

HealthMatters



Jo Sobb, Cairns Base Hospital Occupational Therapist Officer in Charge, fits a compression garment to a patient's leg following surgery for multiple fractures to his leg. The compression garment is designed to relieve the swelling to the limb that is often experienced by such patients.



Queensland Health reforms



directions Uschi Schreiber, Director-General

In a further step to restructure Queensland Health, the Government has decided to consolidate Queensland Health's health service districts from 37 to 20 by 30 June 2007.

The decision to consolidate health service districts complements the decision announced last month by the Premier to transfer a range

of services from Queensland Health to the Department of Communities, Disability Services, Seniors and Youth.

Both of these decisions have been made to better enable Queensland Health to focus on its core services, on implementing the Health Action Plan and dealing with the vast increase of chronic disease.

The 20 consolidated health service districts are set out in the table on this page.

Consolidation of health service districts is not being pursued to achieve savings or reduce employee numbers.

Instead, the consolidation aims to improve the delivery of health services in a number of important ways including by:

- providing a better platform for Queensland Health to work with General Practitioners on health promotion and primary prevention. To this end, the new district boundaries have been designed to be as consistent as possible with General Practice Division boundaries.
- creating larger districts that will consolidate existing health services and improve the integration of rural and regional health services, for example by improving links within districts between small communities and larger health facilities.

Health Service Districts

<i>New Northern Area</i>	<i>former</i>
Cairns and Hinterland	Cairns, Tablelands, Innisfail
Cape York, including Cooktown	Cape York
Torres Strait	Torres Strait and Northern Peninsula
Townsville	Townsville, Bowen, Charters Towers
Mt Isa, includes Hughenden and Richmond	Mt Isa
Mackay	Mackay, Moranbah
<i>New Central Area</i>	<i>former</i>
Central Queensland	Rockhampton, Gladstone, Central Highlands, Banana
Central West	Central West
Wide Bay	Bundaberg, North Burnett
Fraser Coast	Fraser Coast
Sunshine Coast	Sunshine Coast, Gympie
Brisbane North	The Prince Charles Hospital, Redcliffe-Caboolture
Royal Brisbane and Women's Hospital	Royal Brisbane and Women's Hospital
Royal Children's Hospital	Royal Children's Hospital
<i>New Southern Area</i>	<i>former</i>
Princess Alexandra Hospital	Princess Alexandra Hospital
Brisbane South	QE II Hospital, Bayside, Logan-Beaudesert
West Morton	West Moreton, South Burnett
Gold Coast	Gold Coast
Toowoomba and Darling Downs	Toowoomba, Northern Downs, Southern Downs
South West	Roma, Charleville

Streamlining will concentrate on core services

Queensland Health is being streamlined to help it focus on its core services and on implementing the \$9.7 billion Health Action Plan.

Premier Peter Beattie said last month that Health Minister Stephen Robertson had drawn up well-researched and logical changes that would:

- streamline Queensland Health's responsibilities
- strengthen the delivery of services at a community level
- strengthen arrangements for non-government organisations to perform their work in those services.

A range of services and responsibilities will be transferred from Queensland Health to the Department of Communities, Disability Services and Seniors.

These are residential aged care, Home and Community Care, including Meals on Wheels, and mental health strategy, policy and legislation, with the eventual aim of early intervention at a community level.

Mr Beattie said the State Government had vastly increased the funding for mental health services but there was also "a great need to change the way in which we deal with mental illness".

"Too many people with mental illness are slipping through the system and end up needing to be treated when they reach the acute stage," he said.



Stephen Robertson

"It's like people becoming overweight or smoking for many years and ending up in hospital needing treatment when it's far better to try to prevent or manage the problem before it becomes serious enough to need hospitalisation.

"The initial change in dealing with mental health will involve all work necessary for strategy, policy and legislation to be moved to the Department of Communities, Disability Services and Seniors.

"This will enable the development of a reform agenda for mental health where the long-term aim will be to try to prevent people from developing acute mental illnesses through early intervention and treatment programs at a community level with the help of non-govern-

from page 1

• consolidating Queensland Health's corporate support services to more effectively support clinical service delivery. The consolidation process will be accompanied by a full review of Queensland Health's administrative corporate services, which will seek to prioritise and standardise administrative tasks, roles and responsibilities. This will also incorporate the work already undertaken as part of the SSP Service Standardisation Project.

At the same time as districts are being consolidated, it is proposed to amend the Health Services Act 1991 to more fully set out Queensland Health's organisational structure and relationships.

The proposed amendments to the Act will also establish new entities, called Health Community Councils, to replace District Health Councils. Strengthened community input through new Health Community Councils will help to ensure that health services are highly responsive to their local communities.

Health Community Councils

ment organisations."

Mr Beattie said national and international experience had shown that this approach was a far better way of tackling mental illness.

"At the moment Queensland Health has responsibility for 21 aged care facilities," he said.

"Now that we have a department which has been created to look after the interests of seniors and is very much focused on the community, it makes sense for it to superintend these aged care facilities.

"It also makes sense for this

will have a clear agenda to focus on quality and safety issues, consumer complaints management and consumer engagement and education.

Greater support will also be provided to the new councils. Under the proposed amendments, it will be possible for a health service district to have more than one Health Community Council, enabling the Minister to retain the current 37 councils, and create additional councils where there is a demonstrated need to do so.

To minimise the impact of the change on employees, implementation of the new district boundaries will be pursued progressively over the next nine months.

The consolidation process will be undertaken in accordance with Queensland Health's Change Management guidelines, and will involve close consultation with employees, health unions and other stakeholders.

Further details on the management of employees affected by the district consolidation process will be available following initial con-

sultations with employee unions. An implementation project manager and team has been established to manage the change process.

The team is headed by Mr Peter Douglas and supported by Mr Graeme Carswell.

The project team will immediately undertake a full impact assessment of the district consolidation process including the implications for all districts and Shared Service Provider and Queensland Health Shared Service Provider shared service arrangements.

In the meantime, districts should continue to provide services under the current arrangements until this assessment is complete and a more detailed implementation plan has been approved.

More information about the consolidation process is available at <http://qhpeps.health.qld.gov.au/qhreform>

If you have any questions about the consolidation process, please email the project management team at QH_Reform@health.qld.gov.au.

meals and house cleaning without help because of a disability; and may require admission into long-term residential care without assistance from these services."

Mr Beattie said the program also assisted carers of this group of people.

He said the changes would mean that non-government organisations dealing with these areas would now only have to deal with one department instead of two, making contracts easier to negotiate.

Queensland Health reforms

Public input into health council

Queenslanders will have a direct say in shaping new State Government initiatives to improve health services.

Under a new plan, they will be recruited and trained to serve as consumer representatives on government health committees, working parties, advisory bodies and within health care organisations.

Health Minister Stephen Robertson said this was one of the key proposals in a discussion paper seeking community input into the role and function of Queensland's new Consumer Health Council.

Copies of the *Developing a consumer health council for Queensland* discussion paper are available in the Reform in Queensland Health section on the website: <http://www.health.qld.gov.au/>

Mr Robertson said the council would provide a fearless, independent voice for health consumers in Queensland.

"The council will advocate for the rights of consumers and provide support and information to consumers who may wish to formally complain about health services," he said.

"It will ensure patients; their families and carers have a strong voice in health policy and planning, research and service delivery."

Queenslanders have until 17 November to lodge a public submission and have their say on how this important new health watchdog should operate.

It is proposed that the council will provide training and support for consumers to participate directly in health care planning, policy development and monitoring of the quality of health care provision.

Consumers from across Queensland will be recruited and trained to participate as consumer representatives on government

health committees, working parties, advisory bodies and within health care organisations.

The council will employ officers in regional and rural areas to work with local communities to facilitate access to advocacy support; and to train and coordinate a network of volunteers to support consumers accessing health care.

Mr Robertson said the Consumer Health Council was an important health reform that would ensure Queensland's health system was more transparent, responsive and focused on patients' needs.

