

HealthMatters



health • care • people



Faced, as we are daily, with the growing health needs of the Queensland community, it is easy to forget what we actually achieve.

The volume of clinical services we deliver, and usually deliver well, is truly impressive. Queensland Health's Quarterly Hospital Performance Report is a publicly available record of this and we should take every opportunity to point people to it.

The most recent report, available on our website, highlights that we are treating more patients every quarter, and the rate of increase far outstrips the State's population growth.

The challenging aspect is that the greatest growth is in emergency department presentations and in emergency admissions, the things we can't easily control.

Our emergency departments treated a record 373,141 patients in the March quarter – an 8.5 per cent increase on the first quarter of 2007, comprising 29,368 more patients.

And a total of 212,491 patients were admitted – up 5.30 per cent, or 10,713 patients. Despite this increase in numbers, waiting times for all categories of patients were largely unchanged.

Hospital admissions and specialist outpatient service demand also continues to grow. There was a 5.3 per cent increase

in patient admissions compared with the same period last year, which are 10,700 more admissions. Outpatient occasions of service increased by seven per cent, over 110,000 more clinic visits.

I acknowledge that there are some patients awaiting elective surgery longer than desirable and through programs such as Surgery Connect we are targeting them.

But in the face of an increase in emergency admissions of over 9 per cent compared with the same period last year, that is more than 20,000 patients extra, it is quite extraordinary that we are still able to report that 50 per cent of Category 3 elective surgery patients, our low urgency patients, received care within 92 days.

Moreover, 90 per cent of these patients received care within 386 days.

The Quarterly Hospitals Performance Report represents our commitment to being open and accountable in everything we do. *continued page 2*



Cover photo

Sterilising technicians Gerda (left) and Sandra de Koning prepared the Cairns Base Hospital's Central Sterilising Department \$2000 first prize entry in the statewide Easi-sterilise competition recognising the risk of transmission of infection. Redcliffe Hospital CSD took out the competition's second prize of \$1000. See story Page 8

Health Matters is published by Public Affairs, Queensland Health.
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Design and layout

Production Services, Public Affairs

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ISSN 1326-575X

Print and electronic media are welcome to use stories with or without acknowledgment.

Timeframes

Lodge articles for July with the editor before 6 June.
If you have an item you consider newsworthy or require further information on articles in this edition, phone (07) 3234 1090.

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Queensland Health reforms

Airport sales boost new hospitals

A major expansion and redevelopment of Cairns, Mackay and Mt Isa hospitals will be delivered with the State Government planning to sell airports in Cairns, Mackay and its stake in Brisbane Airport.

Premier Anna Bligh told State Parliament last month that it was “vital we redirect the airport sale funds back into these geographically important hospitals”.

“Every cent of these airport sales will be reinvested in regional infrastructure,” she said.

Health Minister Stephen Robertson said the Cairns Hospital will be expanded and a new clinical wing constructed.

“It will be the new hub for more surgical and day beds, additional cardiac care facilities and a day surgery unit,” he said.

“The new building will deliver enhanced aged care and rehabilitation facilities and radiation oncology services.

“A new comprehensive cancer care unit will be delivered in consultation with local group COUCH.

“We will fast track the acquisition of a large parcel of land on the southside of Cairns that will provide for future health service needs.”

Mr Robertson said the Mackay’s Health Master Plan recommended building a new hospital on the site of the existing facility.

He said the Government had delivered practical plans to transform Mackay Hospital into a new, state of the art health facility that would offer substantially expanded clinical services to the region’s residents.

He said the Mackay Health Master Plan outlined sensible

solutions that would see the hospital rebuilt in two stages.

Mr Robertson said Mount Isa Hospital was set for a major upgrade with the State Government providing \$65.2 million for an expanded emergency department and other new health facilities.

The Mt Isa project, to be delivered over four years, would include new outpatients, primary health and community health facilities in a new building on the current hospital site.

Mount Isa would soon become a bigger hub for training rural practitioners.

The project includes better training facilities for medical and nursing students at James Cook University’s Mount Isa Centre for Rural and Remote Health.

“It will provide a world-class learning environment for rural health practitioners, such as trainee rural generalists which will, in turn, help attract medical and nursing graduates to the region,” Mr Robertson said.

Action Plan achieves record figures

Record numbers of patients have received care in Queensland hospitals from thousands of extra health workers under the \$10 billion Health Action Plan.

Health Minister Stephen Robertson told State Parliament

last month that Queensland’s public health services had become more patient focused and responsive since the five year Health Action Plan was launched in 2005.

“At the half way mark, the Health Action Plan has given Queenslanders an extra 8212 doctors, nurses and allied health professionals who are working hard and delivering high quality treatment across our community,” he said.

“Health workers in Queensland’s public hospitals have met the needs of a record 842,725 of people admitted to hospitals in 2007 – a 6.1 per cent increase on 2006 which is around three times greater than our population growth.

“As well in 2007, our health care professionals have cared for a record 929,093 Queensland residents who presented to our major emergency departments – that’s an increase of 8.7 per cent on the previous year.”

