

HealthMatters

Strategic Plan 2007-2012
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Queensland
Government
Queensland Health

health • care • people

Ian Dickinson, Chairman, Professional Development and Standards Board, Royal Australasian College of Surgeons, marks “patient” Hayden Scotter, Acting Simulation Development Manager, Skills Development Centre, during a training pre-operative check. Story Page 9.

Queensland Health reforms

directions Uschi Schreiber, Director-General



Improving quality and safety for patients is an important goal of health system reforms in Queensland. This is reflected in a number of actions taken since late 2005 and is a major feature of our new Strategic Plan which is included in this edition of Health Matters.

You will be aware that we have established Area Clinical Governance Units designed to lead improvements in quality and safety.

We also have a highly active Patient Safety Centre with Patient Safety Coordinators in all districts. In 2007, we have Root Cause Analysis legislation in place and a Safe Doctors/Fair System process to manage the performance of individual doctors.

We are implementing a Clinical Incident Implementation Standard which defines how incidents will be reported, circulated, analysed and managed. This is supported by the statewide implementation of clinician-led open disclosure to patients after adverse events.

There are a range of other initiatives such as the publication of clinical incidents and sentinel events reports and the establishment of the independent Health Quality and Complaints Commission — all designed to improve quality and safety.

It is important that our work in quality and safety continues to grow stronger. This requires

clinician leadership and, in my view, should be a key feature of the work of clinical networks.

As we improve our capacity to analyse clinical data and link it directly to performance improvements, patients will benefit.

Improvements in quality and safety are critically dependent on better health information management and technology.

The e-health strategy will assist us in linking up the disparate parts of the system and provide clinicians with the information, knowledge and analytical tools they need, when and where they need them.

The strategy will also ensure that we can work with our service delivery partners in ways that bring seamless healthcare to Queenslanders.

The days of any single health organisation being able to meet all of the community’s healthcare needs are over and the safe, but free, flow of information is crucial to high quality health service delivery.

While we have some way to go before this vision becomes reality, we are now well on our way.

We have the building blocks in place to move forward and the willingness to collaborate with all relevant players to achieve significant improvements.

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Queensland Health reforms

Meeting the challenge of diabetes

Scaling up good practice across Queensland - the challenge of Aboriginal and Torres Strait Islander chronic disease was a key session at the Statewide Diabetes Clinical Network Forum in Brisbane last month.

The session was facilitated by Associate Professor Robert Griew, who is working part-time for Queensland Health as a member of a team to improve Queensland Health's focus and performance in Aboriginal and Torres Strait Islander health.

Presenters included Tarita Fisher (Nutritionist, Cherbourg Community Health), Dr Zhiqiang Wang (University of Queensland) and Professor Ross Bailie (Charles Darwin University).

The presentations examined service delivery issues, risk factors and risk assessment of type 2 diabetes and the Audit of Best Practice in Chronic Disease (Extension) program.

The panel and audience discussion highlighted key issues such as the need for sustained attention at local levels, the importance of obtaining trust and engagement as part of a participatory approach, and factors that may contribute to sustained improvement.

The forum's aim was to share information and discuss current initiatives, service improvement activities and models of care.

Participants included a multidisciplinary group of 81 staff from health service districts, area health services, Corporate Office and representatives from Diabetes Australia, General Practice Queensland, the University of Queensland and Charles Darwin University.

Presentations included standardising insulin prescribing, progress reports on various diabetes innovation projects and local service improvement initiatives, such as the antenatal diabetes service at Toowoomba Hospital and the integrated model of care in place within Logan Hospital.

A forum report and associated presentations are available on QHEPS: http://qheps.health.qld.gov.au/cpic/content/n_diabetes.htm

The Statewide Diabetes Clinical Network has been established in the Queensland Health Clinical Networks Policy.

The network comprises representatives from a range of disciplines and is chaired by Associate Professor Maarten Kamp (Senior Staff Endocrinologist, Gold Coast Health Service District), with support provided by the Clinical Practice

Improvement Centre.

It will have a role in planning and delivery of services. Twice yearly forums are an important component of the collaborative methodology, where progress against improvement targets is discussed and staff participate in valuable networking opportunities.

A Diabetes Network Management Committee (which includes general practitioner representation) has been convened to act as an advisory group to the network and to provide scope and prioritisation for identified issues in the management of diabetes within Queensland Health.

Key priority areas for service improvement activities are: intensive management of type 1 diabetes, management of type 2 diabetes and the community interface, diabetes in pregnancy (women and babies), paediatric diabetes, Indigenous and regional/rural issues in diabetes, and diabetic foot.

The network has received Innovation Funding (provided under the Queensland Government's *Health Action Plan*) for a series of projects related to the key areas.

Associate Professor Maarten Kamp said he was well aware that for most people, day-to-day operational issues were the most pressing, however the network was not in a position or funded to provide increased staff or infrastructure support.

"The network will have much more of a strategic role by improving models of care and contributing to better strategic planning," he said.

"There will be improvements in our operating environment, as well as in overall diabetes care.

"The network is much more than just the management committee and relies on the participation of interested people to provide advice on current and future projects that should be undertaken to improve diabetes management and to incorporate the successful improvements into their practice."

For further information visit the Clinical Practice Improvement Centre's QHEPS site: http://qheps.health.qld.gov.au/cpic/content/n_diabetes.htm

Contacts: Associate Professor Maarten Kamp, 0409 615 207 (maarten_kamp@health.qld.gov.au) or Samantha Daly, Principal Project Officer, Clinical Practice Improvement Centre, 3636 9790 samantha_daly@health.qld.gov.au

Queensland Health reforms

\$1m to fight Strait chronic disease



Traditional Islanders were joined by Diabetes Summit delegates during the community walk and exercise session. They included Health Minister Stephen Robertson (pictured second from right), Olympian Nova Peris, rugby league player Nathan Blocklock, health workers and community members. Picture courtesy Torres News.

Diabetes a major health problem

Queensland Health will invest more than \$1 million this year to improve the prevention and management of chronic disease in the Torres Strait.

The funding was announced at the Torres Diabetes and Renal Summit, held on Thursday Island in late June.

The summit was attended by Health Minister Stephen Robertson, Director-General Uschi Schreiber, Queensland Health staff, community leaders and government representatives.

The summit was part of a week-long focus on health in the region and aimed to encourage the community to improve their health and quality of life.

A range of activities to promote a health lifestyle was held during the week, including various sport clinics, Walk for Change and community art projects.

Mr Robertson said that Indigenous Queenslanders were nearly five times more likely to suffer chronic disease and have three times the rate of heart disease and seven times the rate of diabetes.

He said residents in Indigenous communities often had limited access to timely health services, experience poor nutrition, problems accessing good food and fresh water,

and health issues often exacerbated by alcohol abuse.

The funding includes:

- \$818,528 for nine new chronic disease positions
- \$120,000 to establish programs to address frequent and avoidable hospital admissions
- \$110,000 for the Connecting Healthcare in Communities (CHIC) initiative in the Torres Strait.

The new positions include five additional child health workers who will focus on health promotion and chronic disease prevention.

The child health workers will host community based programs on issues, such as breastfeeding, SIDS awareness and growth checks.

They will support vulnerable families through parenting programs, support families to increase uptake of immunisation and work with community groups and elders to promote healthy pregnancies and establish parenting support groups.

Funding for the CHIC initiative will be used to set up a partnership council to help improve access to preventative and primary health care services in the Torres Strait.

Diabetes has been identified as a significant health problem in the Torres Strait and Northern Peninsular since 1995 when a Diabetes Summit was held.

The outcome of the summit was the *Meriba Zageth for Diabetes Strategy* which was developed with the community and contained a range of strategies to prevent diabetes and to better manage the care of people with diabetes.

Specific objectives of the summit held on Thursday Island in June included reviewing progress made since Meriba Zageth was developed and developing an Action Plan to mobilise the community to combat chronic disease and manage health within the family.

Local initiatives taken to improve preventative health outcomes in the Torres Strait and Northern Peninsular Health Service District include:

- a four-chair satellite renal service in Cooktown and a four chair facility in Bamaga
- \$39 million Chronic Disease Prevention and Management Centre to be constructed on Thursday Island will have capac-

ity for at least an eight chair satellite renal service

- the new Weipa Hospital will include two self-care renal chairs
- 14 district staff enrolled in the Graduate Diploma in Indigenous Health Promotion at the University of Sydney, with teaching staff from the university delivering the course for the first time off campus on Thursday Island
- Eat well be active – healthy kids for life project to promote healthy eating and physical activity to Badu Island children and their families
- Go for 2&t5 fruit and vegetable with healthy cooking demonstrations at IBIS stores across the Torres Strait – IBIS has installed fruit and vegetable display fridges in all 12 outer island stores.
- The Queensland Health Chronic Disease strategy has funded four new positions – including two program coordinators (healthy weight) positions based in Thursday Island and Bamaga

Queensland Health reforms

Poi leading by example



Poi and Marcia during their exercise regime.