"The council will help health services become more responsive to patients' experiences, both positive and negative," he said.

"It will result in better management of complaints, improved outcomes for health consumers, and greater trust and communication between services and their local communities."

Major commitments

1. Finalise the acquisition process for the Sunshine Coast Hospital at Kawana and begin detailed design and planning

2. Establish project team to ensure fast tracking of construction of new University Hospital at Parklands on the Gold Coast

3. Commence scoping and design work for capital projects to create extra beds at hospitals, including Princess Alexandra, Townsville, Queen Elizabeth II, Robina, Caloundra, Nambour, Rockhampton and Bundaberg hospitals

4. Employ staff, purchase equipment and open additional theatres to ensure elective surgery centres at Redcliffe and Caboolture start operations as soon as possible

5. Appoint Dr Allan Isles to lead the consultation process for the creation of the new Queensland Children's Hospital

6. Create a separate Medical Board to focus solely on doctor registration issues

7. Complete an independent review of the *Mental Health Act 2000*

8. Advertise nationally and internationally for extra staff to boost paediatric cardiac services at Prince Charles Hospital

9. Introduce legislation to accelerate the acquisition of the site for the new Yeppoon Hospital

10. Continue aggressive recruitment of health professionals from interstate and overseas to build on the 311 extra doctors, 1358 nurses and 546 allied health staff recruited over the past 12 months

11. Offer jobs to all students graduating as nurses

12. Conduct consumer focus groups in health service districts across the State as part of the public consultation process for introducing a Consumer Health Council as a fearless, independent voice for health consumers

13. Continue to publish 'Our Performance' Related Reports on hospital activity (monthly) on Queensland Health website www.health.qld.gov.au; elective surgery waiting times (quarterly), emergency department performance (daily) and staffing (monthly)

14. Finalise negotiations with Griffith University for the establishment of a third Queensland Academy at the Smith Street campus on the Gold Coast focussed on Health Sciences

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Queensland Health reforms

Children's hospital to lead the way

Creation of the Queensland Children's Hospital will result in sick Queensland children being cared for in the largest and most advanced hospital of its type in Australia, says Queensland Health Director-General Uschi Schreiber.

"The single, new hospital will ensure sick children receive the best possible care," Ms Schreiber said.

Ms Schreiber said the concept of a new children's hospital – the hub of a statewide paediatric and adolescent service network – was endorsed by the Paediatric Taskforce set up in April.

She said the taskforce assessed recommendations of the Review of Paediatric Cardiac Services published by Professor Mellis and recommendations in the Queensland Health Systems Review in September 2005.

"The Taskforce recommended that the new hospital should incorporate all paediatric services currently provided at the Mater Children's Hospital, the Royal Children's Hospital and Prince Charles Hospital," Ms Schreiber said.

"The site adjacent to the Mater was chosen by the

Government for the new hospital, offering space close to existing transport links, accommodation and recreational facilities for families and a private paediatric hospital which should help to attract clinical specialists.

"The \$700 million hospital, which will have up 400-beds, will be built in stages with the first beds opening in 2011."

The transition plan includes:

- specialist and support staffing will be increased for the paediatric cardiac services at Prince Charles Hospital at a cost of \$24.5 million, over four years from this financial year
- in January 2008 these staff and services will move to expanded facilities at the Mater Children's Hospital
- an expansion of the Mater Children's Hospital to allow for this, at a cost of \$28.6 million

Ms Schreiber said that while the children's cardiac unit would be moved from the Prince Charles to the Mater Children's in early 2008, no other services being offered at either the Royal Children's or the Mater Children's will be

affected until at least 2011.

"In the meantime we will work with the parents, children, clinical and other staff to ensure a smooth transition when services begin to transfer to the Queensland Children's Hospital between 2011 and 2014," she said.

"These services will benefit from new purpose-built facilities at the Queensland Children's Hospital.

"From October, a steering committee with broadly based representation will oversee the planning and development for the new hospital.

"The new children's hospital will also support a specialist research capability to ensure it becomes a focus for world-class paediatrics research, guaranteeing that our children have access to the best and most current treatment available.

"The move to a consolidated Queensland Children's Hospital will leave bed capacity at the Royal Children's Hospital and The Prince Charles Hospital.

"Queensland Health will work with clinicians as part of its planning across the network of Brisbane hospitals to decide on the future use of that spare capacity."



Members of the Paediatric Taskforce attended a special function to mark the conclusion of their review. Pictured, from left, are Dr Mark Waters (representing Dr John O'Donnell, District Manager Mater Health Service District), Health Minister Stephen Robertson, Dr Anthony (Tony) Slater (Director Paediatric Intensive Care, Royal Children's Hospital), Professor Alan Isles (Clinical CEO Royal Children's Hospital), Eugene McAteer (Paediatric Cardiac Review Taskforce Coordinator), Uschi Schreiber (Director-General Queensland Health), Dr Wendy Burton (GP and Paediatric Cardiac Services Taskforce Member), and Mrs Kerri Robertson (Paediatric Cardiac Services Taskforce Member) **Not present were:** Dr Peter Pohlner, Consultant Paediatric Cardiac Surgeon, TPCH; Professor Geoffrey Cleghorn, Professor of Paediatrics and Child Health, RCH; Dr Susan Moloney, Director of Paediatrics, Gold Coast Hospital; Dr Ross Messer, Director of Paediatrics, Cairns Base Hospital; Dr Cameron Ward, Paediatric Cardiologist, Mater Children's Hospital /TPCH; Dr Robert Justo, Director Paediatric Cardiac Services, TPCH; Ms Cheryl Burns, Executive Director of Nursing, TPCH; Ms Desley Horn, Paediatric Nurse, RCH; Ms. Nicki Zieth, Brisbane Metro (Heartkids Queensland); Ms. Bernadette Heald, Mackay, Far North Queensland (Heartkids Queensland); Mr Terry Mehan, Southern Area Health Services

Queensland Health reforms

Professor Isles takes on new role: Appointment a first step

The five year planning and development phase to deliver a world class Queensland Children's Hospital has commenced with the appointment of Professor Alan Isles as clinical leader for the redevelopment project.

Professor Isles, who has relinquished his role as District Manager of the Royal Children's Hospital, considers it an honour and a privilege to accept this new role.

"This is a once in a lifetime opportunity to shape the future direction of paediatric services for the state and provides an exciting opportunity to bring all tertiary paediatric services together on one site," he said.

"By assembling a critical mass of clinical experience in one location, there will be gains in the health outcomes for our children.

"The development of one children's hospital brings many challenges. Overcoming those challenges will require:

- commitment to collaborative planning involving the Mater Children's Hospital, the Royal Children's Hospital and the paediatric Cardiac Services from The Prince Charles Hospital
- an overarching objective of improving the health outcomes for Queensland children
- and determination not to be

deflected from that objective along the way."

Professor Isles is well aware that the process represents change for everyone; imminent change for paediatric cardiac staff at TPCCH who will move to the MCH in an anticipated 18 months and longer term change for the staff at both the MCH and the RCH.

"What is important is for paediatric health professionals to come together to contribute to the process that delivers a world class facility," he said.

"It is our responsibility as paediatric health professionals to actively influence the thinking that will underpin the planning process. The clear focus for all will be to plan and deliver the extraordinary – not the ordinary.

"There is a collective need to critically evaluate every aspect of how we currently go about our business. We need to get together to work out if there are different and better ways of delivering health care.

"We will fail the people of Queensland if we fail to objectively redesign paediatric health services with a broader brush than what currently exists.

"At the same time as we are evaluating acute models of care we need to be planning the most

efficient and effective community health services that feed into and support tertiary services.

"We need to also look at delivering integrated statewide tertiary services for children – developing a viable paediatric network to support clinicians who work in regional centres.

"This could mean developing more outreach service models and extending the excellent telepaediatric outreach support delivered through the Centre for Online Health."

Professor Isles is enthused that the special needs of adolescents and young people have been recognised and will be included in the planning of service delivery.

