District Managers, as well as Professor Kerry Goulston and colleagues from NSW. It highlighted the significant shifts in terms of functions and culture that lie ahead. It highlighted that clear direction is now needed to guide the establishment of clinical networks.

These will be established by building on existing networks and collaboratives in the first instance.

Other reforms

These include:

- A one-off \$40 million will be spent immediately on purchasing and maintaining hospital equipment in areas of urgent need. Such items could include X-ray and ultrasound units, ventilators, anaesthetic machines, patient monitors and linear accelerators.

- An E-Doctor program to phase in internet access for all Queensland Health staff doctors at metropolitan and major regional hospitals, namely, PAH, RBWH, RCH, QEII, Gold Coast, Nambour, Prince Charles, Bundaberg Base, Caboolture, Gladstone, Gympie, Hervey Bay, Innisfail, Maryborough, Redcliffe, Logan, Ipswich, Redlands, Toowoomba, Rockhampton, Cairns, Townsville and Mackay hospitals. They will have internet access within six months pending no negative impacts on supporting infrastructure (infrastructure will be upgraded as required).

- Administrative support will be enhanced at the facilities

level, starting with 16 positions from Corporate Office allocated to Logan, Gold Coast, Ipswich, Toowoomba, QEII, Caboolture, Redcliffe, Rockhampton, Fraser Coast, Mackay, Townsville, Mt Isa and Cairns.

- A new car park for all RBWH staff will be built to provide free parking. The scope and detailed costing still needs to occur.

- Leadership and management development will commence. In addition to a new Code of Conduct for all Queensland Health staff, a new Leadership Development Program will be implemented including leadership workshops for executives, managers and supervisors. The first workshop will take place this May.

Staff accommodation

\$91m will be made available in 2005-06 funded through the Special Fiscal and Economic Statement for improving Queensland Health staff accommodation throughout the State. Extensive work is underway to identify priorities and strategies in relation to this program.

Access block solutions

\$3M is available through the Queensland Health Action Plan in 2005-06 to carry out pilot work on systems to improve the flow of patients through hospitals in all three Area Health

Services. The first sites to be targeted will be RBWH and PAH, with other sites to be determined.

Emergency departments

Additional beds will be opened at major facilities where there is a capacity to staff them. This work is underway and will be finalised soon.

Executive Management Team (EMT)

Leading the implementation of the Government's health reform agenda will be the new EMT. Most of the EMT is now on board. Roxanne Ramsey, the General Manager-Northern Area Health Service commenced work on 3 January and Dr Stephen Duckett, Executive Director-Reform and Development Division commenced on 23 January.

Restructure

The new Queensland Health organisational structure is now in place. The Divisional and Area Health Service structures have been approved.

As a result, the Restructure Reform Team finished its work. I would like to thank Susan Mahon and her team for all their efforts in implementing such a significant structural change in such a short timeframe.

Health Planning

Work has commenced on the development of the State-

wide Health Services Plan, the SEQ Plan and Area Health Services plans. These will have a strong focus on primary health care. The new Policy, Planning and Resourcing Division in partnership with Area Health Services are undertaking this important work. In addition, EMT will meet towards the end of this month to commence work on Queensland Health's new strategic plan.

Health Quality and Complaints Commission

Work is progressing well on the establishment of the new Health Quality and Complaints Commission. You may be aware that Dr John Youngman has been appointed to help with this task with the new Commission to be established by mid-2006.

Health Public Reporting Advisory Panel

The Health Public Reporting Advisory panel will be meeting shortly and contains a mix of media, academic, clinical and government expertise. The purpose of the Panel is to advise the Queensland Government, Minister for Health and myself about privacy issues and the structure, content and readability of performance reports such as the now mandatory Public Hospital Performance Reports.

I look forward to working with you all throughout 2006 as the implementation of Queensland Health's reform agenda continues.

Demand management toolkit launched

A demand management toolkit, titled *The Queensland Health Toolkit for Managing Demand on Allied Health Community and Outpatient Services*, has been launched by Allied Health.

The kit was developed to facilitate service planning, determine service priorities, assist in workload and waiting list management and align allied health community and outpatient services to the core business of Queensland Health.

The toolkit outlines key steps for effectively managing demand on allied health services, while supporting flexible implementation to meet local needs.

It contains examples of tools and resources for managing demand, including a policy framework for managing waiting lists and 'DNA' appointments.

The toolkit has been developed through widespread consultation, comment and feedback from executive, clinicians and

other stakeholders across the state and review of local, national and international literature.

It was trialled in four health service districts representative of most allied health outpatient and community models of service delivery in Queensland.

Acting Principal Allied Health Advisor Libby Carr said that the toolkit would provide a consistent statewide framework for managing demand on allied health services.

"Successful and effective management of demand will lead to increased job satisfaction for allied health professionals and subsequent improved recruited and retention of skilled staff," she said.

The toolkit will be distributed this month to all allied health services, with videoconference information sessions later this month. Contact: The Principal Allied Health Advisor on 3234 0901.

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Queensland Health reforms

Review of options to manage future health care costs

New era for maternity services

A leading national consultancy firm has been appointed by the State Government to examine possible options to better manage future health care costs in Queensland.

The Allen Consulting Group was selected from a shortlist of four leading consultancy firms that tendered to complete the review for Queensland Health.

The Allen Consulting Group, an independent firm that advises industry and government throughout Australia on regulatory and policy issues including health, will report back next month to the government.

Health Minister Stephen Robertson said the Allen Consulting Group would advise on the feasibility of future health cost management options canvassed by Mr Peter Forster in his Queensland Health Systems Review Final Report.

He said the review was necessary to ensure Queenslanders continue to have a health system which delivered services at a cost acceptable to the community.

“Mr Forster’s final report warned that Queensland’s health system will continue to face chal-

lenges into the future as a result of a growing and ageing population plus the escalating cost of medical technology,” Mr Robertson said.

“Queensland is not unique and all states and territories face the same challenges to their health systems.

“The Forster Report canvassed a number of possible options to better manage future health costs including a review of existing fees and charges; means testing and co-payments for some health services provided by public hospitals.

“Fundamental changes in the way health services are organised and delivered in Queensland and throughout Australia are now urgently required to try to avoid gaps developing in the system’s capacity to meet those health needs.

“That’s why we committed in our \$6.4 billion Health Action Plan to recruit a health economist to examine the potential impacts - both positive and negative - of Mr Forster’s options.”

Mr Robertson said that compared with other states, Queensland collected 60 per cent

Dr Cherrell Hirst, a nationally renowned doctor and academic, will spearhead improvements to maternity services in Queensland.

Health Minister Stephen Robertson announced Dr Hirst’s appointment as chair of a committee to drive the reforms arising from a widespread review of maternity services she conducted early last year.

Dr Hirst said that formation of the committee was an unprecedented step.

“The government really listened to what was said in the review and made a commitment to developing maternity care where carers could work together to create a safe environment,” she said.

“The mere fact that there is a steering committee and a firm commitment on the part of the government to move ahead with

less than the national average in patient revenue; the lowest level of revenue per capita raised from patient revenue (including private patients in public hospitals) in Australia.

The Forster report said that if Queensland Health was to collect patient revenue at the same rate as the average of other states and territories, this would equate to an additional \$115 million a year in funding for Queensland public

reform has created a lot of good will and enthusiasm.

“This is a wonderful environment for beginning this work.”

Mr Robertson said the committee comprised representatives from consumers, the community, health care providers, Queensland Health and other government agencies.

“This is the beginning of some very exciting changes in maternity services,” he said.

