

HealthMatters

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Queensland
Government
Queensland Health

directions *Michael Reid, Director-General*

Since having the privilege of becoming Director-General in June, I have been able to meet some of the 65,000 staff in Queensland Health.

I've been encouraged by what I have seen and heard to date, particularly the shared commitment to delivering high quality health care and continuous improvement.

I look forward to meeting more staff as I continue to visit hospitals, health care centres, outpatient clinics, community clinics, mental health facilities and other services over the next few months.

I join Queensland Health at an exciting time. The State Government has provided an unprecedented level of funding for health services, including capital works and information technology, to build on the significant reforms and improvements over the past two years.

Our organisational cultural reforms are well underway, and we have strong emerging clinical leaders with the energy and direction to keep the organisation healthy in the long term.

We are well positioned to contribute to and benefit from the national reform agenda.

In some areas, such as reporting on hospital performance, Queensland Health has already taken the lead. In others, particularly making tracks on closing the gap between Indigenous on non-Indigenous health, there are significant challenges but unprecedented opportunities.

There are a number of areas I will focus on in the first 12 months.

Principal among these is performance and accountability. Our challenge as the main provider of public health services is the safe

provision of quality services across Queensland and across the diversity of needs within an annual budget.

While Queenslanders must be confident they have a safe and responsive health system, they also expect us to manage public funds and resources responsibly and efficiently.

A key focus will be to bring and keep waiting times for elective surgery and emergency treatment down. We will also require greater clarity of the roles and responsibilities of the area general managers, district managers and clinical chief executive officers.

I have a strong commitment to openness and transparency. The rewrite of Freedom of Information laws provides a key opportunity to improve the way we do business in this area. We will continue to support health community councils to provide a strong links with the community we serve.

Demand management is a high priority. As health service providers, you know very well the ever increasing demands on public hospitals.

Providing health care for our growing, ageing population comes at a significant and increasing cost.

While helping Queenslanders stay healthy, Queensland Health will need to work smarter, for example through better use of rehabilitation, step-down facilities, hospital-in-the-home programs and community-based facilities such as those already provided in the mental health sector.

I will be looking at how to achieve relevant common care standards across Queensland Health facilities, where practical and appropriate. We will continue to work with the Health Quality



Michael Reid

and Complaints Commission to ensure that we meet those standards.

We will work to improve communication within Queensland Health. For important matters, it is vital that I am provided with the essential information, good or bad, in a timely way to ensure I'm not taken by surprise. I report to the Minister on this basis and will expect the same from my direct reports.

I would like to take this early opportunity to acknowledge the complementary roles of partners in the non-government and private sectors, particularly private hospitals, in providing health services in Queensland.

Queensland Health will work to ensure that both sectors are kept informed of our directions and to support and build further capacity in non-government organisations.

We remain committed to working closely with general practice, specifically the Divisions of General Practice, in delivery of primary health care and preventive strategies.

I look forward to working with you towards these goals.

Final Check passes tests



Interventionalist Dr Sally Johnstone (left) and Section Senior Radiographer Madeleine Neels doing the Final Check with a patient.

The next time you hear someone calling out "Final check" as you walked past an x-ray room, don't be alarmed. It is one of the staff undertaking the "3Cs".

The "3Cs" – Correct patient, Correct procedure and Correct side/site, is a project initiated in January by the Patient Safety Centre and Clinical and Statewide Services, Radiology Support.

The Princess Alexandra Hospital, Gold Coast Hospital and Royal Brisbane and Women's Hospital were chosen as pilot sites for the project.

The project aims to establish a process that is simple and effective in ensuring the correct procedure is performed on the correct patient in Interventional Radiology.

The Final Check Process is led by an interventionalist (medical officer) who asks the patient their full name, date of birth, what they are having done and then checks that the appropriate implant/equipment is available.

This information is then verified against the patients' identification label on the radiology request form. The Final Check, a

bright yellow sticker on the radiology request form, is then completed. The whole process takes about 10 seconds. An audit conducted in the three pilot hospitals showed that the interventional radiology staff embraced the Final Check process.

Dr Tom Snow, Director of Radiology at the Gold Coast Hospital (GCH), said introduction of the process at the hospital's interventional suite went exceptionally well.

He said the new patient safety process was simple and would assist in preventing an adverse event from occurring.

Joan Howells, Project Manager for the Final Check project, said the compliance results were outstanding and that the interventional teams at the three pilot hospitals were to be congratulated for their professional attitude towards the patient safety process.

It is envisioned that with the success and simplicity of the pilot study the Final Check project will be expanded to medical imaging facilities throughout the state.

Cover photo



Ron Gollagher, acting chief gardener at The Prince Charles Hospital, demonstrating deep mulch techniques introduced at the hospital to make sure water for the hospital's gardens does not evaporate. Deep mulching is one of the strategies used to achieve massive water savings at the hospital. See story P12.

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Technology helps ear treatments

Digital technology is helping patients with ear problems who live in remote areas to receive pre and post-operative reviews of their conditions without having to leave their communities.

Video otoscopes (medical devices for examining the ear) have been introduced at Weipa, Thursday Island and Cooktown hospitals by Queensland Health's Statewide Telehealth Services.

The video otoscopes allowed trained staff at Weipa, Thursday Island and Cooktown to take images of a patient's ear, which could then be sent to a specialist in Cairns, or elsewhere, for assessment. Statewide Telehealth worked in collaboration with the ENT Outreach Team at Cairns Base Hospital to introduce the video otoscopes.

Sharon Young, Telehealth Facilitator, said this meant patients requiring pre or post-operative reviews could be monitored remotely by the ear, nose and throat specialists at Cairns Base Hospital, or elsewhere.

She said the video otoscopes at Thursday Island and Cooktown

were mobile and would soon be able to accompany outreach teams visiting the Torres Strait outer islands and remote communities around Cooktown.

"This means the patients in those areas eventually won't even need to go to Cooktown or Thursday Island for their assessment, let alone to Cairns. It can all be done within their own community," she said.

"This will save them immense amounts of travelling time and inconvenience."

Sharon said Queensland Health provided a mobile video otoscope to the Royal Flying Doctor Service, whose clinics serviced the Indigenous communities of Pormpuraaw, Kowanyama, Lockhart River, Aurukun and Coen.

"We are providing remote pre and post-operative reviews for around 80 patients on Cape York Peninsula and Thursday Island and in the process of expanding the video otoscope service to Yarrabah and Mareeba," she said.

"Once these communities and the outer islands of the Tor-

res Strait start gaining access to this technology, we expect to more than double the number of ear patients we are able to assess remotely."

Sharon said telehealth services had been expanding steadily in the Far North over the past few years,

Sharon Young (right) being tested on one of the new video otoscopes by Lorraine Matthews, Cairns Base Hospital Elective Surgery Coordinator.



Assessing elderly falls risk factors

Ninety-three health practitioners, community representatives and suppliers from across the state attended the Falls Prevention Forum held in Townsville. The forum promoted evidence-based falls prevention practices, while local initiatives were showcased in preventing falls for the elderly.

The forum was organised by the Stepping Out committee, a long-established falls prevention

network of community members, service providers, Townsville General Practitioners Network (TGPN) and Queensland Health.

The keynote speaker Dr Paul Varghese, Director of Geriatric Medicine Princess Alexandra Hospital and Chair of the statewide Falls Injury Prevention Collaborative, delivered a comprehensive address on the incidence of falls in the community and the assessment

and management of risk factors.

Leena Fraser, from the Townsville District Community Health Services, presented the Falls Prevention and Management Flowchart Tool, available on the TGPN local intranet and website.

A play by the Townsville Hospital's Extended Acute Care team illustrated the care pathways for a person presenting at emergency with a fractured hip.



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from the Chief Nursing Officer

Examining future major impacts

As I write this, the new Director-General, Michael Reid, has been orientating and learning about the clinical and non-clinical landscape of Queensland Health.

This is the opportune time to examine the future of nursing and midwifery in Queensland, and for me to share some thoughts on the professions in this state.

Both the Federal and Queensland Governments recognise that the burden of disease of an ageing population will have major impacts on health care delivery and cost.

Australian data mirrors the international experience and recognises current service models will not be appropriate as there will be a need to share responsibility for health care with the consumer and their family.

Nurses and midwives well understand their role in multi-disciplinary health care teams, whether in hospitals, community, general practice or residential aged care.

In addition to nursing care, a major component of their role is coordinating care teams and ensuring clinical and health information is in the right place at the right time to enable continuity of care for patients.

Nurses and midwives are represented in every facet of health care and are central to the sustainability of future services.

The role of the nurse and midwife are generally not well understood by the community and, in some cases, by other health professionals.

How nurses practise in acute care is very different to how they practise in community, aged care or child health.

The ageing population, chronic disease and evolving treatment modalities will influence future educational preparation and work environments for nurses.

With rising health care cost, population growth, urban sprawl and pressure on infrastructure, there is a drive to introduce strategies that can manage people with chronic diseases in their community or home and reduce demand for all types of hospital beds.

Nurses work in a range of settings, but the future will demand more integrated services delivered by a range of health care workers.

Nurses, like their medical and allied health colleagues, will require educational preparation and professional experience across the patient journey, not just in segments of the care.



Pauline Ross

Acute care in the home and self care by consumers is a growing alternative to bed-based care.

Telehealth monitoring and treatments for acute and chronic care must grow, and community nurses' roles will need to evolve to meet those challenges.

Nurses will need a more flexible set of skills so care can be organised around the patient, not the service location.

The future for nursing and midwifery is bright. Investments in the nursing and midwifery professions will enable these changes to revolutionise the way health care is perceived and delivered.

The challenge lies ahead, but with innovation and commitment to change it can be achieved.

Study sets benchmark

A major study is being conducted by the Cairns and Hinterland Health Service District and James Cook University into the satisfaction levels of overseas nurses who have come to the Cairns and surrounding region to work.

Jenny Sando, Cairns and Hinterland Health Service District Nursing Director Education/Research said the aim of the study was to identify what overseas nurses liked and didn't like about working in the Cairns area.