Mr Robertson said that the Health Action Plan saw 113,406 Queenslanders get the elective surgery they needed last year – more than the previous two years.

Additionally, more than 320,000 Queenslanders enjoyed the added security of being able to call on medical advice from the State Government’s 24-hour health hotline, 13 HEALTH.

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It all adds up to a lot of excellent work being done by a lot of excellent staff throughout the state supporting the health of the Queensland community.

But I am also mindful that simple measures of performance such as we are currently reporting do not fully capture the effort of staff nor the quality of care.

I am in the fortunate position of seeing many letters of appreciation that come in from people about the care that

they or a family member have received from Queensland Health.

Unfortunately, you probably mainly see the press reports of the dissatisfied. Our performance reporting will continue to evolve to better capture the quality of care we provide and the satisfaction with that care.

We can then more systematically monitor how we are performing on these aspects as well.

Queensland Health reforms

Doctors pass with flying colours



Junior doctors at Princess Alexandra Hospital have achieved a 35 per cent higher pass rate than the national average in the most important exam in their six year training.

Dr Geoffrey Playford, Director of physician training, said the hospital's pass rate had soared from 75 to 90 per cent since the hospital ramped up its commitment to medical training two years ago.

"Compared with the national average of a 65 per cent pass rate, this is an achievement we can be very proud of," he said.

"The exam provides us an external measure of how our doctors compare with the rest of the country. People coming to the hospital can have confidence that we have fine consultants and high achieving junior doctors who are some of the nation's best."

Dr Playford said the achievement was thanks to the

Dr Andrea Henden and Dr Greg Starmer, two of PAH's success stories from last year's junior doctor exams.

establishment of a dedicated physician training unit at the hospital two years ago.

He said the physician training unit provided day-to-day support, including tutorials, practice exams and expert advice from senior doctors who invested a significant amount of time to educate their colleagues.

"Junior doctors are required to do a minimum of 1000 hours of study to prepare for the written exam alone, on top of a full-time clinical workload," Dr Playford said.

"As well as training, we offer administrative support to handle rostering, relief and holidays. Without this unit, they're on their own. Not many hospitals in Australia that we know of offer this level of support."

Dr Andrea Henden, who passed her exams last year and is on her way to becoming a specialist in haematology, said the hospital's support was invaluable during her preparation for the exams.

"The most difficult thing about preparing for the exams is balancing the study commitments with the full-time work," Dr Henden said.

"I found the tutorials held before work were really helpful, and we were given as many practice cases as possible in preparation for the practical exam. They organise the basics so we can get on with our study."

Junior doctors undertake six years of basic training in the clinical environment. The written and practical exams are the turning point between part one and part two of basic physician training.

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Queensland Health reforms

Wendy clears the way for change



Wendy Laupu: set to change international procedures.

International procedures for cleaning reusable laryngeal mask airways and other anaesthetic equipment are set to change thanks to Cairns Base Hospital Enrolled Nurse Wendy Laupu.

Wendy's research has found a means of removing the

protein deposits on anaesthetic equipment which cannot be removed through normal hospital cleaning, washing and sterilising procedures.

She has been supported in her research by James Cook University Adjunct Professor Joseph Brimacombe, himself an international authority on laryngeal mask airway research.

The proteins that are not properly removed by normal hospital cleaning and sterilising methods can create an increased risk of prion transmission, which can lead to the contraction of prion-based diseases like the various variants of Creutzfeldt-Jakob Disease.

"By removing the proteins, we remove the chance of contracting vCJD. The process is not a curative but a preventative," Wendy said.

Prions are found in human tissue, blood, spinal fluid and urine.

"Anaesthetic equipment, for instance, is frequently heavily contaminated with protein after use – and tonsillar tissue is a huge reservoir for prions," Wendy said.

The cleaning process Wendy has developed ensures the removal of all such material.

Wendy's process involves two supplementary cleaning steps which can be carried out after the used anaesthetic equipment is washed and cleaned, but before it is sterilised.

The first step involves immersing the used equipment in a bath of 8mg of potassium permanganate for five minutes.

The second step involves removing the brown stain –

created by manganese dioxide – that often discolours used anaesthetic equipment, by immersing the equipment in a bath of Diet Coke for one minute.

"Diet Coke is a weak mineral acid – the active ingredients of which are phosphoric acid, and also citric acid – which remove the manganese dioxide stain," Wendy says.

"The research I and my colleagues have done shows that this process safely and effectively removes all protein – and hence potential prion – contamination and the equipment can then be sterilised normally for further use.

"We've also shown that this process can remove blood and tissue that might have survived the initial washing and cleaning process.

"The supplementary cleaning process is very cost-effective and doesn't damage the equipment."

Wendy said that by ensuring reusable equipment could be thoroughly cleaned and the risk of prion transmission reduced, the need to use disposable equipment as a means of infection control was reduced.