Poi: running keeps him fit.

Poyanna (Poi) Pensio is an energetic driven individual who, along with other champions, has enthused Torres Strait families to make lifestyle changes.

Poi faced a personal challenge that turned his life around when he became coordinator of the Building Healthier Communities and Inside Out Challenge project.

The project has impacted dramatically on the health system in the Torres Strait, especially for Poi and his family.

Over a year ago, Poi was a diabetic with dangerous levels of chronic disease markers.

He drank a great deal of alcohol, ate fatty and sugary foods, and enjoyed a self-indulgent lifestyle.

Initial adult health checks show a high level of cholesterol, high blood sugar levels, and a high risk of kidney disease.

He was a Torres Strait Island statistic waiting to join the increasing numbers of end stage renal failure patients.

Poi decided he could not be an effective project coordi-

nator if he continued to be an example of chronic disease.

He decided to exercise regularly, start a vegetable garden to enhance his exercise program, and change his diet.

His family meals now reflect past days when healthy eating habits were the norm.

He motivated and supported his family, and they too have committed to a healthy lifestyle.

The Pensio family has sought technical support from the primary health clinics to monitor their changes.

Regular medical check ups have helped the family decide on changes of diet and exercise programs as well as maintain the impetus of the initial changes.

Today, there is a big difference. Together Poi and Marcia, his wife, have taken control of their own health plans.

They and some of his children can be seen walking or running around Thursday Island early in the morning before work and late in the afternoon after work.

New education model boosts career options

A statewide training initiative aims to increase the number of nurses entering the workforce in Queensland by offering a seamless pathway between vocational training and degree studies.

The new Nurse Education Model was developed by Metropolitan South Institute of TAFE's Loganlea Campus and Griffith University's Logan Campus.

The new model allows students to start studying a Diploma of Nursing as well as earn credit for their bachelor's degree, giving them more career options and job opportunities as they go and reducing the university attrition rate.

This means students can join the workforce earlier as well as gain credit for advanced studies later.

Under the program students can exit their studies with a Diploma of Nursing after 18 months and work as qualified enrolled nurses.

Alternatively, they can go on to complete a degree to become registered nurses, with their earlier training cred-

ited towards their advanced studies.

Negotiations are under way with other universities to make the program statewide.

Dr Marion Mitchell, Griffith University Deputy Head of the School of Nursing and Midwifery, said the model was an innovative way of encouraging students into the nursing profession.

"There is a shortage of registered nurses in the workforce and we're looking for ways to encourage enrolled nurses to progress into the Bachelor of Nursing," she said.

"The initiative supports TAFE students in a university environment and shows them they are already part of Griffith if they choose to complete the degree program."

As part of the pilot program, Griffith University gave Bachelor of Nursing students who had completed at least two years study the chance to fast-track their Diploma of Nursing qualification in just eight weeks.

Queensland Health reforms

Linking health services

Information on local health and community care services has been coordinated in Health Link, a booklet launched recently in the South Burnett region.

The booklet will be used by doctors, nurses, care service providers, family and carers and people at risk of falling.

Jenny Gemmell, West Moreton South Burnett Health Service District Falls Injury Prevention Project Officer for South Burnett region, said the booklet was a valuable community asset.

Jenny said the booklet enabled people to track who does what in care services locally.

“They are able to determine eligibility, costs and access information as it is all outlined and easy to find in the booklet,” she said.

Clients are encouraged to take Health Link with them to all doctors, specialist appointments and any hospital admission.

With all relevant information in one easy location, service providers will be better equipped to ensure that the most appropriate support is offered.

Health Link gives clients access to service information, including telephone numbers, appointment information, service address, and understand the services provided by individual organisations or businesses.

The booklet outlines fall prevention strategies and outlines exercise groups and tips.

Jenny said many people worked tirelessly to put the Health Link resource together.

from the Chief Nursing Officer



Pauline Ross

In a state as large as Queensland, the provision of health care to very remote communities rests largely with Aboriginal and Torres Strait Islander health workers and remote area nurses (RANs).

In many areas, such as the islands, far west or Cape York communities, retrieval of a critically ill person from the community to a larger centre can take many hours. For this reason, many RANs have undertaken an advanced practice course endorsed by the Queensland Nursing Council (QNC).

Remote and Isolated Practice Endorsed Registered Nurses (RIPERN) have a breadth of training and experience that enables them to deal with most first-line emergency situations – trauma, cardiac events, obstetric emergencies, children’s acute illnesses, snake bites.

In addition to emergency care, RANs work closely with their Indigenous health worker colleagues in the areas of screening, health promotion and maintenance, early intervention.

Most RANs have QNC endorsement for immunisation, and many are endorsed sexual health nurses, both of which give them an ability to work with their communities across the spectrum of health care.

One of the RANs in the Torres Strait, Doune Heppner, recently gained endorsement as a Nurse Practitioner in NSW, and is now awaiting mutual recognition by QNC to enable her to practice in primary health on Thursday Island.

The service model is being developed currently and

will incorporate maximising her scope of practice which is anticipated to include managing a specific group of clients, referral processes, health management protocols and drug therapy protocols.

She will work in partnership with medical staff, health workers and allied health colleagues in primary health – the evolution of the model on Thursday Island will be assessed for its applicability to other remote areas.

We will assess the feasibility of introducing a number of remote area nurse practitioner roles as a matter of priority given the ongoing pressures on delivering health services in rural and remote areas.

Developing the service model and protocols will require significant collaboration between relevant nurses and doctors within the district, but it is essential that the nurse practitioner roles grow to meet unmet demand for primary and community health care.

RANs who have completed RIPERN are well placed to move on to a Masters in Nurse Practitioner degree, and as part of ongoing development of the roles, we will discuss with the relevant universities, opportunities to convert RIPERN to a Masters.

Remote area nursing is by nature a very isolated practice environment, however the rewards of working so closely with a small community cannot be under-estimated, and is one of the reasons the RANs continue their commitment to high quality health care for their clients and patients.

Queensland Health reforms

Learning partnership aids students

Professor Amanda Henderson, from Princess Alexandra Hospital, has won a prestigious Carrick Fellowship to develop a model for a multidisciplinary learning project.

Dr Henderson, Director of Nursing Education at the hospital, will use the award to develop a model for inter-professional learning for undergraduate medical and nursing students completing clinical practice in the Southern Area Health Service.

Until now, nursing, medicine and allied health professional students have completed practical assignments independently.

Dr Henderson forms the nursing side of a partner fellowship with Dr Heather Alexander, Senior Lecturer at the Griffith University School of Medicine. They are two of 10 fellows awarded nationally and hold the only two fellowships from the health care sector.

Dr Henderson wants to replicate the multidisciplinary

approach taken in clinical settings, with students from all healthcare professions learning together.

“Inter-professional learning enhances communication and collaboration between health care professionals, promoting quality of care and patient safety,” she said.

“Students entering health care study often have stereotypical views of the relationships between doctors, nurses and allied health workers. It’s important to get in early before the stereotypes are entrenched.

“The project will help students understand respective roles, and enhance mutual regard, communication and collaboration between doctors, nurses and allied health workers.

“Inter-professional learning is encouraged and often commonplace overseas and we believe it’s important to see more of it in our learning environments.”

Consumer complaints policy follows reforms

The Queensland Health Complaints Management Policy has been revised following extensive consultation with Queensland Health staff, consumers and external agencies, including the Queensland Ombudsman’s Office.

Chris Hall, Manager, Indicator Development and Dissemination Team, said reform of complaints management was a recommendation of the Queensland Health Systems Review and the Queensland Public Hospitals Commission of Inquiry.

Chris said review of the existing policy and finalisation of the information system PRIME – CF were managed within the Reform and Development Division.

He said the policy and Implementation Standard 1 Roles, Responsibilities and Reporting was endorsed to be effective in part from April this year.

He said that by April next year it was expected that the statewide information system PRIME Consumer Feedback (CF) will be functioning in all 20 health service districts.

“A collaborative approach between Reform and Development Division and the three area health services will ensure that health service district staff are trained in complaints management, and all staff and consumers have information on these processes,” Chris said.