She said the study would look at overseas qualified nurses from both English and non-English speaking backgrounds – making it a first for Australia – and would be conducted over 15 months from August this year.

The research will be Jenny Sando and Terri Sullivan, JCU School of Nursing, Midwifery and Education Lecturer. Professor Mary FitzGerald, JCU School of Nursing, Midwifery and Education, will provide guidance to the research study.

Catherine Entriken, Acting Executive Officer, Queensland Nursing Council, said the QNC was pleased to support the North Queensland-based research team.

She said the QNC research awards assessors selected the project to receive a research grant award in the Novice Category, as the research proposal was achievable, relevant and supported by an

experienced mentor, Prof Fitzgerald. Jenny said the decision to carry out the research was prompted by the major nurse recruitment campaign carried out by Cairns Base Hospital in the United Kingdom during the first half of 2006.

She said the campaign was so successful that, two years later, Cairns Base Hospital was still receiving applications for work from UK nurses based on word of mouth recommendations from staff who had already taken up positions here.

She said national and international publicity surrounding the UK recruitment campaign had prompted a continuing stream of applications from overseas nurses from a range of other countries, including South Africa and Zimbabwe. Jenny said recruitment from overseas would continue to be an important component of maintaining an adequate nursing workforce in many parts of Queensland and throughout Australia.

"It is vital that we understand more precisely what attracts these nurses to come here in the first place and what we can do to ensure they stay for as long as possible," she said.

"Based on anecdotal evidence and plain common sense about what might be required, Cairns Base Hospital has developed training, orientation and support programs for overseas qualified nurses."

Robotics an alternative nursing health care?



Pauline Ross

Controversial questions about whether nursing would be increasingly replaced by robotics as healthcare technology advances were posed in June to a group of Queensland nurses and midwives.

But it wasn't an attempt to solve the worldwide shortage of nursing professionals.

Rather, it was part of the introductory keynote presentation made by international political scientist Dr Sohail Inayatullah at the Clinical Nurse Leaders – Passionate About Practice conference.

Dr Karl Kruszelnicki, popular talkback radio and television scientist, led an innovative session on the future of nursing and healthcare with a group of clinical and consumer panellists from across the state.

They were speaking at

Queensland Health's first ever nursing and midwifery conference on June 23-24 at the Brisbane Convention and Exhibition Centre.

Pauline Ross, Queensland Health Chief Nursing Officer, said it was the first national nurses conference organised by Queensland Health.

"The conference was designed to promote ingenuity and to recognise frontline nurses and midwives in Queensland who have led improvements in patient care," she said.

"The theme Clinical Nurse Leaders: Passionate About Practice reflects the dedication of nurses working in health care, many of whom rarely seek recognition for their achievements.

"This was an excellent oppor-

tunity to present positive changes that have led to innovation in all specialties of nursing.

"We not only applauded Queensland Health nurses who are leading the way, but shared their initiatives with a broader audience to encourage and inspire."

Pauline said the line-up of distinguished speakers sparked discussion among participants and highlighted different approaches to nursing and midwifery both nationally and internationally.

She said an example was Salma Debs-Ivall, the senior nurse consultant for the Canadian Nurses Association, who had broad midwifery experience working with the Inuit community.

Conference organisers aimed to attract practising clinical nurses and midwives, nurses and mid-

wives at operational/service delivery levels, nursing students, nursing graduates, as well as clinical nurse and midwifery leaders from across Australia.

More than 280 nurses and midwives attended the function, representing diverse practice settings from acute care, to community, aged and residential, midwifery, remote and rural, specialist and generalist settings.

Keynote presenter, Rosemary Bryant, was named during the conference as the first ever Chief Nursing and Midwifery Officer for Australia.

All presentations, photographs and audio files of the event are available for download by registered delegates at <http://iamevents.com.au/qh/clinical-nurseleaders/>

Gaining a glimpse of country life : Virtual rounds by video

An innovative three-day rural roadshow of the Central Highlands gave 27 junior doctors and university medical students a taste of country living, taking in elements of professional development, sightseeing, and socialising at the local horse races.

The roadshow in June was designed to highlight the benefits of working in a rural environment and to give a glimpse of the professional opportunities for doctors.

The tour was organised by the Queensland Health Workforce Unit in Central Area Health Service and funded under the Human Resources Branch's People Plan.

The weekend kicked off with a presentation by Dr Sue Roberts, Senior Medical Officer, Royal Flying Doctor Service, and Mark Tobin, Intensive Care Paramedic, Queensland Ambulance Service.

Their presentation included pre-hospital treatment, multi-casualty trauma, air retrieval and evacuation, and prepared the group for a demonstration conducted by Queensland Fire and Rescue Service and Queensland Ambulance Service.

One of the group, Timothy Sullivan, from Griffith University, volunteered for the role of being the trapped driver in a car accident.

Captain Logan McIntosh, Queensland Fire and Rescue Service station captain at Emerald, talked about the "golden hour" and what to expect at a road trauma scene.

He gave a guided instruction of the extraction process while the driver, Timothy, was "cut free" from the vehicle using the jaws of life and dash rolls.



Dr Nazneen Neela, senior house officer at Redcliffe Hospital, was one of the volunteer plaster victims.

Captain McIntosh said: "The feedback we got back was that they were very impressed, that they had never experience anything like it – to see someone actually cut from a car.

"In a trauma centre they would have no idea what the patient had been through to get there.

"We went through the process of a motor vehicle accident to give them some sort of insight into what the patient goes through and what the environment is like.

"We wanted to send them the idea that teamwork is big and communication is very important as each service (QFRS and QAS) has its specialised goals in keeping the patient alive and into care within that golden hour."

Eddie Ward, plaster technician, Rockhampton Hospital, gave the group the opportunity to have a hands-on experience in a plas-

tering workshop, and improved their skills in a variety of trauma slabs.

Sue Hughes, from Bond University, said: "It was a pleasure to watch this maestro and his technique for immobilising broken forearm bones and just as pleasurable to be able to practice his techniques on our 'partner patients'."

The Medical Superintendents, Drs Werner Heidegger and Ray Gadd, from Emerald and Blackwater Hospitals, welcomed the group.

They toured the Emerald hospital facilities and even had a chance to use the demonstration model of the EZ-IO Intraosseous cannulation drill.

Latest technology has helped aged care and rehabilitation patients in Toowoomba Hospital have virtual ward rounds via video conference, and a suite of other state-of-the-art tools, with a professor of geriatric medicine in Brisbane.

Using a system of monitors, new computer technology and assessment tools, the frail aged patients in Toowoomba receive enhanced care in what could pave the way for treating patients in more rural and remote centres.

The new geriatric telemedicine service model is a partnership between the Princess Alexandra Hospital and the University of Queensland.

Professor Len Gray, project leader from the Academic Unit in Geriatric Medicine, provides input for patients who have been identified via a screening process.

Prof Gray has held positions in hospital and aged care management in Victoria, and an academic position at The University of Melbourne. He is trained as a physician in geriatric medicine and in health management.

His research interests focus on service delivery and policy in aged care, across all settings - hospital, community and residential care.

Frail patients undergo a standardised comprehensive assessment within 48 hours of admission. The assessment is performed by a nurse assessor and electronically sent to the geriatrician who

conducts a review and provides a geriatric assessment report.

Patients in the rehabilitation unit receive geriatrician support via video-conference ward rounds. This means Professor Gray, from his office at the PA Hospital, talks to patients in Toowoomba in much the same way as a face-to-face ward round.

Andrea Barber, Aged Care and Rehabilitation Unit Acting Nurse Unit Manager, said the virtual ward rounds had been operating for more than a year with great success.

"We conduct the virtual sessions every Thursday morning and then in the afternoon the health team conducts a case conference team meeting via video-conference," she said.

"The medical staff have been very supportive of the new geriatric program, with an increasing number of patients being referred to the service. The program is achieving positive outcomes for our elderly patients."

Susanne Pearce, clinical nurse overseeing the project, said the virtual ward rounds were a new approach to dealing with the ongoing shortages of some medical specialists in the Toowoomba region.

"This sort of program could be implemented in other rural and remote areas where country people do not have access to specialists such as geriatricians," she said.

Study grants available

Applications close on 26 September for study grants from Cancer Council Queensland to Queensland students who have been touched by cancer.

The Seize the Day Study Awards grants are offered to Queenslanders aged between 16 and 21 who have been diagnosed with cancer or have had an immediate family member diagnosed with cancer.

Applicants must be planning to undertake or continue post-secondary school education at univer-

sity, TAFE, tertiary college or vocational training centre.

The funding grants help with the cost of textbooks, stationery, fees, transport and accommodation expenses incurred during post-secondary education and training.

A total of 38 young Queenslanders received awards last year, ranging from \$300 to \$2500.

Application forms are available from the Cancer Council Helpline on 13 11 20 or visit www.cancer-qld.org.au

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Testing responses to flu disaster

The scenario of a pandemic influenza scenario was used in Exercise Medusa to test district-level disaster management arrangements across regional Southern Queensland.

For the first time, the desk-top exercise coordinated by the Southern Region Police Service, engaged simultaneously all six disaster districts of the region.

Exercise Control (EXCON) was established in the Southern Region Police Headquarters in Toowoomba, with Chief Superintendent Tony Wright as Exercise Director. District disaster management groups (DDMGs) were set up in Toowoomba, Charleville, Roma, Warwick, Dalby and Ipswich.

The Medusa planning team included Queensland Police Service and Emergency Management Queensland personnel and Susan Kay, Queensland Health pandemic influenza planning officer, Darling Downs Population Health Unit.

Susan was involved in writing the scenarios and providing input from a health perspective from

inception to completion.

She said the exercise was an opportunity for Queensland Health staff from the South West, Toowoomba and Darling Downs and West Moreton South Burnett health service districts to better understand their strategic roles within local DDMGs, compared with their normal, day-to-day clinical roles.

"By interacting with other agencies, they were able to increase their understanding of disaster management generally, including command and control, structure, other organisations and their roles, relationships and processes within the DDMG, and the importance of the DDMG during non-disaster time," Susan said.

"The feedback I've received has been very positive, with our Queensland Health staff finding the exercise very informative and educational.

