

HealthMatters

Queensland Health reforms

directions Uschi Schreiber, Director-General



Technical staff are impressed with the 22 per cent reduction in lighting power achieved at the Royal Brisbane and Women's Hospital. Pictured inspecting equipment are, from left, Wayne Clarke, Ross Thurecht, Robert La Roche, and Scott Wells. *Story P7.*

We achieved many great things in 2006 - largely due to the hard work of so many great people.

We treated more patients, opened more beds, employed more clinicians and established more initiatives to improve patient access.

We introduced a raft of clinical improvements; instilled a more accountable, transparent reporting regime; and, embarked on a plan to improve our workplace culture, to name a few.

Our achievements last year were significant, and as 2007 begins, we face many challenges.

The growing and aging population, and the ominous chronic disease tsunami, will place unprecedented demand on our health system.

To cope, we will need to find better and smarter ways to deliver cost-effective, sustainable health services into the future.

We have many opportunities this year to better equip us for the challenges ahead.

A review of Community Health will help ensure we have a stronger emphasis on preventing ill health in the community and provide better care for people with chronic disease.

Establishing better relationships with the GP and non-government sectors, through new Partnership Councils, will also be important.

We'll roll out the Statewide Health Services Plan, mapping out our five-year plan to provide an

even greater focus on disease prevention and finding new and improved ways to deliver services.

A new funding model will be introduced in mid 2007 which will, for the first time, link funding to activity levels, ensuring we are smarter with the health dollar and can provide more hospital services.

Changing the culture of Queensland Health will continue to be a focus. Our leadership development program will help us develop leaders within our organisation who are not afraid to do things differently and seek innovative solutions to the challenges we face.

Staff surveys will also continue in 2007 to help us identify where changes need to be made to make Queensland Health an even better place to work.

The last 18 months have involved considerable change and 2007 is sure to bring many more challenges.

While Queensland Health is a large organisation, made up of many parts and many people, it is important to remember we are all here for the same reason - to help people get better and to help people stay healthy.

With this in mind, I want to thank you all for the work you do each and every day whether you are a nurse, doctor, allied health professional, administrative, technical or operational staff member. It's your contribution that helps us all make a difference.

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Connecting Healthcare building for the future

Work with communities and the private sector to improve the health system for all Queenslanders is the aim of Connecting Healthcare in Communities announced by Health Minister Stephen Robertson.

Mr Robertson announced the initiative in State Parliament at the final 2006 sitting on 30 November.

"We recognise that, to build the future capability of the health system, all parts of the system must work closer together to respond to the enormous challenges presented by an ageing population and increasing prevalence of chronic disease," he said.

"Connecting Healthcare in Communities represents a new approach to establishing partnerships with local GPs and other primary health care providers in communities to build capacity into the health system over the next five years.

"We will establish primary health care partnership councils within each of Queensland's 20 health service districts to improve the integration and coordination of service planning and community health services across the state.

"This will allow us to reposition the delivery of community health services away from a strictly Queensland Health service delivery model to a partnership approach with local GPs and other non-government health organisations.

"We will also review the role of state government community health services in a parallel process to establishing

the new partnership councils.

"Partnership councils will comprise local divisions of general practice, community nursing services, relevant community and hospital services, and consumer representatives.

"Their focus will be on improving access to preventative and primary health care services for all Queenslanders, and relieving the pressure on our busy public hospitals."

Mr Robertson said indications were that partnership councils would help reduce avoidable admissions to hospital, emergency department referrals and inappropriate out-patient servicing.

He said Queensland divisions of general practice were working closely with Queensland Health to implement partnership councils and address the growing burden of chronic disease on the health system. He said Queensland Health was investing about \$34 million over five years, commencing in 2006-07, to implement the partnership councils program and promote innovation in community health service delivery.

"This builds on the one-off \$2.8 million we provided to the divisions of general practice in 2006-07 for the Capacity for Local Partnership Development Initiative," he said.

"This initiative complements the intent of the Queensland strategy for chronic disease 2005-2015, which identifies local partnerships as critical to the success of the strategy."

Community health services reviewed

Queensland Health is undertaking a Community Health Reform Project to develop future directions for community-based health services over the next five years.

Professor Andrew Wilson, Executive Director, Policy, Planning and Resourcing, announced the project last month.

"Community health services in Queensland have been reviewed on occasions over the past 10 years," he said.

"These reviews have not resulted in the systematic alignment of community health services with the strategic priorities in health.

"The reform project will be undertaken in the context of the increasing demand on the public health system and will identify potential opportunities for better alignment of resources with Queensland Government priorities, includ-

ing those for chronic disease, child and youth health and Indigenous health.

"Consideration will also be given to ensuring that Queenslanders are able to access services as close to their community as possible with relevant consideration of safety and sustainability.

"The reform project will be undertaken between January and mid June 2007 and will be led by an external consultant.

"Broad stakeholder consultation will occur with Queensland Health staff and external stakeholders to progress these two important initiatives. Regular updates will be provided on QHEPS."

Requests for further information can be referred to Karen Ryan, A/Manager Policy Branch, e-mail karenl_ryan@health.qld.gov.au

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Cairns Clinical CEO appointed

Professor Michael Humphrey, one of Australia's leading obstetricians and gynaecologists and former director of obstetrics and gynaecology at Cairns Base Hospital, has been appointed as the Cairns Health Service District Clinical CEO.

Professor Humphrey has extensive clinical experience throughout Australia and an international reputation.

Cairns is one of four Queensland Health districts to create the new role of Clinical Chief Executive Officer with Rockhampton, the Princess Alexandra and Royal Brisbane and Women's Hospitals.

Health Minister Stephen Robertson said Cairns and the Far North region would benefit greatly from Prof. Humphrey's talent and experience in the medical field.

"He is well suited to coordinate and plan for medical and clinical services within the crucial Cairns Health Service District," he said.

"He is currently Director of Obstetrics and Gynaecology at the Royal Hobart Hospital and Professor of Obstetrics and Gynaecology at the University of Tasmania.

"He has an intimate knowledge of Cairns and the Far North region having served 13 years (1990-2003) as Director of Obstetrics and Gynaecology at Cairns Base Hospital.

"He has also held numerous practising Obstetrics and Gynaecology roles in Brisbane, Victoria, Western Australia and New Zealand as well as several university appointments.

Since 2004, Prof. Humphrey has been chairman of the Board of Examiners within the Royal Australian and New Zea-

land College of Obstetricians and Gynaecologists having previously filled many other roles within the organisation.

He has also been a member of many state and national health advisory groups.

Prof Humphrey said that as well as being Director of Obstetrics and Gynaecology in Cairns, he was deputy head of James Cook University clinical school as it developed in 2000.

"I'm looking forward to seeing how the fully developed teaching program has progressed at JCU," he said.

"I also established an Obstetrics and Gynaecology outreach service based at Cairns Base Hospital for Indigenous and remote communities in Far North Queensland which continues today.

"I'm also very interested to see how that model has developed.

"I view my new role as an extremely important one for health services in Cairns and Far North Queensland.

"It is vital that I work with the community and local clinicians to improve patient care and gear it specifically towards the needs of the community which is an exciting concept.

"I'm particularly eager to work with the local community health council.

"I already know many clinicians in Cairns from my time there and I'm looking forward to working with them again.

"This role represents a new challenge for me now in that I will be championing the cause of all clinical services in the district - not just obstetrics and gynaecology."

Conference Announcement

MICCAI 2007, the 10th International Conference on Medical Image Computing and Computer Assisted Intervention, will be held from **29 October to 2 November 2007** at the Brisbane Convention and Exhibition Centre, along with several specialist workshops and tutorials.

MICCAI 2007

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Topics

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- Computer Assisted Interventional Systems and Robotics
- Visualisation and Interaction
- General Biological and Neuroscience Image Computing
- Computational Anatomy (statistics on anatomy)
- Computational Physiology (virtual organs)
- Innovative Clinical and Biological Applications

Key Dates

Submission of papers: 16 March 2007
Acceptance of papers: 1 June 2007

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Hospital leads way on diagnostic techniques



Royal Brisbane and Women's Hospital is leading the way in methods to biopsy and diagnose lung cancer.

In an Australian first, doctors at the hospital's Thoracic Medicine Department are using a diagnostic technique (endobronchial ultrasound) which allows them to see beyond the wall of the bronchus and improve on standard bronchoscopes.

Endobronchial ultrasound is done as part of bronchoscopy where patients have a sedative and local anaesthetic. It is used to biopsy lymph nodes in the

Thoracic physician Dr David Fielding (left) and Thoracic Medicine Department Director, Dr Stephen Morrison.

chest, or to biopsy spots out in the lung.

Fluorescence bronchoscopy uses a blue light to make the lining of the bronchus fluorescence. A sensitive camera is used to display the fluorescence, with early cancers appearing red and normal tissues appearing green.

The department is also using a technique called fluorescence bronchoscopy, which can detect lung cancer before it can even be seen in CAT scans.

Dr Stephen Morrison, Thoracic Medicine Director, said RBWH physicians had learnt the technique in Japan and had been using it for a number of years.

"Both procedures are minimally invasive biopsy methods and give an accurate diagnosis in the very early stages of cancer," he said.

Executive coaching paying off

A number of Queensland Health's senior leaders participating in the Better Workplaces Leadership Development program are having executive coaching sessions with a qualified coach.

Part of the Better Workplaces Leadership program is the corporate funding of up to four hours of executive coaching per executive.

The coaching sessions are available with professional coaches from either the Hay Group or the Queensland University of Technology.

Paul Stafford, Director of the Leadership Unit which coordinates the program, said executive coaching was a confidential one-to-one relationship between a coach and an executive.

"Coaching acts to assist executives in achieving their own personal goals, career progression and workplace improvements," he said.

"The coach creates a safe yet challenging environment which is conducive to skills development and behavioural change.

"Queensland Health executives have an excellent opportunity to access corporately-funded executive coaching.

"There are a number of different coaches that are available and participants are able to select their own coach by

looking at the coaching profiles on the Leadership Development website."

Feedback from the executives that have availed themselves of this opportunity has been very positive.

Dr Jillann Farmer, Director of Medical Services at Caboolture Hospital, had executive coaching sessions with a coach from the Hay Group.

"With a background in competitive sport, having a coach for my work seemed quite logical once I thought about it," Dr Farmer said.

"Every high level athlete has a coach, and the work we do is far more complex than swimming fast. I see this as an opportunity to bounce problems around with an impartial observer.

"My coach is very clear, I solve the problems, he just helps me to see the solutions. This is a great opportunity, and I am learning a lot."