"The creation of a world class children's hospital brings with it the requirement for excellence in clinical teaching and paediatric research," he said.

"The planning process will place a high priority on engaging with all universities involved in training health professionals to ensure the teaching agenda focuses on achieving excellence.

"The consolidation of paediatric services in one location will deliver a much needed impetus to lift the profile of paediatric clinical research currently undertaken in this state."

The first tangible step towards integrating tertiary paediatric services in Queensland has been taken with the appointment of Professor Ross Pinkerton as Director of Oncology Services for both the Mater Children's Hospital and the Royal Children's Hospital.

Professor Pinkerton, who has been Director of Cancer Services Mater Health Services since 2003, said that as a specialist paediatric oncologist he was looking forward to providing the clinical leadership for paediatric oncology in Queensland.



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Queensland Health reforms

Triage training targets rural nurses: Roadshow trial hailed

A triage education package tailored specifically for rural nurses has been developed by Queensland Health's Cunningham Centre based at the Toowoomba Hospital.

The package, developed and delivered by nurse educator JoAnn Garcia, was introduced in the Southern Area in mid-August.

JoAnn said the two-day workshop begins with a heavy focus on physical assessment (both adult and paediatric), application and demonstration of the primary and secondary assessment and ends with a discussion on the need for adequate documentation.

"The second day concentrates totally on the Australian Triage Scale (ATS)," she said.

"After lengthy consideration, it was decided to provide triage education exactly the way it would be approached for a metropolitan setting.

"After a 90 minute lecture, three different sets of triage scenarios were discussed, working in small groups.

"The afternoon then concentrated on the ATS and its application rurally. This was followed by another set of scenarios with a focus on the rural sector."

JoAnn said that a national triage scale was introduced into Australia by the Australian College of Emergency Medicine.

She said the five-tiered ATS provides triage standards regarding appropriate time to treatment in an emergency.

She said that many patients presented within a short time frame at



JoAnn Garcia

emergency departments. The challenge then for the nurse was to sort out which patient required the most urgent attention.

"To say the least, this is a very important and demanding job," JoAnn said.

"An enormous amount of energy was provided to roll out education, initially for the metropolitan emergency departments.

"This education was especially directed at nurses, as the designated triage nurse was the individual who had to accurately decide what appropriate category any patient may best fit into.

"Very little formalised training education was provided to rural nurses. While the process by which a rural nurse triages a patient fundamentally requires the same knowledge base, the triage process differs from their metropolitan counterparts.

"A metropolitan nurse often uses the triage process, with an extensive physical assessment, then contacts

the doctor.

"In other words, in a metropolitan hospital, it is inevitable that a patient ultimately sees a doctor."

JoAnn said this was not necessarily the case when working in the rural sector. She said that after an extensive history and physical assessment, the nurse contacted the doctor who may be on call.

The doctor would attend if the clinical presentation was severe enough, but medical contact might only be by phone as in a rural location doctors may not be in the emergency unit 24 hours a day.

"Hence the triage end point differs dramatically when considering rural and metropolitan nursing," JoAnn said.

Bundaberg x-ray boost

Bundaberg patients will receive faster diagnosis and the best possible treatment with a new \$900,000 digital x-ray system installed at Bundaberg Base Hospital.

The new computerised radiography equipment replaces traditional radiography equipment at the hospital, saving about \$2000 a fortnight in film and development costs.

The equipment is more than three times as fast as traditional x-rays with images available in less than 45 seconds; the images can

The first of two Research Roadshows has been hailed a success after Queensland Health staff in Longreach, Tambo, Charleville and Roma got a taste of conducting research in their own local settings.

The Research Roadshow concept was trialled last year with primary health care professionals in outback towns who would normally not have access to research capacity building activities.

Queensland Health staff from Gladstone, Bundaberg, Maryborough and Gympie districts attended roadshows visiting their areas this month.

Staff from the Mount Isa Centre for Rural and Remote Health and the University of Queensland present the current round of roadshows

Dr Stephanie De La Rue, research coordinator at the centre, said the roadshows were such a success that the James Cook University and University of Queensland staff hit the road again, this time visiting Queensland Health districts.

Staff with an interest in research

be viewed by multiple doctors in different locations and can be sent via email.

The x-ray image is converted to digital image file instead of film which can be relayed digitally to patients or specialists anywhere in the state.

The new computerised radiography equipment paves the way for further medical-commu-

are able to get a taste for developing a research project that suits their professional practice.

Popular options included program planning and evaluation; writing funding proposals and questionnaire design.

Each session is delivered by experienced academics who work with information and activities currently underway within the host organisations.

"The value for many people, particularly those in rural and remote communities, is that a very practical learning opportunity is conducted in their facility," Stephanie said.

The Primary Health Care Research Evaluation and Development is a Commonwealth Department of Health and Ageing initiative to support the development of a research culture within primary health care.

A statewide collaboration between four universities has been established to provide advice and support on nurturing research activities.

nication technologies at the hospital.

It will enable the delivery of online health services and will allow for telehealth applications such as transferring image files including x-rays, video consultations and staff training.

It supports the new CT Scanner installed earlier this year at the hospital.

Nurses work with QAS



Patients being transferred by the Queensland Ambulance Service within the Fraser Coast Health Service District will benefit from a new staff familiarisation program.

Fraser Coast Health Service District nurses worked with Queensland Ambulance Service officers to provide an improved service to patients being transferred by Ambulance.

About 80 Nurses from Maryborough Base Hospital and Hervey Bay Hospitals worked with Queensland Ambulance Service Officers in a bid to allow staff from both services to become more familiar with the variances in equipment and clinical skills required for monitoring and treating patients during transit in QAS vehicles.

Julie Bennett, Fraser Coast Health Service District Critical Care Educator, said the familiarisation program of

Debbie Sgroi (QAS) shows Intensive Care Nurse Janette McCosker (right) some of the equipment used inside an ambulance.

nurses with Queensland Ambulance Service equipment would help both ambulance officers and nurses.

"It will mean nurses will be more comfortable and confident with the use of QAS equipment should they be required to use it during transport of any patients," Julie said.

Gary Pratt, Queensland Ambulance Service Fraser Coast Operations Co-coordinator, said the familiarisation involved nursing staff spending a four hour shift undertaking road clinical observation with the QAS.

He said that during this on road practicum Fraser Coast Health Service District staff were mentored through the equipment checklists.

Fraser Coast Health Service District staff will participate as observers in any clinical or operational roles undertaken by the QAS crew.

"It's a positive move forward, where two departments have been able to work together for the better provision of service delivery to patients," Gary said.

Postgraduate scholarships open

Applications are sought from nursing or allied health professional working in Queensland for the Queensland Health Community Rehabilitation Postgraduate Scholarship Scheme.

Fifty full scholarships for postgraduate coursework (including mandatory travel) are available to health professionals working in Queensland both within and outside Queensland Health who are able to demonstrate that they will be able to apply the knowledge from their course for the benefit of community rehabilitation clients.

Sarah Brennan, a 2006 scholarship recipient from the Rehabilitation Unit in Rockhampton, says that "gaining a community rehabilitation scholarship has allowed me to undertake a Graduate Diploma in Stroke Specialisation."

"It has been a huge benefit to study without the financial burden of fees. have gained skills that will further develop the delivery of stroke services in Central

Queensland," she said.

Applications for study commencing semester 1 2007 close on the 20 November.

Scholarship Guidelines and Application Kit outline eligibility, financial assistance, the selection and application process, and obligations of recipients and are available at <http://www.health.qld.gov.au/qhcrwp>

The Scholarship Scheme is a key activity of the Community Rehabilitation Workforce Project which is funded through the Pathways Home Program.

The project team is based at the Princess Alexandra Hospital Health Service District. Project co-sponsors are Libby Carr, A/Principal Allied Health Adviser and Dr Tim Geraghty, Medical Chair, Division of Rehabilitation, PAH HSD.