“The internet online consumer complaints form is currently under going extensive review and it is anticipated the new enhancements will make it easier for consumers to make complaints online.

“Funding has been approved for a new position to undertake staff training in complaints management, with recruitment.

“The phased roll-out of the information system for consumer complaints PRIME CF is underway, led by the PRIME Team, located in the Patient Safety Centre.”

Chris said an extended pilot of PRIME CF had been completed in Sunshine Coast and Cooloolool, Cairns and Hinterland, and Central West.

He said the extended pilot was successful, and lessons learned in its conduct and management have been recorded and will be useful in the state wide implementation of PRIME CF.

Health service districts involved in the extended pilot have agreed to:

- continue to use PRIME CF (including a commitment to participate in the Statewide activities to continuously improve the system)
- limit consumer feedback reporting (data entry) to a central unit/person (eg. complaint coordinator)
- restrict consumer feedback reporting to line managers and key data entry persons.

“Enhancements were identified during the pilot and these will be incorporated into PRIME CF system enhancements scheduled for release in November,” Chris said.

For information on PRIME CF visit http://qheps.health.qld.gov.au/psc/prime/Prime_home.htm or contact Peter Lynch, Senior Project Officer PRIME Team, phone 3636 9851 or e-mail Peter_Lynch@health.qld.gov.au

For information on the Consumer Complaints Management Policy phone Chris Hall on 3636 9873 or e-mail Chris_Hall@health.qld.gov.au

Queensland Health reforms

Quality standards a step forward

The Health Quality and Complaints Commission's (HQCC) seven new health standards to improve the quality of health services in Queensland have been welcomed by Queensland Health as a major step forward.

The seven standards outline expectations of the quality of care to be provided by health service providers in Queensland.

HQCC Commissioner Dr John Youngman said the standards were a first in Australia.

"Some health services have been subject to regulation through standards, however the HQCC standards are the first standards which have a statutory base for all health service providers including public hospitals," Dr Youngman said.

He said the standards, released on 1 July, were the first in a series of ongoing HQCC quality improvement measures for the Queensland health system.

"Now there is a legal requirement for health service providers to improve the quality of health care," said Dr Youngman.

"The community in turn know what standard of care they should expect.

"The community can also now be assured that health professionals have an accountability to maintain these standards of care, as well as an expectation that they are working towards improving practice in all areas of health care provision."

Dr Youngman said the health standards covered a range of issues where there was a burden of disease or gaps in current practices and were developed using endorsed national guidelines with a strong evidence base.

"Our surgical safety standard, for example, sets out processes to reduce the frequency of adverse events, such as infections and blood clots," said Dr Youngman.

The standards were released in draft in March this year, followed by a consultation phase.

The seven standards cover:

- review of hospital-related deaths
- management of acute myocardial infarction on and following discharge

- surgical safety
- hand hygiene
- credentialing and scope of clinical practice
- complaints management
- providers duty to improve the quality of health services.

The education process for health service providers will be a staged process, as providers learn their roles and accountabilities to the standards.

The process began with dedicated education sessions for 700 health professionals in Brisbane in June and continues with a program running from August to December in all regions of Queensland.

A staged approach will also apply to implementation and monitoring of the performance of health services against standards.

Queensland Health has already implemented policies covered by some of the standards and is well placed to respond to them.

"The standards are in many cases based on contemporary best practice in service delivery and these standards can be used by Queensland Health facilities to specify the expected level of care to be provided," said Dr Stephen Duckett, Executive Director, Reform and Development Division.

But further action will be needed across Queensland Health facilities.

"A priority action for districts should be to review the standards carefully, complete the relevant self assessment and identify any gaps between current practice within the district and that recommended by the standards," Dr Duckett said.

"The standards change the nature of quality and safety improvement from a desirable option to a routine expectation for all patients and this is to be welcomed."

An endorsed standards manual has been published and is available to health service providers, including a version available to be downloaded from the HQCC website www.hqcc.qld.gov.au or phone toll free 1800 077 308 or 3120 5999.

Queensland Health reforms

Alternative path offered on doctor complaints

“**Safe Doctors – Fair System**” is the title of a new framework recently endorsed by Queensland Health to provide a better way to assess concerns raised about the performance of individual doctors.

Project Manager, Dr Craig Margetts said that the essence of the new approach was to provide an alternative to the traditional investigations model which was usually characterised by a drawn out adversarial and overly legalistic process.

“We’ve described an overall framework in which concerns raised regarding a doctor can be assessed by professional peers – not to find guilt or innocence, but to identify possible strategies to help the doctor’s practice in the future,” he said.

“The new assessment process is structured as a voluntary alternative to formal investigation, however if it fails, or the doctor wishes it – the process will revert to an investigation conducted along traditional lines.”

Dr Margetts said that if areas for improvement were found, strategies could be developed to provide further education or practical training with a view to returning the doctor to safe practice.

A small team called the “Queensland Clinical Assessment Service” (QCAS) is to be established within the Patient Safety Centre to further develop the details of the program and to arrange assessments. In addition, this team will be able to coordinate remediation strategies and provide a supportive framework for the doctor to be re-integrated into the work environment.

A considerable amount of constructive feedback has been received in the consultation phase of the project. When fully implemented early in 2008, it is hoped that around two-thirds of doctors undergoing the process will be able to return safely to work.

The implementation phase is expected to last about six months. One of the key tasks during this time is to recruit a panel of doctors who would be willing to act as assessors for the “Safe Doctors – Fair System” framework.

“We would be keen to hear from doctors interested to be included as assessors, and they can contact us via e-mail or Queensland Health’s GroupWise,” Dr Margetts said.

Contact address: craig_margetts@health.qld.gov.au The guide-lines can be downloaded from the Patient Safety website at www.health.qld.gov.au/patientsafety

Service plan released



The Queensland Health Disability Service Plan 2007-2010, released this month, was developed to better identify and respond to issues regarding service delivery to people with a disability.

This is a legislative requirement for all State Government departments.

The plan is underpinned by the *Disability Services Act 2006* (DSA), which provides a strong foundation for promoting the rights of people with a disability, increasing their well-being and encouraging their participation in the life of the community.

The DSA service delivery principles encourage service providers to consider the needs of people with a disability, including employees and volunteers, when designing and delivering services, including access to generic ser-

vices and specialist disability services.

The plan identifies Queensland Health’s priority areas for action to guide the development of specific actions for inclusion in planning documents at the Corporate Division, area health service and health service district, health facility or service level.

All staff are encouraged to familiarise themselves with the plan and embed consideration of the needs of people with a disability in their everyday work practices.

The plan is an evolving document, using feedback and evaluation to guide its ongoing development.

Copies of the plan are available at: http://www.health.qld.gov.au/publications/disability_plan. Contact: Daniele Blumke, e-mail daniele_blumke@health.qld.gov.au

Queensland Health reforms

Making surgery safer

Queenslanders are reaping the benefits of a simple pre-operative check which protects patients from adverse medical events within Queensland's Hospitals.

The incidence of operations performed on the wrong site, side or patient is between one in 15,000 and one in 30,000 cases.

While this is extremely rare, it is preventable and Queensland Health is working with members of the Royal Australasian College of Surgeons to reduce the number to zero.

Dr John Wakefield, Queensland Health Patient Safety Centre Director, has worked hard to raise staff awareness of potential patient harm caused by human errors, building a more thorough series of checks into the preparations for surgical procedures.

"The simple safeguards are the medical equivalent of put-

ting a seat belt on every time you get into a car," he said.

"Although deceptively straightforward, four-step pre-operative checks are improving the already good rates of patient safety we enjoy in Queensland," he said.

The four steps are: check informed consent details, mark the intended site of the procedure, formally identify the patient on admission to the operating suite, final team check – to be led by the surgeon.

John said patients should discuss the checks with their doctor, as patients were an important part of the team in maintaining safety.

"On occasion, patients have prevented harm by speaking up about their concerns," he said.

"To back up these simple preventative steps, we also actively encourage staff to report accidents and near misses."

Health council members selected

Community members have been appointed to the 36 new health community councils around the state, following recommendations from the independent Health Quality and Complaints Commission.

The members were appointed by Health Minister Stephen Robertson. These new advisory bodies replace the former district health councils, giving communities a more direct say in the performance and quality of local health services.

Council membership includes up to eight members and, wherever possible, at least one local general practitioner. Members are appointed for up to four years and each council will meet at least once every two months.

The new appointments are:

Banana: Dianne Nancy Morris (Chairperson), Penelope Anderson, Maureen Edna Clancy, Kylie Louise Moir, Robert George Snell, Claudia Stephenson, Richard Joohaut Tan.