Other comments from executives accessing coaching sessions have also indicated that the coaching sessions have helped them to realise their full potential.

For more information access the website at <http://qheps.health.qld.gov.au/betterworkplaces/leadership/coaching/home.htm>

Contact: Workplace Culture and Leadership Centre, phone 3636 2049.

Queensland Health reforms

Recruitments exceeded

Recruitment targets set under the Health Action Plan have been exceeded with the total number of doctors, nurses and allied health professionals increasing by 3479 over 18 months.

At the end of December 2006, Queensland Health employed 5100 doctors, 24,020 nurses and 6592 allied health professionals.

The \$10 billion Health Action Plan, launched in 2005, set a target to recruit an extra 300 doctors, 500 nurses and 400 allied health workers into the public health system in 18 months.

This figure was achieved by June last year, six months ahead of schedule. Health Minister Stephen Robinson said that on reaching the December deadline the targets had been exceeded by 248 doctors, 1609 nurses and 386 allied health

professionals through filling vacant positions in the public health system.

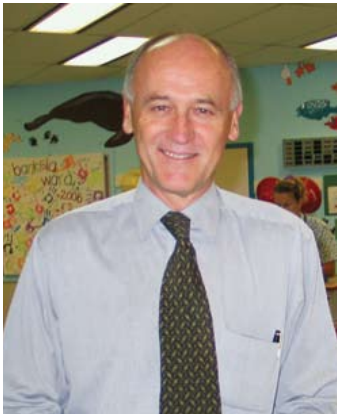
"That means we have 5100 doctors working in our public hospitals today compared with 4552 doctors in June 2005," he said.

"We employ 24,020 nurses compared with 21,911 in June 2005, and we have 6592 allied health professionals compared with 5806 in June 2005."

Mr Robertson said Queensland Health was still recruiting to key vacancy areas across the State including mental health, midwifery, aged care and medicine for nursing; psychiatry, internal medicine, emergency medicine and anaesthetics for medical officers; and physiotherapy, occupational therapy, social work and pharmacy for allied health.

Dentists were highly sought after for public oral health.

Position a new era in cooperation



Professor Pinkerton

The commencement of Professor Ross Pinkerton as the Director of Oncology at the Royal Children's Hospital heralds a new era of clinical cooperation between the Royal Children's Hospital and the Mater Children's hospital.

His appointment is the first joint clinical appointment made by the executives of both health services.

Before taking up this new role to lead the development of a single, integrated oncology service for children across the Mater and Royal Children's Hospitals, Professor Pinkerton was Director of Cancer Services for both adults and children at Mater Health Services.

His previous UK experience included appointments as Director of Paediatric Oncology at The Royal Marsden Hospital and Professor of Paediatric Oncology at the Institute of Cancer Research, London.

Professor Pinkerton said he was looking forward to the challenge of leading the establishment of a unified cancer service for children.

"One year ago we were looking to plan a statewide network for haematology and oncology across two sites," he said.

"With planning now underway to create a merged Queensland Children's Hospital, the focus has now shifted to creating a single cancer service under one director.

"A single service not only makes better use of resources, but it supports the education and development of all staff whose interest lies in the care of children who have cancer.

"It will also strengthen our current specialty areas involved in the treatment of brain tumours, solid tumours, leukaemia and in stem cell transplantation."

Professor Pinkerton said a single service would deliver efficiencies in the provision of outreach and palliative home care and support.

"We are planning to use a single outreach team for the greater Brisbane area coordinating the use of medical and nursing staff for palliative care, school and home visits," he said.

"Another important priority will be how we can better network with acute paediatric referral hospitals such as the Gold Coast, Townville and Cairns to support devolved and shared care.

"There will always be a need for visits by specialist nursing and medical staff from Brisbane to acute centres for patient review, professional support, education and training of regional staff.

"However, we have a unique opportunity to plan and use expanded telemedicine involving the Centre for Online Health to serve the needs of children in outlying regions."

Nurse practitioners graduate



Ten scholarship holders successfully completed their Master's of Nurse Practitioner program in December, making them Queensland Health's first graduates of this curriculum.

Graduates are eligible for endorsement with the Queensland Nursing Council and will be fully implementing the role in their area of practice in 2007.

Nurse practitioners are registered nurses who have gone on to achieve both a high level of formal education as well as considerable nursing experience within a clinical specialty or setting.

Nurse practitioners work in collaboration with medical and other health care colleagues.

Pictured, from left, Kerrie Coleman, Shona McKenzie, Bettina Douglas, Amanda Davies, Sharyn Plath, Jean Bratby, and Karen Crouch.

Pauline Ross, Chief Nursing Officer, said nurse practitioners would play a key role in Queensland as the health system faced the challenge of an ageing population, increased incidence of chronic disease, and increased demand for a flexible and responsive health service.

"The specialist expertise of the nurse practitioner will augment options for patient care, and their clinical leadership will be welcomed by the nursing profession throughout Queensland," she said.

The graduands are: Bettina Douglas, Renal Services, Princess Alexandra Hospital; Kerrie Coleman, Wound Management, RBWH; Shona McKenzie, Continence, RBWH; Michelle Robins, Diabetes, Logan Hospital; Karen Crouch, Emergency, Redlands Hospital; Amanda Davies, Emergency, Redlands Hospital; Sharyn Plath, Emergency, Redcliffe Hospital; Jean Bratby, Emergency, Redcliffe Hospital; Jackie Smith, Neonatal ICU, Townsville Hospital; and Kathy Crane, Rural and Isolated Practice, South Burnett.

Pathologists celebrate

Pathology Week, promoting the pathology profession to the public and the other health professions, is being celebrated by Queensland Health's Clinical and Statewide Services from 26 February to 4 March.

This is the fourth year that a specific week has been set aside to promote pathology in general to give medical scientists the opportunity of promoting their occupation and the work they perform to the public and to other professions.

Pathology Week is the first anniversary of the opening of Queensland Health Pathology Service's state-of-the-art metropolitan laboratory, QHPS-Central, in Block 7 on the Royal Brisbane and Women's Hospital campus.

The John Cairns Laboratory is the largest and most sophisticated pathology support service in Queensland Health and among the largest in Australia.

Five clinical divisions – Immunology, Chemical Pathology, Haematology, Anatomical Pathology/Cytopathology and Microbiology – with a total staff of 480, provide a comprehensive, quality, diagnostic, clinical

and consultative service to the whole of Queensland – and on site for the Royal Brisbane and Women's and Royal Children's Hospitals.

QHPS-Central provides major tertiary referral facilities for specialised investigations for private and public sector laboratories throughout Queensland, Northern NSW, the Northern Territory, Papua New Guinea and Pacific Islands.

It is the statewide reference centre for immunology, neonatal screening, cytogenetics and molecular genetics and serology virology and molecular (SVM) microbiological investigations. The Queensland Cytology Service is also located in QHPS-Central.

QHPS-Central provides training and postgraduate education for administrative, medical, nursing, operational, scientific and technical staff and has a major research and development role in diagnostic pathology.

Displays, seminars and laboratory tours will be held during Pathology Week in hospitals, laboratories, shopping centres, libraries and schools around the country.

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Energy savings achieved

Royal Brisbane and Women Hospital is leading the way in energy conservation with a 22 per cent reduction in lighting power, due to the hard work and dedication of the Engineering and Building Services team.

Staff working in the hospital's three main buildings would have noticed a number of energy saving strategies. These include the installation of occupancy detectors, day/night light sensors, timers and light strangles.

These strategies and devices have led to the reduction in lighting power since their installation in June 2006. The 22 per cent reduction will save about 1,750,000 kWhs a year or \$140,000 and 1885 tonnes of Co2 greenhouse gasses, which is equivalent to about 268 domestic houses each year or taking 450 cars off the road.

RBWH Energy Manager Scott Wells said the savings had

largely been achieved through a combination of identifying small energy conservation systems that amounted to big savings.

Occupancy detectors installed in tea rooms, utility rooms, offices and meeting rooms ensure lights turn off automatically when not required. Clinical areas have been fitted with light strangles, which are energy saving devices that clip the voltage and reduce the current energy flow while maintaining optimum lighting levels.

"The reduction is a significant achievement and a real saving for the hospital and the environment," Scott said.

"Energy conservation has a significant financial impact, but we also need to consider the effect on limited environmental resources."

Pain reduction toy achieves award

When a Brisbane-based design cooperative research centre collaborated with the Royal Children's Hospital to create a diversionary toy that could reduce the pain for children as they had their burns dressed, little did they know they would win a prestigious national collaboration award.

The Australasian CRC for Interaction Design's (ACID) diversionary therapy project with the Royal Children's Hospital achieved honourable mention at the 2006 Business/Higher Education Round Table Awards for Outstanding Achievement in Collaboration.

In the category of Best R&D Collaboration involving a CRC, ACID and the Royal Children's Hospital received an honourable mention in recognition of their partnership. The honourable mention was the highest award made in the category, with no winner being announced.

The partnership developed a unique and easy-to-use device that delivers better treatment outcomes for children with serious burns by diverting their attention during painful proce-

dures. Professor Roy Kimble from the Stuart Pegg Burns Centre said the collaboration with RCH delivered a world-first device, proven in clinical trials to significantly reduce pain scores in paediatric burns patients.

"By working together, ACID and the hospital were able to look at the problem from new angles and develop a solution with a wider scope and better results than would have been possible by either organisation working alone," said Professor Kimble.

ACID Project Leader Associate Professor Sam Bucolo said the innovative nature of the collaboration led to both organisations developing new knowledge.

"As a result, interactive creative content has been incorporated in clinical procedures, tested and proven in clinical trials," he said.

"The creative team included people from a range of disciplines including medicine and clinical practice, computer science, industrial design, ethnography and the creative industries."

Nursing role expanding

Queensland nurse practitioners, nurse practitioner candidates, and nurse practitioner students attended the 2nd annual Australian Nurse Practitioner Association Conference on the Gold Coast.

The conference, entitled "Stories from the Field" provided an opportunity for conference attendees to network, celebrate achievements, and to welcome nurses interested in advanced practice.

Throughout Queensland, there are a number of nurses who have recently become endorsed or are in the process of obtaining endorsement through Queensland Nursing Council as nurse practitioners.

Nurse practitioners are advanced practice nurses with advanced educational preparation which enables them to

work within an expanded nursing role in multiple clinical areas.

These include emergency care, aged care, community health, palliative care, oncology and pain management, cardiology, respiratory, nephrology, diabetes, orthopaedics, mental health, women's health, rural and remote care and ophthalmology.