Contact: Angela Wood, Senior Project Officer, Community Rehabilitation Workforce Project, phone 3406 2391 or e-mail angela_wood@health.qld.gov.au

Cooktown work under way

A Cooktown builder has won the contract to construct a two-bedroom extension to the Cooktown Multi-Purpose Health Service aged care facility being funded largely from a charitable donation.

The project will see the construction of two bedrooms with en-suites, a recreational room, kitchen, extra verandas, an office and storage areas with a covered vehicle drop-off area. The Cairns Health Service District has awarded the contract for the project to MTC Builders of Cooktown.

Work on the project started in mid-August and should be completed by mid-January next year.

The expansion in aged care facilities is thanks largely to a \$520,000 donation from the Dolores Simpkins Charitable Trust, supplemented by \$41,000 from the Cairns Health Service District.

Cooktown Multi-Purpose Health Service was left the money by colourful, long-time, Spanish-born resident Dolores (Lolita) Simpkins, who died on August 4, 2003.

Transition care a boon for aged



David Goodinson

A new program for the aged aimed at providing therapeutic support for people after they have spent time in hospital is being introduced in Far North Queensland.

The program, Transition Care, targets Far Northerners 65 years and over and Indigenous Far Northerners aged 45 and over who would benefit by a period of intensive therapeutic services in the individuals home or a home like residential setting.

The program aims to help prevent premature admission into residential care, minimise inappropriate extended hospital lengths of stay and provide more time to assess long-term care needs and options.

Funding for the new program is provided jointly by Queensland Health and the Commonwealth Department of Health and Ageing.

Queensland Health has committed \$60 million over a four-year period to implement the program state wide. By 2007-08, Transition Care will have 351 places available across the state. The Cairns Transition Care program has been allocated 12 places initially, with an increase to 20 by next year which will allow over 60 individuals to receive the service annually.

Due to the geographical diversity of Queensland, a “hub

and spoke” model of service delivery would be implemented, Urban Area Health Services Manager David Goodinson said.

Cairns would be the hub for Transition Care services offered within the Cairns, Cape York and the Torres and Northern Peninsula Area health service districts, he said. The Innisfail and Tablelands districts will have their own programs.

“Transition Care services will be client-centred and may be delivered either in a community or residential-based setting,” David said.

“Clients will have access to community and domestic supports, as well as services such as nursing, case management, personal care, low-intensity therapy or rehabilitation and help with deciding their most appropriate long-term care options.”

David said Transition Care had a full-time team of professionals – a team leader (and social worker), a physiotherapist and occupational therapist.

A nurse and an administration officer also are currently being recruited. The team is based in Cairns and will work with other community care providers in maximising benefits for those who need the service.

Scheme rewards skills

Applications close on 31 October for this year’s Professional Officer Conditional Advancement Scheme. The scheme recognises and rewards advanced clinical/professional skills/knowledge; and/or contribution to the clinical/professional research and education needs of Queensland Health.

The scheme is open to eligible permanent full-time and part-time professional Officer employees within Queensland Health with a substantive classification level of PO3, PO4 or PO5.

The scheme allows successful applicants to advance to

PO4, PO5 or PO6 level while maintaining their substantive position. To be eligible to apply for advancement, professional officers must be exceeding the performance requirements of their current classification level as demonstrated in their most recent Performance Appraisal and Development review.

More information about the scheme, including the application kit, is on QHEPS at http://qheps.health.qld.gov.au/sspd/poca_scheme.htm or contact the Professional Officer Conditional Advancement Scheme Coordinator, phone 3240 2197.

Breast cancer support web site

Advice on support services available for women with advanced breast cancer and their partners is available on a new web site offered by the Group for Women with Advanced Breast Cancer.

The site is <http://www.advancedbreastcancergroup.org>

Drew gains best registrar laurels



Dr Drew Moffrey: winner of the Crown Street Medal.

Dr Drew Moffrey has made an impact in his first year at Logan Hospital, winning the prestigious Crown Street Medal at the Royal Australian and New Zealand College of Obstetrics and Gynaecology conference in Cairns.

A first year registrar, Dr Moffrey won the award for the best registrar from Queensland or New South Wales who presents a project at the annual meeting.

The award is named in honour of the Crown Street Women's Hospital in Sydney which closed after nearly a century of service.

Dr Moffrey presented a paper on his research into the area of gestational diabetes in women presenting at Logan Hospital.

"Each year the hospital provides antenatal and obstetric care for more than 3400 women," he said.

"Research has shown a significant number of these women develop gestational diabetes (GDM) and many require insulin therapy to prevent damage to their baby and themselves.

"Factors in the development of severe GDM include age, race, weight, smoking status and the number of previous pregnancies.

"While the percentage of women diagnosed with GDM matches the national average of 15 per cent, Logan women are three times more likely to require insulin therapy to prevent damage to both mother and baby."

Dr Moffrey said pregnant women with uncontrolled GDM are at significant risk of difficult labours, increased tearing and caesarean deliveries.

He said babies born to mothers with uncontrolled GDM were usually much larger than normal, presenting a range of health problems that could be life threatening.

These included birth defects and hypoglycaemic conditions that could lead to seizures requiring intensive treatment in the special care nursery.

"Diabetes, if detected early in the pregnancy, can be prevented from developing into insulin dependency with some lifestyle changes and these are offered via education by our diabetes educators," Dr Moffrey said.

"The study is still in its infancy at Logan Hospital, but there is a clear message that women need to make healthy choices to avoid the risk of developing uncontrolled GDM risking the health of their baby and themselves."

Dr Doolabh recovering after Jordan shooting

Dr Verena Doolabh, formerly Acting Medical Officer with Right of Private Practice at Mitchell Hospital, Roma Health Service District, is recovering on the Gold Coast after being shot early last month during an attack on a tourist group in Jordan.

Dr Doolabh was shot in the spine on 4 September when a lone gunman opened fire on a tourist group, killing one British tourist and wounding others.

Dr Doolabh, who resigned in May this year to travel overseas, worked in various positions with Queensland Health on the Gold Coast and Roma HSD since January 2004.

She was shot as she was preparing to leave an ancient amphitheatre in downtown Amman with friends from her tour group when a gunman opened fire.

Dr Doolabh was admitted to the Prince Hamza Hospital in Amman and was visited by Jordan's King Abdullah during her stay.

She has returned to Queensland to have rehabilitation treatment at a Gold Coast hospital to recover from her injuries.

In an interview with a New Zealand television news service, Dr Doolabh was shown painstakingly learning to walk again.

"It is actually quite interesting learning to walk again,

it is not something that comes naturally – you actually have to really concentrate on how you normally walk," she said.

Associate Professor Athol Mackay, Medical Superintendent at Roma Hospital, said Vera was loved by all who worked and associated with both at Roma and Mitchell.

"Some have made the effort to visit her in hospital since her return and many others have sent cards, gifts and flowers to her," he said.

"Late last year some Griffiths University medical students came on rotation and Verena became good friends with them and they returned for the picnic race meeting in Roma with a bus load of other students. I am sure much of this was the result of Verena being the person she is.

"Verena had intended returning to Mitchell in November to relieve until the new appointee arrives in mid January 2007.

She was then going to spend a year with Medicin sans Frontiere. I hope that is now canned and we also hope to get her back to Roma as soon as she is well enough.

"I think that this case demonstrates that if we can get young doctors out to the country and support them medically, socially and emotionally we may get more young doctors to practice in rural areas."

Health publications go electronic

Queensland Health publications from the Health Contact Centre are now available electronically through a partnership with Smart Service Queensland and SDS Publications, a commercialised business unit of Public Works.

The partnership enables the Health's Contact Centre to easily and efficiently delivering its wide range of health fact sheets and information to the community.

Victoria Chalmers, the centre's Director, said that by using the SDS Publications' Automated Fulfilment Service, the Health Contact Centre provided customised information to customers without manual intervention.

"The system improves internal efficiencies and monetary and resource savings," she said.