Bayside: Robert John Bishop (Chairperson), Gary Day, Karen Finlay, Tracey Maree Johnson, John Lagos, Eileen McGuire, Alison Oxenford, Janette Maree Randall.

Bowen: Robert Anthony Lesca (Chairperson), Robert Anderson, Mark John Haynes, William O'Loughlin.

Bundaberg: James Johnstone Mullett (Chairperson), Graeme George Claxton, Beryl Iris Crosby, Josephine Patricia Meng, Lorraine Maree Pyefinch, Valerie Helen Schirmer.

Cairns: Stephen John Russell (Chairperson), Damian Luke Byrnes, Dino Bazarbassis, Robert John Pyne, Patricia Anne Gates, Marion Dorothy Norrie, Swaran Kaur Austin.

Cape York: Thomas Farlane Hudson (Chairperson), Veronica Lorraine Burke, Cleveland Fagan, Helen Gordon, Priscilla Major, Letitia Kaye Dawn Murgha, Bernard Luke Singleton, Trevor Snodgrass.

Central Highlands: Gail Elizabeth Nixon (Chairperson), Lynda Joy Connell, Colleen Patricia Dobson, Susan Pamela Engwicht, Jean Louise Jones, Jenny May Nuss, Megan Storey.

Central West: Karen Joy Halls (Chairperson), Barbara Abine Anderson, Narelle Elizabeth Banning, Julie Therese Groves, Zilla Elizabeth McAuliffe, Glenn Patrick Scanlan, Valda Mary Spilsbury, Kelley Margaret Walker.

Charleville: David John Morrissey Land (Chairperson), EMS Ford, Sheryl Lawton, Sally Moody, Margaret Mary Wade, Marina Gay Tully.

Charters Towers: Elizabeth Janice Hytch (Chairperson), Elvene Rosemary Whitbread, Jodie Ruth Coward, Ann Adele Hughes, Noel Carrington.

Fraser Coast: Barbara Paterson (Chairperson), Julie Ann Arthur, Lynette Forrest, Frances Gala, Kerry Charles McKeon, Mark Jerome Roesner, Natalie Gaye Sell, Trudy Ellen Yuginovich.

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Gladstone: Ruth Agnes Waite (Chairperson), Matthew James Burnett, Robyn Maree Hamilton, Karen Janine Leinster.

Gold Coast: Mary Alcorn (Chairperson), Kenneth Roy Brown, Hendrika Hattingh, Caroline Anne Lewis, Colin Thomas Little, Ian George Mavor, Shirley Wee.

Gympie: Peter Connors Hennessey (Chairperson), Olive Bennet, Conrad Charles Blackburn, Ann Stewart Christie, Daryl Wayne Dodt, Jane Elizabeth Goodwin, Wayne William Sachs.

Innisfail: Peter Bruce Roberts (Chairperson), Karen Ann Croft, Cecily Anne Dunne, Diane Green, Ralph Laksa, Eugenia Vallianos, Janice Lorraine Anderson.

Logan-Beaudesert: Max Peter Howard (Chairperson), Lynn Maree Bartimote, Robert Bricknell, Delaune Verna Pollard, Beverley Frances Richardson, Anton Mark Thompson, Christine Tracey-Patte.

Mackay: Karalyn Joyce Huxhagen (Chairperson), Michelle Loiene Davis, Ivy Foxlee, Jeffrey Archibald Timor, Kim John Wilson.

Mount Isa: Gregory Vincent Campbell (Chairperson), Don Maxwell Bowley, Leanne Eckford, Susan Kathryn McDonald, Alan John Neilan, Maryann Florence Wipaki.

North Burnett: Julie Elizabeth Tye (Chairperson), Dorothy Hamilton, Desmond Cowburn, Rita Mary McLaughlin, Barbara Elizabeth Nelson, Sandra Margaret Schulz.

Northern Downs: Cecilia Veronica Donohoe, Jane Catherine Gately-Leggett, Ailsa Gilmour, Sandra Fay Hobbs, Helen Jane Townsend.

Princess Alexandra Hospital: Leslie Robert Watson (Chairperson), Astrid Firrell, Joel Anthony Reading, Denzil Harvey Scrivens, Anil Verma, Robyn Anna Wallace, David Willock.

QEI: Michael Yiu Yau (Chairperson), Robyne Estelle Apps, Nancy Clare Johnston, Phuoc Thi Pham, Margaret Anna Rankin, Marion Alexandra Tower.

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Roma: John Wallace Young (Chairperson), Martin Byrne, Joy Denton, Marie Leone Price, James Hetherington, Jill Baker.

Royal Brisbane and Women's Hospital: Wayne Alexander Sanderson (Chairperson), Christine Margaret Foley, Debra Gail Gould, Desley Gail Hegney, Helena Lake, Diane Josephine Payton, Amy Louisa May Underwood.

Royal Children's Hospital: Eileen Dorothy Jones (Chairperson), Michael John Dee, Simon Julian Mitchell, Jeanie Mok, Yvonne Sandford, Barbara Ann Smith, Elizabeth Ann White.

South Burnett: Ian David Carter (Chairperson), Margaret Muriel Angel, Terry William Fleischfresser, Barry Donald Krosch.

Southern Downs: Marie Ann Pietsch (Chairperson), Darryl John Chapman, David Downs, Cliff Farrell, Alison Gaffney, Arthur Joseph Marriott, Theresa F Nicholas.

Sunshine Coast: Mary Prosser (Chairperson), Michael Bradburn, Peter Andrew Bryant, Susan Foyle, Helen Irvine, Kerry Staines.

Tablelands: Robyn Claire Boundy (Chairperson), Elaine Norah Bruce, Louise De Marzi, John Smith, Lesley Ann Walton.

The Prince Charles Hospital: Edward William Robert Howard (Chairperson), Glenn Williamson Allen, Jose Di Donato, Alwyn Bondery Fielding, Jayne Ingham, Sagie Pillai, Carolyn Wendy Skitch, Terry Sullivan.

Toowoomba: Kevin Joseph Saide (Chairperson), Geoffrey James Brabrook, Jonathan Robert Ferguson, Wendy Leanne Gavin, Christine Mary McKeon, Genevieve Mary Sayers.

Torres Strait and Northern Peninsula Area: Napau Pedro Stephen (Chairperson), Jeffrey Archibald Bousen, Ethel Larry, Simeon Walter Mackie, Jackson Connie Sailor, Charlotte Tamwoy, Clara Surum Tamu, Alo Tapim.

Townsville: Sherry Jean Kaurila (Chairperson), Frederick Christopher Gillham, Carol Nolan, Margaret Dulcie Phillips, William Hugo Pickering, Garry Gordon Rebgetz, Gracelyn Smallwood.

West Moreton: Janette Ann Wilton (Chairperson), Katrina Miriam Smith, Amanda Illingworth, Caroline Elizabeth McCullough, Shayne Kenneth Neumann, Sharon Ann Oxenbridge, Patricia Anne Paul.

Queensland Health reforms

health • care • people

Strategic Plan 2007-12

Director-General's Introduction



The Queensland Government is committed to reform of the health system. The reform process began with the release of the *Action Plan – Building a better health service for Queensland* (October 2005). Implementation of the Initiatives defined in that Plan continues to drive reform, but we must also plan for the longer term sustainability of the health system. Issues such as population growth and ageing, rapid advances in technology and providing a sustainable health workforce will continue to bring challenges, so we must plan now in order to deliver good health services in the future.

The *Queensland Health Strategic Plan 2007-12* contains four strategic directions. Two of the strategic directions align directly with the reform outcomes identified in the recently released *Queensland Statewide Health Services Plan 2007-12*. These are:

- Improving access to safe and sustainable health services
- better meeting people's needs across the health continuum

The other two strategic directions address critical enabling functions that we must excel at if we are to make long term change. These are:

- enhancing organisational work processes and systems to support service delivery and business effectiveness
- developing our people in a way that recognises and supports their role in the delivery of health services

Queensland Health aims to provide high quality, safe and sustainable health services to meet the needs of our communities. To do this, it is essential services are well planned and organised and that they evolve and change in line with changing practice and community needs.

Queensland Health cannot meet the challenges of the future alone. Working together with other public and private service providers will be even more important. Our goal, in collaboration with our partners, is to respond effectively to immediate challenges and more proactively shape health services so that we are able to meet our patients' and Queensland consumers' needs in the future.