These clinical roles may be within the public or private sector serving as a valuable addition to the Queensland health-care workforce in meeting the needs of Queenslanders.

For more information about the Australian Nurse Practitioner Association access <http://www.nursepractitioners.org.au> and about nurse practitioners access http://www.health.qld.gov.au/nursing/docs/Infosheet_N3ET.pdf

Teamwork crucial key to transplant success



Some members of The Prince Charles Hospital Transplant team with 15-year old heart transplant recipient, Brennan Forman

More than 400 Queenslanders have been given a second chance at life through heart transplants and lung transplants. All of them can thank the transplant team at The Prince Charles Hospital.

The Prince Charles Hospital (TPCH) Transplant Service, which performed its first heart transplant in 1990 and first lung transplant in 1996, is a team within Queensland Health that has been continually recognised both nationally and internationally for its excellence.

Since its inception, the team has achieved outcomes comparable with or exceeding international practices. This success is a direct result of the skill and commitment of many staff.

A single transplant can involve between 50 and 100 staff depending on the operation performed.

The sheer number and diversity of staff necessitates the highest level of coordination, timing and teamwork.

A transplant begins with a call to the hospital's on-call transplant consultant from the donor coordinator at Queenslanders Donate advising that a donor organ has become available. This agency is based at the Princess Alexandra Hospital, and is responsible for the coordination of all deceased organ and tissue donation.

This call triggers a process of coordination and communication which requires logistical precision to ensure that the transplant recipient and donor organ are in the right place at the right time.

The transplant coordinator becomes the key facilitator of this process; they essentially become the conductor of the transplant orchestra overseeing the performance of a complicated symphony.

A retrieval team, comprising surgical specialists, a donor coordinator and retrieval nurses travel, sometimes as far away as New Zealand or Perth to procure the organs. This team assesses whether the organ is suitable to transplant and maintains vital, constant communication with the "home" team.

The retrieval team then ensures that the organ is prepared and transported safely and quickly to The Prince Charles Hospital. At the same time, the transplant coordinator begins notifying a specialty team of surgeons, anaesthetists, perfusionists, and nurses who will perform the operation. Intensive care unit staff are also notified so they can prepare for the patient's return from theatre.

As this occurs, a person or persons on the waiting list is

notified that a donor organ is available for them. When they arrive at the hospital (usually in double quick time) a transplant physician is called in to speak with the patient.

While most patients are relieved that their time of transplant has arrived, many are anxious about the operation so this process requires time, extreme sensitivity and care. The rapport that ward staff develop with the patient prior to their transplant also plays an important role in preparing the patient for their life-changing operation.

All this and more happens before the transplant operation can even begin.

The commitment of The Prince Charles Hospital transplant team is undeniable. Staff who work in the transplant team are dedicated to the service they provide – they are on call 24 hours a day, seven days a week waiting for the call that will change someone else's life.

And where does this commitment come from? For Transplant Physician, Dr Fiona Kermeen, it is the end result, when a patient is able to return to a normal life in good health.

Dr Kermeen said: "The biggest reward of being part of this team is seeing someone who was extremely ill, being healthy again and able to do normal every day things like playing football with their kids.

"The transplants we perform are only made possible through the generous gift of organ donation."

The Prince Charles Hospital is one of only four Australian centres performing both heart and lung transplants.

The transplant team made history in 2003 when a surgical team from TPCH and the Princess Alexandra Hospital combined to perform Australia's first triple transplant which involved the transplantation of a heart, lung and liver. To date the team has performed a total of three triple organ transplants.

Australian Organ Donor Awareness Week is being held from 17 to 24 February 2007. During this week, do two important things. Tell your family and friends your wishes about donation, then formalise this decision by signing on to the Australian Organ Donor Register. You can do this by phoning 1800 777 203, visiting your nearest Medicare office or online at www.medicareaustralia.gov.au

Recycling cuts water use

The Townsville Hospital aims to save about eight million litres of water each year through the introduction of a water recycling program.

The project is expected to cost between \$35,000 and \$50,000 and is being funded with the assistance of the Federal Government's Community Water Grants. Townsville Hospital engineer Michael Ward says the project will add to the water saving measures already in place at the Douglas site.

The first stage of the project will involve installing a catch-

ment to the stormwater outlet in Eastern Creek.

"That will allow us to reclaim water used during fire systems testing and when there's been maintenance or repairs on our water storage tanks," Michael said.

"We will be installing a rainwater tank to collect rainwater off buildings at the Douglas site which will then feed into The Townsville Hospital's irrigation system."

Michael said hospital had changed over from town water to bore water for all its irrigation needs as a cost and water saving measure.

RBWH — 140 years and still in good health



A recent aerial view of the hospital redevelopment.



Ambulance officers outside the hospital's casualty ward.



A view of the hospital, with Bowen Bridge Road in the foreground, taken during the 1890s.

This year marks 140 years since the Brisbane Hospital first opened its doors to patients at the current Herston site of the Royal Brisbane and Women's Hospital.

The first public hospital in Brisbane, the Moreton Bay Hospital, was established on 12 January 1849 near the site of the present Supreme Court buildings in George Street. It served the districts of Moreton, Darling Downs, Wide Bay, Burnett and Maranoa.

In its first year, 94 patients were treated and the total expenditure for that year was £370. By 1856, other hospitals had been established away from Brisbane, and as a result the name of Moreton Bay Hospital was changed to the Brisbane Hospital.

A new hospital was built on the RBWH's present site at Herston, then known as the Quarries. The patients were moved from the hospital in George Street to the new Brisbane Hospital on 8 January 1867. (The Quarries had been worked by convicts and the stone was used in the construction of buildings in the city.)

The first nurses graduated from the hospital in 1888. In 1939, the University of Queensland medical school was opened adjacent to the hospital.

Since that time, the hospital has provided training for thousands of doctors, nurses and allied health professionals.

The first women's hospital began in 1864. It was called the Queensland Lying-In Hospital and was located on Leichhardt Street, Spring Hill. In 1867, the hospital was renamed the Lady Bowen Hospital after the wife of Queensland's first Governor.

In May 1889, the first foundation was laid for the construction of a new hospital on Wickham Terrace. The land was purchased for £2230, and The Lady Bowen Hospital was officially opened at the new Wickham Terrace site in December 1889.

Towards the end of 1929 it was agreed to build a new maternity hospital on adjacent to the Brisbane Hospital at Herston. The first foundation was laid in September 1934 and the then Minister for Health and Home Affairs, Ned Hanlon, officially opened the new Women's Hospital in 1938.

In April 1966, Queen Elizabeth II gave permission to use the prefix "Royal" to the Brisbane Hospital, and in 1967 the Queen also approved the use of the "Royal" prefix for the Brisbane Women's Hospital.

Royal Brisbane and Royal Women's hospitals were brought under the same banner in 2003.

Today, the Royal Brisbane and Women's Hospital (RBWH) is a 982 bed tertiary referral teaching hospital with a number of specialities including medicine, surgery, orthopaedics, psychiatry, oncology, trauma, obstetric care, gynaecology, gynaecology, operating and delivery suites, a birthing centre, specialist obstetric and gynaecology outpatient clinics and services, neonatal transport, neonatal intensive and special care, breast screening and community-based/ client-orientated education services and women's health services.

The RBWH is the largest tertiary referral hospital in Queensland and provides services to patients throughout the state, northern New South Wales, Northern Territory and from neighbouring

countries in the South West Pacific.

The hospital fulfils a significant teaching and research role with links to Queensland's major tertiary institutions.

Services cover the state

- RBWH provides services to patients throughout Queensland, northern New South Wales, the Northern Territory and from neighbouring countries in the South West Pacific
- RBWH is the largest tertiary referral hospital in Queensland.
- The Herston Hospitals Complex encompasses the Royal Brisbane and Women's Hospital, The Queensland Institute of Medical Research, The Albert Sakzewski Virus Research Centre, The Royal Children's Hospital, The RBWH Education Centre, The Queensland Health Skills Development Centre, Queensland Health Pathology Service and various other research and medical education facilities.
- This site covers 17.7 hectares with 47 buildings. 144,000 square metres is cleaned each day
- RBWH has 6481 staff working at the hospital.
- There is about 12,000 people on site at any one time
- The Royal Brisbane and Women's Hospital Health Service District has an annual operating budget of about \$575 million.
- RBWH is a 982-bed tertiary referral, teaching hospital with a number of specialities: medicine, surgery, orthopaedics, psychiatry, oncology (cancer care), trauma services, neonatology, gynaecology, burns.
- There are about 370,000 outpatient appointments a year at RBWH
- In 2006, there were 72,000 emergency attendances at RBWH up from 71,626 in 2005
- 4220 babies were delivered at RBWH in 2005/06.
- There are about 76,000 dental treatments a year
- There are 160 volunteers at RBWH who donate their time to help staff, patients and visitors at RBWH.
- The Royal Brisbane and Women's hospital is the largest hospital in the Southern Hemisphere and one of the largest teaching hospitals in the Southern Hemisphere.
- RBWH's Patient Food Services produces an average of 70,000 meals a month.
- On 26 March 1938 the first baby, a girl, was born at the hospital.
- The hospitals coat of arms with the inscription 'Healing through Wisdom' was devised in 1980.
- The first Mobile Coronary Care Ambulance Service was established in 1985 and based at the Royal Brisbane Hospital.
- A time capsule was deposited on the lower ground floor of Block 7 (the old hospital) on 10 December 1967 to mark the centenary of the hospital. The capsule is due to be opened on the 8 January 2067.



The Queensland Health Skills Development Centre (SDC) is one of the largest and most technologically advanced skills development centres in the world. Based on the Herston Campus, the SDC provides healthcare professionals – doctors, nurses and allied health professionals – in Australia and Asia Pacific, tools and training to improve their skills and enhance the quality of patient care.

Queensland Health Skills Development Centre



Facilitators are able to observe while clinicians perform real-life scenarios with high fidelity simulators.



Clinicians can use virtual reality surgical and interventional simulators to develop their skills

The SDC covers more than 3500 sq metres, is equipped with state-of-the-art virtual reality and simulation equipment, 26 session rooms, procedural laboratories, a simulated hospital environment, communications suite, conference centres and external disaster zone.

The high-fidelity manikins are programmed to respond physiologically to all treatments or interventions, enabling a range of scenarios to be delivered from road traumas to crisis situations in hospital settings. You can feel the manikin's pulse, watch the chest rise and fall, and monitor all vital signs as you perform procedures. In the surgical training arena, the simulators provide force-feedback in real-time, making the experience very lifelike.