“Among the reforms, the committee will oversee the development of a statewide independent cooperative centre for mothers and families.

“It will be known as the Maternity 2010: Cooperative Centre for Mothers and Families and will also be designed to improve maternity standards and inform choice for mothers.

“The reform will tackle three clear priorities outlined in the



Dr Hirst with a copy of the Independent Review of Maternity Services in Queensland.

review: poor outcomes among babies of Indigenous women, the lack of safe and appropriate maternity services for women in rural and remote areas of Queensland, and the lack of post-birth care in the community.”

hospital services.

The Allen Consulting Group will examine funding options raised by Mr Forster:

- making the level of indexation to existing fees and charges more comparable to other states and territories, and better reflecting the soaring costs of medical equipment and facilities

- means testing or co-payments for the Spectacle Subsidy Scheme;

- means testing or co-payments for adults accessing dental health services with an annual cap per person.

- means testing or co-payments for non-urgent surgery
- means testing or co-payments for specialist outpatient services for non-concession card holders

- means testing or co-payments for the secondary safety net for pharmaceuticals.

Queensland Health reforms

High level team monitors reforms : Dr Youngman to help Health Commission

Queensland Treasury Corporation Chair Sir Leo Hielscher has been appointed chair of the Queensland Health Reform Advisory Panel, a top level advisory group charged with guiding, assessing and monitoring reform of Queensland's health system.

Health Minister Stephen Robertson said Sir Leo would be well supported by a talented team of government, academic, and clinical advisers to report to Government on the progress and outcomes of Queensland Health's reforms.

Other members of the panel are

Professor Peter Brooks, Executive Dean, Faculty of Health Sciences, University of Queensland; Cheryl Herbert, Chief Executive Officer, Anglican Community Services; Ross Rolfe, Director-General, Department of the Premier and Cabinet; Gerard Bradley, Queensland Under-Treasurer; Uschi Schreiber, Director-General, Queensland Health. Mr Robertson said the panel would seek direct advice from the Ministerial Clinical Advisory Committee and the Director-General's Clinical Advisory Group.

"The Ministerial group will comprise of Queensland's peak health pro-

fessionals and advise me about innovative and strategic health policy initiatives, clinical issues and the implementation of our \$6.4 billion health Action Plan," he said.

"The Director-General's group consists of 20 senior doctors who have met twice so far to advise her on other areas such as clinical networks, strategies to improve clinical processes and workforce challenges."

The panel will meet quarterly and provide its first report to a Government Steering Committee on the progress of the reforms in mid-2006 and follow up with another at the end of 2006.

Dr Youngman to help Health Commission

Dr John Youngman, a leading national expert on health quality and safety, has been appointed as special advisor to help establish the new, strengthened Health Commission.

Health Minister Stephen Robertson said the body would be called the Health Quality and Complaints Commission to reflect its renewed focus and priorities.

Dr Youngman, a former Queensland Health Deputy Director-General, will advise on specific quality and safety functions of the independent commission, which was a key recommendation of the Queensland Health Systems Review.

Mr Robertson said Dr Youngman had extensive experience as a clinician and health administrator, significant corporate knowledge of Queensland's health system and chairs several national bodies on health quality and safety.

He said Dr Youngman would work closely with Health Rights Commissioner David Kerlake, Queensland Health Director General Uschi Schreiber and peak bodies in setting up the commission.



Dr Youngman

"Dr Youngman will combine his wealth of clinical and administrative experience with numerous appointments on national quality and safety bodies to ensure the commission has the clout and muscle to properly handle complaints and independently monitor the performance of our hospitals," Mr Robertson said.

Dr Youngman has co-chaired the Australian Health Ministerial Council Working Group on Safety and Quality and has chaired four committees as a member of the Australian Council for Safety and Quality in Healthcare.

Rural generalists a 'first' for state

About 20 doctors will undertake the preliminary phase of a training program this year to establish Queensland's new brand of specialist doctors - the rural generalist.

Health Minister Stephen Robertson met two of the doctors, Steve Shorey and Iain Anderson, during a visit in December to Roma Hospital.

Mr Robertson said rural generalist doctors could become the most significant development in country health services in Queensland's history, but it was under threat from the Federal Government's failure to give the position official 'specialist' status.

He said Federal Health Minister Tony Abbott needed to recognise that rural generalists had the potential to make a huge difference in tackling the chronic medical workforce shortage in rural and remote areas.

"Queensland looks set to become the first state to have fully fledged specialist doctors known as rural general-

ists practising in our rural and remote towns but we now need the Federal Government to give these doctors its seal of approval," Mr Robertson said.

"They will be a new type of specialist doctor able to carry out a range of advanced skills such as delivering babies, administering anaesthetics and performing some surgery, however, in addition to a Federal sign-off, some careful planning needs to be done beforehand.

"We need to craft and formalise a speciality career path for doctors who choose to work as rural generalists in communities where it is extremely difficult to attract medical staff.

"In our Health Action Plan released in October, we stated that we would partner the Australian College of Rural and Remote Medicine to facilitate this training.

"This partnership is already on a strong footing and we will be in a position to roll out a preliminary program

when our first group of rural generalist registrars begin training."

Mr Robertson said about 20 doctors with rural scholarships from Queensland Health were expected to go through the program.

"They are currently working in communities such as Palm Island, Richmond, Roma and Dalby," he said.

"The State Government is funding an extra three specialist trainee positions for rural generalists to commence in 2007.

"These positions will boost the capacity of the program to provide advanced skills training and a clear career pathway should be formalised and given appropriate accreditation from professional bodies by 2007."

Mr Robertson said rural generalists would be defined as rural medical practitioners who are credentialed to serve in:

- hospital-based and community-based primary medical practice

- hospital-based secondary medical practice in at least one specialist medical discipline (for example obstetrics, anaesthetics, Indigenous health and surgery) and without supervision by a specialist medical practitioner in the relevant discipline
- possibly hospital and community-based public health practice such as vaccines and nutrition.

Mr Robertson said rural generalists would help fill in the gaps left in rural and remote areas by practising across a number of medical specialties.

"This is a two-fold exercise - it will help ensure people in rural and remote areas receive the best possible health services available, but also encourage health professionals to consider a career in the country," he said.

Queensland Health reforms

Team to speed up overseas doctor recruitment

A new specialised team to safely speed up the time it takes for Queensland to recruit and register overseas trained doctors is to be established by the State Government.

The new team will focus on guiding overseas applicants through the complex maze of registration and practising requirements, and will case manage each suitable applicant, according to their personal needs, while also abiding by the stringent registration process in Queensland.

Health Minister Stephen Robertson said there was a need to properly and thoroughly check the qualifications and monitor the

performance of overseas trained doctors while also recruiting more of these doctors to help rebuild our health system.

He said that in many areas overseas trained doctors were the medical backbone of the Queensland health system, especially in major regional hospitals.

"We have ramped up a major recruitment drive on several fronts, but unfortunately we are contending with a very competitive global market," he said.

"Queensland is competing, not only with other Australian states and territories, but other countries.

"It's a tough market, and we

need to do everything within our power to attract and retain doctors, but at the same time ensure quality and safety.

"Because of the Federal Government's failure to adequately provide medical places in our universities, we face an ongoing doctor shortage if we do not recruit more doctors from overseas safely."

Mr Robertson said currently, international medical specialists were left to their own devices as they navigate through a network of up to six different bodies and organisations before being able to work for Queensland Health.

He said the whole process

could take anywhere from six to nine months for overseas specialists to navigate during which time positions in public hospitals could remain unfilled.