I commend the *Strategic Plan 2007-12* to you and invite all of you who work in public, private and community health settings to work with us to deliver a better health system for all Queenslanders.

Queensland Health aims to provide high quality, safe and sustainable health services to meet the needs of our communities. To do this, it is essential services are well-planned and organised and that they evolve and change in line with changing practice and community needs.

Queensland Health reforms

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Our Mission

Creating dependable **health care**
and **better health**
for all **Queenslanders**

Strategic Plan 2007-12

Our Strategic directions

The *Queensland Health Strategic Plan 2007-12* (Strategic Plan) identifies the strategic directions for Queensland Health over the next five years. Strategic directions 1 & 2 are the reform outcomes identified in the *Queensland Statewide Health Services Plan 2007-12*.

1. Improving access to safe and sustainable health services

Queenslanders will be able to access high quality and safe services organised to ensure the service is sustainable. Given the vast geographic areas of the state, this will mean developing new and different ways of delivering services in the future.

2. Better meeting people's needs across the health continuum

Queensland Health, in collaboration with its partners, will provide a comprehensive suite of health services to Queenslanders. The spectrum of services provided ranges from supporting those who are well, those who are at risk of developing a health condition, those who need treatment when they are injured or are ill and people who have long term conditions. Services will be planned, organised and delivered on the basis of what services are needed most, by whom, and which services will give the greatest benefit.

3. Enhancing organisational work processes and systems to support service delivery and business effectiveness

Queensland Health's work processes and systems will be focussed on providing services that are user-centred and efficient to support and enable provision of service delivery and business value. Performance monitoring, evidence-based practice and continuous improvement will be targeted so Queensland Health operates at the highest standard within available resources.

4. Developing our people in a way that recognises and supports their role in the delivery of health services

The people working in Queensland Health are the foundation of our services. Developing the Queensland Health workforce will continually require creating an environment where staff can engage in, adapt and develop to meet the changing demands of health services. This will mean developing the capacity of staff, building consistency in managing people, engaging staff in new and innovative work models and processes, and valuing the workforce through improved and standardised recognition and reward practices.

Our operating principles

Queensland Health's operating principles have been developed to guide the way that Queensland Health does business. The principles guide our actions, help staff make appropriate decisions, and are applied when developing new strategies and initiatives.

Queensland Health responds justly and fairly to need

Working in partnership with others, Queensland Health will provide health services that safely and effectively respond to the needs of Queenslanders. Our aim is to enable timely access to the right health service at the right time in the right setting.

Queensland Health works in partnership

We partner and collaborate with other health service providers, government departments and service organisations to provide integrated, safe and sustainable services to patients and consumers and to improve the health status of the community.

Queensland Health enables and supports change in the health system

We operate in a climate of change. We recognise, in a health system characterised by increasing demand for health services and scarce human and financial resources, there will be an ongoing requirement to change the way we do things. We support change as a means to continuously improve treatment, efficiency and outcomes.

Queensland Health is accountable for its resources and actions

In providing dependable health services for Queenslanders, we are accountable to the community for the optimal utilisation of systems, assets and information. We learn from our mistakes to improve the safety and quality of the care we provide.

Our stakeholders

Consumers

Queensland Health commits to building our services around the needs of our consumers and the communities in which they live. By consumers we mean those people who have experienced our services (as a patient, relative or friend) or could potentially access our services in the future. Queensland Health also delivers services at a population level to promote and protect health.

Health sector partners

Queensland Health is not the only provider of health services to Queenslanders. Where possible, Queensland Health commits to working with private and non-government health organisations to support and complement the services provided by Queensland Health. Other important partners in the health system are government and non-government agencies that provide vital services which influence and contribute to people's health status and overall well-being.

Obtaining copies of the Strategic Plan

Full copies of the *Queensland Health Strategic Plan 2007-12* are available:
Electronically, on the Queensland Health internet site:
www.health.qld.gov.au

Printed copies are available
by telephoning: 07 3234 0699

Queensland Health reforms

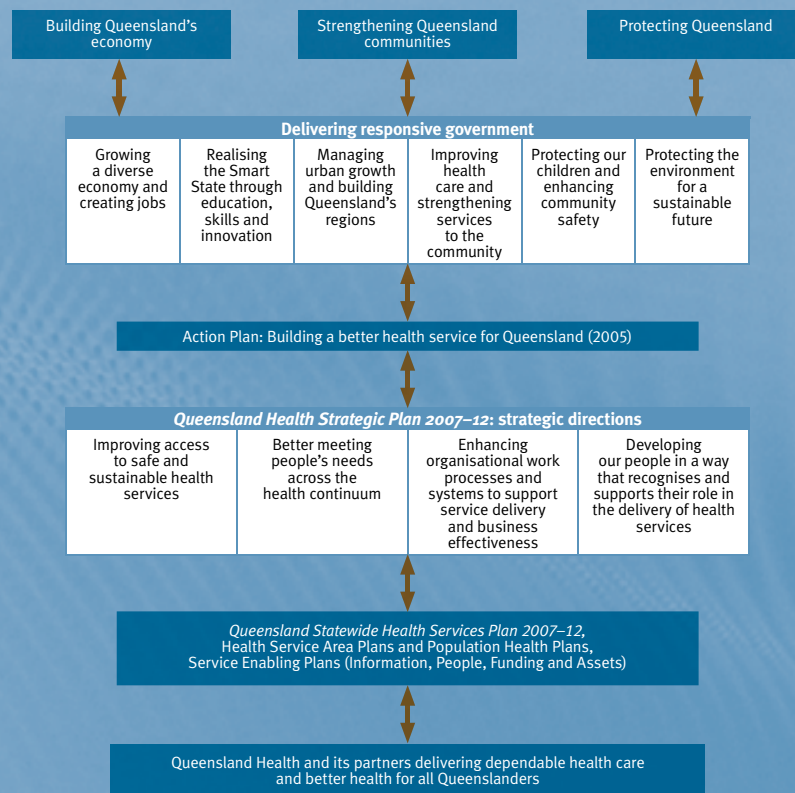
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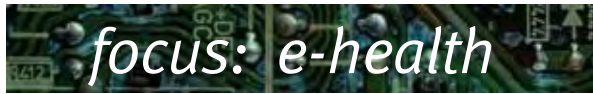
Our planning context

This planning context illustrates the connection and interdependency between different Queensland Health planning processes. At the highest level are the three whole-of-government priorities to deliver responsive government. These priorities, along with health arena scanning and stakeholder input, inform the development of the Queensland Health Strategic Plan. The Strategic Plan articulates the long term direction for Queensland Health, encompassing both service delivery and enabling functions.

The Queensland Statewide Health Services Plan focuses on guiding service delivery in Queensland, which in turn guides service planning for population health and in health service areas. Health service planning defines what and how services will be provided. Service provision is supported and enabled by information and communication technology, people, funding, finance and asset planning.

Contributing to Government outcomes and priorities





focus: e-health

Boost for health care delivery

An additional \$243 million will be invested over the next four years by the State Government in the eHealth Program to develop and deliver technologies to improve health care in Queensland.

Peter Grant, Queensland Health Chief Information Officer, said the funding from Queensland Treasury was in addition to current funding for other health care initiatives and included an additional \$40 million in 2007-08.

"It will help build on existing information systems and applications currently in use by Queensland hospitals and community care organisations," he said.

"The funding will see the introduction of mobile devices, faster broadband and telecommunications capability, and electronic sharing of information.

"This will make information more accessible, patient-focused and reliable.

"This funding will help the clinical workforce reduce the time spent on locating information and freeing up time for health services.

"Care providers will be able to view detailed patient information, including medical imagery such as x-rays and results, as well as order prescriptions electronically and access improved scheduling capabilities.

"The investment will enable clinicians and clinical groups to have pivotal roles in shaping these new initiatives and help implement these smart technologies across hundreds of facilities."

Peter said the investment in smart technologies would upgrade telecommunications infrastructure, such as wireless technology, to more than 300 Queensland Health sites by late next year.

He said the Information Division planned to deliver other significant investments in 2007-2008.

The Emergency Department Information System would be introduced to all major emergency departments to improve the speed of tracking patient conditions, treatments and movements through a graphic display of beds and patients at any given point.

The Queensland Health Oral Health Services Adult Clinics Information System and other Queensland Health electronic resources would be extended into 121 school-based clinics and 201 mobile vans which currently provide oral health services to schools located throughout Queensland.

Peter said there would be better management of patient flow in emergency departments across the state and improved ambulance transporting of patients through the Emergency Hospital Capacity Overview System which details the capacity of all Queensland Health emergency departments at any given point.