"Some staff said that, until now, they had not fully realised the role of the DDMG during a disaster and the importance of

having a senior decision maker as their DDMG representative.

"Queensland Health's key strengths were staff's excellent ownership and knowledge of the department's pandemic plan.

"The active participation and engagement of our staff, especially in Dalby, Warwick and Ipswich, was also impressive.

"The exercise enabled health service district staff to review their integrated pandemic influenza plans, and most will be updated further as a result of this practical exercise and our debriefing sessions."

Senior police from other regions acted as observers at each of the sites and guests were able to tour EXCON during the course of the exercise.

Invited guests included chief superintendents of police from Queensland and New South Wales, and senior members of Queensland Ambulance Service, Queensland Fire and Rescue Service and Department of Premier and Cabinet.



Checking results of Exercise Medusa are (from left) Queensland Police Service assistant commissioner Colin McCallum, NSW Police assistant commissioner Steve Bradshaw, Emergency Management Queensland acting regional director Robert Bundy, Queensland Ambulance Service area director Glen Maule, Darling Downs Population Health Unit director Dr Neil Parker and (seated) Queensland Police Service chief superintendent Tony Wright.

(Photo by Bev Lacey, courtesy of the Toowoomba Chronicle)

Nundah health hub opens doors

Queensland's newest "one-stop shop" for health care services, the \$15 million Nundah Community Health Centre, has opened the doors to its first patients in Brisbane's northside.

The new health hub will deliver services to a population of more than 106,000, and will see up to 500 people each week. There will be 80 permanent and 30 visiting staff providing a wide range of community health care services.

Visiting services include

BreastScreen Queensland, the Renal Outreach Service and the Women's and Newborns' Service.

The new centre is in a central location where the surrounding population is served by four hospitals – the Royal Brisbane and Women's, the Prince Charles, Redcliffe and Caboolture hospitals.

It is part of the Northside Primary and Community Health Service within the Northside Health Service District, which looks after the needs of almost one million

Queenslanders.

Health Minister Stephen Robertson said the centre, which began providing renal outreach and child and youth mental health services to local people at the end of June, was officially opened on 1 July.

He said services at the centre included adult mental health and community child health.

"Previously, people may have travelled to different locations when they needed assistance from more than one service," he said.

Gladstone services on the one site

Gladstone's redeveloped \$16.5 million Community Health Services Centre will consolidate local Queensland Health services in the district on one site at Gladstone Hospital.

Health Minister Stephen Robertson, in officially opening the centre last month, said residents would have better and more convenient access to improved clinical care.

"The first two stages of the redevelopment involved the con-

struction of a new purpose-built facility for community health services and the relocation of mental health services to the same site," he said.

"It meant an extension of the existing building and the refurbishment of its old section.

"The redeveloped facility sees the relocation of Mental Health Services from leased offices in the Gladstone CBD. The facility accommodates Queensland Health's Alcohol, Tobacco and Other Drugs

(ATODS) Unit from its former hospital setting. This project reflects Queensland Health's vision of providing a more integrated approach to delivering community health services in Gladstone.

"The services had clearly outgrown the old facilities, with staff and patient numbers rapidly expanding over the years."

Mr Robertson said more than 12,000 patients a year visited Gladstone's Community Health Services Centre.

Redland services grow

A new emergency department at Redland Hospital will treat up to 45,000 patients a year in a major expansion of health services for Brisbane's bayside.

The new \$7 million emergency department, the fifth and final stage of the hospital's \$14.8 million redevelopment, was officially opened last month by Health Minister Stephen Robertson.

This new and expanded facility will increase treatment beds in the emergency department from 13 to 31, with five of these for short-stay observation.

The expansion includes a state-of-the-art resuscitation room, an isolation room and 12 multi-purpose treatment cubicles.

Waiting room patients will be managed in an ambulatory care

environment – a separate area within the emergency ward with consulting rooms, four cubicles, a plaster room, and an eye, ear, nose and throat room.

A specialist service to deal with sexual assault cases will be situated within the new emergency ward, ensuring it is equipped to handle emergencies 24 hours a day, seven days a week.

The redevelopment has included expansion of the hospital's pathology, pharmacy and health records departments.

The 31 beds at the emergency department consist of 12 acute, five non-acute, five short stay, four resuscitation, one isolation, and four beds for the specialist sexual assault service, ophthalmology service and plaster room.

Dalby births increasing

The \$11 million refurbishment of Dalby Hospital's emergency and maternity departments was officially opened in May by Health Minister Stephen Robertson.

The redevelopment consists of a new emergency department, along with a new maternity facility.

Instead of sharing a ward, local mothers can now enjoy contemporary maternity facilities which feature six self-contained single

rooms and two, 2 bedroom suites.

As well, a four bed, short-stay unit was incorporated during the redevelopment.

The new emergency department is equipped with a two bed resuscitation bay along with video conferencing facilities which provide links to tertiary hospitals.

Seven new consulting rooms, a new pharmacy, pathology and medical imaging department are included in the project.

Technology aids prostate treatment

A new treatment for prostate cancer at Princess Alexandra Hospital will significantly reduce painful side effects and help maintain sexual function for a disease which afflicts 19,000 Australian men each year.

The hospital is one of only five cancer referral centres across the country offering this alternative form of radiation therapy.

The primary benefit of the new treatment is the ability of the technology to directly target the intended area after prostate surgery, thereby reducing radiation on the surrounding tissue.

This helps to eliminate side effects of pain and inflammation around the rectum and bladder area and the possibility of reduced sexual function caused by traditional radiation therapy. The technology is also expected to reduce the time patients spend in hospital.

Evert Klaasen, from Gayndah, was one of the first patients to receive the new treatment in late June.

"Having radiation therapy can be intimidating at first but all of the great staff and the knowledge that I've got access to the best technology have put my mind at rest," he said.

"It's fantastic to be part of this new treatment and I feel comfortable knowing that the machine is targeting the exact area, meaning only the area that needs treatment will receive the radiation.

"It's tough being away from home for so long so it will be even better when patients like me don't have to spend weeks away from home."

The targeted treatment has only been available since the opening of a new linear accelerator machine at the hospital in



Dr Bryan Burmeister with patient Evert Klaasen.

December 2007 and it has revolutionised the way breast cancer is treated by reducing the need to undergo mastectomy.

The new equipment is upgraded with Image Guided Radiotherapy (IGRT), which involves the production of high-resolution images of the anatomy surrounding a tumour, allowing for more accurate targeting of radiation treatment.

Director of PA Hospital Radiation Oncology Services Assoc Prof Bryan Burmeister said he was pleased that Queensland men now have access to the advanced cancer treatment technology provided by the new equipment.

"The new technology is all about reducing the side effects of treatment," he said.

"Until now an x-ray was taken on the linear accelerator machine, so the radiation therapist could see the basic bone structure.

"Image Guided Radiotherapy has the ability to show the soft tissue anatomy and pinpoint radiation treatment exactly where it's required, so there are almost no side effects."

Dr Burmeister said the hospital was investigating the potential of the new treatment being able to condense prostate cancer treatment time, with more intense, targeted radiotherapy over shorter period.

"The standard method of treatment involves daily radiotherapy sessions for six consecutive weeks which means a significant time investment by the patient to come in for treatment, especially for those who live in rural Queensland," he said.

New safety standards to reduce doctor fatigue have been introduced at all Queensland public hospitals, making Queensland the first state to comprehensively tackle doctor fatigue.

The measures, which took effect from 1 July, are contained in the Medical Fatigue Risk Management policy – developed as a result of the experiences across 14 pilot sites.

Fatigue risk management protocols are a key plank of the \$3.6 million Alert Doctors Strategy, which aims to ensure improved safety for patients and doctors.

The Alert Doctors project team has researched and developed the protocols over the past 18 months and has worked with the University of South Australia's Centre for Sleep Research to fine-tune the policy.

"The strategy goes much further than just cutting back doctors' working hours," said Health Minister Stephen Robertson.

"Funding of \$700,000 has been allocated to improve the standard of on-call rooms for clinicians, providing napping and rest facilities for staff who are on evening and night shifts, or when they are on call."

Other key areas being addressed in the policy are a review of ward call practices, pager policy review, clinical handover, roster reviews, trials of sleep pods, and new night nurse coordinator role.

Dr John Wakefield, Senior

Director, Queensland Health Patient Safety Centre, said the Alert Doctors Strategy research showed it was possible to reduce doctor fatigue and improve safety for patients and staff.

"It is important to realise that health care is not a 9 to 5 job and doctors are frequently required to work long hours," he said.

"Doctors can't just down tools after working eight hours. Put simply, sometimes doctors may have to work on their patient for hours on end in order to save their lives.

"I think patients understand this, and we acknowledge this is about balancing the risks of potential doctor fatigue with the needs of a particular patient's care.

"This strategy was developed following extensive consultation with medical staff, unions and the Australian Medical Association of Queensland.

"The new policy allows us to better assess the risk of withdrawing the medical officer who has been continually looking after a high-risk patient against the risk of that same medical officer making an error due to fatigue.

"A systemic approach to fatigue risk management will improve safety, efficiency and operational flexibility, as well as improve Queensland Health's duty of care to its staff and the public.

"We are absolutely committed to making the environment as safe as possible for doctors and patients."

Realising the potential

Simulation – Realising the Potential is the theme of the SimTecT Healthcare Conference at the Education Centre, Royal Brisbane and Women's Hospital, and Queensland Health Skills Development Centre, from 8-11 September.

Keynote speakers are Dr David Gaba, Professor of Anesthesia and Associate Dean for Immersive and Simulation-based Learning, Stanford School of

Medicine, USA, Dr Paul Phrampus, Director, Peter M. Winter Center for Simulation, Education and Research, Pittsburgh, USA, and Dr Kim Leigh-ton, Dean of Instructional Technology, BryanLGH College of Health Sciences, Nebraska, USA.

Contact: Conference Secretariat, phone (02) 6251 0675, fax (02) 6251 0672, e-mail simtechhealth@consec.com.au or web www.simtechhealth.com



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\$617m funding for 10-year plan to develop

Responding to future needs

Mental health in Queensland is being overhauled with a 10-year plan for reform and development, backed up by budget funding of \$617.43 million, with the launching in June of the Queensland Plan for Mental Health 2007-2017.