"When a customer requests information, such as a list of local General Practitioners or a fact sheet on a health topic, the Health Contact Centre operator processes the request.

"If the customer chooses to receive their information item electronically it is issued directly via e-mail from the Health Contact Centre.

"However, if they request a printed copy of the item, an automatic e-mail is generated and sent to a specialised fulfilment system managed by SDS Publications."

Victoria said the specialised fulfilment system printed all of the requests and each day the printed items were collated and individual addresses matched and despatched electronically without any manual processing.

She said customers who ordered multiple items would receive these in one package, resulting in reduced postage and handling costs to Queensland Health.

"Automatic fulfilment offered us a great solution for the new Health Contact Centre as it has allowed us to use a system designed for online searching of general health and well-being topics to also deliver hardcopy versions of the information searched," Victoria said.

"SDS Publications solved our issue of distributing printed information cost effectively and without large development costs."

For more information on SDS Publications and its services, go to www.sdspublications.qld.gov.au

Presentation to seminar

Dr Maggie Bailey, clinical neuropsychologist at the Royal Children's Hospital, will present her doctoral research findings to a seminar this month in Bruges, Belgium.

Dr Bailey, from the hospital's Child Development Program, will present her findings to the 17th Eunethydis Meeting on Attention Disorder Deficit Hyperactivity Disorder.

She holds a co-joint position with the Community Child Health Service and the School of Psychology, University of Queensland. Dr Bailey said that she would share her exper-

iences with staff at next month's Community Child Health Services Get Rich conference.

The Eunethydis Meeting is a joint meeting of members of the European Brain and Behaviour Society and members of the European Network on Hyperkinetic Disorders. The Bruges conference attracts the most distinguished experts in the field of ADHD and is a think tank conference where experts are able to discuss and review the most recent research.

Broadband uniting communities

Outbacknet and Northern.net projects received a high commendation at the recent Queensland Branch of the Australian Institute of Project Management's awards.

The institute is a nationally recognised project management organisation and considers nominations for awards from across both public and private sectors.

The nomination, submitted by Telstra and Queensland Health, was measured against comprehensive project management criteria and the achievement of project outcomes.

Outbacknet and Northern.net provided more than 100 regional communities in Queensland with broadband communications that would not have otherwise been accessible. This was achieved through successful intergovernmental collaboration between the Australian Government, Queensland Health, Education Queensland, Emergency Services, TAFE, Public Works and Telstra.

The broadband technology provided by Telstra not only provided faster internet services for people and businesses in regional communities but will have lasting positive effects on the provision of health, education and emergency services in these communities.

The technology will support telehealth, digital radiology, rapid communications for ambulance and fire services and on-line learning in regional schools.

Queensland Health was the lead agency for Outbacknet and Northern.net with Danielle Hornsby, Sponsor, and Alan Taylor, Project Director, providing leadership and InfoOperations upgrading Queensland Health's Wide Area Network to support the technology.

Many others across Queensland Health and other agencies contributed to these projects and these awards recognised the success of this collaborative effort.

One stop family shop



A Queensland Health new look 'Family Centre' at Deception Bay will provide a 'one stop shop' for family healthcare services from pregnancy through to early childhood.

Initially the public will be able to access midwifery and child health services through the centre with the full range of services due to come on line after recruitment of additional staff.

Mary Montgomery, Redcliffe-Caboolture Health Service District Manager, said the Family Centre's model of care draws together services across government and community sectors and takes a holistic approach to addressing the needs of families.

"The Family Centre will provide a wide range of services including preconception advice, baby weighs and check ups,

Mothers and children enjoying the activities at the official opening of the Family Centre.

feeding and nutrition support and parenting education and support," she said.

"The Family Centre will deliver services in a convenient and user friendly manner. Parents will be able to access pregnancy and parenting services from one central location."

Mary said service providers would work together with parents to achieve common goals. Midwives and child health care nurses would be able link to other service providers such as local general practitioners, physiotherapists and speech pathologists.

She said the partnership approach would allow health risks to be identified earlier and families to link into appropriate service.

She said the centre would play an important role in linking families to community groups in the local area. This might include Playgroups, Exercise groups or the local PCYC" she said.

Unity vital in fight to beat cancer

Cancer is a worldwide concern that might require worldwide solutions, says Professor Ian Frazer, who was awarded the 2006 Australian of the Year for his work in the development of a vaccine for cervical cancer.

Professor Frazer is Director of the Centre for Immunology and Cancer Research, University of Queensland, at the Princess Alexandra Hospital.

He made the comments in addressing the International Network of Research Management Societies congress held in August in Brisbane.

The congress attracted 450 delegates from 25 countries to address key global research opportunities and challenges among scientists, policy makers, research leaders and managers.

Professor Frazer said he would never have been able to develop his breakthrough cervical cancer vaccine without collaborating with Chinese scientist, the late Dr Jian Zhou.

"Within the next 10 years, cancer will not only be the number one killer in the developed world, but also in the developing world," he said.

"One of the challenges we'll face is how to get that vaccine out in the developing world when it's essentially developed as a commercial product."

The developing world was also a focus for another key speaker at the congress, Queensland Chief Scientist Professor Peter Andrews.

Professor Andrews said it was concerning that 90 per cent of the world's research was conducted for the benefit of only about one billion wealthy people.

He said Australia's research community, particularly researchers based in Queensland, could create a win/win situation for themselves and people who live in the tropics in developing countries.

"We have a large focus on tropical research in health, agriculture and other areas," he said.

"There is opportunity for us, with a tropical footprint, to get out there and do something for the developing world, for the farmers in Queensland, and for the biotechnology industry."

Key congress speaker and Inspector General of the National Science Foundation of the United States Dr Christine Boesz called for the world's research community to pull together to stamp out the growing problem of misconduct in research.

"This is a global challenge that we should be very concerned about," Dr Boesz said.

"We need to work with governments around the world. International co-operation does work."

Judy's child protection role praised

Dr Judy Williams, Director of Paediatrics at Bundaberg Base Hospital, was presented with the Public Sector Award at this year's Child Protection Awards at Parliament House in Brisbane.

The awards recognise the efforts and commitment of child protection workers who work day-in and day-out to keep Queensland children and young people safe.

A passionate advocate for child protection issues, Judy is well known for her enthusiasm in promoting the rights, health and well-being of children and young people throughout Bundaberg.

Judy has initiated and participated in numerous projects which have led to improved child safety. In addition to

providing excellent clinical care for vulnerable children and young people, Judy consistently campaigns for their high quality care within the community and inspires others to do so too.

Judy is the core representative for Suspected Child Abuse and Neglect for Bundaberg Health Service District and surrounding areas and she is currently clinical chair of the Child Safety Sub-Committee for Central Area Health Service.

She continues to advocate for improved outcomes for children and their families and is acknowledged for her commitment and dedication in supporting whole of government partnerships and multidisciplinary approaches to early intervention and prevention and child protection.

Housing plan on RNA land

Land on the site of the Ekka will be leased to the private sector to develop accommodation for patients and their families visiting the Royal Brisbane and Women's Hospital.

The land, close to the hospital, will offer low cost accommodation for patients and their families who have travelled to the hospital from regional and rural Queensland.

The redevelopment is part of a broader multi-million dollar strategy between the State Government and the RNA to help revitalise the Ekka Showgrounds

It is estimated that on a daily basis, at least 30 patients at

the RBWH could use this kind of accommodation.

They require on-going treatment but don't require intensive nursing care overnight or are recovering from treatment.

The land on the northern side of the Ekka ground will be offered by the RNA on long-term lease for the development of a multi-storey building.

The Government will work with the RNA to help identify a private sector developer and operator of the 'medihotel'. Expressions of interest will be called with construction expected to commence in 2008.



Jobs on show in the Tube

While travelling to work on the London Tube, the daughter of Queensland Health employee Glenda Bannan, Online Health Information Project Officer, with the Northern Area Workforce Unit, Townsville, noticed the advertisement for

Queensland Health jobs while waiting for her train at Paddington Station. Glenda's daughter took a photo and sent it to her mother. The advertisement has been on show at the station for about four months.