She said the problem with disposable equipment was that it was rich in protein contamination and, unless it was properly disposed of – normally by incineration at around 1100 degrees – it could lead to inter-generational transmission of disease.

This could occur where contaminated disposable equipment was disposed of in a landfill rather than through incineration.

Licence renewal on-line

About 60,000 nurses and midwives in Queensland must renew their licence to continue practicing in Queensland as part of the Queensland Nursing Council's annual licence renewal period, which goes until 30 June.

Nurses who haven't renewed online before are encouraged by the QNC to renew their licence online, saying it is

quick, easy and secure. With online renewal it typically take less than 10 minutes to complete, just have a credit card, nurse ID and web password handy.

Online renewal involved only a few key strokes and mouse clicks—no postage or travelling necessary, details are secured with digital encryption, and there is not any worry about a form being lost in the mail.

To renew online, visit www.qnc.qld.gov.au and select "renew your annual licence" towards the bottom of the

screen. Complete the easy-to-follow instructions and licences will be posted in the mail.

Alternatively licence renewal can be completed either by post or in person.

To ensure the application for licence renewal is approved in time, QNC asks that applications for renewal be made before 1 June, as this is the peak time for processing.

Contact; renewal team, phone 3223 5188 (for callers outside Brisbane 1300 139 993)

Queensland Health reforms

from the *Chief Nursing Officer*



Pauline Ross

An **\$87 million** package aimed at returning non-working registered nurses, enrolled nurses and midwives to the workforce was announced earlier this year by the Federal Government.

The package is available to the public, private and aged care sectors, with Queensland Health responsible for the public sector only. The package is aimed at nurses (registered and enrolled) and midwives who have been out of the workforce for more than 12 months. They may or may not hold a licence to practice.

In Queensland, refresher programs are available for nurses/midwives who have been out of the workforce for up to five years, but who still hold a licence.

Re-entry programs are available for nurses/midwives who have been out of the workforce more than five years and who no longer hold a licence.

The only provider of re-entry programs in Queensland is the Competency Assessment Service (CAS), a collaborative between Central Queensland University and Central Queensland TAFE. The Queensland Nursing Council contracts the CAS service.

The Federal Government's package consists of a financial bonus to nurses who remain in employment for 18 months past the refresher/re-entry program.

A bonus of \$3000 is available at the completion of six months employment with the remaining \$3000 available at the end of 18 months. This bonus is available for full time equivalent nurses/midwives. Participants who have undertaken a course since the commencement date of 15 January 2008 will be able to claim the bonus.

Facilities that offer support to refresher/re-entry participants can access \$1000 for each full time equivalent nurse/midwife. This is premised on the facility offering employ-

ment to the participant at the completion of the program.

The Office of the Chief Nursing Officer is responsible for managing the program.

There will be regular reporting to the Commonwealth Department of Health and Ageing (DoHA) on the number of participants who undertake the programs and who subsequently remain in employment for 18 months.

DoHA has allocated a notional figure for nurses/midwives returning to work in Queensland over the next five years, however we are not entirely confident there are the number of non-working nurses/midwives in Queensland available to take up the programs in the five years.

We will work with the Commonwealth to provide as many programs as possible across Queensland and to administer the bonuses to participants and facilities.

Matthew Schull, from the Prince Charles Hospital, has been seconded for four months to assist with reviewing the current refresher programs in the districts, and to set up the necessary systems to manage/pay the bonuses and report on the outcomes for Queensland Health.

Duckett gains national post

Dr Stephen Duckett, Executive Director, Reform and Development Division, Queensland Health, has been appointed a member of the National Health and Hospitals Reform Commission to develop a long-term national health reform plan.

Dr Duckett, a health economist, was Secretary of the Commonwealth Department of Health from 1994-1996 and has held leadership positions in the Victorian Health

Department, at La Trobe University and as Chair of the Boards governing The Alfred and the Brotherhood of St Laurence.

The reform commission has been tasked by Federal Cabinet to provide an interim report on a long-term health reform plan by the end of 2008, and a final plan in mid 2009.

The commission will provide a blueprint for tackling future challenges in the Australian health system.

Queensland Health reforms

Planning for allied health services



Pictured at the forum are, from left, Julie Holcombe, Jacqui Lunday, and Karen Middleton.

A total of 120 allied health workers from across the state planned activities for 2008-2009 at a health forum held by the Allied Health Workforce Advice and Co-ordination Unit

in Brisbane last month.

Another 12 centres from around the state teleconferenced into the presentations.

Julie Holcombe, the unit's Acting Director, spoke on current allied health initiatives, including the most recent investment in clinical education and training.

She said it was an exciting time for allied health in Queensland with many opportunities for the development of the workforce.

Karen Middleton, the Chief Health Professional Officer for England, spoke on the competence-based career framework for allied health professionals.

Her presentation focused on the need for a more flexible and responsive allied health workforce.

She said workforce planning needed to move "from who and where, to what and when" in order to better meet the population's health needs.

She said this could be achieved by determining specific and shared competencies to meet the needs of patients and the public.