Dr Aaron Groves, Director of Mental Health, said the Plan provided a 10-year framework for the reform and development of mental health services that support Queenslanders with mental health needs.

"The Plan was developed in consultation with more than 400 people, including people with mental illness, carers, mental health service providers, clinicians and other government and non-government service providers," he said.

"It identifies five priority areas for action that will position mental health services to be better able to respond to existing and future demand for care."

Latest statistics show that the demand for mental health treatment and support continues to grow, with one in five people experiencing a mental health problem.

Depression is predicted to rise from the fourth to the second biggest cause of global disease burden over the next 20 years.

"It is estimated that about 2.5 per cent of the Queensland popula-

"We are reforming and improving the way we deliver mental health services."

Dr Aaron Groves



tion, more than 100,000 people, are currently experiencing severe mental illness," Dr Groves said.

"There are very significant personal, social and economic costs associated with mental illness.

"This new plan reflects the Queensland Government's commitment to delivering a better quality of life for people who live with mental illness, their families and their carers."

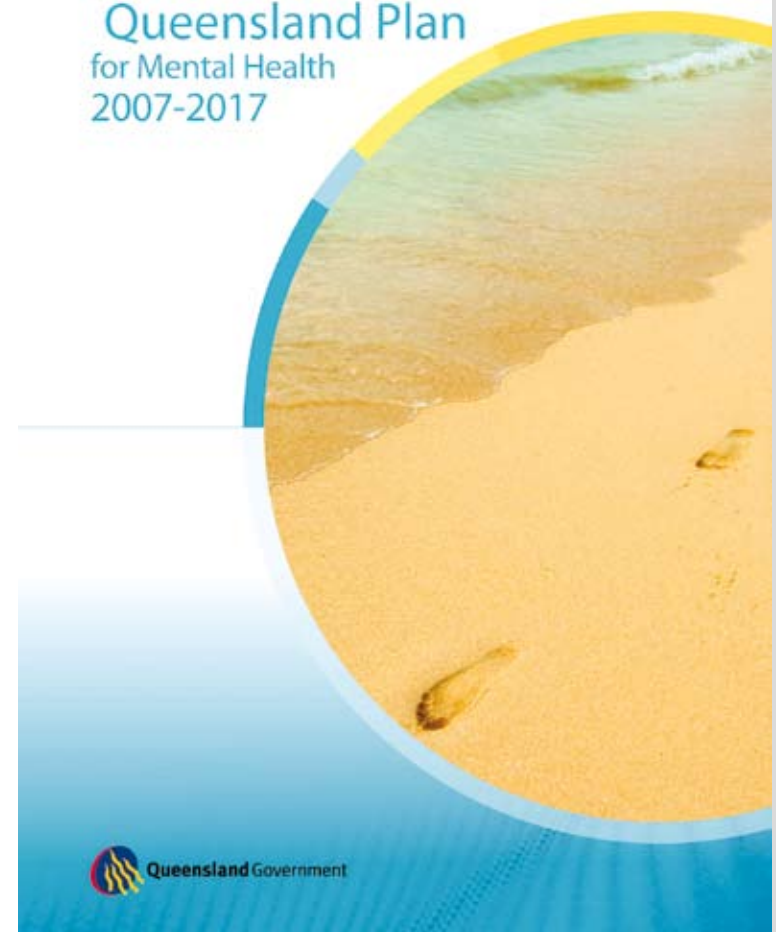
Dr Groves said that, although public health services would con-

tinue to play a key role in the delivery of services to people with mental illness, the plan proposed a significantly stronger role for the non-government sector.

"New funding of \$528.8 million over four years, provided through the 2007-08 Budget has already enabled substantial work to be carried out across the spectrum of intervention," he said.

"Through the plan we will be addressing the need for stronger mental health promotion, preven-

Queensland Plan
for Mental Health
2007-2017



*Queensland Plan
for Mental Health
2007-2017 –
improving
Queenslanders'
mental health*



tion and early intervention processes, providing comprehensive mental health treatment services and helping to put in place more community support.

"We are working with other government agencies to coordinate care for people with severe mental illness and complex needs who are the most vulnerable to falling between service gaps.

"We address the issue of increasing our workforce and service capacity to ensure the delivery

of safe, high quality care for all of those in need.

"Our service capacity will be expanded over the next four years to include additional clinical positions in community mental health services and more inpatient beds to enable better access to specialised assessment and treatment."

Queensland Health will lead a whole-of-government implementation of the plan and will report to Cabinet in 12 months on its implementation progress.

Like a copy of the Plan?

Copies of the Queensland Plan for Mental Health 2007-2017 are available electronically from Queensland Health's website www.health.qld.gov.au/mentalhealth

You can order hard copies online from the Queensland Government Bookshop at www.bookshop.qld.gov.au or send an e-mail to mhmarketing@health.qld.gov.au

and reform state's mental health services

The vision of the Queensland Plan for Mental Health 2007-2017 is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders.

The Plan describes the Queensland Government's reform and improvement of mental health services over the next 10 years.

The Plan challenges government, private sector, and non-government organisations to work collaboratively to provide consumer-focused mental health services that:

- promote mental health and well-being
- where possible prevent mental health problems and mental illness
- reduce the impact of mental illness on individuals, their families and the community
- promote recovery and build resilience
- enable people who live with a mental illness to participate meaningfully in society.

The Queensland Government has set clear targets to measure and evaluate progress over the next ten years.

The Plan provides a way forward for mental health services over

the next 10 years.

It identifies clear 10-year targets for inpatient beds, community mental health staff, and non-government sector support services needed to provide mental health services that are responsive to the needs of consumers, families and carers.

Collaboration and partnership between multiple stakeholders is pivotal in meeting the need for mental health services in the Queensland community and supporting recovery for people living with mental illness.

The Plan articulates six principles to guide reform. Mental health service delivery across all sectors in Queensland should align with these principles.

Principle 1

Consumer and carer participation – Consumers, families and carers are actively involved in all aspects of the mental health system. The mental health system will support active participation of consumers, families and carers in all aspects of activity, including policy development and implementation, service planning and delivery, and research to ensure mental health care is oriented to meeting the specific needs of individuals.

Principle 2

Resilience and recovery – The mental health system promotes resilience and recovery. Mental health care will be provided within an operational framework that pro-

motes resilience and recovery.

Principle 3

Social inclusion – The mental health system is community-oriented, comprehensive, integrated and socially inclusive. Consumers, their families and carers will have access to a comprehensive community-based system of treatment, care and support that promotes recovery and works in a positive manner to address the impact of mental illness.

Principle 4

Collaboration and partnerships – Cooperation, collaboration and partnerships are key elements of the mental health system. The mental health system will operate through inter-sectoral cooperation, collaboration and partnerships with a range of stakeholders including consumers, families and carers.

Principle 5

Promotion, prevention and early intervention – Promotion, prevention and early intervention are integral to the mental health system. Promotion, prevention and early inter-



vention (PPEI) will occur at the population, group and individual level, to build individual and community resilience and wellbeing, effectively target key risk and protective factors, and facilitate early intervention.

Principle 6

Evidence-based – Mental health care is evidence-based, prioritising

quality and safety. High quality services will be accessible and responsive, informed by research and evidence of best practice, provided by a suitably skilled and supported workforce, and deliver improved outcomes to people living with mental illness, their families and carers, and the wider community.

Setting priorities to guide reform

PRIORITY 1 Promotion, prevention and early intervention	Strengthen collaborative action to: <ul style="list-style-type: none"> • build individual community resilience and well-being • effectively target key risk and protective factors • facilitate early intervention in known high risk groups for mental illness
PRIORITY 2 Improving and integrating the care system	Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system will promote resilience and recovery.
PRIORITY 3 Participation in the community	Build capacity to assist and support people with mental illness to live full and meaningful lives in the community.
PRIORITY 4 Coordinating care	Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers
PRIORITY 5 Workforce, information quality and safety	Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care

Mental health facts

- It is estimated that 16.6 per cent of the Queensland population is affected by mental disorders in any one year (excluding dementia and alcohol and drug-related disorders, except where co-existing with another mental disorder).
- The figure rises to about 22 per cent when alcohol and drug-related conditions are included.
- Anxiety-related and depressive disorders are the most prevalent, affecting about 7 per cent and 6 per cent of the population within any year, respectively.
- Almost 2.5 per cent of Queensland people experience severe mental disorders. About half of this group have a psychotic disorder and the remainder experience major depression or severe anxiety disorders and disabling forms of other disorders such as anorexia nervosa.
- About 4.5 per cent have a mental disorder of moderate severity, including depression, generalised anxiety disorder, post-traumatic stress disorder and panic disorder/agoraphobia.
- A further 9.6 per cent have a disorder of mild severity and are at risk of recurring or continuing mental disorders.

focus: how I keep fit

Angela ready for tough challenge

Mother of two, Angela Clarke, will face the challenge next month of cycling 1600 kilometres from Brisbane to Home Hill over eight days to raise money for melanoma research.

Angela, 42, is one of 50 riders taking part in the Bottlemart 2008 Smiling for Smiddy Challenge, held in memory of Adam Smiddy, physiotherapist and avid cyclist who died in 2006 at the age of 26 after a short battle against this aggressive cancer.

The cyclists will start from Brisbane on 13 September and finish in Home Hill, south of Townsville, on 20 September.

Angela, medical education officer at Princess Alexandra Hospital, said she worked at PA Hospital with Adam, who was in the prime of his life and a very talented triathlete.

"We miss our mate and this ride keeps Adam's name alive while raising valuable funds for cancer research," she said.

Angela, the current Australian Ironman 40-44 year old champion, and the other riders are hoping to raise \$400,000 for the Mater



Angela preparing for the 1600km challenge.

Foundation with all donations going directly to research.

Dr Paul Mainwaring, Director of Medical Oncology, Mater Hospital, said this amount would enable the Mater to implement the latest technology in describing abnormal genetic pathways within melanomas.

"We can then use this to deter-

mine the best treatments for each person," he said.