Another point to consider was that doctors would find it very difficult to resign from their job in the United Kingdom if they were still unsure whether they would be allowed to work in Queensland.

"Put simply, it is confusing for those who know the system and almost impossible for those who don't," Mr Robertson said.

"This new team will be designed to confront these complications head on.

"Each and every doctor

who moves from another country to take up a position with Queensland Health will be individually case managed through the whole application, registration and immigration processes.

"From the point where the overseas doctor lodges an expression of interest to the point where he or she treats their first patient in our hospitals, a Queensland Health employee will help them through the whole process by providing advice, direction and support wherever necessary.

"Queensland Health will support these doctors and personalise management plans for each of them."

Medical scheme funding extended : Isles elected to top post

The Joint Home and Community Care (HACC)/Medical Aids Subsidy Scheme (MASS) Continence Education, Leadership and Standards Project, now in its third phase, has received funding from HACC until 30 June.

Phase two saw the successful completion of a clinical practice guideline for community-based health professionals titled "First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People".

This guideline was developed to enable registered nurses and allied health professionals provide high quality continence care, pro-

mote better continence management and improve the health outcomes and quality of life for older people with urinary incontinence.

Phase three has four core components to ensure consistent continence best practice activities for HACC funded services:

- development, statewide implementation, evaluation and review of clinical practice guidelines
- development, statewide implementation, evaluation and review of clinical resources
- workforce development through education and skills training
- leadership and mentorship for

HACC-funded service providers.

Phase three will coordinate and support a mentoring framework designed to link mentors and mentees for clinical knowledge and skills development.

It will work to meet the objectives of the project by linking closely with community-based health professionals and HACC funded continence clinicians throughout Queensland.

Contact: Continence project members, fourth floor, Queen Elizabeth II Hospital, or Continence_Education_Project_MASS@health.qld.gov.au

Royal Children's Hospital District Manager, Professor Alan Isles, has been elected President of Children's Hospitals and Paediatric Units Australasia (CHA).

CHA was established 18 years ago to share knowledge and experience between hospitals and pae-

diatric units involved in the care of children.

It provides a voice across Australia and New Zealand for the common interests and concerns of member hospitals which are responsible for the most complex paediatric care delivered in Australia and New Zealand.

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3D aid eases burns pain



Zac Smith and Nathan Bucolo with Dr Jonathon Mott.

Revolutionary technology which reduces pain and anxiety in young burns patients has been launched with the help of staff from the Royal Children's Hospital.

A team of local researchers has developed technology that reduces anxiety and distress during the painful treatment of burns by combining digital media and diversionary therapy.

The technology was invented by Sam Bucolo, Research and Development Manager, Australasian CRC for Interaction Design (ACID).

"Diversionary Therapy technology diverts the child's attention during painful procedures by involving them in a colourful, 3D augmented reality experience with a cartoon-like character called 'Hospital Harry,'" Sam said.

"It is also a potential pain management tool for a diverse range of medical procedures such as emergency medicine, oncology, radiology and medicine."

The young patients are immersed in the world of Hospital Harry and can take him through a series of scenarios by either moving the 'digital storyboard' or their head, if wearing the 3D goggles.

Some of the scenarios include finding flowers that Harry has hidden, moving through a world of balloons and even watch Harry throw a tantrum, which is very popular with young patients.

Diversionary Therapy technology was developed by

ACID in partnership with the Royal Children's Hospital, using Queensland Government seed funding to get the product commercial ready.

Professor Roy Kimble, from the hospital's Burns Unit, said: "The treatment of burns, particularly in young children, can be an excruciating and drawn-out process for both child and parents.

"Existing pain management methods are heavily reliant on drug intervention.

"This diversion helps patients relax, which the first round of clinical trials has shown reduces pulse and respiratory rates and overall pain levels.

The second round of clinical trials will observe pain levels while reducing reliance on drug intervention and using Diversionary Therapy.

Two prototypes of the technology have been developed and extensively tested over three months.

Both prototypes provide an augmented reality experience with Hospital Harry and come complete with automated narration.

ACID collaborated with a range of partners to develop the prototype and 'Hospital Harry' animation, including Infinity Design Development (industrial design of prototypes), Blue Rocket Productions (creators of Hospital Harry character) and HITLab NZ (human-computer interface technology).

Wiggly way delivers sun safety

A new children's story book, featuring well-known children's characters from *The Wiggles*, aims to deliver the sun protection message to preschoolers.

The book, *Dorothy the Dinosaur and her Magic Hat*, was originally produced as a University of Queensland research tool to see if reading to young children about sun safety promoted sun safe behaviour.

"Young children are at risk of skin cancer because of the amount of time they spend outdoors, and they have very little skin pigment to protect them from the sun," said Paul Vardon, Queensland Health's Acting Director, Health Promotion Unit.

"With Queensland having the highest skin cancer rate in the world we need to be innovative in teaching our children from a very young age how to protect their skin.

"Research showed parents were concerned about keeping their children safe in the sun.

"If Dorothy the Dinosaur said to wear a hat or put on sunscreen, my troubles would be over!" parents said, and

so now Dorothy does, and parents have a valuable tool to support them in teaching their kids sun safety."

The book was written initially in 2000 by researcher, Lane McDermott, from the University of Queensland's Cancer Prevention Research Centre, School of Population Health.

Evaluation of the book proved its success and the university's commercialisation company, UniQuest Pty Ltd., pursued its publication with Queensland Health.

"We all need to take responsibility for looking after our skin, and health, and this book is a creative and fun way of helping our children take that step," Paul said.

The book is available for \$12.95 including postage from SDS Publications by calling 1800 679 778.

Paul said childhood sun exposure was an important contributing factor to the development of skin cancer.

He said Queensland Health recommends parents modelling sun safe behaviour, help children avoid the sun between 10am and 3pm, and play in the shade whenever possible.

Two new research grants announced

Two new research grants for registered nurses and midwives have been introduced by the Queensland Nursing Council as part of its annual research funding.

The new early career grant of \$15,000 aims to help new researchers establish a credible research record that may assist them in gaining larger competitive grants in the future, while the new \$15,000 implementation grant aims to apply research findings into everyday clinical care.

Nurses and midwives can also apply for novice researcher (up to \$10,000) and experienced researcher (up to \$30,000) grants. A combined total of up to \$90,000 is available.

The Florence Chatfield grant, the council's major award

of up to \$60,000, will now be available every two years (next offered in 2007).

The council awarded 13 research grants last year, totalling almost \$180,000, for projects such as examining the use of aromatherapy to ease dementia, providing better support for families coping with the death of a child, offering more comprehensive nursing care for the elderly in nursing homes, and the benefits of choosing the right mouthwash for chemotherapy.

Applications for research grants close on 27 February. Application forms and the council's research grant policy, containing detailed information on grant categories, assessment criteria and selection are available at www.qnc.qld.gov.au

Reflection on working in the bush

By Lachlan Crowther

It is with great fondness that I reflect on the time I spent as a dentist in the Central West Health Service in Queensland.

I moved to Longreach in February 2003 as a bonded Queensland Health Rural Scholarship holder.

I graduated in December 2002 and spent one month in Toowoomba before moving to the west to commence practice in Longreach with the nearest public health dentist being 100km away.

As is to be expected the professional isolation was somewhat daunting, however the transition was surprisingly smooth.

At the time of moving I was excited about the prospect of living in the bush. Up until that time I had always lived in Brisbane and I was eager to embrace the rural change.

Friends had expressed concerns for my sanity due to the isolation to which I was exposing myself. Some of them predicted that I would quickly become lonely, however I found that nothing was further from the truth.