"A patient centred episode of care then becomes focused around both inputs (what do individuals need to bring to this situation for the right result to happen) and outcomes (what do individuals need to achieve for the right result to happen)," Karen said.

"The NHS Career and Competency Framework has been

a substantial body of work which has mapped the generic, common, shared and specific competencies of the disciplines.

"The framework provides guidance on the implementation of flexible career pathways and skills escalator concept, enabling individuals with transferable competency based skills to progress in a direction which meets workforce service and individual need."

Jacqui Lunday, the Chief Health Professional Officer for Scotland, focused on building capacity and capability of the allied health workforce.

She outlined strategies used in the past seven years to grow the workforce from a relatively inexperienced base to the current mix of experienced clinicians, supported new graduates and increased numbers of support workers.

She said the current workforce had strong leadership and was now highly visible within the health sector.

She said the drivers for change were similar to the Australian health sector, an increasingly ageing population using more and more acute health services, an increase in chronic disease prevalence, and an ageing health workforce.

Karen's and Jacqui's powerpoint presentations are available on the unit's website at <http://qheps.health.qld.gov.au/ahwac> or e-mail HAUTEMP@health.qld.gov.au for a DVD of the forum.

Doctor to lead training

Leading local clinician Dr Steven Coverdale will head the first clinical school established on the Sunshine Coast to train medical students. The Sunshine Coast Clinical School is a joint venture between Queensland Health and the University of Queensland's School of Medicine.

"Dr Coverdale is an ideal choice to steer the Sunshine Coast Clinical School through major growth in the local training of medical students," said Health Minister Stephen Robertson.

Dr Coverdale is a senior clinician working at Nambour Hospital where the clinical school will initially be based until the new Sunshine Coast Hospital opens at Kawana in 2014.

He is the Director of Medical Services for the Sunshine Coast health district and has years of experience in medical education.

Mr Robertson said the new clinical school will give the Sunshine Coast an international reputation as a training centre for future doctors.

"It will also play a major role in attracting more experienced doctors and young doctors to build the Sunshine Coast's medical workforce," he said.

"We will need hundreds of new clinicians to staff the brand new Sunshine Coast tertiary hospital we're building at Kawana.

"We also need to attract more medical students and interns – our doctors of the future – to train on the Sunshine Coast.

"That's why the State Government established the school to ensure we have the doctors to meet the health needs of this fast-growing region."

The clinical school will help attract more medical students to the Sunshine Coast to do their training locally.

It will also attract more experienced doctors to work on the Coast and provide clinical training for young doctors.

Queensland Health reforms

Doctor fatigue tackled

Standards to reduce doctor fatigue in public hospitals will apply to all Queensland health facilities from next year, making Queensland the first state to tackle doctor fatigue in a comprehensive way.

Health Minister Stephen Robertson said last month in State Parliament that every district would be required to develop their own local doctor fatigue risk management protocols based on individual circumstances and staffing levels.

“Our public hospitals can be extremely busy hives of activity where unpredictable incidents cause surges in demand and staff are on deck around the clock,” he said.

“This results in many of our staff, particularly doctors, being prone to fatigue. During the past 18 months, Queensland Health has been working hard to reduce the risks of fatigue to doctors.

“An Alert Doctors Strategy has involved close collaboration with the AMAQ, unions and the University of South

Australia’s Centre for Sleep Research.

“Every health district will be required to adhere to the Standard for Fatigue Risk Management.

“Its development has been informed by case studies undertaken in 14 hospitals and consultation with key stakeholders.

“It should be finalised by 1 July and take effect next year.”

Mr Robertson said the strategies for a rural hospital would be quite different from a major tertiary hospital.

For example, Atherton and a number of units at the Royal Brisbane and Women’s Hospital have participated as case study sites.

Atherton has focused on taking a lean thinking approach to decrease the fatigue level of senior doctors on weekend on-call rosters.

This included rationalising the workload generated by the weekend ward round.

“The RBWH has used this approach, but their practical application has been very different,” Mr Robertson said.

“They’re reviewing their medical paging systems so that unnecessary calls are filtered and doctors are not disturbed or distracted inappropriately.

Students to lower doctor shortage

Medical students who could eventually help overcome doctor shortages in some of Queensland’s areas of greatest need are studying as Queensland Health Bonded Medical Scholarship recipients at Griffith University.

The 49 students started studying at the university in February and were welcomed by Health Minister Stephen Robertson at a special function in March.

The students are the third intake under the \$60 million scholarship scheme that will see a total of 235 medical students over a period of five years work in Queensland Areas of Priority Service following graduation.

Areas of Priority Service are identified by members of a reference group and scholarship recipients will be assisted with vocational guidance and career planning throughout their medical studies and bonded service.

Mr Robertson said the students were the new face of Queensland Health and that Queensland’s financial investment in the bonded medical program was aimed at boosting service delivery in the years ahead.