Donations can be made by sponsoring individual riders, such as Angela Clarke, online at www.smiddy.org.au

During the ride, donors can follow their sponsored rider's progress via the website and send messages of encouragement.

Roma drinkers gain safer venues

All seven of Roma's community hotels and night-time entertainment venues took part for the first time in this year's Safer Venues Awards project.

Winners of the 2008 Roma Safer Venues Awards Safer Venues, a collaborative initiative of Queensland Health, Queensland Police Service and Roma Regional Shire Council, were announced recently at a ceremony at the Roma Regional Council chambers.

The Club Hotel and White Bull Tavern tied for first place in the night-time entertainment venue category, both receiving Gold Achievement Awards.

The Club Hotel took out the Gold Achievement Award in the community hotels category, with the Royal Hotel winning the Silver Award and the White Bull Tavern receiving the Bronze Award.

All other participating community hotels – School of Arts Hotel, Empire Hotel, Irish McGanns and Commonwealth Hotel – also received achievement awards to recognise their efforts to improve patron safety.

Queensland Health's Sonia Oleksyn said the Safer Venues Awards Project aimed to reduce negative outcomes, such as injury, violence and street crime, by working proactively with the liquor industry to improve safety in and around licensed venues.

"It's all about making Roma a safe community to live, work and play," she said.

"Participating venues were surveyed to determine how well they comply with a predetermined set of standards that contribute to patron safety."

"The survey covers a range of areas including responsible service of alcohol, fire safety,

workplace health and safety, tobacco legislation and security. General requirements, such as lighting and access, are also examined.

"These are continually updated in accordance with legislative changes in the liquor industry," she said.

"To reward their proactive efforts, participating licensed venues were eligible for awards in one of two categories – community hotel or night-time entertainment venue."

"All participating venues can publicly display their Safer Venues awards to help the general public identify local hotels and clubs that have proven their commitment to patron safety.

"It's a great opportunity for both government and local liquor industry to work together proactively to make our community safer for everyone."

Walking vital for Frank

Fitness is an essential part of life for Frank Macdivitt, a nurse currently working as a project officer out of the primary health care unit in Roma.

"I'm 53 and have been an insulin dependant diabetic for most of that – I don't have any complications," says Frank.

"I keep fit by walking 30 minutes walk with my wife before breaky and I sometimes do Kettle Bell training with a friend before the walk.

"My wife and I walk after tea three to four nights a week.

"We have just bought bikes, which we ride three days a week, two at the weekend.

"I teach Tai Chi, one night at the hospital and one in my backyard to whoever turns up, it's very informal.

"But you can find me in my backyard at least five nights a week doing a mixture of empty hand, Tai Chi sword or the fan form."

Inspire others to keep fit

How Queensland Health staff keep fit and the exercise lifestyle that they have adopted is the aim of the How I keep fit feature. We would like to publish your story on what motivates you. If you would like to help others follow the same path, send your information (with pictures if possible) to Ian Ross, Editor, Health Matters, e-mail rossi@health.qld.gov.au

Fined over bong sales

A Surfers Paradise business has become the first retailer in the state to be prosecuted by Queensland Health for the display and sale of bongs and bong components.

From 5 July 2007, Queensland retailers face fines and possible legal proceedings for the sale and supply of 'ice' pipes, bongs and bong parts under new laws.

Sharon Jurd, environmental health director, Gold Coast Population Health Unit, said Thendro Pty Ltd, trading as Off Ya Tree in Cavill Avenue Surfers Paradise, was fined \$750 in the Brisbane Magistrates Court for breaching the *Tobacco and Other Smoking Products Act 1998*. No conviction was recorded.

Under this section of the Act, a person must not sell, supply or display a bong, or a component of a bong.

"A single charge was also laid against the two company directors, Dimos Koutsoumidis and Jayne Elizabeth Ford, relating to a

breach of section 51B of the Act for their failure to ensure their company complies with the new laws.

"They were each given \$500, 12-month good behaviour bonds, with no conviction recorded.

"Environmental health officers may issue on-the-spot fine or legal proceedings can be considered for breaches of the new laws. The Queensland Police Service is supporting our enforcement efforts."

Sharon said Queensland's Tobacco and Other Smoking Products Act 1998 aimed to reduce the public's exposure to environmental smoke from tobacco and other drugs, support smokers and drug takers trying to quit, and discourage young people from taking up such habits.

She said Queensland Health's environmental health officers undertake routine surveillance across the state and follow up all complaints received from the public.

Editorial deadlines for 2008-09

Edition 2008

September Friday, 1 August
October Friday, 5 September
November Friday, 3 October
December Friday, 7 November

Edition 2009

February Friday, 9 January
March Friday, 6 February
April Friday, 1 March
May Friday, 3 April

making tracks in Indigenous health

Feasting with fine food Grants encourage health eating

Emu, crocodile and kangaroo stew were on the menu at a lunch during NAIDOC Week (July 6-13) to recognise the contribution to the community made by the Toowoomba Aboriginal and Torres Strait Islander Health Service.

Alfred Orcher, NAIDOC Week Coordinator and Aboriginal health worker, said a flag raising ceremony, speeches from local elders and a special lunch were held at the Toowoomba Hospital's Village Green on 8 July.

"In the past few years, we have taken the opportunity to offer health screenings and set up health displays as there can be up to 200 Aboriginal and Torres Strait Islander people at our NAIDOC celebrations," he said.

"While they are here our staff can talk to them about health issues, such as diabetes, immunisation and other health topics.

"This is a day for everyone to celebrate and also to think particularly about Aboriginal and Torres Strait Islander health – how we can improve health services, how we can improve health status and how we can promote health issues.

"Our Toowoomba Aboriginal and Torres Strait Islander Health Service, which has a total of 14 staff, is committed to improving the quality of life of local Indigenous people by delivering a holistic service providing clinical, health promotion and community development activities, and treating all our clients with dignity and respect.

A barbecue of traditional meats, with a performance by a traditional country band featuring Aboriginal guitarist Ricky Shipp, was held by at the Baillie Henderson Hospital by the Toowoomba District Mental Health Service on 11 July.

Encouraging eating of fruit and vegetables among Aboriginal and Torres Strait Islanders is the aim of small grants given in the past year by Queensland Health to 15 organisations across southern Queensland.

The 2&t5 Indigenous small grants are for nutrition promotions to support of Queensland Health's Go for 2&t5 statewide social marketing campaign.

Judy Kirkwood and Helen Vidgen, public health nutrition directors, Southern Area Population Health Service, said the grants helped community organisations, support groups, local government, schools and health workers.

"Activities have included cooking demonstrations, taste testings, nutrition education sessions, development of cook books and the cultivation of community garden beds and bush tucker gardens," they said.

"These nutrition promotions have benefited thousands of Indigenous people of all ages, in urban, rural and remote areas of Southern Queensland."

Charleville's NAIDOC Ball became a journey of food, promoting healthy eating with the Go for 2&t5 health message.

Cunnamulla State School held a series of fruit and vegetable taste testings and nutrition education sessions.

Meanwhile in Roma, would-be cowboys learned just how important fruit and vegetables are to their personal fitness and future career success in the saddle during their two-day rodeo school at Basset Park.

Through 'Go for 2&t5' fruit and vegetable cooking classes and taste testings people developed skills in turning basic, cost-effective foods into healthy, tasty and attractive budget meals.

Blue Care Roma and Warwick Health Service encouraged older men, Kambu Medical Centre targeted people of all ages, West End's Aboriginal and Islander Community Health Service reached out to mothers attending antenatal clinics, Cherbourg health workers linked up with the local diabetes and renal support group and Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services connected with people with diabetes living in Dalby.



Fresh fruit is good tucker say Julius Gray and Adam Pagett of the Aboriginal and Islander Independent Community School at Acacia Ridge, Brisbane.

The Maranoa Health Enhancement Program teamed with the St George State School homework group to established a traditional Indigenous bush tucker garden.

Plant species such as Creek Sandpiper Fig, Lemon Myrtle and Riberry were selected with the Toowoomba Department of Primary Industries.

The Kamilaroi Employment Aboriginal Corporation helped prepare the garden and the school students planted the trees.

Roma Community Garden now features a new healthy lifestyles garden bed developed by the Roma Healthy Lifestyles Group, a gathering of older people, to show local people how to grow and eat locally-

grown fruit and vegetables.

"The Go for 2&t5 Aboriginal and Torres Strait Islander small grants program has been a great way to encourage young children, teenagers, adults and elders to increase their taste for more varieties of fruit and vegetables, check the number of serves of fruit and vegetables they and their family eat, and look for ways to get more fruit and vegetables each day," Judy Kirkwood and Helen Vidgen said.

"In some communities, the nutrition promotions complemented local Living Strong Indigenous healthy lifestyle programs, originally developed by Queensland Health."

New directions in place

New directions for environmental health in Aboriginal and Torres Strait Islander communities are in place with introduction of the Queensland Health Aboriginal and Torres Strait Islander Environmental Health Plan 2008-2013.

The plan was launched by Health Minister Stephen Robertson at a State reception in May for the 10th World Congress of the International Federation of Environmental Health.

Sonja Carmichael, Senior Policy Officer, Indigenous Environmental Health, said the plan was developed in consultation with a wide range of stakeholders.

She said this had resulted in a plan that represents mutually agreed priority action areas aimed at improving environmental health conditions in Queensland's Aboriginal and Torres Strait Islander communities.

She said the strategic directions in the plan sought to secure long-term improvements in environmental health conditions that would positively influence health outcomes.

"More importantly they will play a strong role in the national priority for 'closing the gap' in health status for Aboriginal and

Torres Strait Islander people," she said.

"Key areas of focus will be on community engagement, addressing workforce issues and building on existing programs.

"The plan builds on the gains of the previous Queensland Health Environmental Health Strategy 2001-2006 which was part of Queensland Health's partnership approach to improving environmental health conditions in Queensland's Aboriginal and Torres Strait Islander communities.

"The previous strategy introduced an initiative to support 34 Aboriginal and Torres Strait Islander communities in managing environmental health programs.