Team eases way to Work For Us

Health care professionals from around the world are placing expressions of interest with the Queensland Health Work For Us Team seeking employment in Queensland.

Dr Janette Quinn, the program's Clinical Director, said the main aim of the Work For Us Team was to streamline applicants progression from interest in employment to attainment and commencement of employment.

"De-identified information on applicants seeking employment is circulated each week to hospital staff involved in the recruitment of doctors, nurses and allied health professionals," she said.

"Since the Team commenced in September 2005, 126 applicants have commenced employment within Queensland Health; 65 applicants have accepted positions and are due to commence shortly; and a further 43 applicants have been offered a position.

"In addition, a further 250 applicants are currently under consideration by districts."

Dr Quinn said any district not receiving the Weekly EOI Distribution List should send an e-mail to workforus@health.qld.gov.au

The Work For Us team is an initiative of the RAPTS (Recruitment, Assessment, Placement, Training and Support) Program.

The RAPTS program has three teams – Work For Us, Centre for International Medical Graduates, and Project Team.

The Work For Us Team is further divided into two key work areas, Expression of Interest team and Registration Team.

RAPTS aims to deliver a standardised process for the recruitment, assessment, placement, training and support of international medical graduates based on minimum standards of knowledge, skills, abilities, communication and cultural safety, that can be delivered centrally or in satellite sites.

Dr Quinn said anyone interested in receiving the RAPTS Monthly Newsletter and learning more about the project should e-mail rapts@health.qld.gov.au

Bid to lower rheumatic disease rate

The high rate of acute rheumatic fever and rheumatic heart disease in North Queensland's Indigenous population is being targeted by a new program introduced by the Northern Area Health Service

Michele Clark, coordinator/clinical Nurse Consultant, Acute Rheumatic Fever/Rheumatic Heart Disease Program said the diseases were rare in Australia, exception for Indigenous people in Northern and Central Australia.

"In North Queensland, the incidence is greatest in the Torres Strait and Northern Peninsula Area, followed by Cape York," she said.

"Acute rheumatic fever (ARF) occurs after a Group A Streptococcal infection gets into the body, usually from a throat or possibly from a skin infection.

"The body's immune system is confused by the streptococcal bacteria and produces an antibody that attacks tissue in the heart, joints, skin and the brain.

"After an episode, or recurrent episodes, there can be scarring and damage to the heart valves, which is called rheumatic heart disease (RHD). This can prevent the blood flowing properly through the heart and can make the heart weak so that it doesn't pump the blood properly."

Michele said it was a serious diagnosis and patients needed monthly penicillin needles for many years to prevent recurrences or heart damage.

ARF peaks in those between ages five and 15 years

and RHD is most common in those between 20 and 34 years.

Both carry high risks of premature death and considerable morbidity due to heart failure, reduced mobility, the social stigma of chorea, or the psychological and physical burden of regular chemoprophylaxis.

Key points of the program are:

- a single centralised (preferably computerised) ARF/RHD register
- activities guided by locally relevant, evidence-based guidelines
- a dedicated, centrally-based co-ordinator for each control program
- a commitment to partnerships between clinicians and public health practitioners, and relevant community representatives
- antibiotic prophylaxis prioritised and delivered within the framework of primary health care
- a stable supply of benzathine penicillin
- the ability to find new cases of ARF and RHD and to assess and monitor the burden of disease
- education for health practitioners, the community, those with disease and their families
- legislation/regulations for the notification of ARF/RHD, supported by public health surveillance activities at the state or territory level

Pilot study to help mums

The Royal Brisbane and Women's Hospital Research Foundation is funding a pilot study that will help women have healthier pregnancies and healthier babies, and is looking for Brisbane women to participate.

The Becoming Active Mothers for Better Infant Outcomes study is being conducted at the Royal Brisbane and Women's Hospital in conjunction with the Queensland University of Technology.

The main research is the effectiveness of exercise in reducing harmful health outcomes for mothers and babies.

Staff Specialist in Internal and Obstetric Medicine at the RBWH and Head Researcher of the study, Dr Leonie Callaway, said recent media coverage about obesity had highlighted health issues for a wide variety of patients – including pregnant women and their babies.

"Obesity occurs in about 15 per cent of our obstetric population," Dr Callaway said.

"It is associated with a range of adverse health outcomes including diabetes and high blood pressure during pregnancy, longer length-of-stay in hospital for both mother and baby, and a whole range of problems with babies.

"It is well known that in obese non-pregnant people,

exercise dramatically improves a number of associated complications.

"There are some encouraging studies that suggest women who exercise in pregnancy can improve their blood pressure, feel better and have fewer pregnancy complications."

The study is recruiting volunteers who need to be less than 12 weeks pregnant, size 16+ and interested in taking part in a special exercise-in-pregnancy program.

All exercise programs will be free of charge for participants and both first time and mums with children who are having their baby at the RBWH are encouraged to become involved.

All exercise programs will be individually tailored by experienced physiotherapists and exercise physiologists with activities undertaken for 30 minutes a day, five times a week.

Volunteers will need to participate in the study until six weeks after delivery.

To register or find out other criteria for the study contact the study nurse on 3636 5164 or e-mail the RBWH Research Foundation: givenow@givelife.com.au

Opportunity to advance

The Information Division is offering Queensland Health staff the opportunity to express interest in working in the project management area.

Madonna Hegerty, Acting Principal Human Resource Officer, Business Services Branch, said temporary positions became available from time to time.

"This is a great opportunity for staff to use their current or developing skills and experience in an information management/information communications technology (IM/ICT) project environment," she said.

"The process for applying is simple: interested employees complete a personal competency profile, the Delivery

Office application screen and an application form which is then submitted to the Delivery Office for processing.

"Applications will remain on file for 12 months and appropriately skilled employees will be contacted to participate further in the selection process, as required.

"In some instances, developmental opportunities will also be available to afford employees with an interest in IM/ICT project management the opportunity to gain further skills."

Contact: http://qheps.health.qld.gov.au/id/do_recruitment.htm or e-mail Infosolutions-Project-Resource-Recruitment@health.qld.gov.au

Betty, Steve help kids to brush



Taking part in the Happy Teeth launching are, from left, Pania Garland, teacher Rebecca Haynes, and Rohan Corrie.

Betty Brushwell the Toothbrush and Stevie StrongTooth are set to teach young children and their parents about the importance of oral health and effective tooth brushing.

The two characters feature in a program aimed at Queensland child care centres and other early childhood environments.

Andrew McAuliffe, Queensland Health's Director of Oral Health Services, said Betty and Stevie were the good guys who feature in the department's new Happy Teeth program.

Previously known as Happy Teeth Happy Child, the program has been revamped with a range of new resources.

Andrew, speaking at the program launching at the Southbank TAFE child care centre, said Betty and Stevie worked together to fight the bad guys Bazza Bacteria and Georgie Germ.

"Along the way, they teach kids about brushing their teeth every day, eating healthy food to prevent tooth decay, and how a dentist is a friendly health professional who can check their teeth," Andrew said.

"With songs and rhymes about healthy food and brushing teeth, colouring in activity sheets, posters and stickers, kids learn about how to have healthy teeth.

"There are also plenty of resources to involve parents to ensure that good habits are reinforced both at home with the family and at child care. They include a DVD for parent viewing, information sheets and newsletter articles.

"Although tooth decay is preventable, about half of Queensland's children have experienced tooth decay by six years of age. This can lead to severe pain and even disfigurement in some children."

Andrew said behaviours developed during childhood were often with us for life.

He said that to prevent tooth decay and gum disease, it was essential that daily tooth brushing and healthy eating habits were established at an early age.

He said most children formed lifelong eating habits by school age and, since so many Australian children attended early childhood care before primary school, this setting was ideal for reinforcing good health habits and attitudes.