“Apart from examining patterns and hours of work, case study sites have also considered:

- use of opportunistic napping when on call in the hospital
- the actual sleep a doctor is able to obtain during extended hours of duty, and the suitability of sleeping facilities in our hospitals
- use of other risk control measures, such as checking high risk tasks with another health practitioner
- better use of other health professionals to reduce the after hours work burden for doctors, especially in rural and regional locations.

Do You Care For People With Life-limiting Illnesses?

Pepe: A Supervised Clinical Attachment

What is PEPA?

The **Program of Experience in the Palliative Approach (PEPA)** is an Australian Government Department of Health an Ageing funded program for Nurses, Doctors, Allied Health Staff, and Indigenous Health Workers to enable them to develop or update their skills in palliative care through:

- Supervised clinical placements
- Developing strategies for integrating new learning into their practice
- Building networks of support with specialist palliative care providers

Will there be Financial Support?

Your employer will receive some backfill reimbursement for each staff member participating in a clinical placement. Financial support to assist with travel, accommodation and other living expenses is provided for rural participants.

How to Apply

For further information regarding PEPA download information from the Education page at the Centre for Palliative Care Research & Education’s website at www.cpcrc.com or contact the PEPA Manager Queensland, Kathy Laurent on 07 3636 6216 Kathryn.Laurent@health.qld.gov.au.

Queensland Health reforms

Home-town treatment a success



Larry Green, conducting his own renal dialysis, chats with John Fanning and Arlene Mascadri, Stanthorpe Hospital Enrolled Nurse.

Kidney failure patients in the Stanthorpe district can now be treated in their home town and not have to travel to Toowoomba Hospital for dialysis treatment.

The first dialysis session for a renal failure patient was held in March at Stanthorpe Hospital with both patient and health staff describing it as a “fantastic success”.

John Fanning, Toowoomba Hospital Renal Unit Acting Clinical Nurse (Home Haemodialysis) said patients using the dialysis machine in Stanthorpe were trained at the Toowoomba Hospital’s renal unit to undertake their treatment totally independently.

“This means they do not require support from nurses or doctors at the hospital,” he said.

“In 2005, we had started to set up a room and dialysis machine in the Stanthorpe Hospital for a patient, but then the patient received a transplant which was wonderful news.

Then we were advised of local patient, Larry Green, who has been suffering kidney disease for five years.

“His doctors felt he should start dialysis and we talked to the Stanthorpe Hospital about setting up a treatment area for him to avoid having to travel to Toowoomba and back three times a week.

“Lesley Shannon, Director of Nursing, has been really supportive and has recommissioned the room which was set up in 2005 especially for this purpose.

“Larry is very well set up and after three months intensive training at Toowoomba Hospital Renal Unit can conduct dialysis himself.

“Larry’s wife, Lena, has also been trained as a support person while he is undertaking dialysis treatment.”

Larry said that before starting dialysis he was feeling very ill, but following his first treatment he feels much better.

“It’s a bonus having the dialysis machine in my home town and it really gives a better quality of life, even if I am tied to the machine a fair bit – three times a week for five hours,” he said.

Reward for cutting infection risks

Cairns Base Hospital’s Central Sterilising Department (CSD) has won a \$2000 first prize in a statewide competition recognising the risk of transmission of infection.

Sterilising technicians, sisters Gerda and Sandra de Koning prepared the Cairns entry in the Easi-sterilise competition and highlighted the work done by staff since August last year to implement Easi-sterilise procedures.

Redcliffe Hospital CSD took out the competition’s second prize of \$1000.

Easi-sterilise – which was developed by the Centre Healthcare Related Infection Surveillance and Prevention (CHRISP) – comprises a set of resources designed to provide managers and staff of sterilising units with a set of templates for standardising sterilising practice.

Easi-sterilise aims to help managers and staff of sterilising services recognise areas in which they are competent and those in which they still need to improve, as well as to identify problem areas where an individual or the department requires further assistance and training.

Cairns Base Hospital’s CSD unit was one of several pilot

sites last year for the development of the Easi-sterilise program and provided valuable feedback and support for the program. CHRISP Principal Adviser Rosemary Steinhardt said the support and feedback from the Cairns Base Hospital CSD during the pilot stage had been extremely valuable to the development of the program.

She said Easi-sterilise had been developed in recognition of the importance of minimising the risk of transmission of infection from patient to patient.

She said the program helped sterilising services staff perform their duties safely, efficiently and in accordance with Queensland Health Infection Control Guidelines and Australian/New Zealand Standard 4187: 2003.

Keeping weight off for life



Colin Prestige: fit and given a clean bill of health.

When Colin Prestige was diagnosed with the early stages of liver failure and shaping up to be a risk case for almost every chronic disease, he knew it was time to do something about his weight.

Unsure of where to start, the 36-year-old prosthetics

technician saw an advertisement for a clinical weight loss trial at his workplace, the Princess Alexandra Hospital.

The trial, which is funded by the National Health and Medical Research Council, aims to find the most effective ways to lose weight and keep it off for life.