The SDC is working to provide equitable access to all Queensland Health staff to training and education through simulation. One of the ways SDC is to achieve this is through equipping and supporting the establishment of affiliate centres throughout the state at Cairns, Townsville, Mackay, Rockhampton, Bundaberg/ Hervey Bay and Roma, and through the delivery of simulation training either onsite or in local areas.

A wide range of courses are provided through the SDC and the SDC aims to structure its courses to provide multi-disciplinary training reflective of clinical practice.

The SDC has safeguards in place to protect the privacy of every professional who participates in an SDC course, thus providing a safe, secure and confidential training environment.

ACLS – Advanced Cardiac Life Support

This course is suitable for all training medical staff who wish to improve their technical understanding of the procedures used in the management of cardiac arrest and the dynamics of a critical care team.

Dates: 14 March, 9 May, 8 August, 1 November, 29 November

ACRM – Anaesthetic Crisis Resource Management

This course enables multi-disciplinary anaesthesia teams to work and learn together as they would in their usual work environment. The course covers the key principles of Crisis Resource Management and explores the dynamics of effective team communication. Educational sessions and practical “hands on” skills stations complement the realistic critical event scenarios played out in the fully equipped purpose built operating theatre. Our patient is a very life-like high fidelity simulator who responds appropriately to all your actions. Extensive AV equipment supports the scenario debriefs, which are conducted by a trained CRM instructor. The course accommodates up to four medical staff and four nursing staff.

Professional Development Points: ANZCA – 25 CME – 25 QA. ACCRRM – 28PDP (22.5 mandatory) – 10 MOPS.

Dates: 8 March, 5 April, 3 May, 28 June, 12 July, 23 August, 13 September, 18 October, 22 November

APICS – Advanced Paediatric Intensive Care Simulation

This three-day Paediatric Intensive Care course is aimed at medical trainees and critical care nurses in ICU, Paediatrics and Emergency Medicine. It has a strong emphasis on essential theory required to manage seriously ill children supported by a challenging simulator component. It is heavily based on the Joint Faculty in Intensive Care Medicine (JFICM) curriculum. The technology used in this course includes high fidelity baby and paediatric manikins. It also incorporates communication skills and team management as an integral component.

Professional Development Points: ANZCA – 25 CME – 25 QA.

Dates: Please refer to website www.sdc.qld.edu.au

BASIC – Basic Assessment and Support in Intensive Care

This course, which is designed for doctors and critical care nurses with little experience of Intensive Care, consists of a series of lectures and skill stations covering many aspects of the care of critically ill patients with an emphasis

continued page 11



Skills Development Centre hospital ward, featuring adult and paediatric simulators.



A Skills Development Centre paediatric simulator

on supportive management, particularly mechanical ventilation. Topics will include: airway management, diagnosis and management of shock, trauma, severe sepsis, transport of the critically ill and acid base disturbances.

Dates: 3-5 April, 11-13 September, 27-29 November.

CRuSE – Clinical Rural Skills Enhancement

The course is a requirement for medical officers in Queensland Health who are due to undertake a period of country relieving. During this two-day practical workshop you will take an active role in procedural skills and practice real case scenarios to enhance existing skills and build confidence in the ability to translate these skills to rural practice. Rural practitioners and experienced relievers, will conduct discussion on the types of patients, conditions and procedures a reliever is expected to manage, as well as issues that concern relievers. Contact your Medical Education Officer if you are doing country relieving.

Dates: 15-16 February, 2-3 March, 19-20 April, 23-24 May, 20-21 June, 18-19 July, 6-7 August, 5-6 September, 10-11 October, 7-8 November, 5-6 December.

EMAC – Effective Management of Anaesthetic Crises

The EMAC course is an Australian and New Zealand College of Anaesthetists (ANZCA) licensed course held at the SDC and consists of five discrete modules. These are Airway, Anaesthetic Emergencies, Cardiovascular, Human Performance and Trauma.

During 2007, the SDC will fund and deliver a number of core courses to each health service district using a combination of training delivered at the SDC in Brisbane and training delivered on site in hospitals around the State.

Courses offered to districts will depend on size and scope of services offered at facilities, but will include a combination of:

- Emergency Crisis Resource Management (ECRM)
- Emergency Events Management (EEM)
- Maternity Crisis Resource Management (MaCRM)
- Physiotherapy Critical Care Management (PaCCMan)

Details of these courses can be found at the link below. In addition to the above core courses, the SDC will continue to deliver a range of SDC courses, details of which can be found at this site as well.

Register online anytime at www.sdc.qld.edu.au/courses_2007.htm (a QHEPS allowed site)

There are 12 participants in each course consisting of anaesthetic trainees and specialists.

EMAC focuses on how a crisis is recognised and subsequently managed. Recent literature reviews recognise that it is the human factors or behavioural aspects of team leadership and team interaction with within health care where the errors are made.

EMAC focuses on the role of the anaesthetist as the leader of this team during an anaesthetic crisis and the interaction with the staff around the anaesthetist to use their skills and resources effectively.

The EMAC course is recognised as an alternative to EMST for vocational trainees.

Professional Development Points: ANZCA – 50 CME – 50 QA. ACRRM – 60PDP (45 mandatory) – 65 MOPS.

Dates: 22-24 March, 10-12 May, 16-18 August, 25-27 October.

ETecS – Emergency Technical Skills Course for Doctors

Learn and practice the skills of Practical oxygen therapy, Endotracheal intubation, Difficult airway management (Introducer/bougie, LMA and intubating LMA, Surgical airway techniques, Failed intubation drills), Troubleshooting ventilation problems, ICC insertion, Central venous access, Intraosseous needles, Fluid and inotrope therapy, ALS protocols and defibrillation.

Dates: 20 March, 29 May, 24 July, 18 September, 13 November.

FLS – Fundamentals of Laparoscopic Surgery

FLS is a comprehensive, CD-ROM-based education module that includes a hands-on skills training component and assessment tool designed to teach the physiology, fundamental knowledge, and technical skills required in basic laparoscopic surgery.

Surgeons are increasingly required to document their competency. FLS offers surgeons the opportunity to assess and document their own knowledge and skills. FLS will help refresh knowledge and technical skills for laparoscopic surgeons returning to practice after an extended absence.

It is suggested surgeons in their first year of Advanced Surgical Training take this program.

Throughout 2007, the SDC is placing a FLS trainer box in each Queensland Health hospital for trainees and surgeons to practice their laproscopic skills. Testing will be available at Brisbane and Townsville Skills Centres.

Contact: Roslyn Williams on 3636 6509 to schedule a test.



Multi disciplinary teams engage in EMAC simulation training



Surgeons are able to practice vascular surgery techniques

Frontline Communication

This course will take participants through many of the common communication issues that arise when healthcare staff interact with patients and their families.

It will look in particular at how different communication styles can create very different impressions, and how good communication is a fundamental building block in providing good care. The course has minimal didactic content, and uses facilitated discussion, real-life examples and simple role-plays to allow participants to see the issues (and the solutions) for themselves.

Recognising that healthcare communication is usually time-pressured, the course will show that good communication not only saves time, but has many other benefits for the staff themselves, as well as for the patients and families in their care.

Dates: 13 February, 27 March, 24 April, then once a month thereafter, refer to website www.sdc.qld.edu.au for details.

ICCEM – Intensive Care Crisis Event Management

This one-day course will bring together doctors and nurses in a range of simulated hospital environments where they would usually practice adult Intensive Care Medicine together.

Participants will be immersed in a series of realistic scenarios facilitated by life-like manikins and sets, followed by focussed debriefing sessions. The aim is for attendees to leave at the end of the day with:

- an understanding of Crisis Event Management Principles as they pertain to Intensive Care Medicine;
- improved communication and teamwork skills, applicable to crisis situations; and
- a greater confidence in the management of select common and important ICU clinical problems

Dates: 23 February, 4 May, 10 August, 14 December.

IPCRM – Introduction to Physiotherapy Cardio-respiratory management

This course is designed to enhance communication, assessment and clinical skills for physiotherapists working with medical and surgical patients.

It consists of a series of practical sessions covering subjective and objective assessment methods, airway suctioning, cardiorespiratory treatment methods, mobilisation and manual handling.

The course is structured toward maximising practical experience, through the combination of case studies, patient simulations in ward environments and a limit of 12 course participants.

Emergency Management

ECRM – Emergency Crisis Resource Management

This course enables multi-disciplinary emergency medicine teams to learn as they work together in their usual work environment, a simulated resuscitation bay in the emergency department. The course covers the key principles of Crisis Resource Management and explores the dynamics of effective team communication. Our patient is a very life-like simulator who responds appropriately to all your actions.

AV equipment supports the scenario debriefs, which are conducted by a trained CRM instructor. The course accommodates up to four medical staff and four nursing staff.

EEM – Emergency Events Management

EEM is a one-day course comprising three modules. Module delivery includes a theoretical component, a practical session incorporating the relevant skills and drills, and scenario-based learning highlighting both the clinical event management and the non-technical (or human behavioural) skills that can facilitate effective management of potentially life threatening events.

During 2007 core modules will initially consist of Airways, Cardiovascular and Non-Technical Skills. Optional modules to be added to the program during 2007 will be based on districts' identified needs, and may include trauma, paediatric and medical emergencies.

To ensure a high level of participant involvement, course numbers will be eight – with at least two of these being medical and the rest being nursing staff. Twenty emergency courses will be centrally funded by the SDC in 2007, with each district being offered one of either ECRM or EEM during this period, depending on the size of the facility. While ECRM is to be offered at the SDC in Brisbane, EEM will be delivered onsite to health service districts.

Contact Julie-Ann Barker on 3636 6446 to express interest in running these courses for your hospital.

Scenarios will cover management of COPD and surgical patients, patients mobilisation, suction, and responses to adverse events. A comprehensive reference manual will be supplied to participants.

Dates: 17-18 March, 17-18 May, 26-27 July, 10-11 November.



Action during a Pre Hospital Trauma Life Support Training session.



Midwives engaging in MACRM scenarios.

MIST – Minimally Invasive Surgery Techniques for Nurses

A course designed to improve the skills, knowledge and efficiency of surgical nurses involved in minimally invasive surgery. The course introduces the participant to the equipment and instruments used during MIS, including troubleshooting of potential problems.

Participants will also be introduced to the techniques involved in MIS, using the virtual reality surgical trainers to increase their understanding of these skills.

Dates: 13 March, 19 June, 18 September, 20 November.

O & G – Obstetrics and Gynaecology Workshop

Together with the Queensland Institute of Minimally Invasive Surgery, the SDC invites colleagues who are currently performing laparoscopic procedures and who wish to expand their spectrum of expertise to attend this training workshop.