Unlike people in the city, I found that country people were incredibly interested in getting to know new members of their community. It was not long before the community got to know their new dentist.

I found that walking down the main street on a Saturday morning took longer with every trip because I would inevitably have to stop and talk to people along the way.

My time out west was not without its difficulties, however it is surprising how well one can manage situations when you are placed in a decision making position.

My thanks must be extended to the district manage-

ment for their support during the three years of my service. Some of my most valuable experiences were gained through my liaisons with the district management.

I have learnt a lot from their example and I have a lot of respect for the job that they do.

It is not an easy task to manage such a large area and continue to recruit health practitioners who are in thin supply even in regional and metropolitan areas.

Of particular note is the support that they extended in my further education pursuits.

I was given support to do a course in minor oral surgery in my first year in the West and I was supported again the following year in sitting the primary examinations for the Royal Australian College of Dental Surgeons.

The support given to during my time in the Central West has been essential in enabling me to further my career. I was successful in my application to study orthodontics at the University of Sydney and I am confident that my rural experience was looked upon favourably by the panel.

The experience I gained in the West reached far beyond the walls of the clinic to organisational and management roles as well as to the endless social engagements.

Rural towns are anything but lonely when compared with the impersonal nature of a concrete city.

One can feel somewhat insignificant in a large city, whereas rural health practitioner have a recognised role in a community.

I derived a great deal of personal and professional satisfaction from my time in the bush and I would encourage other new graduates to consider pursuing a similar path.

Tree boost for recovery



A unique and innovative Christmas tree created by clients of the Queensland Health West Moreton Integrated Mental Health Service helped brighten up Ipswich City Library over the festive season.

The service's Active Recovery Team developed the three-dimensional freestanding mosaic tree for the Ipswich Art Gallery Christmas Tree Commission competition as part of their regular group activities at Roderick Street House.

While the entry did not take first place, the tree impressed judges sufficiently to secure exhibition space in the foyer of the Ipswich City Library from December through to January.

West Moreton Health Service District Manager Pam Lane said she was proud and impressed with the achievement of the Active Recovery Team.

Pam said Roderick Street House offered people with a mental illness a place where they could express themselves, while at the same time gaining life skills to aid their recovery and help them enjoy a better quality life.

Group activities, including basic living and social skills, relaxation classes, art classes, a young people's and women's focus group, are available for consumers who are referred from the Integrated Mental Health Service at Ipswich Hospital.

Two Recovery Team clients and Bev Biggs, Team member, with the innovative Christmas tree.

Dispute resolution courses available

A series of training courses are being held throughout the state on mediation and workplace conflict to help develop systems that actively prevent or manage conflict in the workplace.

The courses are being conducted by the Department of Justice and Attorney-General's Dispute Resolution Branch.

Formerly known as the Community Justice Program, the branch provides workplace and community mediation services and conflict management training as a way of settling disputes without legal action.

Executive manager Peter Johnstone said disputes in the workplace could be damaging for all concerned and it was in everyone's interest to resolve them quickly and fairly.

He said the branch had a great deal of experience in training people about conflict.

"Originally the branch was established to address neighbourhood squabbles, but now our centres conduct mediations on a wide range of disputes including family conflicts, commercial disagreements and workplace

unrest," he said.

"The branch also has expanded into training and offers training for individuals or organisations in a broad range of conflict management areas."

"Courses are offered all year round to help people develop skills in communication, negotiation, managing difficult behaviours and mediation," he said.

Courses vary in length from several hours to five days and can be tailored to specific organisational needs.

Five-day mediation courses for this year are Cairns 3-7 April, Townsville 10-16 May, Mackay 20-24 February, Rockhampton 6-10 March, Bundaberg 6-10 February, Hervey Bay 13-17 March, Gympie 3-7 April, Brisbane Magistrates Court 13-17 February, 22-26 May and 19-23 June.

Three-day managing workplace conflict courses scheduled to be held at the Brisbane Magistrates Court are 16 May, Managing Difficult Behaviours; 17 May, Negotiation Skills; and 18 May, Prevention of Workplace Bullying. For course information phone 3239 6269.

Australian of the Year honours

Queensland health professionals gained recognition on Australia Day, receiving three of the four Australian of the Year awards for 2006.

Professor Ian Frazer, cervical cancer vaccine researcher, is Australian of the Year, Dr Sally Goold (Indigenous nurse) is Senior Australian of the Year, and Toni Hoffman, nurse unit manager, Bundaberg Hospital Intensive Care Unit, is Australia's Local Hero.

The three were nominated after being awarded honours in the Queensland Australian of the Year.

Professor Margaret Bullock (physiotherapist) and Dr John Whitehall (Director of Townsville Hospital Neonatal Unit) were finalists for the Queensland Senior Australian of the Year.

Professor Frazer founded and leads the University of Queensland's Centre for Immunology and Cancer Research.

He has been researching the cause of cervical cancer for the past 20 years and has proven the link between cervical cancers and the papilloma virus.

Ian has spent the past 15 years developing a vaccine to combat the disease, which affects 500,000 women each year.

His vaccine is in the final stages of research and world wide trials. They show that it prevents infection and reduces pap smear abnormalities by 90 per cent.

He has created two types of vaccines, one to prevent infections, the other to treat existing infections.

Together, they have the potential to virtually eradicate cervical cancer within a decade.

Expected to be on the market within a year, his vaccine will revolutionise women's health in Australia and across the globe.

Donation a 'gift of life'



Queenslanders have been urged to register as an organ donor to make a 'gift of life' to the 2000 people in Australia on organ transplant waiting lists at any given time.

National Organ Donation Week will be held from 17-25 February.

"By registering to become an organ donor you can make the greatest gift one human being can give another - the gift of life," Health Minister Stephen Robertson said.

"For people with serious or life-threatening illnesses, organ or tissue transplantation could mean a second chance at life.

"Organs that can help include kidneys, heart, lungs,

liver and pancreas, while tissue might include heart valves, bone tissue, skin and eye tissue

"By choosing to record your consent to donate on the Australian Organ Donor Register, you can help up to 10 other people."

Mr Robertson said about 150,000 Queenslanders have registered their consent or intention to donate organs/tissue.

"There's always a shortage of transplant organs available so we need lots more Queenslanders to make a difference by becoming a donor," he said.

"Improved survival rates now mean that most organ or tissue recipients enjoy many years of high-quality life after their transplant.

"Queensland public hospitals are doing some fantastic organ transplant operations that give recipients a second chance of life."

Queenslanders interested in becoming an organ donor can get more information by telephoning 1800 777 203 or by visiting the website: http://www.medicareaustralia.gov.au/yourhealth/our_services/aaodr.htm

Help for patient smokers

Smokers admitted to Queensland public hospitals are being offered free nicotine patches or gum to help manage withdrawal symptoms during their stay.

The free Nicotine Replacement Therapy for inpatients, funded by Queensland Health, was introduced on 1 January.

Patients are asked upon admission to hospital to identify their smoking status and given options to help manage their nicotine dependence during their stay.

They are given the choice of managing their abstinence with minimal intervention (paracetamol) or by taking advantage of free nicotine patches and gum.

Centre focuses on patient safety

More than 120 guests from Queensland, interstate, and overseas attended the official launching of the Queensland Health Patient Safety Centre by Health Minister, Stephen Robertson.

Dr Jim Bagian, the Director of the National Centre for Patient Safety (NCPS) for the United States Veterans Health Administration was special guest at the launching.