"This has led to the establishment of an environmental health workforce and the implementation of community based environmental health programs, such as waste recycling, mosquito management and school-based food safety education."

Sonja said a nationally accredited health training package, with specific Indigenous environmental health worker qualifications, was introduced this year with training materials funded by the Federal Government.

Focus on key initiatives

More than 80 health workers from across Queensland attended the From Little Things, Big Things Grow conference, the inaugural Statewide Aboriginal and Torres Strait Islander Maternal and Child Health Showcase in Cairns in May.

The workers, who are attempting to improve the standards of Indigenous child health, included Indigenous child health workers, generalist health workers, nursing staff and line managers from Queensland Health, Aboriginal Medical Services and the Royal Flying Doctors Service.

The showcase, coordinated by Queensland Health Maternity, Child Health and Safety Branch, focused on innovative and creative clinical and health promotional activities.

Some of the key areas presented were maternal health, young parents, workforce, child health and family support, population health, education and new resources.

Aim of the showcase was for Queensland Health Indigenous child health workers to share programs, raise issues and discuss solutions and initiatives to lead towards greater health outcomes for Aboriginal and Torres Strait Islander children.

The showcase was held during Reconciliation Week, with the theme "It's all our story", which influenced the showcase format to encourage Indigenous child health workers to tell their story of programs and best practices in their communities.

focus on efficient energy use

Digging our way to a better world

The Prince Charles Hospital has achieved massive savings in the past four years on electricity and water usage, with special help from the gardening staff, and more savings are expected in the future.

Lexie Spehr, Executive Director, Corporate Services, Northside Health Service District, says water usage was reduced by nearly 200,000 kilolitres since 2003 and the cost of energy decreased by up to 35 percent.

She said savings of more than \$1.6 million a year were expected as new energy efficient projects came on line.

"As southeast Queensland water supplies remain at critical levels, TPCH has developed strategies to meet the challenge of saving water in a demanding health care environment," Lexie said.

In 2002 the first Water Management Plan was developed for

the site and water has been used in accordance with that plan since it evolved.

Lexie said the plan was an updated working document which identified strategies to reduce the use of water, but still took into consideration the clinical needs of the staff and delivery of service provided by the hospital.

Some of the saving strategies are:

- flow restrictors installed to taps and showerheads
- single flush toilets converted to dual flush
- installation of rainwater tanks for garden irrigation
- recycling of steriliser vacuum pump water
- deep mulch method introduced into garden areas.

These water saving initiatives and others have seen a significant reduction in water use.

The hospital's water consumption in the 2003 financial year was 387,453 kilolitres and this was reduced last financial year by 171,287 kilolitres.

"Recently, major Queensland Health facilities were faced with an average 104 per cent increase in the price of electricity," Lexie said.

"In 2005 TPCH Engineering Department initiated an investigation into efficient power, heating and cooling solutions by integrating energy and water technologies.

"This resulted in a reduction in energy costs by 20 to 35 per cent, guaranteed sustainable savings and use of the best commercially proven technology to reduce power costs."

Lexie said work would start later this year to install a cogeneration gas-fired diesel generator to provide power to the site on a 24-hour, seven day a week basis.

She said more efficient lighting and movement sensors would be installed throughout the site, particularly in storerooms and meeting rooms with total energy savings from the project expected to top \$1,602,957 a year.

Carbon dioxide savings would equate to 11,404 tonnes, the equivalent of taking 4200 cars off the road.



Volunteer personal trainer Malama Asi (left) and Melissa Clarke. (Photo by Luke Henery, courtesy of The Satellite newspaper).

Guiding healthy lifestyle

Thirty young women took part in group fitness training sessions and learnt to make up your their mind about alcohol in an activity sponsored in south-west Brisbane by Queensland Health.

The Inala Youth Service conducted the Women Healthy, Active and Confident program to help young women establish healthy lifestyles through weekly physical activity routines and healthy lifestyle choices.

Under the guidance of volunteer personal fitness trainers, the women, aged 15 to 22, undertook a range of aerobic work, weights and circuit routines to suit their individual fitness levels.

Melissa Clarke, of Inala Youth Service, said the focus was on young women's physical fitness

levels, strength and muscle tone, while building their confidence, perseverance and determination.

"Over the 10-week program, we encouraged the women to make healthy lifestyle choices, with our sessions exploring healthy eating habits, responsible alcohol consumption, stress management and relaxation. We specifically looked at the impact of alcohol and drugs on healthy lifestyles and relationships, and encouraged young women to 'make up your own mind about alcohol'.

"The program complements our existing Girls Group calendar of social, cultural, sporting and cooking activities, which engages young women from all cultural backgrounds across south west Brisbane."

Move for basic pathways

Queensland Health is moving towards the implementation of a defined Basic Physicians' Training Pathway.

Ellen Cumberland, Acting Principal Project Officer, Medical Workforce and Coordination Unit, said the pathway would ensure training was high quality, sustainable, agreed with clinical service needs, and met educational/academic and training requirements of the Royal Australian College of Physicians.

"The option of entering a formalised pathway will provide trainees with clear expectations about their and their employer's responsibilities for their training," she said.

"This will include the ability to identify preferred secondments, enabling trainees to know in advance where they will be located during their basic physician training.

"The Director-General has

recently endorsed a number of recommendations on implementation of the pathway from next year."

Ellen said these included:

- approval of guiding principles that would ensure equitable access to quality education and training experiences, protected time for education and training-related activities, and aligned work practices

- appointment of a physician training pathways coordinator with statewide responsibilities, supported by a medical education support officer and two administrative officers

- establishment of an oversight committee to govern the training pathways.

Ellen said all trainees on the pathway must be eligible for general registration in Queensland. For more information, e-mail MWAC@health.qld.gov.au

Athol helps teach trainee surgeons

Roma doctor Dr Athol Mackay has teamed up with a group of 15 other specialist doctors to produce Australia and New Zealand's first surgical guide to help kick off trainee surgeon courses.

Dr Mackay, South West Health Service District's Acting Director of Medical Services and Clinical Governance, wrote chapter four of the curriculum 'Sterile Technique and Standard Precautions'.

He was part of the Royal Australasian College of Surgeons' (RACS) Basic Surgical Skills Committee (BSSC) which decided to produce the new course.

"The RACS runs a formal, laboratory-based introductory surgical skills training course which has been mandatory for basic surgical trainees since 2000," he said.

"This initial course was from the combined English Surgical Colleges, but in 2002 the BSSC decided to produce a new course better suited to the surgical climate in Australia and New Zealand.

"The focus was to improve the teaching elements of generic surgical skills, with emphasis on teaching excellent skills as a foundation for surgical practice."

Dr Mackay, who has been a surgeon since 1984, worked at the Mater Hospital from 1984 until 2005 and Logan Hospital from 1993 until 2004.

He was also relieving at the Royal Children's Hospital and visiting various private hospitals in Brisbane and the Gold Coast.

He has been on the teach-

ing registrar with the RACS since 1984 and specialised in teaching the Early Management of Severe Trauma Courses and the organisation of other course through the BSSC.

Dr Mackay is a member of the RACS, which produced the Australian and New Zealand Surgical Skills Education and Training (ASSET) program in 2006.

He said the ASSET committee had been very hands-on, and continued to monitor and evaluate the core content of the course ensuring that the techniques and technology remain current.

ASSET was the first Skills Training Course to be developed entirely under the auspices of the Royal Australasian College of Surgeons.

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Gayndah mum praises telehealth

It was a pregnancy with a difference for new Gayndah mum Amanda Wenck. Specialist treatment was delivered by Queensland Health during Amanda's pregnancy via the telehealth program – a video link-up that is helping overcome the tyranny of distance.

Amanda is a diabetic who lives 150km south-west of Bundaberg, but she still had fortnightly and then weekly contact with a consultant endocrinologist based at the Royal Brisbane and Women's Hospital.

Her diabetes condition meant there were concerns her child may have been very large, and that the baby's sugar levels might have remained low after birth, requiring a drip and admission to the special care nursery.

Amanda has no doubt that Erica, her daughter, is happy and healthy because she was the

first to sign up to a pilot project, Telemed Diabetes in Pregnancy Clinic being delivered to rural and regional areas.

She said the regular contact with a specialist made her feel more confident in the management of her diabetes during pregnancy, particularly as energy and insulin requirements fluctuate significantly during pregnancy.

"The service was wonderful as it meant I could go to my local hospital in Gayndah for the appointments and I didn't have to travel 350km to Brisbane," Amanda said.

"The endocrinologist and midwife in Brisbane, and the diabetes educators in Bundaberg, were not only professional but caring and compassionate.

"They made me feel comfortable and confident during the pregnancy and I feel I have learnt

a lot about diabetes management and insulin adjustment, which will help me in the future.

"I truly credit this video conferencing with both my own health and the health of our precious little girl.

"I would recommend this excellent service to any expectant mother with diabetes living in rural and remote areas."

Erica was born on May 30 at the Bundaberg Hospital's Family Unit weighing 8lb 15oz, or 4054 grams. Erica had one low sugar reading, but the rest have all been normal.

"It was a natural birth and she was a healthy weight which was a great outcome," Amanda said.

The Telemed Clinic was established in November 2007 as part of the two year Diabetes in Pregnancy Innovation Project, due to finish in January 2009.



Amanda with her family, husband Colin, son Nicolas and daughter Erica.

Goggles make you lose *balance*

Beer goggles to blur a person's vision have been used to give students the experience of tackling simple everyday activities while their balance, coordination and decision-making is affected by alcohol.

Surat State School students years six to 10 tried to walk a straight line, sign their name and open a door while wearing the goggles. What started out as a bit of fun quickly provided a serious message of how alcohol can easily blur a person's vision, make them feel disoriented and place them in dangerous situations.

The activity was part of an alcohol, tobacco and other drug information day organised by Queensland Health and the Surat Aboriginal Corporation.

Michael Reddan, Queensland Health's alcohol, tobacco and other drug worker, Katrina Kelly, health promotion officer, and Karen Brandt, school-based youth health nurse, teamed with Glenda Clevelin, Surat Aboriginal Corporation, and Nicola Sankowsky, Maranoa Health Enhancement Program community access worker, to conduct a range of awareness-raising activities.