The workshop shall encourage participants to take the next steps towards independently performing more advanced procedures.

Acknowledging that complications are inevitable in both, open and laparoscopic surgery, the Queensland Laparoscopy Workshop gives participants the opportunity to reflect on their attitude towards complications.

It will also increase the participants' competence to effectively manage these complications.

The program has been planned according to the guidelines of RANZCOG and AGES.

Professional Development Points: RANZCOG – 37 PR & CRM.

Dates: 25-29 June, 15-19 October.

PACRM – Paediatric Anaesthetic Crisis Resource Management

This course enables multi-disciplinary paediatric anaesthesia teams to work and learn together as they would in their usual work environment.

The course covers the key principles of Crisis Resource Management and explores the dynamics of effective team communication. Educational sessions and practical "hands on" skills stations complement the realistic critical event scenarios played out in the fully equipped purpose built operating theatre.

Our patient is a very life-like high fidelity paediatric simulator who responds appropriately to all your actions. Extensive AV equipment supports the scenario debriefs, which are conducted by a trained CRM instructor.

As this course is specially designed for multi-disciplin-

MACRM – Maternity Emergency Crisis Resource Management

This course enables teams of Midwives and Medical Staff to learn as they work together in their usual workplace environment, a Birth Suite of a maternity department. MaCRM uses a Crisis Resource Management framework to explore the dynamics of effective teams providing emergency care for maternity clients.

The course consists of realistic scenarios played out in the fully equipped birth suite. Our "mother" Maggie is a life-like medium fidelity manikin who can be made to respond to your actions!

Extensive AV equipment supports the scenario debriefs, which are conducted by a trained CRM instructor. The course is designed for multi-disciplinary teams, two medical staff and six midwives.

Twenty-nine MaCRM courses will be centrally funded by the SDC in 2007. Each Queensland health service district with maternity services will be offered at least one course.

Contact: Julie-Ann Barker on 3636 6446 if you are interested in this course being run for your hospital.

Professional Development Points: ACRRM – 32 PDP (22.5 mandatory) – 34 MOPS.

Dates: refer to website for details.

ary teams, medical and nursing or technical staff are encouraged to attend together, however individual applicants are most welcome.

Dates: 20 July, 23 November.

PECRM – Paediatric Emergency Crisis Resource Management

This Paediatric Emergency Crisis Resource Management course is suitable for doctors and nurses who are working in a paediatric environment and are involved in paediatric emergencies. The technology used in this course includes high fidelity baby and paediatric manikins.

This one-day course deploys crisis resource management methodology where teams of clinicians participate in paediatric emergencies in a simulated clinical environment and are subsequently debriefed using a complex audio-visual solution. The debriefing focuses on team training and human factors training.

Dates: 1 March, 26 April, 7 June, 9 August, 1 November, 13 December.

The SDC conducts tours of the centre every Wednesday. To book a tour please email SDC-Tours@health.qld.gov.au

PHTLS – Pre Hospital Trauma Life Support

The course is a unique two-day multidisciplinary continuing education program designed to increase knowledge and skills in delivering critical care in front line pre-hospital trauma care and the handling of trauma patients.

PHTLS teaches students to deal with trauma where there may be some delay in transferring the patient to a healthcare facility.

This is particularly true of Queensland where the tyranny of distance means it can be some hours before a patient involved in a trauma receives care outside of that given by the first to the scene.

This year is the tenth anniversary of PHTLS being run by Queensland Health – look out for celebrations later this year

Dates: refer to the website www.sdc.qld.edu.au/phtls.htm

RRCRM – Recovery Room Crisis Resource Management

This course offers recovery room nurses the opportunity to review and practise the skills required to effectively recognise and respond to life threatening events in the post anaesthetic patient.

The course covers the key principles of Crisis Resource Management and explores the dynamics of effective teams. Educational sessions and practical “hands on” skills stations complement the realistic event scenarios played out in the fully equipped recovery room.

Our patient is a life-like simulator who responds appropriately to all your actions. Extensive AV equipment supports scenario debriefs, which are conducted by a trained CRM instructor.

Dates: 15 March, 31 May, 20 September, 15 November.

PACCMAN – Physiotherapy and Critical Care Management

This course is designed to transition physiotherapists into the intensive care environment and expands knowledge of safe, contemporary practice.

It consists of a series of practical sessions covering orientation and assessment within an intensive care bedside and simulated experiences in providing Physiotherapy respiratory care.

Scenarios will cover aspects of caring for the critically ill that include patient mobilisation, management of post surgical and head injured patients, and responses to adverse events.

The course is structured toward providing practical experience and a limit of eight course participants maximises this.

A comprehensive manual will be supplied to participants. Six PACCMAN courses will be centrally funded for Queensland Health staff in 2007, with four of these delivered at the SDC in Brisbane, and two at affiliate centres.

Contact: Julie-Ann Barker on 3636 6446

Dates: 10-11 February, 26-27 February, 16-17 April, 30 June-1 July.



Queensland Health
Skills Development Centre
Queensland Government

Health Matters deadlines

| edition | deadline | edition | deadline |
|---------|----------|-----------|-------------|
| April | 2 March | September | 3 August |
| May | 6 April | October | 7 September |
| June | 4 May | November | 5 October |
| July | 1 June | December | 2 November |
| August | 6 July | | |

email: rossi@health.qld.gov.au

Games help to revive Indigenous sports

More than 500 Aboriginal and Torres Strait sportspeople competed in three days of touch football, netball, basketball, volleyball and traditional Indigenous games at the Queensland Health-sponsored 11th National Indigenous Tertiary Education Student Games.

The games, which were held at Griffith University, Brisbane, has become the premier Australian sporting event for Aboriginal and Torres Strait Islander tertiary students aged 18 to 40 years, representing 12 Australian universities.

Teams competed from University of Sydney, University of Western Australia, University of Technology Sydney, University of South Australia, University of Queensland, Griffith University, University of Southern Cross, University of Canberra, University of New South Wales, Queensland University of Technology, University of Wollongong and the University of Newcastle.

Queensland Health was a major sponsor of the games in its efforts to promote healthy lifestyles, physical activity and Indigenous culture.

Lynne Martin, Southern Area Population Health Services ATOD project officer, said participants were positive young adult role models for their local communities and, in partic-

ular, for aspiring young sportspeople across Australia.

"Whether they participating are on the field or along the sidelines, off the field and behind the scenes, they are all contributing to improving the health and well-being of their communities," she said.

"A popular feature of the event is traditional Indigenous games.

"Such games were almost lost after colonisation, but are now being creatively adapted for schools and community groups in Brisbane, Logan, Ipswich and Bayside through Queensland Health physical activity projects.

Spectators at the Games matches were invited to try their hand at the traditional games."

The national games event coincided with a free Education Expo for Aboriginal and Torres Strait Islander school students and the local community to speak to sponsors, employers, government departments, organisations and Griffith University staff about fulfilling personal goals and exploring employment opportunities.

Lynne Martin said the key health messages at the Games were that 'smoking can cost us our culture' and 'smoking can cost us the game'.

Reducing the risk of falls

Ten Toowoomba organisations have received \$20,000 worth of Queensland Health injury prevention seeding grants to develop strategies to reduce the risk of falls in elderly local residents.

Craig Osbourne, Darling Downs health promotion officer, said that preventing falls and falls-related injuries in older people was a major population health issue, as it was the leading cause of disability, declining quality of life and death in this age group.

"It is expected that the following seeding grants to Toowoomba organisations will address these risk factors and help reduce the incidence of falls and falls related injuries in our community," he said.

"The falls prevention seeding grants were a joint initiative of the Darling Downs Population Health Unit and the

Injury Prevention Partnership (Toowoomba Safer Communities) and have gone a long way in developing community collaboration around raising awareness and preventing falls in our elderly local residents.

"As the Australian population is ageing rapidly, the prevalence of falls is expected to significantly increase if sustainable preventative strategies are not developed and implemented.

"In Queensland, the lifetime cost of injury caused by falls has now reached \$750 million, which is twice the cost of road injuries.

"Some people see injury from falls as an inevitable part of ageing. However, some falls are preventable by addressing risk factors such as lack of exercise, poor balance, inadequate nutrition and diet and social isolation."

Receive Health Matters regularly

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

Nurturing the love of reading



Lachlan Jackson enjoying the swashbuckling action of the Pirates of the Warrego.

Children and parents across South West Queensland are being encouraged to nurture the reading bug in their families.

Queensland Health's mental health promotion officers in Roma, Cunnamulla and Charleville are organising a range of fun reading activities to show children and parents just how enjoyable reading can be and how important it is for a child's development and positive family relationships.

Jo Garton, from South West Population Health Unit, said the activities were held in conjunction with early childhood services, schools, libraries and other agencies. She warns parents not to be too surprised if they see children huddled around a large, unusual egg at these activities.

"The children are learning how to nurture the growth of a young reading bug, inside the egg, by reading it lots of books. The more these children read, the more the bug will grow," she said.

"As time goes by, cracks will occur in the egg shell and big local celebrations will be held for the birth, which will help spread the reading message in each community."

Cunnamulla children were the first to learn about the reading bug when a colourful orange egg appeared at the launch of Queensland Health's *Birth to Prep – Spread the Word* project at the Pirates of the Warrego Family Regatta.

"In the Regatta's story-telling tent, the egg (created by local teacher Cheryl Ellery) took pride of place, as young children were read books, played games and had their photos taken for their very own book marks," Jo said.

"The egg made another popular appearance at the Cunnamulla Preschool's 'reading table', during the Under 8's Day. It created a lot of interest and enthusiasm among

the children."

Jo said that reading to babies and infants right from birth was very important for getting all children ready for school and ready for life.

"A child's first three years is a crucial time for their brain development and reading strengthens their 'brain wiring' for later learning. It's simply too late to wait until school starts to develop their literacy skills," she said.

"When parents, siblings and carers consistently spend time reading to babies, infants and young children, attachment grows and provides a secure base for learning, relationships, behaviour and health throughout life.

"The aim of the *Birth to Prep – Spread the Word* project is for all children, especially those from birth to five years, to be read to by a parent or carer every day and for reading to become a normal, enjoyable part of family life, if it isn't already.

"Our broader vision is for South West Queensland communities to be known as 'reading towns', where everyone knows and acts on the importance of reading, and being read to."

Birth to Prep – Spread the Word is launching Queensland Health's Early Years Engagement and Community Mobilisation Project in the South West.