The Patient Safety Centre was formed in early 2005 under the direction of Dr John Wakefield.

John has more than 15 years experience working across Queensland as a clinician and administrator, and in 2004, undertook a Fellowship in the United States with Jim Bagian at the NCPS.

The Patient Safety Centre is part of a statewide approach to the addressing and preventing inadvertent harm to patients as a result of healthcare.

A focus on known high risk areas of falls, pressure ulcers and mental health is underpinned by the deployment and support of a network of 38 patient safety officers and comprehensive training of district staff in inci-

dent analysis and human factors.

An example of a successful safety intervention developed by the Safe Medication Practice Unit (SMPU) was presented in the opening address.

The SMPU, under the direction of Dr Danielle Stowasser, focuses on high risk medications and high risk processes around medication use.

Three years ago, Queensland Health staff had to deal with more than 100 different medication charts across the state. This created significant hazards in a high risk process.

Through the analysis of problems that had occurred, and working with a multidisciplinary team of clinicians across Queensland, there is now one statewide medication chart in all 108 facilities.

Dr Bagian said human error was inevitable and systems should be redesigned to anticipate and trap common human errors before they could lead to harm.

He said reporting would only occur if the organisation defined and adopted a 'just' approach to managing staff when adverse events occurred.

School survey to tackle child obesity

A widespread survey of schools will be carried out this year to get an accurate picture of the current eating habits and physical activity and weight levels of Queensland children.

Queensland Health has funded the University of Queensland's Children's Nutrition Research Centre to conduct the survey in randomly selected government and non-government schools throughout the state.

The survey, involving about 7000 children from years one, five and 10, will guide the development of health promotion programs which address the causes of overweight and obesity in children, such as low levels of physical activity and poor nutrition.

During the period between the last two national surveys from 1985 to 1995, the number of overweight and obese children in Australia doubled, with almost a

quarter of Australian children aged between two and 17 years considered overweight or obese.

Health Minister Stephen Robertson said Queensland needed to conduct its own survey as the last national survey of a similar nature occurred 10 years.

He said latest statistics indicate an Australian child was exposed every day to 11 television advertisements for foods high in fat and/or sugar.

"That means 77 times a week the television is urging our children to eat junk food," he said.

"Half of all food ads on television promote high fat and/or high sugar foods; lollies and chocolates are three times more likely to be shown during children's programs than adult programs; and fast food ads are twice as likely to be shown during children's programs than adult programs."

Talks on stopping self-harm

Professor Graham Martin, Clinical Director, Child and Youth Mental Health Service, Royal Children's Hospital Health Service District, is one of the key note speakers at next month's Queensland Suicide and Self-Harm Prevention Conference.

The Queensland Government is hosting the inaugural

conference, to be held at the Mercure Hotel, Brisbane, on 30-31 March.

The conference will provide delegates with current information and knowledge to effectively work towards the prevention of suicide and self-harm.

Contact: e-mail: spconference@communities.qld.gov.au

Elyse regains independence



Elyse Shearer with occupational therapist Amanda Carter.

Ten-year-old Elyse Shearer has demonstrated an outstanding personal commitment to her ongoing treatment for a brain tumour first diagnosed in June last year.

In particular she puts 100 per cent effort into a range of allied health therapies that are helping her to regain vital movements and functions and to help her cope with her hospitalisation.

Elyse has undergone surgery for the partial removal of a tumour which is located in the part of the brain that gives muscle movement control and accuracy.

She has also had a long course of radiotherapy, and has commenced an intensive block of chemotherapy.

After surgery Elyse Shearer was temporarily unable to move, speak or even swallow and has undertaken a programme of coordinated rehabilitation to help her recover those functions and others.

Her mother, Janet Shearer says: "Being hospitalised for cancer treatment is daunting enough for an adult but is even more frightening for a child.

"I am very thankful for the wonderful work of many allied health staff who work closely with clinical staff and

Elyse to normalise her hospital experience as much as possible.

"Elyse always works very hard on all her therapy – physiotherapy, speech therapy and occupational therapy to make sure she recovers use of her limbs and can take part in normal daily tasks."

Occupational therapist Amanda Carter is one of the allied health staff member who has daily contact with Elyse.

Amanda said she and other occupational therapists who work with Elyse draw on a knowledge of child development and medical conditions to help her adjust to hospitalisation, her illness, and her medical procedures.

Another focus is to help Elyse participate in daily activities as independently as possible.

"Elyse has required extensive allied health support to assist her regain functional use of her arms and legs, as well as regaining daily tasks such as eating, writing and use of the bathroom," Amanda said.

"All of Elyse's hard work in occupational therapy will assist her return home, back to school, and most importantly, to spend time with her friends and family."

Stroke patient services boosted

Stroke patients in Queensland will have greater access to rehabilitation services and specialist stroke staff through the introduction of five new Community Based Rehabilitation Teams (CBRTs) for stroke and three new Rural Outreach services (RSOS) for stroke.

The five new Community Based Rehabilitation Teams are located within the Logan-Beaudesert, Redcliffe-Caboolture, Sunshine Coast, Fraser Coast and Mackay health service districts.

The teams have a staff of physiotherapists, occupational therapists, speech pathologists and therapy assistants with some of them also having dietitians, social work and nursing staff through integration with existing services.

There is also provision for medical officer time for the teams.

The teams will provide centre based and/or domiciliary services for the treatment of stroke patients on discharge from acute hospital wards and inpatient rehabilitation and also patients referred from the community.

A doctor's written referral is required to access the service. The teams follow up former patients of their services at six months after discharge.

The three Rural Outreach Services each have a coordinator who acts as the central contact point for the service.

Through the coordinator, the regional and rural staff can seek advice about individual patients or general stroke management issues and also access relevant members of the multi-disciplinary team.

The services are provided through different media dependent upon their geographical location, i.e. physical outreach, telephone, e-mail, and video-teleconferences.

The services also provide education sessions to regional and rural staff in their area. The Townsville and Royal Brisbane and Women's Hospital services also have a website constructed or under construction.

Contact details for the services are:

Amanda Parker, Logan Beaudesert CBRT 3299 8258; Kurrily Goodall, Redcliffe Caboolture CBRT 5433 8625; Jeremy O'Leary, Sunshine Coast 5470 6747; Jenne Oram, Fraser Coast CBRT 4123 8242; Jo Hack-Mackay CBRT 4968 3957; Cindy Dilworth, RBWH RSOS 3636 8026; Merv McAllister, Townsville RSOS 4796 2144 or <http://www.health.qld.gov.au/townsville/Services/rsos.asp> and Sally-Ann Goncalves, Cairns RSOS 4092 9121.

Training program aids multi-skilled learning

Workplace competencies are being improved for new operational support services staff at Nambour through a program providing an enhanced learning environment.

Deidre Wilson, Coordinator Training and Quality, said that previously the departments within operational support services (wardspersons, cleaning, linen and food services) developed and delivered their own training programs for new staff.

"It was identified that there was a double up on issues that were generic to each area, no standardisation of training and no recognised form of determining competence," she said.

"Changes to our management structure brought in new ideas, one of which was to train new staff in all areas (food, cleaning and wardspersons) forming a generic pool of multi-skilled staff who could work in all areas."

Deidre said the new program includes a two-day generic program on the organisation's fundamentals – waste management, risk management, team work, use and care of equipment, cleaning practices and chemical handling.

One day is allocated to patient and materials handling, CPR and specific emergency response issues; one day to a

mentor (supervisor in specified department) for hands on experience and further in depth training on specific issues; one day of aggression management training; and one day at the district orientation program.