Katrina said that children at that age were forming their own ideas about alcohol and drugs.

"They may be experimenting

themselves or watching the behaviours of their role models – be they parents or older siblings, relatives and family friends," she said

"We aim to help young people understand the importance of responsible alcohol behaviours. The simple beer goggle activity

led to group discussions about the dangers of trying to make decisions and complex manoeuvres while under the influence of alcohol – like walking home, getting into a fight, crossing the road, swimming, changing a child's nappy or driving."



Emma Smith tests out her balancing skills while wearing beer goggles under the watchful eye of health promotion officer Katrina Kelly.

Funds boost research

Two grants totalling about \$4 million have been made by the State Government towards research projects based at the Princess Alexandra Hospital. A grant of almost \$3 million will be used to buy scientific and analytical equipment for the Molecular and Clinical Pathology Research Laboratory at the hospital.

The grant has been made under the Smart State Innovation Building Fund as part of establishment of the \$19.7 million research laboratory which will provide Queensland researchers with a world class laboratory for biomedical research.

The Head and Neck Cancer Centre of Excellence for Asia Pacific at the hospital will receive \$1,250,000 from the Smart State Innovation Project Funds for critical research into head and neck cancers that severely affect people in developing nations.

The research project has a total value of more than \$11 million and

partners included the Queensland Institute of Medical Research and international organisation Atlantic Philanthropies.

It will focus on the diagnosis and treatment of head and neck squamous cell carcinoma and nasopharyngeal carcinoma, which impact on breathing and swallowing. They are particularly prevalent in countries like Vietnam, China and India but also pose a significant social and health threat in Queensland.

The project involves the development of molecular profile markers to track the progression of these insidious diseases and development of effective drugs to replace or supplement the presently available invasive surgery and radiation treatments.

A major benefit of the project will be the reduced suffering of victims, particularly through the avoidance of reconstructive surgery.

Stepping way to fitness

Year 8 students and teachers at Hervey Bay State High took part recently in a two-week pedometer challenge organised by Queensland Health and the school's physical activity department as part of an Australian Better Health Initiative Grant.

Every Year 8 class had to walk an average of 10,000 steps each day to be able to complete the challenge in the 14 days.

Each class chose a team leader who collated their steps

every week and plotted them against an Australian Map to keep them on track and to make sure that they met the 14-day deadline.

All Year 8 students received a pack which included, a pedometer, a step log book, an Australian map, Go for 2&5 information booklets, pens and bookmarks, Eat Well Be Active Physical Activity information, and Australian Dietary Guidelines for Children and Adolescents



Emma Harmer, GE Healthcare Applications Technician (centre) and Janelle Robson, Medical Ward 3 Acting Nurse Unit Manager, try out the new echo machine on a patient.

Ultrasound a prize gift

A new cardiac ultrasound machine, the first of its kind in Australia, was donated last month to the Cairns Base Hospital's Cardiology Department by the Far North Queensland Hospital Foundation and Sensis.

The money for the \$125,500 Vivid S6 echo machine, manufactured by GE Healthcare, was raised during the inaugural three-day Yellow Cardiac Challenge bicycle ride from Cairns to Cooktown held in September-October last year.

The event, organised by the foundation, attracted 125 riders and raised \$115,000 – including a \$45,000 donation from Sensis.

Dr Prasad Challa, Cairns Base Hospital Director of Cardiology, said the new cardiac ultrasound machine would be a boon to the hospital.

"It can do everything the existing machines we have can do

– but it is less than half the size and far more portable," he said.

"Because it is small and portable, it can be kept right in the ward and put into use immediately when an urgent echo-cardiogram is required, rather than having to wait a few minutes while the current large machine is brought from an adjoining equipment room by a technician.

"In addition, because it's so small and portable, it is far less intimidating for patients when we roll it up to their bedside, compared with the big machine we have now. The new machine is laptop-based and even the laptop can be removed and used separately if required."

The cardiac challenge bicycle race will be held this year from 27-29 September. Entry forms are available on www.fnqhf.com.au/fundraising/events

\$4m hi-tech information upgrade

The transfer of electronic information has been boosted with the switching on recently of about \$4.2 million worth of new telecommunications technology at the Baillie Henderson Hospital in Toowoomba.

More than 165 kilometres of cable, 750 new digital handsets and new wireless access points will help free up more clinicians from their desks, and speed the transfer and quality of patient information, such as x-ray images.

Rowan Salt, Acting Senior Director at Queensland Health's InfoSolutions, said the technology brought immeasurable benefits to patients and staff at the hospital.

"Staff now have one of the most up-to-date and reliable telecommunications available in the healthcare and will be better connected to the rest of Queensland Health," he said.

"This means better sharing of medical knowledge and information so that clinicians can make even more informed decisions for their patients."

Rowan said the new telephone system included digitally-enhanced cordless telephone handsets (DECT handsets) with full site coverage for the first time ever.

"Cordless handsets will allow health professionals at the hospital to be more easily contacted and better able to do their duties without necessarily having to be tied to their desks – meaning more valuable time can be spent with patients," he said.

The upgrade also means faster response times for data and image transfer.

"This paves the way for greatly enhanced video conferencing, transfer of patient information and digital images, such as x-rays," he said.

"This is all part of Queensland

Health's innovative approach to information technology for collecting, transmitting, storing and accessing patient and clinical information more effectively."

Rowan said work began in May 2007 on replacing ageing telephone equipment with new voice, data and cabling systems.

He said the upgrade to the telecommunications systems has involved considerable work over the past months, and involved the installation of 165 kilometres of cable, as well as 750 new handsets to replace existing analogue handsets with digital handsets, and a new Private Branch Exchange (PBX).

The new Cisco data equipment has enabled wireless access points in a number of hospital buildings ensuring staff were better connected to the rest of Queensland Health networks than ever before.

Old sloppy slippers given the boot

Pensioners have swapped their old and worn, 'sloppy' slippers for a free new pair to reduce their risk of slips, trips and falls during Queensland Health's April Falls Month promotion.

A total of 110 pensioners from Charleville, Augathella, Quilpie, Morven and Cunnamulla applied to swap their slippers on Sloppy Slipper Exchange Days.

Queensland Health's Sloppy Slipper Exchange is funded by the South West Population Health Unit, South West Healthy Ageing and South West Health Service District (Allied Health) teams.

Susann Currie-Ranson, from the Charleville Falls Prevention Group, said the pensioners walked away with more than just safe new slippers.

"They received free falls advice, home safety tips, foot care information and details of local service providers to help them stay fit, healthy and independent in their own homes," she said.

"An occupational therapist or physiotherapist measured and fitted them with their new slippers and tested their balance with a stability test and foot assessment.

"A community health nurse completed a falls assessment with people who are at risk of falling or have recently experienced a fall. This way we were able to give people follow up support and referral as required.

"Participants were encouraged to have regular eye tests

and medication reviews to ensure that vision problems or dizziness do not contribute to them having a fall."

Deb Alick, public health officer, said the majority of falls were preventable and predictable, but most people did not think they were at risk of falls until they're much older.

"Falls are the most common type of accident experienced by older people in their homes, but most falls can be prevented by simple, inexpensive measures such as replacing unsafe slippers," she said.

"Just as loose rugs, bad flooring, a lack of handrails and poor lighting can cause slips, trips and falls, so too can poorly-fitting, worn or damaged footwear.

"The Sloppy Slipper Exchange Days will help the community 'stay on its feet' and identify the positive effects of other simple changes in home safety, regular physical activity or use of walking aids.

"We believe this advice will improve pensioner's confidence and ability to live independently with an improved quality of life."

Home care program trial on Coast

Patients will receive free care at home instead of hospital in an 18-month trial of an innovative \$3 million healthcare support program on the Gold Coast.

Home Health Link will provide a range of immediate, short-term care options for public hospital patients in their own home.

Patients will continue to receive free, quality healthcare at home instead of staying in hospital or being admitted there in the first place.

Home Health Link, which

will help ease pressure on public hospitals by reducing avoidable admissions and freeing up acute hospital beds, started last month on the Gold Coast.

It is a 24-hour, seven days a week referral service available for eligible patients clinically assessed as suitable for care at home, with all referrals coordinated by local general practitioners plus Gold Coast Hospital and Robina Hospital emergency departments, inpatient services and discharge services.

Patients benefiting from the

service including those with chronic disease, the elderly recovering from a fall, patients requiring ongoing rehabilitation, or those requiring infection control for a wound.

Home Health Link is being operated for Queensland Health on the Gold Coast by Home Support Services Queensland, the successful tender.

Home Support Services operates a similar program in South Australia which provided over 14,000 patients with care during 2006-07.

Honour for founder of pain centre

Professor Tess Cramond, the founder and director of the pain centre at Royal Brisbane and Women's Hospital, has been honoured by having the centre renamed after her.

The Multidisciplinary Pain Centre was renamed in a ceremony conducted by the Governor of Queensland, Quentin Bryce at Government House.

Prof Cramond first became interested in developing techniques for improved pain relief when she witnessed a colleague experience severe pain related to cancer.

She said the individual patient care of patients had been highlights of her career.

"I've been driven by the satisfaction of looking after individual patients – by the ability to help, even if finding a cure isn't possible," she said.

"My contribution to training with The University and Queensland and RBWH have been highlights of my career, as has extending professional training to the wider community."

Professor Stuart Pegg, long-term colleague and former director of the RBWH Burns Unit, said Prof Cramond was an inspiration to everyone around her.

"She is very much a leader in her field – in Australia she is the most well known, and she is probably the best in researching and developing various regimes for pain management," he said.

"Prof Cramond has turned pain management into an art form."

Bronwyn Williams, RBWH anaesthetist, said that Prof Cramond's high standard of patient care was an example to all clinicians within the hospital, in particular junior staff.

She said Prof Cramond was an exceptional personal in all areas of her life, was talented, and had enormous common sense.

"She has the ability to work with many different people and bring out their individual skills and strengths," Bronwyn said.

"On the weekend she will come in and take the time to sit down and help the residents on the ward – people are very appreciative of this because these days everyone is so busy."