Andrew said Queensland Health was committed to improving the oral health of Queenslanders.

"Tooth decay has a significant impact on health and wellbeing, results in high personal and community costs, and is largely preventable," he said.

The Happy Teeth resource kit includes a resource manual of information, activities, contacts and fact sheets; a CD of songs, a DVD for parent viewing, a series of posters and stickers.

The Happy Teeth resource kits are available to Queensland child care centres, with the first kit free of charge. Order forms are available online at www.health.qld.gov.au/oralhealth/ Contact: e-mail oral_health@health.qld.gov.au or phone 3131 6826.

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\$16,000 fine over noni juice claims

Queensland Health has successfully prosecuted a Brisbane food retailer for making illegal health claims about noni juice being a life-saving elixir.

Brisbane Southside Population Health Unit's Environmental Health Director Bruce Morton said that Mr Yoong Nam Lee and Brisbane Fine Foods Pty Ltd, of Robertson, were convicted in August.

Bruce said they were fined a total of \$16,000 in the Holland Park Magistrates Court for breaching section 16 (3) and 16(4) of the *Food Act 1981* and standard 1.1A.2 of the *Food Standards Code*.

"Queensland Health received information that Brisbane Fine Foods Pty Ltd was making claims that Tropical Gold Noni Juice can treat very serious and life-threatening diseases like cancer, stroke and depression, through website advertisements and brochures," Bruce said.

"Our investigation centred on illegal health claims being advertised through the food business' website, print material, food labelling and verbal advice provided by Mr Lee at the Queensland Noni Centre retail premises.

"Consumers are warned that there is no proven research that demonstrates that 'Tropical Gold Plus Noni Juice' and 'Tropical Noni Juice' – or indeed any other brands of noni juice – have superior health benefits."

Bruce said noni juice was made from mature *Morinda Citrifolia* fruit originating in South Pacific islands,

where it has been used as a traditional tonic and folk medicine.

He said the American Cancer Society had published information on the noni plant and its products, concluding that there was no scientific evidence that noni juice was effective in preventing or treating cancer or any other disease in humans.

He said this prosecution served as a reminder and a warning to Queensland food businesses that it was illegal to misrepresent health claims when selling products.

"Such claims prey on vulnerable or seriously ill people who may try anything as a last resort," Bruce said.

"Misrepresenting a food product to the community is irresponsible, especially when it concerns people's health, and Queensland Health will take action with those who do not comply with the law.

"Under the national Food Standards Code it is illegal to make health claims about a food product, unless allowed under the code, or make reference to any disease or physiological condition.

"Consumers are encouraged to contact their local population health unit if they believe the advertising of a food product involves illegal health claims.

"Queensland Health environmental health officers conduct ongoing year-round surveillance of food to ensure public health and safety."

A true picture of health

As Minister for Health, Stephen Robertson should present as a picture of health. The clients of Nundah House thought so and put brush to canvas to create a special portrait of the Minister.

Nundah House Nundah House, part of The Prince Charles Hospital Health Service District, Mental Health Service, is a community-based mental health facility providing art recovery programs for people who experience a mental illness.

The portrait, titled The Face of Health Portrait, is made up of 12 individually painted interpretations of the Minister.

The portrait, which was created over two months, reflects each individual artist's experiences and understanding of health in the community.

The portrait includes a range of traditional and non-traditional pieces, and is unified by a repeated screen print technique that all the artists used as a basis for their work.

The portrait was presented to Mr Robertson as a token of thanks for additional funding received from Queensland Health this year to enhance the Nundah House service. The additional funding has enhanced the capacity for Nundah House to provide quality recovery services to people with

mental illness in the community.

Karleen Gwinner, Nundah House Artist in Residence, said the portrait combined an interesting mix of artistic styles and experience.

"The artists were very interested in the Minister's face and found the screen print technique a great way to begin his portrait," she said.

"A couple of the artists have had extensive experience painting, and regularly exhibit their work with the Schizophrenia Art Exhibition and other exhibitions around Brisbane," Karleen said.

The art recovery programs at Nundah House focus on helping people with mental illness to attain positive personal goals such as independence, satisfying relationships, and an improved quality of life. Programs have been planned through extensive consumer involvement which has resulted in a range of creative activities that respond well to consumer needs.

Clients attend weekly art groups to participate in arts workshops, as well as studio development and community arts projects which cover areas in visual art, photography, writing, music, craft-making, sculpture, film making and performance.

Spreading the magic of Ponseti



Dr Donald teaching Ponseti's techniques.

Traditional surgical methods to treat talipes or club feet have been turned upside down with the advent of Ponseti treatment throughout the world.

More than 100 specialists learned about the technique last month at an inaugural Australian conference and workshop on the treatment at Royal Children's Hospital.

Dr Geoff Donald, the hospital's Director of Orthopaedic Services, says the Ponseti method of treatment has produced reasonably good results for club feet in many health jurisdictions but Queensland has been dragging the chain in taking it up.

"In the next two to three years it will be unacceptable practice to operate on club feet," he said.

The Ponseti treatment, developed and published more than 30 years ago, involves manipulative casting which may require some minor rebalancing surgery on the Achilles tendon or for tendon transfer.

Manipulating casting uses four to six casts over four to six weeks and the foot is then braced for about four years and only when the child is asleep.

Professor Emeritus Ignacio Ponseti developed his system of manipulative treatment for club feet amid a cloud of disbelief from his peers.

As surgical eyes have been opened to the efficacy and long-term positive effects of his treatment, the Professor

Ponseti, now 92 years old, and his secretary, have come out of retirement to practice and teach.

Top specialists from Australia and around the world attended the conference. Presenters include Haemish Crawford, Auckland (NZ), Naomi Davis (UK) and Fred Dietz, Iowa (USA).

Dr Donald says the conference aimed at 'up-skilling' the state to a new level of expertise.

"Surgical treatments of the past have "produced pretty good feet, but there are problems later in life," he said.

"These problems usually include pain, stiffness and mobility restrictions."

Dr Donald said that there was a 95 per cent success rate recorded over 40 years using the Ponseti method and he was keen to see it used throughout the state.

Conference and workshop participants practiced putting plasters on as well as learning new bracing techniques. A new type of plaster of Paris, as well as a new type of brace created in Iowa, were introduced at the conference.

Dr Donald is hoping to develop an Australasian-wide network and data base to link with other international networks.

He said statistics showed that one in a thousand children are born with talipes. In the Polynesian population these figures were reduced to one in 800.

Easing the way for school leavers

A new transition program for Year 12 students and their parents has been started in several schools in the Mackay, Moranbah and Townsville districts as part of an expanded trial.

The *Leaving School: I'm Outta Here!* a survival workshop for Year 12 students and their parents program was developed by the Tropical Population Health Unit in Mackay and first piloted in 2004.

Ana Paula Schaper, Senior Health Promotion Officer (Mental Health Promotion), said the school-based program was designed to facilitate discussion and communication between parents and Year 12 students about the factors that can influence young people's transition from school to life after school.

"Leaving school is a major event for most people. It can be a great experience but it can also be very daunting and sometimes things don't work out as planned," she said.

"The workshop aims to provide Year 12 students with the information and skills to cope better with challenges after leaving school."

Ana said evaluation of the program was underway with early indications that the program was being positively received by schools, students and parents.

She said it was envisaged that following this year's trial, the program would be revised and reprinted for wider dissemination to schools throughout Queensland.

The evening workshop included an interactive panel discussion with past students and parents, and small group activities such as a quiz and role plays of typical scenarios facing school leavers.

She said parents were strongly encouraged to be involved in the workshops because young people were most likely to seek their parents' advice when considering their future.

Proserpine State High School was one of the schools involved this year in trialling the program this year.

Because of the large numbers of students and parents wanting to attend the event, the workshop was held at the Proserpine Entertainment Centre with more than 170 people attending.

Seniors getting active

Seniors Week on the Gold Coast kicked off with the launch of the new Gold Coast City Council Senior Active and Healthy Program at the 'Grandparents and Me Day'.