This training was then linked to the Queensland Health Certificate II in Health Support Services.

Deidre said this was seen as an opportunity to fully use this workplace assessment tool to determine the staff's level of competence in skills and knowledge in all aspects of the role.

"It also has the capacity to confirm that training has been comprehensive or identify any training deficiencies," she said.

"This was a win-win situation with staff being measured against nationally recognised standards and receiving a Certificate II in Health Support Services.

"Further competencies achieved but not listed in the certificate are captured within a local preceptorship program.

"This comprehensive training program has simplified and standardised training, while maximising efficiencies, and forms the basis for development opportunities for operational staff."

Improved care to prevent admissions

Healthcare Without Walls: delivering the best care in the best place is the theme of a Change Champions seminar to be held at the Holiday Inn, Adelaide, on 15-16 June.

The seminar will highlight strategic directions in hospital avoidance and ensuring that the most appropriate care is delivered efficiently in the most appropriate healthcare environment.

Information will be shared about systems, strategies, models policies and procedures that have improved patient outcomes through the delivery of healthcare in a

variety of settings.

The seminar will showcase innovations projects with demonstrated outcomes that have focused on preventing hospital admission through care delivery in other settings.

Submission of abstracts for the seminar close on 28 February.

Contact: Change Champions, phone (02) 4960 8576, e-mail: change.champions@bigpond.com or web: <http://www.changechampions.com.au>

Accreditation for district

The South Burnett Health Service District has received accreditation under the Quality Improvement Council Standards from the Institute for Healthier Communities Australia.

The accreditation team commended the district for district leadership with their health service planning processes, Wondai Health Service Redevelopment change process, District Strategic Food Services Initiative which includes the creation of the district production kitchen, Kingaroy

and South Burnett Medical Workforce Strategy.

The accreditation team praised the positive approach of the staff, especially their ongoing commitment to improve services and their team approach, in light of the significant changes and challenges within Queensland Health.

The accreditation will apply until 30 July 2008 when the district will again face close examination of the quality of its health care.

Strategy targets chronic disease

Keeping Queenslanders healthier and help reduce deaths caused by chronic disease is the aim of a \$155 million chronic disease strategy launched in December by the State Government.

The Queensland Strategy for Chronic Disease, 2005 to 2015 focuses on reducing the burden on the state's health system by preventing chronic disease and managing the severity of some cases.

Health Minister Stephen Robertson said at the launching that the strategy had already been launched with three sites at Logan-Beaudesert, Innisfail and Northlakes.

"This is a blueprint for how the Queensland Government is going to deal with growing pressures on the health care system, both now and into the future," he said.

"This document paves the way for the prevention and management of chronic disease across Queensland for the next decade, hopefully saving many thousands of lives in a growing and greying population.

"Queensland has reached a population of four million people and by 2026 the population will be 5.28 million.

"By that stage, if nothing is done, we will be six years into a situation in which chronic diseases account for 80 per cent of the burden of disease.

"And by 2031, we face the prospect of one in five Queenslanders aged 65 or over.

"Queensland's health system has to prepare for such population and ageing projections.

"Unless we do something about the eating, smoking, excess drinking, lack of activity and other dangerous life-

style habits of young people, the present generation of children is at risk of being the first to die before their parents."

Mr Robertson said Queensland had the highest rates of preventable deaths of any state in Australia and more than a third of Queenslanders died every year from largely preventable chronic diseases.

Mr Robertson said the \$155 million four years strategy would complement the \$6.4 billion Action Plan.

He said three early implementation sites had been established to cover differing population groups, in consultation with a wide range of key partners.

The Logan-Beaudesert Health District has been allocated \$966,000 during 2005-06 to increase capacity for targeted health promotion and chronic disease prevention activity; implement a formal Primary Health Care in Chronic Disease Partnership; and integrate targeted social marketing and supportive environment programs.

The Innisfail Health District has received \$1.1 million in 2005-06 to focus on cardio-vascular disease, type-two diabetes, renal disease and chronic respiratory disease. Individual measures.

These included increasing health promotion and prevention activities; development of multidisciplinary teams to work in disease-specific clinics; a patient information sharing IT system; and increasing allied health services.

Northlakes was provided with funding of \$1.9 million in 2005-06, for an initiative that supports healthier children and young people, promotes mental health, and manages chronic disease and healthier ageing.

New life for burns victim

Burns victim, 14-year-old Giang Le Nhut has returned to Vietnam with a new lease on life thanks to Rotary fund raisers and medical staff from Brisbane's Royal Children's Hospital.

In a devastating accident in his village home in South Vietnam when he was three years old, Giang's clothing caught fire leaving him with crippling burns to legs, arms and face.

Rotary's ROMAC (Reaching Overseas Medical Aid for Children) learned of Giang's plight and arranged for him to be flown in May last year to Brisbane's Royal Children's

Hospital for treatment.

Surgeons Dr Deborah Bailey (paediatric surgeon), Dr Rowan (hand specialist) and Dr Jonathan Mott operated to release severe contractures on Giang's hands and legs, enabling him to use his fingers and to walk properly for the first time since his accident.

Extensive skin grafting was also carried out on his face, legs and arms.

Following a six month stay in Brisbane under the care of hospital staff and Rotary volunteers, Giang has now returned home to his village just North of Ho Chi Minh City.

Ipswich unfolds quilt



A portion of the National AIDS Quilt was unfolded at a ceremony at the West Moreton Sexual Health Service to honour the memory and courage of people whose lives have been touched by HIV/AIDS.

The National AIDS Quilt is a series of panels made by partners, people living with HIV, close friends and relatives.

The unfolding ceremony is performed all over Australia on World AIDS Day and aims to increase awareness and provide support for those living with HIV.

The panel unfolded was originally made to remember people from Ipswich who had died from or been touched by HIV/AIDS.

Dianne Farrell, Clinical Nurse Consultant, West Moreton Sexual Health Service, with a portion of the AIDS quilt.

Unravelling key to cell languages

Fat cells talk to each other – they communicate in a language of chemical-hormonal signals that control which cell will live and which will die.

If only scientists could orchestrate this language into a harmony—sending the ‘right’ messages to the ‘right’ cells – they could reduce the weight of patients with obesity, which leads to diabetes, heart disease and many other illnesses.

How to control the language of the fat cells is among the mysteries being unravelled by Professor John Prins at Princess Alexandra Hospital.

Professor Prins said: “We are involved in a number of research endeavours, but one area is particularly promising and exciting.

“At the University of Queensland laboratories here in the Princess Alexandra Hospital we have been looking to

West Moreton Health Service District Manager Pam Lane said Australia had been very successful in containing its HIV epidemic, but HIV remained an issue.

“Those living with HIV/AIDS can and do live normal lives in the community, with medication and a healthy lifestyle helping to manage their condition,” she said.

“I am hoping the ceremony has increased people’s awareness of HIV and helped the community to understand life with HIV.”

The most common methods of transmitting HIV/AIDS are via unprotected intercourse, sharing drug injecting equipment, and mother-to-child during pregnancy or birth.

While there are now drugs available to manage the symptoms of HIV/AIDS, there is no cure as yet.

understand what causes human fat tissue to grow.

“What we have been able to show is that there is a specific growth factor or chemical that is extremely important for the growth of fat cells.

“We have identified a factor that tends to drive the balance of that process to develop a new cell and to interfere with that balance so that over time the patient will lose more fat cells than he or she actually produces.

“We know that in every organ there is very close communication between all the cells – thousands of little signals and messages going between the cells – so that the overall size of the organ is appropriate.”