He said there would be easier and quicker access to radiology results for care providers anywhere in the state (x-rays, and computed tomography scans and magnetic resonance imaging) due to electronic viewing through a new radiology information system.

He said the number of trips taken by patients with chronic and complex diseases to hospitals and major treatment centres would be reduced by delivering the Public Health Information and Clinical Services Solution that allowed Queensland Health to share information on diseases such as HIV, hepatitis C and tuberculosis with general practitioners and Queensland Health specialists.

For further information on the proposed technologies visit the Information Division site at <http://qheps.health.qld.gov.au/id/>

Safeguards on patient information

Patient information will be safer than ever before when an additional 175 hospitals and Queensland Health facilities receive new data backup and recovery infrastructure solutions in the coming months.

The state-of-the-art software and hardware, part of the Enterprise Backup Management (EBM) solution, will protect against accidental loss of data and technical failures, and backup and restore critical clinical data.

Jim Ramsay, Project Sponsor, said the solution was successfully introduced recently in 26 major sites across the state as part of the first phase of the project.

"In this information age, backing up data is no longer a goal, it is a business necessity," he said.

"As Queensland Health continues to invest in and develop information systems and smart technologies, the EBM will be an invaluable means of safeguarding clinical data.

"Although the implementation of the EBM solution will not noticeably impact on users, and the upgrades are mostly behind the scenes, it will mean more efficient systems.

"The solution will drastically lower the risk of interruptions to patient care activities and will vastly improve the time it takes to restore lost data.

Jim said that in addition to its protection role, the EBM meant considerable time saving for backup and retrieval of data.

"Backup times have been reduced to a couple of hours at most sites. Restores activities take literally minutes from the time you first log the job at the InfoServiceCentre," he said.

Jim said it was important to remember that information backed up under previous systems would still take extra time to retrieve.

He said that in addition to the 175 sites set to receive the protection software, the EBM solution would also recommend backup strategies for another 259 non-Net Ware, non networked sites.

For further information visit http://qheps.health.qld.gov.au/id/project_news/project_news.htm

Lunch-time resolutions

focus: how I keep fit



Queen Elizabeth II Jubilee Hospital staff have been focusing on their own health by organising tai chi and yoga classes during their lunch breaks.

Staff have been learning tai chi with a professional instructor, Rex Low. The idea came to the hospital's librarian, Dr Jane Simon, at the beginning of the year when everyone was talking about their healthy New Year's resolutions.

"I was looking for something that was physical that focused on the balance between the body and the mind," she said.

"I thought this would be a great opportunity to help build on the sense of community we have here at QEII Jubilee Hospital."

QEII staff taking part in tai chi classes as part of their fitness campaign.

Jane said she was keen to get instructors to come out to the hospital to do the classes on site.

"There were only six of us in our original tai chi class, but now we have started yoga classes that number has grown to 16 people," she said.

Tai chi class member and clinical benchmark officer, Diana Lal, said the classes always started with a warm up and then moved on to the eight-step tai chi form (based on the eight forms of energy).

He said the sessions finished with a wind down relaxation exercise called qigong, an exercise for your internal energy.

Meredith Lewis, library technician and district web publisher, said she felt refreshed and alive after the classes.

"I always get a really good sleep on the night after I've done a class," she said.

The tai chi apprentices attended a pilates class in March as part of the Working Hard on Optimising Staff Health Committee's QEII Staff Health Week.

What inspired you?

The "focus: how I keep fit" section of Health Matters is a special feature on how Queensland Health staff keep fit and their lifestyle approaches. Many Queensland Health staff are leading the way on changing their eating and exercise habits of a life-time and are setting an example which will inspire others to become fitter and healthier.

We would like to publish your story on what motivated you to face the challenge to take off those extra kilos and change your way of life.

If you would like to help others follow the same path, send your story (with pictures if possible) to Ian Ross, Editor, Health Matters, e-mail rossi@health.qld.gov.au

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NAIDOC Week celebrated



The richness and diversity of Indigenous cultures was celebrated at Queensland Health facilities throughout the state to mark the 50th anniversary of NAIDOC Week last month.

The theme of the week, 50 Years: Looking Forward, Looking Back, tapped into the past, present and future of Aborigines and Torres Strait Islanders.

NAIDOC, which originally referred to the National Aboriginal and Islander Day Observance Committee, has since become the name of the week-long celebration which came about as the fight for Aboriginal rights started to gather pace in the 1920s and 1930s.

Marshall Saunders, Royal Brisbane and Women's Hospital Coordinator for Reconciliation Learning Circles and Cultural Awareness Training Program, said the celebrations

Brett Button concentrates on his didgeridoo during NAIDOC Week celebrations in Corporate Office.

Three gain leaders scholarships

Three Queensland Health staff have been awarded full scholarships to take part in the 2007 Wal-Meta Leadership Program.

This year, for the first time, the Workplace Culture and Leadership Centre funded three full scholarships of \$5000 per participant.

The Wal-Meta Program is a key component of a leadership development strategy to support the development of Indigenous leaders.

The successful participants are:

- Maleeta Richards, Indigenous Health Coordinator, Rockhampton Health Service District
- Donna Stanley, Chronic Disease Care Coordinator, Charleville Community Health Service
- Craig Heron, Program Coordinator, Indigenous Homeless Health, Cairns Integrated Mental Health Service.

Jan Phillips, Senior Director Leadership Centre, said she was encouraged by the interest and commitment of staff to undertake this challenging program.

were important for the entire community, not just Indigenous Australians.

Major celebrations in Brisbane included a community expo in Brisbane Square on George Street, while a day long program of events was staged in Corporate Office.

John Corowa spoke on the history of NAIDOC celebrations and the Aboriginal and Torres Strait Islander flags, Brett Button conducted a didgeridoo workshop, Jordana Angus held a painting workshop, while dances were performed by the Aboriginal Centre for Performing Arts and the Keriba Mabaigal Dancers.

Katrina Cora, Rockhampton-based Indigenous health worker, said the open day at the Phillip Street Health Centre was about changing people's lifestyles and their attitudes for a healthier future.

Mental health: "there has never been a more important time to look after your own and others," was the theme of celebrations in Toowoomba.

She said final selection was competitive, with applicants needing to demonstrate they were genuinely committed to completing the program. The Wal-Meta Leadership Program provides an Indigenous specific career development program, with accredited and non-accredited components.

The program provides leadership and qualifications to advance within the Queensland Public Sector. The 18-month accredited component focuses on proactive learning through quality on the job work experience, accredited and non-accredited training and access to a coaching program.

The workplace will be the focal point for participants to achieve their training competencies.

Participants will complete the Diploma of Government as an outcome of the accredited component. The non-accredited component of the program is delivered through three, one week live-in residential block training sessions.

Areas of study will include communication, emotional intelligence, networking, change management, project management and time management.

Walk and Talk grants aid children

Indigenous Mums and Bubs groups in Roma, St George and Yulbea have received \$2790 Queensland Health's Early Years Seed Funding to provide resources for the Walk and Talk program.

Walk and Talk is a fun language, literacy and physical activity program for young children and their parents who attend these local baby clubs. Expectant mothers across south west Queensland will learn more about the benefits of breastfeeding, with a lactation consultant being employed to conduct group-based education sessions for mothers and training sessions for health workers.

Funding was provided to South West community nutritionist Steve Hogan to organise these breastfeeding promotions and provide Australian Breastfeeding Association resources to all participants.

The new Early Years Seed Funding program is auspiced by the Roma Neighbourhood Centre and administered through the Roma Early Years Network.

South West mental health promotion officer and funding committee member Carlie Watson said small grants were given to groups and agencies to undertake projects and activities that promoted children's wellbeing.

"Improving experiences in the early years of a child's life can have a positive effect on outcomes later in life and decreases the chances that children will develop anti-social behaviours and ill health," she said.

"Funding applications are considered from a wide variety of local groups which have identified local issues, developed local solutions and are keen to make a difference in their communities."

Funds available for special events

Indigenous communities and organisations are being encouraged to apply for funding from Queensland Health's Events Support Program to help stage activities that promote exercise and discourage smoking.

Funding is available for events such as sporting carnivals, recreational events, arts, dance and cultural festivals, says Melissa Eckford, Tropical Population Health Unit Health Promotion Officer.

"Funding supports events that promote physical activity, which can lead to a healthier lifestyle and lower the risks of chronic diseases," Melissa said.

"These events should also promote the messages of Tobacco – it could cost us our culture or Smoking – it can

cost us the game.