The principal investigator is Dr Trisha O'Moore-Sullivan, an endocrinologist at the hospital and a research fellow at the Diamantina Institute, University of Queensland.

Colin said that after joining the trial he managed to lose 30kg and was recently given a "clean bill of health".

"The best thing about the trial was that it cut out all the fad diets, meal replacements and drugs – and focused on the real changes I could make to my lifestyle," he said.

"We were given advice from various health professionals, who kept an eye on me and kept me accountable."

Colin said he knew it was time to lose weight when he was told he was a risk factor for "almost everything".

"It didn't care about my weight until I found out I had the early stages of liver disease and was heading towards type 2 diabetes and heart problems," he said.

"My wife and I had been trying for a second child without success, and five weeks ago we had a beautiful baby daughter.

"Once I joined the trial, my wife decided she'd join in and we lost a combined 50kg – which we've both managed to keep off."

Colin is just one of 150 participants who have lost

weight since the clinical trial began three years ago.

Dr Clair Sullivan, Princess Alexandra Hospital endocrinologist and research fellow working on the trial, said the trial involved intensive contact with various health professionals including endocrinologists, dietitians, exercise physiologists and psychologists.

"What we're doing is tailoring a program for each participant, so they can make changes to all aspects of their lifestyle to help them sustain their weight loss and keep them at a healthy weight, right up until they're 90," she said.

"The team approach we use in our program is designed to cover all bases – from the foods we eat and exercise, to emotional problems.

"The trial has been very successful in terms of weight loss since we started three years ago."

Dr Sullivan said people aiming to lose weight should forget about "quick fixes" and concentrate on sustained lifestyle changes.

"We know that drugs and meal replacements may help in the short term, but once you stop you're likely to put the weight back on," she said.

"People often don't realise there are problems with their lifestyle that are causing them to be overweight."

For Colin, his lifestyle changes were simple – walk every day, reduce his alcohol intake, and think about what his diet included every day. He's now the healthiest he's been in years.

Probe into rural fitness

A \$150,000 grant for a one-year study of levels of physical activity in rural Queensland has been awarded by Queensland Health Population Branch to a University of Southern Queensland research consortium.

The team, led by Dr Robert Eley, a senior research fel-

low at the university's Centre for Rural and Remote Area Health, will work with researchers from the University of Queensland.

"Very little is known about the levels or patterns of physical activity in rural areas," Dr Eley said.

"The study will consider what people do, what opportunities there are for people to undertake physical activity and what the barriers to undertaking physical activity are.

"For example if you live in a rural area you might have

good intentions to go walking but have no lighted foot-paths."

Dr Eley said the dramatic increase in chronic diseases in rural Queensland generated the interest in studying physical activity.

He said chronic diseases such as asthma and type 2 diabetes were influenced by physical activity.

He said and this could be used to support management of these diseases.

Making Mitchell Movers motivated

Funding to get local people moving with regular low-cost physical activity has been given to the Mitchell Health Service's Walkabout Mitchell lifestyle program from Queensland Health Outback and Involved.

Anna Cross, health promotion officer, said Walkabout Mitchell was about encouraging the community to make walking part of their daily lives, "so they not only set aside time to walk but also choose to walk to different shops or a friend's house instead of driving".

"Adding little bits of walking to our daily lives can help each of us achieve significant health benefits by reducing the risk of chronic disease, building our strength, reducing our risk of injury and improving our mental health," she said.

"We all need to aim for 30 minutes of physical activity

every day. We're establishing the Mitchell Movers walking groups for various age groups to strive for healthier lifestyles.

Members will be easily identifiable in local streets with their new promotional t-shirts and shady hats.

"In time, we'll also be erecting Walkabout Mitchell signage and providing benches for well-earned rests!"

Anna said walking groups provided a great opportunity to enjoy the activity with family, friends and pets.

"Taking a team approach helps our older citizens get out and about, and feel part of the community," she said.

"To help older people and those with a disability, the program will also be offering falls assessments and weekly balance classes so they better understand the risks of falls and how to prevent them."

Walkabout Mitchell is part of the community's ongoing health promotion initiatives and was developed as a result of community feedback from the Men's Health Night, Women's Health Night, His and Her Health Night, Pitstop activities, health screenings and Lighten Up programs.

Other South West organisations which are working to

improve health and well-being in local communities are also encouraged to apply for Queensland Health Outback and Involved grants.

Deb Alick, Outback and Involved committee member, said applications would be considered from a wide variety of local groups which have identified local health-related issues, developed local solutions and are keen to make a difference in their communities.

"We fund activities which help establish and enhance community partnerships, create supportive social environments and develop the skills and knowledge of local people," she said.

"We're particularly keen to work with community groups who have a great idea and the passion to drive it, but have had little experience applying for grants.

"If you're unsure whether your project would be eligible, or have limited experience in compiling submissions, contact the South West Population Health Unit for assistance.

"In particular the committee is keen to support projects that assist in preventing falls and falls-related injuries in older people."