Professor Prins said this process he and his team are working on might help people put on weight, which would be very important in specific clinical situations such as after injury or trauma where there was loss of fat tissue.

Staff enthusiasm lauded

The quality of Moranbah District’s health services has been recognised with accreditation by the Australian Council on Healthcare Standards (ACHS).

The health services have been awarded the maximum four years accreditation by ACHS, a private, non-profit independent organisation devoted to developing standards for the Australian health care industry.

The district’s services granted accreditation are in Moranbah, Clermont, Dysart, Glenden, Tieri and Middlemount.

Moranbah Health Service District Manager, Ken Bissett, said accreditation was recognition of the high quality of care that staff give to their patients and clients.

“The ACHS particularly commended the district on the

level of service integration across the district, which works to improve access to services locally,” he said.

“The enthusiasm of the district’s staff and their commitment to quality services was also commented on favourably by the surveyors.”

“Consumers who were interviewed by the surveyors spoke highly of the services.”

To achieve accreditation, facilities are surveyed and audited using a rigorous, consumer-focused program that measures how good a health care facility is in terms of how well the patient/client is cared for.

Facilities must meet ACHS’s national guidelines in a number of areas including information management, human resources, and continuum of care for patients.

\$12.6m grant for Mater's century



Mater Adult Hospital public ward shortly after its opening in 1911.

Tougher smoking fines for retailers

A \$12.6 million grant from the State Government to ensure medical response capabilities was announced at a special ceremony last month to mark the century of the Mater Hospital in Brisbane.

Announcing the grant, Acting Premier Anna Bligh said \$9.2 million would be used to replace the hospital's helipad, ensuring a 24-hour all weather support when redevelopments were completed.

The funding will also be used to upgrade or extend lifts in other areas of the hospital.

Ms Bligh said that State Government made a \$135 million contribution to the hospital's redevelopment in February 2004 and increased that amount to \$165 million in mid-2004.

She said Mater's growth from a 20-bed hospital to a world-class group of seven hospitals and a research institute was an inspirational story.

"Hundreds of thousands of Queenslanders have been

treated by the Mater's dedicated medical and nursing staff, and the Mater is recognised as one of Australia's most outstanding medical centres," she said.

Mater's story began when the Sisters of Mercy recognised a desperate need for health care services in the community and opened their first 20-bed private hospital, Aubigny, in a former residential home in Brisbane's North Quay in 1906.

In its first year, this small fee-paying private hospital cared for 141 patients and was the stepping stone to help the Sisters of Mercy realise their vision to provide a free public health care for the people of Brisbane.

Outstanding achievements in Mater's history include establishing Brisbane's first blood transfusion service during World War II, developing a service for HIV/AIDS patients in the 1980s and being the first hospital in Australia to successfully treat Twin to Twin Transfusion Syndrome using foetal laser surgery.

The nation's toughest smoking laws stepped up another gear last month when tobacco retailers faced tighter display restrictions and harsher penalties for selling to children.

For the first time, minors who pretend to be legal age to purchase cigarettes will be fined.

Tobacco retailers are the focus of new laws, with particular emphasis on the sale and supply of smoking products to children.

Under the new laws each retail outlet can show only one smoking product display, with the maximum size of the display of one square metre for general retailers and three square metres for tobacconists.

Cigarette cartons cannot be on display. Currently, there are no restrictions. In addition, the purchase of smoking products cannot accumulate shopper loyalty points, such as Fly Buys or fuel discounts.

People under the age of 18 years who falsely represent their age in order to be sold smoking products will

be committing an offence and may be subject to a maximum penalty of \$1500.

Penalties for sales to minors have strengthened and include \$10,500 fine for a first offence, up from \$5250. A court can also prohibit the supplier from selling tobacco products for six months.

There is a \$21,000 fine for a second offence, up from \$10,500, and a court can also prohibit the supplier from selling tobacco products for 12 months.

The fine for a third or subsequent offence is \$35,500 and a court can also prohibit the supplier from selling tobacco products for three years.

Enforcement of the new laws for tobacco retailing will start at the end of March after a three month education period.

The specialist Tobacco Control Investigation Team and environmental health officers will continue to monitor the new laws and respond to complaints from the public.

Events Calendar now on-line

The 2006 Queensland Health Events Calendar is available on www.health.qld.gov.au/calendar and will be updated throughout the year. A printed version is not being produced this year.

BreastScreen schedule

Queensland Health, through the BreastScreen Queensland Program, provides dedicated and accredited breast cancer screening services through a statewide network of screening and assessment services.

Scheduled services:

Mobile Services

Ipswich: until 17 February, Esk; 21 February until 7 March, Toogoolawah; 9 March until 6 April, Boonah; 10-28 April, Yamanto.

Toowoomba: until March, Stanthorpe;

Townsville: 13 February to 24 March, Innisfail.

Rockhampton: Yeppoon; 30 January until 16 March, Emerald.

Relocatable Services

Bundaberg: until 24 February, Bauer Wiles Community

Centre, Maryborough.

Cairns: until 31 March, Mareeba.

Gold Coast: until 16 Feb, Nerang; 20 Feb until 6 April, Palm Beach, Nerang.

Nambour: until 3 March, Maroochydore.

New services have been opened at Taringa, Keperra and Brisbane City at Shop 11, City Plaza and Nambour Service is now located at Block 4, Nambour Hospital.

Women can arrange a free breastscan by calling 13 20 50, for the cost of a local call, and will be connected to their nearest BreastScreen Queensland Service. Individual and group bookings are also available.

Contact: Cancer Screening Services Unit on 3234 1596.

Neurologist recognised



Dr James Pelekanos, paediatric neurologist at the Royal Children's Hospital, has been awarded the 2005 Peter Hurley Schellbach Memorial Award in recognition of his dedication to the treatment of epilepsy.

Dr Pelekanos received his award at the Epilepsy Queensland annual general meeting from Denise Schellbach, who established the award in memory of her son.

Peter, who died in 1998 at the age of 20 as an indirect result of epilepsy, had planned a military career, but his first seizure on Anzac Day when he was 17 meant that this was not possible.

The award is made each year to a doctor who has made a significant and positive contribution to the quality of life for people with epilepsy, with nominations for the award made by peers, clinical colleagues, patients and their families.

Dr Pelekanos worked in Canada for three years with a world-renowned specialists in children's epilepsy, and also worked in Melbourne where he undertook research into the genetic structure of epilepsy.

Director addresses talks

Dr David Lie, Director, Aged Care Mental Health Service, Princess Alexandra Hospital, is one of the invited speakers at the Innovations in the Management of Cognitive Impairments in Older Australians Seminar in Sydney on 6-7 April.

Dr Lie will make a presentation on out-of-hours behavioural emergencies in hospitalised elderly.

Desley Joyce, clinical nurse consultant, elderly care, and Maureen Pitt, Nurse Unit Manager, will address the

seminar on *Meeting the challenge of dementia in the acute care setting: The Townsville Hospital experience*.

The seminar aims to share information about initiatives, structures, systems and strategies that have been successfully implemented in the clinical management of cognitive impairment in older Australians.

Contact: Change Champions, phone (02) 4960 8576, e-mail: change.champions@bigpond.com or web: <http://www.changechampions.com.au>

Indigenous doctors gain degrees

The first two Indigenous doctors to graduate from the James Cook University Medical School received their degrees in a graduation ceremony held in December at Townsville.

Brad Murphy, 40, and Shannon Springer, 27, graduated with a Bachelor of Medicine and a Bachelor of Surgery.

Both men have a keen interest in health care for rural and remote communities.