"This broader project will engage organisations and community members with an interest in early childhood partnerships, to jointly define local and regional strategies aimed at improving the social and emotional health and developmental outcomes for children," Jo said.

Contact: Carlie Watson, Roma 4624 2925, 0428 763 505; Rita Goodman, Charleville 4656 8100; or Jo Garton, Cunnamulla 4655 2954.

Fun day for lead testing

Mount Isa Base Hospital hosted a family fun weekend as part of a drive to recruit children for the Childhood Blood Lead Screening Program.

The Fun Days featured free food, entertainment and goodies bags for participating children. A total of 43 kids were bled for lead during the fun days.

The Childhood Blood Lead Screening Program is being conducted by Queensland Health in Mount Isa to determine the risk of community lead exposure.

John Piispanen, Director of Environmental Health (Townsville), said it was important to measure the blood lead levels of young children due to Mount Isa's industry and its location in a heavy mineralised area.

"Evidence suggests that early exposure to lead can have harmful effects on children's development," John said.

The screening program is a joint initiative of Queensland Health, the Environmental Protection Agency, Xstrata, QML Pathology, the Division of General Practice, the Mount Isa Centre for Rural and Remote Health, Mount Isa City Council and WuChopperen.

It is hoped that a representative sample of about 400 children aged 1-4 years of age can be tested.

Since 1998, QML Pathology and Queensland Health have tested around 500 children under 16 years of age with no result exceeding the notification level prescribed by State legislation.

Parents of children aged between one and four years can access the screening program by taking their child to QML Pathology in Mount Isa for free blood-lead testing.

Students learn traditional culture



Students celebrated traditional culture at the Quandamooka Camp on Stradbroke Island.

Learning traditional Indigenous games, searching for bush tucker and exploring Adder Rock were popular activities for more than 120 students when they celebrated traditional culture at Point Lookout, Stradbroke Island.

The students, from Dunwich State School and eight other Bayside primary schools, took part in a three-day Quandamooka Camp promoting Aboriginal and Torres Strait Islander cultures, unity, education, health, fitness, well-being and self-determination.

The Minjerribah Moorgumpin Elders-In-Council and the Quandamooka community were involved in the camp. They led cultural learning activities for primary school students in years 6, 7 and 8, as well as professional development for their teachers and school administrators. Adder Rock at Point Lookout is a place of Indigenous cultural significance.

Queensland Health was a major sponsor of the Quandamooka Camp in its efforts to promote healthy lifestyles, physical activity and Indigenous culture.

Camp organisers and participants used the department's Event Support Program funding to show their support for quitting smoking and developing healthy lifestyles by wearing promotional t-shirts, distributing promotional materials and displaying promotional banners throughout the event.

Lynne Martin, Southern Area Population Health Services Project Officer, said the camp provided a holistic approach to the student's academic, social, cultural, physical and emotional development.

Lynne said the camp enabled Aboriginal and Torres Strait Islander children from nine Bayside schools to get to know one another better.

"Some of the key health messages at the camp were that 'smoking can cost us our culture' and 'smoking can cost us the game'," she said.

"Tobacco smoking is the single most important risk factor responsible for the greatest burden of disease in Australia and the leading cause of drug-related preventable deaths.

"This is of particular concern in Aboriginal and Torres

Strait Islander communities where more than half of the Indigenous adults smoke compared with less than one quarter of the general adult population.

"A feature of the camp was traditional Indigenous games which were almost lost after colonisation, but are now being creatively adapted for Bayside schools through Queensland Health physical activity projects."

Lynne said Aboriginal and Torres Strait Islander children played games to help prepare them for the tasks of daily life.

"They ran, jumped, swam and climbed; they tracked animals, threw spears and wrestled," she said.

"Their games enhanced their hunting skills, improved hand/eye coordination, agility and fitness, encouraged story telling, taught language and were performed in sacred ceremonies. They were also heaps of fun."

Lynne said the modern versions of the games used balls instead of spears and soft pool noodles instead of waddies, and provided all Australians with the opportunity to learn about, appreciate, and experience aspects of Indigenous Australian history, culture, values and language.

The games promote reconciliation, bring together Indigenous and non-Indigenous people, help re-connect urban Indigenous youth and play an important role in education retention rates.

"The traditional Indigenous games are viewed by many Aboriginal and Torres Strait Islanders as a strong indication of their culture's ability to survive, adapt and thrive," Lynne said.

"In this way, they are more than simply a way to engage Indigenous people in physical activity."

Other camp activities included a ropes course, boomerang and spear making, sand sculpting, walks to North Gorge and Brown Lake, cultural talks and dancing.

University of Queensland researchers from the Dunwich Marine Research Station talked with the children about marine life and local surf lifesavers demonstrated their skills in a mock rescue and teach about surf safety.

EBP principles examined

Evidence-Based Practice – Not as hard as you think is the theme of a conference is being hosted by the Logan-Beaudesert Health Service District Evidence Based Practice Committee on 2 March. The conference is aimed at nursing and allied health staff across Queensland.

One of the keynote speakers is Dr. Saravana Kumar, a member of the Centre for Allied Health Evidence in Adelaide.

Another keynote speaker is Julie Westaway, a clinical nurse from Toowoomba, who shall share her experiences and tips in undertaking an EBP review.

The conference aims to provide an opportunity for delegates to be involved in the promotion of a statewide exchange of knowledge related to evidence based health care through translating, transferring and utilising evidence.

Contact: Adam Lo, Adam_Lo@health.qld.gov.au

Move it and become fit



Students from Carole Park State School learn to play the traditional game of Thepan. Their pool noodles represent the large heavy wooden sticks used by male Aborigines in the rainforest areas of North Queensland.

More than 4000 primary school students from Inala to Carole Park are learning to “move it, move it” to become more physically active.

Brisbane Southside Population Health Unit’s Alanna Stewart said that teachers, parents and students were working together to develop a “game plan” to promote physical activity in 13 South West Brisbane schools.

“They’re developing close links with local sporting and physical activity organisations to provide more opportunities for families and the community,” Alanna said.

“It’s all part of a two-year Move It project run by Queensland Health, in collaboration with Education Queensland, Sport and Recreation Queensland, local and statewide sporting organisations, local council, and other non-government agencies.”

“We’re increasing people’s understanding of just how important physical activity is to healthy lifestyles. Using a multi-strategy, health promoting schools approach, this will involve training teachers and parents, providing physical activity equipment to schools, and working

with key agencies to coordinate local recreation events and programs.

“The first program we’re implementing is the Traditional Australian Aboriginal and Torres Strait Islander Games, to promote physical activity among all students and provide culturally relevant programs for Aboriginal and Torres Strait Islander students.

“These games provide all Australians with the opportunity to learn about, appreciate, and experience aspects of Aboriginal and Torres Strait Islander history, culture, values and language – which is important for reconciliation.

“Many Aboriginal and Torres Strait Islander people proudly say these games show just how their culture can survive, adapt and thrive and are important for school connectedness, school retention rates, and social and emotional wellbeing.

“With the help of Blackbase Youth Mentoring Organisation, Brisbane Southside Population Health Unit has introduced these games to many Brisbane schools.”

Need for palliative care

Partners Across the Lifespan is the theme of the 9th Australian Palliative Care Conference at the Melbourne Convention Centre on 28-31 August.

The theme reflects the growing need to engage others in the critical work of providing accessible and relevant end of life care for the whole community and to establish strategic partnerships with other service and community domains to further this work. The conference attracts over 800 delegates from across Australia. Delegates will include Com-

monwealth, state and local governments, palliative care service providers, leading palliative care research and education organisations, community-based and specialist clinicians and managers, as well as volunteers.

Conference topics will include trends, strategies, policy and future options, focussing discussion across the full range of palliative care issues being considered at a national, state, regional and local level.

Contact: web <http://www.iceaustralia.com/apcc2007>

Casket benefits children’s health

Queensland children and their families are the big winners from Golden Casket’s annual \$1.5 million donation for medical research and health projects, with Queensland Health, The Mater Children’s Hospital and The Royal Children’s Hospital Foundation each receiving \$500,000.

The annual donation supports vital research and new equipment to improve child health and well-being.

Since 1992, Queensland’s health system has received \$22 million from Golden Casket, which has helped thousands of children and their families.

“The Mater Children’s Hospital will use the funds for several projects including paediatric respiratory research and development of neurometabolic fellowships.

The Royal Children’s Hospital Foundation has allocated

the funding to a range of child health projects and research fellowships, such as the Rural and Regional Telemedicine Project and promoting mental health care in a rural paediatric unit.

Queensland Health will direct the funds to eight state-wide projects. The most significant is \$215,000 to continue to provide the personal health record booklet to every child born in Queensland for parents to record vaccination histories and developmental checks.

Queensland Health has been supplying this booklet since 1994 through maternity hospitals.

Funding of \$50,000 will go to support and educate young Indigenous women through antenatal, postnatal and early childhood care.

Grants boost Outback projects

Outback communities activity programs aimed at improving health and well-being have all benefited from the latest round of Queensland Health Outback and Involved grants.

Programs include tai chi in Mungindi and Thallon, balance programs in Charleville, Quilpie, Augathella, Morven and Cunnamulla, men's health in Mitchell and St George and amateur boxing in Charleville

Deb Alick, Outback and Involved committee member, said that these latest four grant recipients join a total of 13 new and innovative projects funded during 2006 to promote health and well-being in South West communities.

"Applications have been received 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," Deb said.

"Our committee is proud of what it has achieved in helping turn local ideas into reality.

"The activities we have funded help establish and enhance community partnerships, create supportive social environments and develop the skills and knowledge of local people.

"The latest funding, provided for tai chi and balance programs, will assist local groups to reduce the risk of falls in South West residents over the age of 55."

Deb said the prevention of falls and falls-related injuries in older people was a major health issue.

She said some people saw injury from falls as an inevitable part of ageing – however some falls could be prevented by addressing risk factors, such as lack of exercise or poor balance.

People over 55 years in both Mungindi and Thallon can access a six week program of tai chi - a gentle and relaxing exercise, following a \$2390 grant.

The program is an initiative of the Mungindi Progress Association, Spiritus Thallon, Maranoa Health Enhancement Program and Mungindi Hospital."

Funding of \$2500 will enable the South West Healthy Ageing and Charleville Allied Health teams to purchase balance resources and expand their current Charleville balance program trial to include Quilpie, Augathella, Morven and Cunnamulla.

Deb said older people who had participated in the trial were reporting a decrease in falls and increased self

confidence.

Mitchell and St George Rotary Clubs secured \$1500 in Outback and Involved funding to support the innovative Pitstop men's health program, in conjunction with a multidisciplinary Roma Health Service District team.