Quitline joins 13HEALTH

Quitline, or 13 QUIT, is now in a different location, but is still offering the same telephone-based support for the cost of a local call.

The helpline for smokers, has moved from its previous location within the Prince Charles Hospital Health Service

District to become part of Clinical and Statewide Service Division's Health Contact Centre.

The Health Contact Centre now runs 13 QUIT as well as 13 HEALTH.

Quitline is a statewide, confidential service dedicated to providing individually-tailored information, advice and support to people who want to quit smoking.

It has been assisting Queensland callers for over 20 years.

Specially-trained Quitline Advisors focus on the reasons why people smoke, and not why they shouldn't, so callers are not given a health lecture.

Quitline Advisors provide support, encouragement, and resources to callers by assessing nicotine dependence, determining habits and routines around smoking, discussing motivations for and barriers to smoking cessation, individually tailoring a quit plan for each caller, and offering ongoing support during the quitting process.

Equal Employment Opportunity

12 - 16 May 08

Awareness Week

The key Queensland Health message for Equal Employment Opportunity Awareness Week, 12-16 May, is that it is imperative that, as an organisation and as individuals, we value the diversity of our workforce and community we serve.

The vision for equity and diversity in Queensland Health is to create inclusive work environments that are free from all forms of unlawful discrimination and where people are valued for their diverse experiences knowledge and abilities.

EEO Awareness Week is aimed at

raising the awareness of EEO legislation and the importance of participating in EEO activities and commitment to these principles within everyday work life within Queensland Health.

The Queensland Health Equity and Diversity Strategic Plan 2007-2010 was endorsed by the Director-General in June 2007 and reinforces our commitment to the principles of equity and diversity in public sector employment.

It is a legislative requirement of the *Equal Opportunity in Public Employment Act 1992* that Queensland Health report on compliance against Equal Employment

Opportunity (EEO) strategies to the Office of the Public Service Commissioner (OPSC).

There is a focus on the statistical reporting of the four identified target groups Aboriginal and Torres Strait Islanders, women, people from a non-English speaking background, and people with a disability. There will be a focus during the week on local activities promoting EEO awareness and campaigns to increase Queensland Health EEO data and information.

Contact: the Queensland Health Human Resources Branch, e-mail Equity-Diversity@health.qld.gov.au or phone 3234 1043.

Target group Women

Gloria Wallace began working with Queensland Health as a nurse at the Princess Alexandra Hospital's aged rehabilitation unit in 1989.

In 1993, Gloria was asked by the hospital's chief executive officer if she would like to undertake a 12 month Australian Health Leadership Program.

As part of the program, Gloria was placed in Queensland Treasury to gain financial skills and then the Public Sector Management Committee where she worked on the administrative review of Q Build.

After finishing the program, Gloria went back to the PAH to manage the construction of the new PAH laundry and revision of the management of the linen service, which

was her first management role outside of nursing.

This eventually led to becoming district manager of Toowoomba and Darling Downs, Prince Charles Hospital and Cairns Health Service Districts.

She was also State Manager of Organisational Development, which involved workforce, HR and industrial relations management. She is now General Manager of the Southern Area Health Service.

Gloria credits her move into management to her CEO at PAH.

"Somebody gave me an opportunity – an opportunity to expand my horizons and challenge me in ways I never expected," she said.

"People who see their careers in nursing or physiotherapy don't have to stay in those silos, they can set their own career goals outside of clinical practice."

Target group

Aboriginal and Torres Strait Islander

Maria Peachey began work with Queensland Health in 1971 as an Enrolled Nurse and has held various roles throughout her career.

She is currently Acting Regional Indigenous and Operational Policy Manager within Mt Isa Health Service District and is an integral part of the executive management team.

Maria has experienced first hand how Queensland Health values the diversity of its workforce and is striving to achieve a workforce that is reflective of the diverse community it serves, through the implementation of targeted initiatives.

Before starting with Queensland Health, Maria saw working for Queensland Health as an avenue that would provide her the opportunity to help and encourage the local community to access health services.

Her work requires her to be closely involved with the community and help empower staff and individuals to work together for better health outcomes for Aboriginal and Torres Strait Islander people.

Staff from an Aboriginal and Torres Strait Islander background are encouraged to take more of a lead role in local community issues.

This support work is continuing to grow and more recognition is being given to having Aboriginal and Torres Strait Islander staff working within their local community.

Target group Disability

“**Princess Alexandra** Hospital generally has good access for scooters and wheelchairs.

People often see me whizzing round the hospital in my blue electric scooter. I can get to anywhere I need to.” says Briony McKee.

Briony, pictured above, has been a pharmacist at the hospital for the past two years and has muscular dystrophy. Her role is based in the central pharmacy and she looks after several wards, including spinal rehab, brain injury ward and security ward.

She uses a basket on the front of her scooter when undertaking her duties which include checking patient charts, consulting with doctors and supplying appropriate medications. Briony has felt well supported by her colleagues since she commenced in 2006

“When I started, the pharmacy staff were very encouraging, and an OT (Occupational Therapist) was brought in to see if I needed any adjustments made to benches or computers,” she said.