It was a double celebration for Brad, who was named as one of five Regional Achiever winners for the 2005 Queensland Regional Achievers and Community of the Year Award.

He plans to continue his internship at The Townsville Hospital and hopes to further his studies in ophthalmology with a view to helping rural and remote Aboriginal people.

Brad comes from a background as an intensive care

paramedic, and he was involved in setting up the intensive care paramedic service for the Queensland Ambulance Service.

Brad said he wanted to encourage young Indigenous Australians to enter the field of medicine.

“By getting out there and studying, young people can make a real difference to the health of other Indigenous and non-Indigenous Australians,” he said.

Shannon is taking up a position on the Gold Coast. His new qualification will build on his Bachelor of Applied Science in Indigenous Primary Health Care.

Shannon has a particular interest in caring for the health of Indigenous communities.

He has already spent two years on the board of the Townsville Aboriginal and Islander Health Service.

Certificate to boost health workers

A group of 15 Indigenous people from across southern Queensland has begun a new training course aimed at increasing the number of Indigenous health workers in their communities.

The group is studying for a Certificate III in Indigenous Community Services and Primary Health Care.

The course is being offered for the first time as a partnership between Southern Queensland Institute of TAFE and the Cunningham Centre – Queensland Health’s Southern Zone Rural Health Training Unit.

The students are from Goondiwindi, Dirranbandi, Dalby, St George, Stradbroke Island, Mitchell, Roma and Toowoomba.

The 12-month course will prepare the students to work with Indigenous clients in anything from alcohol and other drug services, to women’s health, sexual health, nutrition, health education and community emergencies.

Cunningham Centre Director Dr Ans Van Erp said there was a desperate need for more trained Indigenous health care workers.

“Once qualified, these students will be able to directly benefit their communities by providing trusted, culturally appropriate services on the ground, including screening, education and general health care,” she said.

“Our trainers are of the highest quality, being experienced Queensland Health and TAFE staff.

“It’s great to see the two well-regarded institutions combining their resources to ensure people get the necessary skills to enter the field and do the job well.”

Workplace Trainer at TAFE’s Community Services Facility Jill Keen said the course will give people the basic skills and professional knowledge to work efficiently at entry level into the health industry.

“This new training course will be delivered on a wider basis to give the students the best possible training outcomes,” Jill said.

“The Certificate III will be delivered in a mixed mode using written materials, e-mail, telephone, workplace training and block sessions at the Southern Queensland TAFE Toowoomba campus.”

Receive Health Matters regularly

If you, your friends or colleagues would like to be placed on the Health Matters mailing list please contact Public Affairs, Queensland Health, on **3234 1135** or fax your details to **3234 1909**.

Child safety books gains award

A booklet promoting safety for children has won a major award for the Mount Isa Aboriginal community and the Queensland Government's Childhood Injury Prevention Project.

Safety for Piccaninny, Our Little Ones was a state winner of the Australian Safer Communities Awards, organised by Emergency Management Australia.

The awards recognise and encourage best practice and innovation across Australia's emergency management sector, business, local government and community organisations that help to build safer communities across Australia.

The booklet, which took more than 12 months to develop, was jointly funded by Queensland Health and the Department of Emergency Services to address the high levels of unintentional injury to children aged 0-4 years in rural and remote areas.

Lynette Drew, from the Childhood Injury Prevention Project, said the booklet was produced in partnership with Aboriginal people from the Kalkadoon, Waanyi and Alwarra tribes.



Francis Page (pictured right, holding the award certificate) with Lynette Drew. Francis, from the Waanyi Tribe, is a health worker with Queensland Health.

Newcastle staff reunite

Royal Newcastle Hospital is searching for former staff of the hospital who have moved to Queensland to attend a commemorative conference to mark the hospital's closure.

The hospital, the oldest in Australia, is being closed as part of a major urban redevelopment project, and will be transferred in April to a new building at the John Hunter Campus, New Lambton.

A multidisciplinary conference will be held in Newcastle on 10-12 March as part of a calendar of commemorative

events to celebrate the contribution of staff and their achievements.

The Royal Newcastle Hospital: An Australian Icon Conference will feature a memorial collection of essays or speeches to honour staff, social events, and a scientific meeting.

A Royal Revue will start the weekend events, bringing back memories of revues performed in 1974, 1975 and 1982.

Contact: Commemorations organisers phone (02) 4985 5390 or web: www.royalnewcastle2006.org.au

New care model explored

Riding the Wave of the Future is the theme of the first national Aged and Community Services Australia Community Care Conference to be held at the Sydney Convention and Exhibition Centre, Darling Harbour, on 3-5 May.

Examining new and emerging models of care in the community and how to integrate community care into the broader health, welfare, housing, disability and aged care systems is the theme of the first day. It will also explore the growing role of commercial operators in community care

provision.

The second day will reflect on the community care system 20 years on from the start of the Home and Community Care Program, Australia's largest government funding program in community care.

Plenary sessions on day three will identify the major social trends which will determine the consumers and carers of the future. Contact: phone (02) 9799 0900, e-mail: events@aged-services.asn.au

Home surveys planned

A total of 140,000 householders will be canvassed throughout Queensland in a campaign by the Hepatitis Council of Queensland to raise the awareness in the general community on hepatitis C.

The R U +ve? Hepatitis C Awareness Campaign addresses the impact that early detection, diet and nutrition and other health promotion principles has on the quality of life of those affected by the virus.

The campaign targets five geographical areas in Queensland (Brisbane, Gold Coast, Bundaberg, Townsville and Cairns) over a three-month period with 140,000 mail-

based surveys delivered to householders.

The survey asks householders to evaluate their knowledge of risk factors for hepatitis C and provides information relating to testing, natural history, importance of early detection, treatments and self-health strategies including nutrition and moderation of alcohol consumption.

The survey encourages those people who believe they have previous or current risk factors to contact their general practitioners or the Hepatitis Council of Queensland for further information.

in retrospect

A review of some articles from previous Health Matters

July	Record \$5.3 billion Health Budget Bali burns specialist awarded OAM Moranbah – Small district with big vision	October	Implementation of the Forster Report First triple organ transplant on female patient Agencies endorse mental health recovery plan
August	Queensland Health launches new web site Scholarships boost cancer research Healthy food focus on fussy eaters	November	Mini-budget enhances health services Quit Smoking ... for Life! staff campaign Graduates gain high achievements
September	Forster Review hands down interim report Prof John Pearn awarded Ireland Medal Dalby a showcase for rural health	December	Davies Commission of Inquiry Report released Major changes to disease control Plane crash an exercise in reality

diary

FEBRUARY

1-28	Stick on a Smile for Heartkids <i>Heartkids</i> Phone: 3350 8181	20-26	Colour Your Day Appeal <i>Cerebral Palsy League of Queensland</i> Phone: 3358 8003
4	World Cancer Day <i>Cancer Council Australia</i> Phone: 3258 2200	24	National Sunnies for Sight Day <i>International Centre for Eyecare Education</i> Phone: 1300 664 233
14	Valentines Day <i>National Health Foundation</i> Phone: 1300 3602 787	27-5 March	Ovarian Cancer Research Week <i>Ovarian Cancer Research Foundation</i> Phone: (03) 9296 2040
14	Tatts & Tiaras Day <i>Abused Child Trust</i> Phone: 3857 8866	28	Pancake Day <i>Uniting Care</i> Phone: 1800 060 543
17-25	National Organ Donor Week <i>Australian Organ Donor Register</i> Phone: 1800 777 203		

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(under Health Information/News & Events)