Pitstop compares men's health to a car garage service inspection, where clients are given either a 'roadworthy' or a 'defect notice'.

Advice is given on how to fix areas such as flexibility and lifting techniques; hip/waist ratios, physical activity and nutrition; alcohol intake; smoking; blood pressure and diabetes/cholesterol screening; testicular self examination/prostate; skin cancer and sun awareness.

Deb said the newly-established Charleville Amateur Boxing Club, which works with youth aged 12 to 18 years, had been boosted with \$720 in equipment funding.

She said the club, a partnership between five local agencies, could already boast outstanding rates of participation in young people who were keen to build their physical fitness and get involved in an inclusive social activity.

Outback & Involved grants provide funding to South West Queensland groups and agencies to assist them to undertake health-related projects.

Examples could include, but are not limited to, community events, sporting programs, respite activities, train the trainer, cultural performances and environmental projects.

The grants are open to all communities in the Charleville and Roma Health Service Districts. Applicants are encouraged to apply for funding not in excess of \$3000.

All funding applications will be assessed on merit by the selection committee, comprised of community members, non-government representatives and Queensland Health from across South West Queensland, which meets via teleconference each month. It is auspiced by South West Regional Economic Development Inc..

To sustain the community-owned funding project on an ongoing basis, the committee is developing a marketing plan to join with corporate partners.

For more information, or a 2007 application kit, phone Deb Alick at the South West Population Health Unit on 4656 8100.

Optimising engagement

A public sector conference on creating strategies for effective communication and building relationships with the community will be held at the Hyatt Hotel, Canberra, on 11- 13 April.

This in-depth conference will present a range of tools that will optimise community engagement programs.

An expert panel of speakers will discuss topics such as

creating a strong reputation within the community, involving the community in the decision-making process, implementing effective community engagement policies, and using the internet and other media to reach the community.

Contact: Ark Research Team, phone 1300 550 662, e-mail aga@arkgroupasia.com or web <http://www.arkgroupaustralia.com.au>

Our own Calendar Girls



A 2007 wall calendar with a difference – featuring Queensland Health staff – has been launched in Clermont.

Nurses, administration officers and operational staff from the Clermont Multi Purpose Health Service (MPHS) have posed to raise money for their local facilities.

The project was instigated by Marg Thomas, Monash Lodge Assistant in Nursing.

“Our models were a bit nervous at first but after just five minutes, they seemed to relax and quickly became comfortable with minimal clothing on,” Marg said.

“The pictures are saucy but tasteful and include a

Featured in the calendar are, from left, Dysart Hospital Enrolled Nurse Merinda Bate, Clermont Hospital Enrolled Nurse Lorraine Hall, and Clermont Hospital Registered Nurse Chris Durkin.

Dialysis patients gain home care treatment

Dialysis patients are being given back their independence through a home treatment program introduced by the Royal Brisbane and Women’s Hospital Renal Unit.

Patients now have more freedom from dialysis treatment constraints through the nocturnal home haemodialysis program.

Patients assessed as suitable for the program are trained to carry out their dialysis treatment independently in their home and in some cases during the night while they sleep.

The RBWH home haemodialysis program has 21 patients trained or training for home, with six patients trained on nocturnal dialysis, including a patient from outside of Brisbane.

In comparison to conventional haemodialysis, which usually has patients at the hospital three sessions a week for five hours, the home and nocturnal dialysis program gives patients flexibility in their treatment choices.

Nocturnal home dialysis patient Peter Tonkin said nocturnal dialysis had given him back his life and allowed him to pursue work opportunities which he could not have done on conventional dialysis treatment.

range of delicately placed props such as flowers, umbrellas and hay bales.”

As a result of the generosity of Angie Finger from Fingerprints, the Clermont Hospital Social Club and Hospital Auxiliary, production costs were covered in full.

“Half of all the calendars have already been sold on pre-order so we’re confident of selling the remaining 250 without a problem,” Marg said.

Staff hoped the initiative would raise \$5000, some of which would go towards a new wing at Monash Lodge, and improving the Lagoon Community Centre and Clermont Hospital.

Clermont MPHS Acting Director of Nursing Elspeth Macdonald said local businesses were encouraged to sponsor a month in the 2008 calendar.

“Watch out for our next calendar with bigger and better things to be revealed,” she said.

“Nocturnal dialysis has given me the time to start a new company and also the freedom from treatment constraints like fluid and dietary restrictions,” he said.

One in three Australians are at risk of kidney disease and one in seven Australians is living with chronic kidney disease.

Nocturnal home haemodialysis is a long, slow, gentle, self-performed dialysis which is undertaken at home.

It can be done on alternate nights, although five to six nights a week is more beneficial to the patient.

This form of treatment delivers up to four times the amount of dialysis in comparison with standard conventional haemodialysis.

Sally Goodwin, Home Haemodialysis Unit Clinical Nurse, said the biggest benefit of the program was that it gave back day time and waking hours to the patients.

“The program opens up work opportunities and allows patients to return to the lifestyle they enjoyed before dialysis treatment,” she said.

“The program also saves dollars for the health system, with decreased hospital admissions and medication costs.”

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Fresh fruit for all at Camooweal



Three Camooweal children enjoying activities at the Health and Education Expo.

A project to overcome the limited access to fresh fruit and vegetables in the remote community of Camooweal has been initiated by the Queensland Health Camooweal Health Service.

Rob Menzies (Director of Nursing, Camooweal Health Service), applied to the Outback and Involved Project for funding to establish an orchard growing native and non-traditional fruits in an attempt to improve the nutritional status of community members. Funding has been granted and the project will commence early this year.

Rob said the aim of the project was for every child in the Camooweal township, and those located on rural properties in the vicinity of Camooweal, to be involved in a tree planting ceremony.

“Each child will be accompanied by an adult from the community,” he said.

“The ongoing plan is that the orchard will be maintained by the community.

“Children will be given education on nutrition and helping the environment and have ownership of the orchard.

“The program will be ongoing with all new school starters continuing to plant fruit trees so as to ensure that the project survives.”

Rob said the project aimed to bring together the community of Camooweal children/adults. Indigenous and non-Indigenous, improve nutrition and assist the environment.

“The project is one way to involve the community at all levels and nurture a growing sense of pride and involvement in the community,” he said.

Rob said the project had received strong community support, including the principal and staff at Camooweal State School, Sergeant Ross Kirkpatrick, Camooweal Police, Mandy Frier, dietician/nutritionist, North and West Queensland Primary Health Care, CEO Mount Isa Council, Thelma Neade, Chairperson, Willijudarra Aboriginal Centre, Dugulanji Work Camp, Myuma Aboriginal Cooperative, the Royal Flying Doctor Service, and Aboriginal Health and the Indigenous community of Camooweal.

The Orchard Project is just one community involvement project initiated by the Camooweal Health Service.

The Camooweal Health Clinic has established a School Bandaid Clinic Project – an ongoing educational program to address child health issues.

The clinic provides information on health and safety issues and topics relevant to the area or topical at the time, and encourage an interest in health and well-being

in the community.

The clinic is held each Friday, with the Director of Nursing and a health worker providing formal education sessions and informal health checks.

Some of the programs conducted last year included: hairwashing day – children were given hands on instruction on how to wash their own hair properly; germ warfare – posters, hand outs and practical demonstrations on how easily germs are transferred, glitter is used to show the path that germs can travel; and time spent with children allowing the identification of any health related issues with the children.

Feedback from the school principal and teachers has been very favourable and familiarisation with the clinic staff has increased the numbers attending child health clinics.

A room at the Camooweal Health Clinic was refurbished last year to create the Paediatric Aquatic Room to make the clinic a fun place for children to attend for treatment and immunisations.

Refurbishment of the clinic room was planned and undertaken with the help of the children from the Camooweal State School.

The room was painted in a sea green colour and aquatic style fabric was purchased for the bed screen and covers for equipment in the room. Each child at the school cut out, coloured and decorated their own fish and the fish are attached to a fishing net hanging from the ceiling.

Fishing net hanging from the ceiling was donated by a Townsville fisherman, TLC for Kids donated a Distraction Box to provide distraction to children during treatment, a whiteboard/chalkboard was donated by Community Health Services Mount Isa.

Rob said attendance at the child health clinic has increased, children appear to be comfortable in the room, and were eager to get to the distraction box and point out ‘their’ fish.

“When school age children attend the clinic they are keen to show relatives and staff which is their fish,” he said.

Rob said the clinic, in collaboration with staff from the Camooweal State School and Camooweal police, held a health and education expo in the clinic ground in October.

He said the expo, attended by more than 50 people, promoted primary health, education and crime prevention, with diabetic screening referring three people to the Royal Flying Doctor Service.

Asthma courses offered

The Asthma Foundation of Queensland is offering two education courses to health professionals in 2007.

The Asthma Education and Management course, a five-day nationally recognised training course, is designed for health professionals who have an interest or a role in asthma education and asthma management. It enables participants to conduct both individual and group asthma education sessions.

The course contains two units – AM01 Asthma Management and TAADEL301A Provide Training, both of which are competency based. Recognition of Prior Learning (RPL) is available

Course dates are 26 February–2 March; 4–8 June; 15–19 October.

The two-day asthma workshop for health profession-

als provided updates on information and skills necessary to conduct the asthma education component as part of the Commonwealth Government's GP Asthma Management Initiative.

The workshop focuses on enabling health professionals to provide education that empowers patients to become better managers of their condition.

The workshop has been allocated 12 continuing nurse education points from the Royal College of Nursing (Australia).

Course dates are 17–18 March; and 12–13 September.

All courses are conducted at the Asthma Foundation of Queensland, Fortitude Valley.

Contact: Education and Training Department on 1800 645 130 or visit the website at www.asthmaqlld.org.au

Mosquito habits probed



Local government officers and staff of other agencies were taught how to identify various mosquito species and understand their breeding habits in a two-day mosquito identification course hosted by Queensland Health in Charleville.

Ian Gillespie, South West Population Health Unit environmental health officer, said that container breeding mosquitoes, including species *Aedes* sp. and *Culex* sp., posed a significant health risk as they were capable of carrying Dengue Fever, Ross River Virus and Barmah Forest Virus.

Learning about mosquito species and their breeding habits, are, from left, Greg Richardson (Warroo Shire), Adrian Glumart (Bulloo Shire), Viv Byrne (Quilpie Shire), Alan Blackman and Ian Gillespie (South West Population Health Unit). Photo courtesy Western Times.

“Mosquito eradication programs are the most effective way to control the spread of these debilitating diseases,” he said.