Held at Broadbeach's Pratten Park, the free family fun day offered a packed program of active and healthy pursuits, including tai chi, belly dancing and yoga, which family members of all ages were encouraged to try. Grandchildren were kept happy with free face painting, teacup rides, jumping castles and a live band.

The Gold Coast Population Health Unit, Community Health, 60 and Better, Department of Communities and Connect the Coast were involved in the event organised

by the Gold Coast City Council.

Health Promotion Officer, Kylie Hannah, said falls prevention, local physical activity opportunities, Go for 2&5 nutrition messages, heart health and transport options for independent living were all featured as part of the Senior's Week theme of 'ageing – everybody's doing it'.

"Attendees were also reminded that, thanks to Queensland Health, 10,000 Steps pedometer packs are available for loan from all Gold Coast Council libraries," she said.

"Regardless of age, all Gold Coasters are being encouraged to get up, get out and get active."

Measuring key issues

Professor Stephen Duckett, Executive Director, Reform and Development Division, is a plenary speaker at the *A Measure of Hospital Health* Biennial Health Conference at the University of NSW, Sydney, on 14-16 November.

The conference will discuss key issues facing the health sector, particularly in relation to the financing and management of Australian hospitals, and is expected to include consideration of arrangements to follow the expiry

of the current Australian Health Care Agreement. Conference themes include acute care financing and reform; hospital performance information; and improving the integration of acute care and other health services.

A selection of papers will be published in a special issue of the *Australian Health Review*.

Contact: Conference Secretariat phone (02) 6281 6624, fax 6258 1336, e-mail jane@conlog.com.au or web <http://www.healthconference.com.au>

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 14 October, Redbank.

Nambour: 17 October-13 November, Coolum.

Rockhampton: until 5 October, Boyne Island; 9 October-14 December (and returning early 2007), Gladstone.

Toowoomba: 3 October-13 November, Nanango; 14 November to February, Kingaroy.

Townsville: until 5 January, Ayr.

Relocatable Services

Bundaberg: 2 October-10 January, Maryborough.

Cairns: 2-6 October, Yorke Island; 16-19 October, Boigu

Island; 23-26 October Badu Island; 30 October-3 November, Bamaga; 10-16 November, Wu Choppem; 20 November- 1 December, Smithfield.

Gold Coast: until 12 October, Beenleigh; 16 October- 14 December, Beaudesert.

Nambour: until 6 October, Buderim; 9-20 October, Burpengary.

New services have been opened at Jindalee, 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.

infomatters

Dapper new look for security guards

Cairns Base Hospital's security guards are sporting a dapper new look. Kitted out in new blue-grey polo shirts and black cargo trousers, the guards are bringing a new dimension of sartorial elegance to their jobs.

All the hospital's guards changed into their new attire from the beginning of August after a limit trial of their proposed new ensembles during June.

Meredith Strudwick, Acting Manager Fire Safety and Security, said the new look was designed to be more casual and less paramilitary.

"We had some good feedback about the performance of the new outfits during the trial period," she said.

"In some confrontational situations, where the old, police-like uniforms might have been regarded as a bit provocative, the new casual look has had the desired effect of helping defuse tensions."

Security personnel Dave Linney and Peter Swann said they felt quite elegant in their new outfits and appreciated the change and the more relaxed look.



Looking smooth: Cairns Base Hospital security staff Peter Swann (left) and David Linney in their new-look outfits.

Improving patient flow

The Patient Journey – Unravelling the Maze is the theme of the Australian Healthcare Association National Congress to be held at Sofitel, Brisbane, on 8-10 November. Key-note speaker is Professor Ian Frazer, Director, University of Queensland Centre for Immunology and Cancer Research, Princess Alexandra Hospital.

Queensland Health speakers include Professor Michael Ward, Senior Director, Clinical Practice Improvement Centre; Dr Duncan Stuart, Acting Director of Medical Services, RBWH; and Jeff Hollywood, Acting General Manager, Southern Area Health Service.

The congress will discuss the impact of patient flow and focus on innovative approaches being implemented

throughout Australia to minimise waiting and duplication throughout the patient journey. The theme aims to stimulate debate, not only on system reform and organisational culture, but also on the quality and safety of patient care, consumer participation, new technologies and corporate governance.

The congress is designed to give each state and territory, and various sectors in the industry, the opportunity to address the topic of patient flow and showcase their progress.

Contact: Hoteliers International, phone 3210 1646, fax 3210 1606, e-mail hoteliers@hoteliersint.com or web <http://www.hoteliersint.com>

in retrospect

A review of some articles from previous Health Matters

April	Tribute paid to staff in Cyclone Larry aftermath Home and Community Care goes electronic David becomes 'our face in lights'	July	Inroads made on maternity reform Graphic smoking warnings tell tragic tale System aims to cut chronic illness
May	Unique e-cohort nursing-midwife study Storytelling preserves local history Tarp party says farewell to Cyclone Larry	August	Hospital outpatient services under review Remote areas of state linked by telehealth Go for 2&t5 campaign entering second phase
June	Health watchdog to restore confidence Record Health Budget lays foundation Ivan part of grand surgery record	September	Carnegie Award recognises training IT system fast tracks oral health Groups unite to make a difference

OCTOBER

- 1-1** Breast Cancer Month
Nov Queensland Cancer Fund/BreastScreen
Queensland
Phone: 1300 656 585
- To 10** Nurse of the Year Campaign
Nov Queensland Cancer Fund
Phone: 1300 656 585
- 1-31** Lupus Awareness Month
Lupus Australia, Queensland
Phone: 3878 9553
- 1-7** Hepatitis Awareness Week
Hepatitis Council of Queensland
Phone: 3263 0610
- 2-6** Sock It To Suicide
White Wreath Assoc Inc – Action Against Suicide
Phone: 3219 7279
- 5** MS Moon Walk
Multiple Sclerosis Society of Queensland
Phone: 1800 287 367
- 6** Walk to Work Day
Pedestrian Council
Phone: (02) 9968 4555
- 8-8** Dementia Awareness Month
Oct Alzheimer's Australia
Phone: (02) 6254 4233
- 8-14** Haemophilia Awareness Week
Haemophilia Foundation Australia
Phone: 1800 807 173
- 10** World Mental Health Day
United Nations and World Federation for Mental Health
Phone: (02) 9262 5111
- 11** Kidsafe Day
Kidsafe Australia
Phone: (02) 9845 0890
- 12** International Arthritis Day
Arthritis Australia
Phone: 1800 011 041
- 12** World Sight Day
Queensland Vision Initiative
Phone: 3391 9132
- 13** National Herpes Day
Australian Herpes Management Forum
Phone: (02) 8230 3843
- 14-15** Relay For Life (Lockyer Valley)
Queensland Cancer Fund
Phone: 1300 656 585
- 14-21** Down Syndrome Awareness Week
Down Syndrome Association of Queensland
Phone: 3356 6655 or 1800 623 544
- 15** Wilson HTM Cycle Challenge
Bicycle Queensland/Diabetes Australia – Queensland
Phone: 1300 136 588
- 15** Walk to Cure Diabetes
Juvenile Diabetes Research Foundation
Phone: 1300 363 126
- 16-22** Eczema Awareness Week
Eczema Association of Australasia
Phone: 1300 300 182
- 20** Shades Day
Royal Blind Foundation
Phone: 3391 9191
- 20** National Babies Day
Bonnie Babes Foundation
Phone: (03) 9758 2800
- 20** World Osteoporosis Day
Osteoporosis Australia
Phone: 1800 242 141
- 21** Jump Rope for Heart Demonstration Team Showcase
(South Bank)
Heart Foundation
Phone: 1300 550 282
- 23** Pink Ribbon Day
Queensland Cancer Fund
Phone: 1300 656 585
- 27** National Bandanna Day
CanTeen – Young People Living with Cancer
Phone: 1800 639 614