"Chronic diseases are the leading cause of death, disability and illness among the Indigenous Australian population.

"Many chronic diseases such as coronary heart disease, type 2 diabetes and depression can be prevented or delayed through physical activity. Just 30 minutes of physical activity a day can improve your health and reduce the risk of chronic disease."

Indigenous communities and organisations can apply for funding from the Events Support Program by contacting Deborah Avery, Senior Health Promotion Officer, Indigenous Health on 4050 3600.

Receive Health Matters regularly

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

Hervey Bay turns green and lean



An engineering-maintenance manager using the building maintenance system installed at Hervey Bay Hospital.

Hervey Bay Hospital has achieved significant energy savings under the Queensland Health's Eco-Efficiency Program being introduced across the state by the Eco-Efficiency Unit of Health Services Purchasing and Logistics.

The hospital partnering with an Energy Service Company has introduced a wide range of energy and water conservation measures under an Energy Performance Contract (EPC).

Patrick Maguire, EEU Manager, said Hervey Bay had slashed energy consumption by 20 per cent, and was on path to reducing annual carbon dioxide emissions at the hospital by up to 1625 tonnes annually.

"The carbon dioxide reduction is the equivalent of taking 600 cars off the road annually," he said.

"Measures taken at the hospital include more efficient lighting, air-conditioning systems and an upgraded Building Management System.

"The Building Management System uses a computer network to monitor and control many building functions, including air conditioning, energy management and load shedding, medical gases, water heating and steam production.

"Water is being recycled for appropriate uses, such as air-conditioning and irrigation, and water use has been lowered through installation of more efficient fittings, eg. flow restriction devices.

"The initiatives even went as far as more energy efficient after hours' temperatures in offices or building used only

during business hours.

"These measures have significantly reduced water and energy consumption at the hospital without diminishing patient care."

Patrick said the healthy partnership between the Hospital and the Energy Service Company has been the catalyst for the utility usage reduction.

He said the EPC was a smart way of achieving efficiencies in energy use, reducing greenhouse gas emissions and generating financial savings for the hospital.

He said the savings would be reinvested locally to deliver better hospital services and equipment.

He said governments, communities and individuals shared a responsibility to manage precious resources such as water and energy.

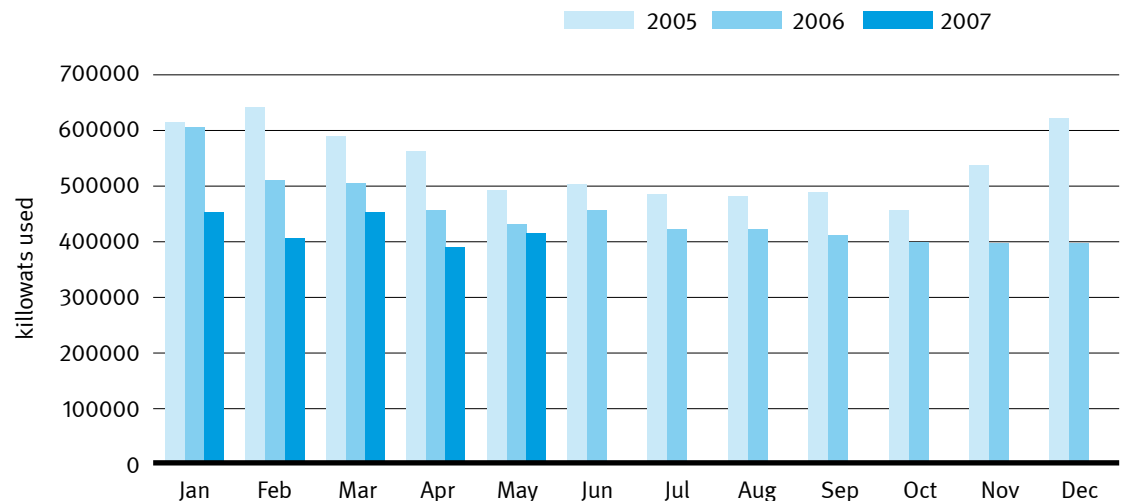
"By reducing the use of electricity, gas and water in our buildings we are helping to ensure a sustainable community," Patrick said.

"Queensland Health is committed to protecting the environment for future generations and the Energy Performance Contract is a proactive way to achieve this.

"Hervey Bay Hospital has benefited from Smart State procurement strategies where, by using its collective buying power, Queensland Health has secured competitive rates on electricity.

"It has creating job opportunities by ensuring that all maintenance and installation works undertaken at the hospital is performed by local contractors."

This table shows savings of 780,000kwh from January to May 2007 (inclusive) against the established baseline



Our team takes care of APEC finance ministers

From the moment 12 APEC finance ministers stepped on to Queensland soil at the end of last month, a small Queensland Health team was on full alert.

The health support team knew from past experience their work would begin immediately.

“Five years ago when Commonwealth leaders came here, one delegation member needed an ambulance when they arrived,” said Trevor Barnes of the Emergency Management Unit, part of the Chief Health Officer’s Division.

“The delegate was admitted to Royal Brisbane, where they were admitted and then stayed during the entire CHOGM program.”

The finance ministers’ meeting at Coolum from 30 July-3 August, hosted by Federal Treasurer Peter Costello was part of the Australian program for the Asia-Pacific Economic Cooperation Forum.

A small Queensland Health team of doctors and nurses was on call around the clock at the Hyatt Coolum, ready to respond to health issues of concern to any of the 450 or so expected attendees.

Two important APEC meetings held at Cairns in June and early July passed without any major medical incident.

Health support teams set up clinics at the Cairns Convention Centre for these gatherings, one for trade ministers and the other for senior officials.

Trevor Barnes says health issues at these international events can cover the full spectrum, from colds to falls injuries to serious illness.

“CHOGM at Coolum in 2002 produced some rather bizarre injuries, reminding us we’ve always got to be prepared for anything,” he said.

“One of the visitors was bitten by a possum which she was trying to save from an attacking snake. Another was bitten in the hand by a pelican, which came up to her during a feeding session.

“More seriously, two attendees who took ill had to be admitted to Nambour Hospital, and another two delegates were flown to the Royal Brisbane for investigative and diagnostic procedures.

“They were later discharged but our clinic at Coolum provided follow-up care.”

A typical clinic has two doctors and two nurses, all ‘selected volunteers,’ and is open up to 14 hours a day, although offering ‘round the clock’ response.

Trevor says Emergency Management arranges a number of health-related services for visiting heads of state – all discreetly provided on a no-fuss basis.

“When Bill Clinton made a private visit to Port Douglas as US President, he wanted to take a rain forest walk. We gave his staff advice about snakes and wildlife, as well as stinging nettle trees.”

Three gain fellowships

Three Queensland Health staff have been awarded Queensland Clinical Research Fellowships in round two of the State Government’s \$200 million Smart State Innovation Funds.

The recipients are:

- Professor John Upham, Princess Alexandra Hospital, who has received \$300,000 for research into new ways to treat asthma and allergies
- Dr Kerrod Hallett, Children’s Oral Health Service at the Royal Brisbane and Women’s Hospital, who has also received

\$300,000 to trial a unique bacterial test and mouth rinse to prevent childhood tooth decay

- Dr Robert Henderson, Royal Brisbane and Women’s Hospital, who has received \$150,000 for research into the diagnosis and treatment of motor neurone disease.

Established in 2005, the Smart State Innovation Funding Program aims to build world-class research facilities, attract top-quality scientists to Queensland and stimulate cutting-edge research projects.

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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

Rockhampton: until 2 August, Winton; 3-29 August, Longreach; 30 August until 5 September, Tambo.

Toowoomba: 13-24 August, Allora; 29 August until early December, Warwick.

Townsville: until 19 October, Mount Isa.

Relocatable Services

Cairns: 6-10 August, Wuchopperen; 20 August until 5 September, Thursday Island.

Gold Coast: until 2 August, Robina Town Centre, Robina; 20 August until 18 October, Beenleigh.

Ipswich: until 17 August, Laidley.

Mackay: 2-15 August, Proserpine; 17 August until 5 September, Cannonvale.

Nambour: until 14 September, Bribie Island Library, Bribie Island; 1-30 August, Kawana.

North Brisbane: until 31 August, Brighton Community Centre, Brighton.

The BreastScreen Queensland Program continues to maintain extremely high standards of service and care.

All BreastScreen Queensland Services are required to meet National Accreditation Standards to be accredited as part of the BreastScreen Australia Program. These standards are monitored every six months.

As age is the biggest risk factor in developing breast cancer, the program targets women aged 50-69 years. Women over the age of 40 are also eligible to attend.