Pictured with their AFP awards are, from left, Graham Flynn, Dr Paul Mattiussi, Dr Alex Forrest, Kylie Chippendale, Dr Peter Ellis, and Peter Clausen.

Medals for dedication

Ten former and present Queensland Health staff from the Clinical and Statewide Services Division have been recognised by the Australian Federal Police Service for providing their services after the Bali Bombing and the Thailand Tsunami.

Kylie Chippendale, Peter Clausen, Dr Peter Ellis, Dr Alex Forrest, Dr Paul Mattiussi and Dr Beng Beng Ong were presented with Australian Federal Police medals and clasps for services at a ceremony conducted by the Queensland Police Service on behalf of the Australian Federal Police Service.

Medals were also given to Michelle Daley, Graham Flynn, Jennifer Rich and Luke Ryan, who were employees of Queensland Health at the time of the two operations.

"The experience of the people involved ranged from forensic pathologists, DNA analysts, foren-

sic odontologists and victim identification family liaison officers, said Kylie Chippendale.

"Each team member played a valuable part in identifying victims and getting them home to their loved ones."

Child obesity solutions sought

The need for solutions to obesity and eating disorders in Australian children will be under the spotlight at a Children's Nutrition Research Centre conference in Brisbane on 10-11 October.

The conference, with the theme Perspectives on Childhood, Obesity and Eating Disorders; from Prevention to Treatment, is sponsored by Queensland Health and will be held at the Royal Brisbane and Women's Hospital Education Centre.

Key speakers on infections

Three international keynote speakers have been invited to address the 13th International Symposium on Staphylococci and Staphylococcal Infections at the Cairns Convention Centre on 7-10 September.

Keynote speakers are Professor John Fraser (New Zealand), Professor Keiichi Hiramoto (Japan), and Alex van Belkum (The Netherlands).

Hosted by the Australian Society for Antimicrobials, this will be the first international

symposium on staphylococci and staphylococcal infections held in the southern hemisphere.

Subjects to be covered include pathogenesis, genome and gene regulation, drug resistance, molecular epidemiology, clinical and infection control issues, and therapeutics.

Contact: ICMS Pty Ltd, phone (03) 9682 0244, fax (03) 9682 0288, e-mail iss2008@icms.com.au

BreastScreen Queensland mobile and relocatable services 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 6 August, Calliope; 8 August until 22 September, Boyne Island.

Toowoomba: 4 August until 27 August, Chinchilla.

Townsville: until 15 August, Bowen.

Relocatable Services

Cairns: until 7 August, Gordonvale; 13-14 August, Pormpuraaw; 18-19 August, Laura; 21-22 August, Coen; 26-27 August, Aurukun; 28-29 August, Mapoon.

Gold Coast: until 1 August, Varsity Lakes; 18 August to 17 October, Beenleigh.

Mackay: until 8 September, Proserpine.

Nambour: until 22 August, Kawana; 25 August to 5 September, Beerwah.

North Brisbane: until end of November, Pine Rivers Community Centre, Strathpine.

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.

Queensland Health speakers at the conference are Shane Jeffrey, eating disorders specialist dietitian, Royal Brisbane and Women's Hospital, Dr Amanda Lee, Manager, Nutrition and Physical Activity, Health Promotion Unit, Population Health Branch, and Professor Jenny Batch, Department of Endocrinology and Diabetes, Royal Children's Hospital.

Shane Jeffrey will talk on clinical pathways, dietetic management protocols, while Dr Lee will give an address on increasing obesity awareness, knowledge and behaviour change within the community.

Professor Batch will speak at three sessions on a case study on clinical interventions and management; insulin resistance, hyperlipidaemia, and pharmacopodia; and bariatric surgery.

The first day of the conference will focus on eating disorders, while the second day will concentrate on obesity, involving both a public health and clinical approach to aspects of weight management.

Associate Professor Peter Davies, Director of the Children's Nutrition Centre (CNC), said presentations on the future direc-

tion of childhood obesity and eating disorders would be made by Queensland and national speakers.

"We will be covering the clinical, psychological and social challenges of obesity with experts and will work through strategies to tackle them and also learn how the body image and contemporary issues have the potential to influence eating behaviour," he said.

More than 200 health professionals, including paediatricians, general practitioners, practice nurses, dietitians, nutritionists, clinical psychologists, public health practitioners, researchers and students, are expected to attend the conference.

The CNRC, established in 1991 by the University of Queensland and the Royal Children's Hospital, undertakes scientific research in basic science, clinical nutrition research, and public health nutrition. to improve the nutritional health of children and adolescents.

Registration for the conference close on 26 September. Contact: Marea Fox, phone 3636 1981, fax 3346 4684, e-mail marea.fox@uq.edu.au or web <http://www.som.uq.edu.au/cnrc.htm>

infomatters

diary: August 2008

Educating to prevent suicides

Contributing to the prevention of suicide and self-harm by providing education communication and networking opportunities was the aim of the second Queensland Suicide and Self-Harm Prevention Conference held last month in Cairns.

Queensland Health was the major sponsor for the conference, hosted by Dr Edward Koch Foundation, a non-profit organisation established to focus and support public health activities in north Queensland.

Australian rates of suicide are higher in males, Indigenous populations and for people living in regional and remote locations. North Queensland has a significantly higher suicide rate than the rest of the state.

Conference delegates were provided with increased knowledge, capacity and skills to respond early and effectively to suicidal behaviour. Links built between organisations will increase the effectiveness of the support provided.



Discussing aspects of the conference are members of the working committee, from left, Pat Rodwell, Fran Lindsay, and Dulcie Bird.

Keeping elderly active

The redesigning, renovation and refurbishment of the activity room and courtyard area at Boonah Hospital will improve the hospital experience for elderly patients.

Measures to improve the care of older public hospital patients awaiting placement in residential aged care facilities were agreed to in the Council of Australian Governments (COAG) work program in 2006. Boonah Hospital received funding allocated for the work in the COAG Long Stay Older Patients Initiative – 2007/08 Implementation Plan.

Narelle Gotting, Director of Rural Health Services at Boonah, said the capital improvement and refurbishment would create an age friendly environment, and improve the flexibility and capacity of Boonah Hospital to provide more age friendly services.

"One such service is the successful Diversional Therapy Program and introduction of a Diversional Therapist into the hospital ward for older patients through the Strengthening Aged Care Project Funding 2007/08," she said.

The current project specifically targets older patients in hospital to recognise and promote recreation and leisure as major contributors to quality of life for these patients.

As well as those clients waiting for residential aged care placement in the acute hospital ward, alternative older adult admission types, such as acute medical, palliative care and rehabilitation clients, will benefit from the upgrade and refurbishment.

- 1** **Jeans for Genes Day**
Children's Medical Research Institute of Australia
Phone: 1800 677 260
- 1-7** **World Breastfeeding Month**
Australian Breastfeeding Association
Phone: (03) 9885 0855
- 1-7** **Infant Massage Awareness Week**
Infant Massage Australia
Phone: 0409 515 097
- 3-9** **Contenance Awareness Week**
Contenance Foundation of Australia
Phone: (03) 9347 2522
- 3-9** **National Healthy Bones Week**
Osteoporosis Australia
Phone: (02) 9518 8140
- 3-9** **National Cerebral Palsy Awareness Week**
Cerebral Palsy Australia
Phone: 1300 302 930
- 4-8** **Dental Health Week**
Australian Dental Association
Phone: (02) 9906 4412
- 4-11** **Post Polio Awareness Week**
Spinal Injuries Association
Phone: 3391 2044
- 10-16** **Eye Health Week**
Lions Eye Institute
Phone: (08) 9381 0823
- 17-23** **National Glaucoma Week**
Glaucoma Australia
Phone: 1800 500 880
- 18-24** **Natural Family Planning Week**
Billings Leader In Fertility Education
Phone: 1800 335 860
- 22** **Daffodil Day**
The Cancer Council Australia
Phone: 1300 656 585
- 23-31** **Queensland Seniors Week**
Department of Communities
Phone: 1300 132 654
- 24-30** **Hearing Awareness Week**
Deafness Forum Limited
Phone: (02) 6262 7809
- 24-30** **Speech Pathology Week**
Speech Pathology Australia
Phone: (03) 9642 4899
- 24-30** **Home and Community Care Awareness Week**
HACC Resource Unit, Queensland Health
Phone: 3319 4127
- 25-31** **Velo Cardio Facial Syndrome Awareness Week**
Velo Cardio Facial Syndrome Foundation of NSW
Phone: (02) 9625 3710
- 31** **Cardiomyopathy Day**
Cardiomyopathy Association of Australia
Phone: 5537 4950

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

in retrospect

A review of some articles from previous Health Matters

February	Young doctors start in record numbers \$27m boost to tackle surgery waiting lists Hip hop dance skills program on show
March	Health professionals gain pay rise Record patient figures set by hospitals Australia Day Achievement awards presented
April	Fluoridation set for wide introduction Bid to boost nutrition in outback Futuristic design for smart therapies site
May	Airport sales boost new hospital financing Junior doctors pass with flying colours Equal Employment Opportunity featuree
June	Record \$8.325 billion Queensland Health Budget Leading the way in patient openness Cardiac unit celebrates decade of treatment
July	Easier access to data benchmarks Show displays spread good food messages Indigenous strategies aim to close the gap

Rubber duck sponsors sought

An attempt will be made to have a record 30,000 rubber ducks take part in this year's Great Brisbane Duck Race, staged to raise funds for cancer research at Princess Alexandra Hospital.

The duck race, organised by the Princess Alexandra Hospital Foundation, will be held in the Brisbane

River from the Cultural Forecourt at South bank from 8.30am on Friday, 29 August.

Last year's event raised \$70,000 to better diagnosis, therapies and treatments for cancer patients.

The ducks will race along with the tide down a 100 metre course on the Brisbane River, with the

event telecast live on Channel Seven's Sunrise Morning Show.

The sponsor holding the ticket number matching the first duck over the finish line wins a new Mitsubishi Colt. Sponsorship information is available from the Hospital Foundation, phone 3240 2359 or visit www.pafoundation.com.au