“Across South West Queensland, local government health officers and Queensland Health work together to develop and implement such programs.

“Mosquitoes can breed all year round in man-made environments.

“Breeding sites, such as disused tyres, plastic containers, pot plant bases, rain water tanks and animal watering bowls can easily be reduced or prevented by making sure these containers are prevented from collecting and holding water or, in the case of rain water and storage tanks, that the openings are suitable screened.

“We encourage everyone in the South West to assist our efforts in reducing possible breeding sites on their properties,” he said.

Terry is still on the relieving road

With more than 30 years service, Terrence Michael Farrelly (Terry) is still chuckling and whistling his way around the multitude of Medical Imaging departments within Queensland Health.

Terry provides the service of senior relief staff for Statewide Medical Imaging Support Services.

Terry commenced training in Radiography as a Cadet at Bundaberg Hospital in January 1968.

He was awarded the Certificate of Competence from the Conjoint Board of the Australasian College of Radiologists and the Australasian Institute of Radiographers from RMIT in 1971.

He continued his employment at Bundaberg Hospital as a qualified radiographer for the next four years when in 1975 he moved to experience employment in Private Practice at Hamilton in Victoria.

In 1976 he returned to the public sector at the Maryborough Hospital. In 1977 he applied for and was appointed to the position of Chief Radiographer at Gladstone Hospital, where he remained for the next 20 years. While at Gladstone he studied by correspondence for and was awarded the Diploma App Sc RMIT in 1978.

During the early 90s he took up the practice of the newly introduced imaging modality of ultrasound and was awarded the Grad Dip App Sc Med US from QUT in 1996.

With his newly acquired qualification he applied in 1997 to join the Statewide Medical Imaging Support Service (SMISS).

Since then he has risen to become the senior stalwart for the relieving service and has travelled widely throughout rural and remote Queensland providing the invaluable service to those in country areas.

Charleville walks to healthy life

Weaving through the Charleville community is a growing number of walking paths designed to encourage local residents to be more physically active each day.

South West Population Health Unit and the Murweh Shire Council have been working together to establish a local environment which supports and promotes walking as a pleasurable social activity.

Murweh Shire Council Deputy Mayor Denis Cook said: "We hope to increase the numbers of people of all ages who walk regularly by providing these safe, accessible and attractive trails for both walking and bike riding.

"Our aim is to connect local facilities with a network of pathways which will connect to the riverwalk to form a giant loop."

Queensland Health, Murweh Shire Council and other local groups are also working towards the longer term goal of establishing a riverwalk of pathways and recreational areas along the Warrego River.

South West Population Health Unit health promotion officer Elizabeth Handley said walking was a low cost, low

impact aerobic exercise.

"Charleville residents are encouraged to take advantage of these new walking paths in the cool of the early morning or evening – alone or with friends, family or even the family dog for a bit of company along the way," she said.

"All you need to get started are a comfortable pair of walking shoes and suitable sun protection. Think of walking as an opportunity to be physically active, not an inconvenience.

"Walking can help you improve your physical fitness and health, regardless of your age. It also improves balance and actually helps reduce the incidence of falls in older people.

"Between one third and a half of the new cases of diabetes could be prevented by adopting a regular walking program. Walking is also an ideal means of managing a wide range of chronic diseases.

"Every step counts and using a pedometer is a good way to monitor your progress towards achieving a goal of 10,000 steps a day."

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

Rockhampton: until 22 March, near the John Dahl Swimming Pool, Glenlyon Road, Gladstone.

Toowoomba: until February, Kingaroy Hospital, Kingaroy.

Townsville: 5 February until 16 February, Kirwan; 19-23 February, Upper Ross PCYC; 26 February-9 March, North Ward.

Relocatable Services

Bundaberg: until 15 February, Gayndah; 16 February-6 March, Mundubbera.

Cairns: until 27 April 2007, Atherton.

Gold Coast: until 15 February, Highlands Health Centre, Nerang; 19 February-5 April, Palm Beach Community

Health Centre, Palm Beach.

Nambour: 5 February-5 April, Millwell Road Community Centre, Maroochydore.

Toowoomba: until end May, Dalby Hospital, Dalby.

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 breast screen 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.

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**.

Are you brave to shave?

More than 30,000 Queenslanders are expected shave or colour their hair in a bid to raise \$2.6 million during the Leukaemia Foundation's World's Greatest Shave on 15-17 March.

The Leukaemia Foundation cares for patients and their families living with leukaemias, lymphomas, myeloma and related blood disorders and fund vital research into finding a cure.

Money raised will help the Foundation continue to provide free support services for patients and their families

including information, resources, education and support programs, emotional support, transportation, and accommodation, as well as fund exciting new research into finding a cure.

This year the Foundation will open its fourth Queensland accommodation centre at Nathan, Brisbane, to alleviate the increasing demand for accommodation and support services for rural and regional families who need to move to Brisbane for urgent medical treatment.

infomatters

Liza picked to play for Australia

focus: how I keep fit



Liza Hodges: selected to play for the Australian women's rugby league team.

Liza Hodges, Cairns Base Hospital operational services officer, has been picked to play football for Australia against deadly rival New Zealand in Sydney later this year.

Liza was picked to play for the Australian team as a result of her performance with the Cairns women's representative rugby league team, the Cairns Marlins, in a game against Brisbane in early October last year in Cairns.

Liza, 28, who has been playing rugby league with local women's club Ivanhoes at Smithfield for the past two years, said she was still coming to grips with the fact she would be playing for Australia.

"All my family think it's totally unreal. They are so stoked – and so am I," she said.

"It will be a very exciting experience. The standard of football at the international level is so much higher than at the club level. It will be a real eye-opener."

Liza will travel to Mackay in the next couple of months to train with the Australian team for the game against New Zealand, which will probably be played in Sydney in November.

In the meantime, she will travel to Brisbane to play for Cairns in the State titles during the June long weekend.

She will also play for the Queensland State team in the national titles in Brisbane in August-September, before making her international debut in November.

"It's going to be a very exciting year for me," she said.

Liza, who lives in Edmonton, has been working in the kitchens at Cairns Base Hospital for the past two years.

She has just completed a six-week Certificate III in Indigenous Primary Health Care and is currently applying for jobs in that field.

"I want to be involved in Community Health and I want to be able to help other Indigenous people," Liza said.

In the meantime, she is hitting the bitumen and the gym, keeping up her fitness levels for all the top-level representative games she will be playing this year.

This is the first of a special focus in Health Matters on how Queensland Health staff keep fit, their sporting and lifestyle approach. Articles and pictures, for consideration, may be sent to Ian Ross, Editor, Health Matters.

2007 e-Health Research Colloquium

The e-Health Research Centre is pleased to announce the third colloquium in this series on

Tuesday 13 March 2007

at the Edwin M. Tooth Auditorium, Education Centre,
Royal Brisbane and Women's Hospital Brisbane

This year the colloquium will focus on making impacts through Health ICT innovations.

Invited presentations will be made by numerous Australian clinical and technology experts.

Dr Simon Warfield of Harvard Medical School will present the keynote address.

Attendance at the colloquium is strictly by prior registration by Tuesday, 6 March 2007

To learn more about the colloquium, download a registration form or register online, visit e-hrc.net/colloquium/

or email colloquium@e-hrc.net

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Drug school speakers

Father Peter Norden, Associate Director of the Jesuit Social Service, is one of the keynote speakers at the 20th annual Australian Winter School at the Carlton Crest, Brisbane, on 2-4 July.

Father Peter is a former chaplain to Melbourne's Pentridge Prison and has had extensive experience in developing and managing programs for young people with mental health and substance misuse difficulties.

He is a National Board member of the Australian Council of Social Service and the Convenor of the Victorian Criminal Justice Coalition. Other keynote speakers include Professor Steve Allsop, Paul Dillon, and Associate Professor Simon Lenton.

Professor Allsop has been involved in research and professional development for health, police, education and community organisations. His PhD was in the area of relapse and he has maintained an interest in the treatment of drug problems.

Paul Dillon is Information/Media Liaison Manager at the

National Drug and Research Centre, Sydney, a key role in disseminating research findings to policy makers, drug and alcohol workers, and the general public.

Associate Professor Lenton, is a deputy director at the National Drug Research Institute and works as a clinical psychologist in private practice. He has published some 30 scientific articles, book chapters and reports on cannabis and law and has presented on the topic at numerous national and international conferences.

The Winter School, with the theme *The Way Forward*, is an inter-sectoral conference on alcohol, tobacco and other drugs and addictions.

The three-day conference aims to increase delegates' level of knowledge and professional skills, presenting the most recent research, and demonstrates its relevance to those working in the alcohol and other drugs field.

Contact: <http://www.winterschol.info>

in retrospect

A review of some articles from previous Health Matters

| | | | |
|------------------|--|-----------------|---|
| July | Inroads made on maternity reform Graphic smoking warnings tell tragic tale System aims to cut chronic illness | October | Consolidation of health service districts Streamlining to concentrate on core services Queensland Children's Hospital to lead the way |
| August | Hospital outpatient services under review Remote areas of state linked by telehealth Go for 2&5 campaign entering second phase | November | Graduates receive high academic honours Facing the reality of pandemic influenza Volunteers' aid visit helps Vietnam |
| September | Carnegie Award recognises training IT system fast tracks oral health Groups unite to make a difference | December | Gold Award recognition of leadership On-line link to new health careers Kids like sound of new MASH team |

diary

FEBRUARY

| | | | |
|-------------|---|--------------|--|
| 1-28 | Zippa Month <i>Heartkids Queensland</i> Phone: 3350 8181 | 17-24 | Australian Organ Donor Awareness Week <i>Queenslanders Donate</i> Phone: 3240 2350 |
| 4 | World Cancer Day <i>Cancer Council Australia</i> Phone: 3258 2200 | 19-25 | Colour Your Day Appeal <i>Cerebral Palsy League of Queensland</i> Phone: 1800 819 086 |
| 9 | Annual Tatts and Tiaras Cocktail Party and Charity Auction <i>Abused Child Trust</i> Phone: 4779 0611 | 20 | Pancake Day <i>Uniting Care</i> Phone: 1800 060 543 |
| 14 | Valentines Day <i>National Heart Foundation</i> Phone: (02) 6269 2639 | 23 | National Sunnies for Sight Day <i>International Centre for Eyecare Education</i> Phone: 1300 664 233 |
| 14 | Tatts and Tiaras Day <i>Abused Child Trust</i> Phone: 1300 228 000 | 28 | Picnics in the Park <i>Hepatitis Council of Queensland Inc.</i> Phone: 3236 0610 |