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

Cancer care highlighted

More than 230 Queensland health professional staff attended the inaugural Advancing Key Initiatives in Cancer Care forum held in Brisbane in June.

The forum was organised by the Statewide Cancer Control Leadership Group (CCLG) and the Cancer Clinical Networks.

A wide cross-section of professionals from all three area health services, including medical, nursing, allied health and health service administrators,

Travel and accommodation assistance was provided to 27 staff through the forum initiative and Allied Health Northern Area Health Service Cancer Care Initiative Scholarships.

Informative sessions covered topics such as research, multidisciplinary care, screening and prevention, and allied health.

An overview was provided by members of the CCLG on Queensland Health's Cancer Control Program and its governance structure plus the progress to date of area health service cancer clinical networks.

Professor David Currow, CEO of Cancer Australia, spoke on the role of the national body and highlighted the key issues in cancer.

Dr. Jane Turner (Senior Lecturer at the School of medicine University of Queensland) gave a presentation on psychosocial care, while Associate Professor Liz Reymond led an expert panel discussion on palliative care.

Professor Ross Pinkerton, Director of Oncology at the Royal Children's Hospital, facilitated an informative session on the emerging issue of adolescent and young adults (AYA) with cancer.

A young adult cancer survivor delivered a poignant recount of her experiences of surviving cancer and briefed the audience on the current gaps that exist in the AYA area.

A pharmacy specific session provided an opportunity for oncology pharmacists to network and discuss issues of mutual concern.

The forum initiative supported a medical radiation workforce team building session.

Timing answers brushing problem



Tanner Hicks-Downy, aged two, learns to brush his teeth for at least 60 seconds, with the aid of Queensland Health's new wash and brush timer.

It's a bathroom battle confronting many parents and testing the patience of most. For how long should your child clean their teeth each morning and night?

How do you encourage your child to do it properly so you don't have to send them back to do it all over again?

When your child washes their hands, do they quickly swipe their dirty hands under the tap or waste litres of water in the process? How do you motivate them to do it well without nagging?

Queensland Health has come to the rescue of families facing these daily bathroom dilemmas with a new double-barrelled 'wash and brush timer'.

Amanda Selfridge, Gold Coast health promotion director, says the colourful timer assists parents, carers and children as they learn how to take the time to brush their teeth and wash their hands thoroughly.

"They're easy to use and will stick to any bathroom mirror," she said.

The timers feature the popular characters of Betty Brush-

well, Captain Clean, Sally Suds and Stevie Strongtooth, well known to many young children through Queensland Health's Germ Busters and Happy Teeth hygiene improvement programs.

"Many Gold Coast children have learned effective hand washing and teeth cleaning techniques at child care and primary school through these hygiene improvement programs," Amanda said.

"Now parents can help reinforce these methods at home using these timers, without any tears or fuss. The timers encourage children to brush their teeth for 60 seconds and rinse their soapy hands for 30 seconds.

"Behaviours developed during childhood are often with us for life. To stop germs from spreading and to prevent tooth decay and gum disease, it's essential to establish regular hand washing and daily tooth brushing habits at an early age."

Visit www.health.qld.gov.au/germbusters to order your timer for only \$2.00 (minimum order of \$20) or enquire at your local child care facility.



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infomatters

Fun challenges inspire children

The Roma Cultural Centre parklands have been reverberating with shrieks and giggles as children swing hoops, flick pom poms and juggle balls, all to inspire a healthy, active community.

More than 350 students from St John's School and the Roma State College Middle Campus have been introduced to the fun and challenge of tae kwon do, boxercise, tai chi, cheerleading and ball games.

They've mastered some circus skills during children's activities fun day organised by the Active Roma partnership of Roma Town Council, Queensland Health and the Australian Sports Commission.

The Active Roma Kids Expo targets school children from Year 4 to Year 7 and is the start of a sustained effort to keep the local community active and involved.

The range of activities shows children that they can have fun and be involved in activities other than electronic games and organised sports instruction like football and netball.

Munching oranges and apples during their breaks, the children also learnt about nutrition and discussed ideas for making their community a happier, healthier place.

Funding from the Department of Sport and Recreation has enabled the Active Roma partnership to develop the program into an extended series of fun events known as 'Active Parks'.



Anton Storch and Bobby Rose being put through the hoops at the Active Roma Kids Expo.

The activities will be staged in parks and gardens to encourage entire families to get their bodies moving and keep the whole community physically active.

Queensland Health's participation in the Active Roma partnership involves the South West Population Health Unit and the South West Health Service District's Healthy Lifestyles Team, health promotion staff, and the school-based health nurse.

Empowered with caring

Dr Patch Adams, major social activist and founder and director of the Gesundheit Institute, is guest speaker at The Empowerment Institute address in Townsville on 15 September and Brisbane on 16 September.

Dr Adams will speak on The Joy of Caring at this year's The Secret of Great Achievers seminar.

Last year's seminars raised \$77,000 for Westmead Children's Hospital, while this year fundraising is for

the Youth in Need, Brisbane Lord Mayor's Charity Trust.

Dr Adams has been a physician for nearly 30 years, but has been a clown for almost 40 years.

He is a major social activist and founder/director of the Geshundheit Institute since 1971.

Contact: <http://www.empowermentinstitute.com.au> or Susan Welch, phone 3268 1036 or 0413 651 643.

in retrospect

A review of some articles from previous Health Matters

February Hospital leads way in diagnostic techniques
Major reductions in energy use achieved
Skills Development Centre training courses

March New hospitals bolster health services
Special focus on new health service districts
Pivotal role for clinical governance

April Making best use of expertise
Partnerships offer a new approach
Advancement skills recognised

May Lessons on health care delivery
Major commitment to transparency
Special focus on Indigenous health

June Record \$7.151 billion Queensland Health Budget
Leadership Development Program under way
Nursing career switch was an easy choice

July Queensland Health Statewide Leaders Symposium
Consumers strong role in planning
Proserpine Hospital approval rating high

Two decades of research

Queensland's only dedicated paediatric viral research facility, the Sir Albert Sakzewski Virus Research Centre, has celebrated 20 years at the forefront of virus research.

The centre's core funding, provided by Queensland Health and the Sir Albert Sakzewski Foundation, is based at the Royal Children's Hospital.

More than 100 members from the scientific community attended a special symposium recently to reflect on the past scientific achievements and the contribution these breakthroughs have had on furthering medical research.

Since 1987, the centre has identified many virus infections found in children including the metapneumovirus, WU virus, herpes6 and Coronavirus NL63.

Apart from virus identification, the centre has improved

on the speed of diagnostics tests for meningococcus and the Avian (Bird) flu resulting in faster detection and life saving treatment for thousands of patients.

Director Professor Robert Tindle said the symposium reflected on past achievements, set future priorities, and the generosity and foresight of its founder, Sir Albert Sakzewski.

"Sir Albert Sakzewski's vision has today positioned the centre as Australia's leading paediatric virology research centre, with many scientific achievements and seven patents under its belt," he said.

"Our real strength is that we are situated on the campus, drawing our researchers closer to what is happening at the bedside of patients."

diary

AUGUST

Until National Doorknock for Leukaemia
3 Aug *Leukaemia Foundation of Australia*
Phone: 1800 500 088

Until Challenge for Cancer
1 Sept *Queensland Cancer Fund*
Phone: 1300 656 585

Until Nurse of the Year Campaign
Nov *Queensland Cancer Fund*
Phone: 1300 656 585

3 Jeans for Genes Day
Children's Medical Research Institute
Phone: (02) 9687 2800

5-11 Continence Awareness Week
Continence Foundation of Australia Ltd
Phone: (03) 9347 2522

5-11 Cerebral Palsy Awareness Week
Cerebral Palsy League of Queensland
Phone: 1800 819 086

6-12 Post Polio Awareness Week
Spinal Injuries Association
Phone: 3391 2044

6-12 National Healthy Bones Week
Osteoporosis Australia – Queensland
Phone: 3857 4200

18-19 Relay For Life (Central Highlands)
Queensland Cancer Fund
Phone: 1300 656 585

19-25 Hearing Awareness Week
Deafness Forum Ltd
Phone: (02) 6262 7808

24 Daffodil Day
Queensland Cancer Fund
Phone: 1300 656 585

26 Celebration of Life
Leukaemia Foundation Queensland
Phone: 1800 620 420

25-26 Relay For Life (South Burnett)
Queensland Cancer Fund
Phone: 1300 656 585

Updated on-line version on www.health.qld.gov.au (under Health Information/Events)