“The pharmacy door was quite heavy; so they adjusted it so it’s not too heavy now.”



Rihab Idris: meeting the challenge of language.

Target group NESB

Real results of strategies to attract and retain people from non-English speaking backgrounds (NESB) are being seen by West Moreton Health Service District.

Facilitated workshops are one strategy used to target members from the local non-working refugee and migrant community.

The aim of these workshops is to provide an overview of the variety of jobs that exist within Queensland Health and to clearly explain in simple terms how to apply for jobs, including traineeships.

Rihab Idris attended one to these workshops in 2006. Rihab was born in Sudan and migrated from Cairo, Egypt to Australia in 2004 with her husband and son. Initially Rihab and her family settled in Sydney and relocated to Brisbane in 2006.

Before migrating, Rihab had worked in administration/management roles.

“Language was a key challenge for me in locating employment when I first came to Australia. I applied for jobs in administration and sometimes got to interview but was not successful in getting the job” said Rihab.

When a traineeship in aged care became available, Rihab used the knowledge she learnt from the workshop to assist her to submit an application. She was successful in this application and started a traineeship in aged care at Ipswich Hospital in April 2007.

“The traineeship was full-time and I was nervous and scared because of some different cultural and language issues – because English is not my first language” she said.

“I lacked confidence in my language skills, but my confidence improved over time. I was supported by my supervisor and colleagues as well as the Multicultural Health Coordinator and Project Officer of the Health Employment Equity and Diversity Project.

“Through this, I was able to access assistance with understanding the recruitment and application process and practice for interview.”

Rihab has recently been successful in securing a permanent full-time Assistant in Nursing job with Queensland Health, located in West Moreton HSD.

“As a result of this traineeship, I learnt more about Queensland Health and WMHSD,” she said.

“I have developed a broad range of nursing skills as well as how to communicate more effectively with people – both staff and patients.

“Doing this traineeship at the hospital has helped me to understand much more about nursing and I am really excited about working as a nurse.”

Dan monitors the sea



Dan Wruck testing for excess nutrients in waterways.

Queensland Health is playing a leading role in a United Nations study on the potentially harmful affect of excess nutrients in natural waterways to freshwater and ocean environments.

Forensic and Scientific Service (FSS) Chemistry, Environmental Waters, has taken part in studies to develop standards and coordinating testing of natural waters.

Dan Wruck, Environmental Waters, presented the results of the two inter-laboratory rounds of testing, conducted on behalf of the United Nations Office for Project Services at a recent international workshop held in Korea.

During round two of testing, Queensland Health played a leading role in coordinating the work of four laboratories from China and three from the Republic of Korea on behalf of the Yellow Sea project.

FSS scientists supplied reference materials to each lab, collecting and analysing results and preparing the final reports with recommendations for future improvement.

During the conference Dan presented participants with some ideas on improving analytical skills, such as methods for validating data, precision data, repeatability, reproducibility, bias and uncertainty.

Safer blood now available

Safer fresh blood products will be delivered by Queensland Health in response to a national initiative in leucodepletion, a process of filtering white blood cells from fresh blood products. The Australian Red Cross Blood Service, Queensland Health's supplier of all fresh blood products, will provide universal leucodepleted platelets from this month.

Universal leucodepletion will only apply to platelets, with universal leucodepletion of red blood cells expected to be available later this year.

Vicki Campbell, Haemovigilance Nurse of Queensland

Blood Management Program, said removing white blood cells in platelets made the product safer by decreasing the risk of complications.

"This will greatly benefit patients, especially those with compromised immunity such as patients receiving cancer treatment," she said.

Presently, nursing staff have to filter platelets at the patient's bedside. With the Red Cross supplying universal leucodepleted platelets, this extra process will no longer be necessary.

Enhance your health career options with a Doctor of Health Science

QUT's Doctor of Health Science degree is designed for suitably qualified practising health professionals, and prepares them for high-level positions in their profession and senior leadership roles.

The course aims to develop advanced analytical and conceptual capabilities through critical review and systematic application of research in professional settings through a combination of coursework and research.

This course appeals to those with an interest in working with people, helping to improve the health of individuals and communities, and

making a difference in the lives of others either through direct contact or through policy decisions.

Students may undertake an industry-linked or worked-based research project or a portfolio of projects.

For more information please contact QUT's Faculty of Health on (07) 3138 3075 or email health.research@qut.edu.au

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Imaging answering wide demand

If you are a doctor from Weipa and you wanted an x-ray done on a patient, who do you call? You call Statewide Medical Imaging Support Services (SMISS), which is based at Princess Alexandra Hospital.

Russell Dunn, Director of Medical Imaging, SMISS, said the service would send out one of the 19 relieving radiographers to Weipa, who would provide full medical imaging services.

"SMISS achieved an outstanding record in March of meeting 100 per cent of the requests made by 18 different

locations throughout Queensland," he said.

"We have been able to respond to more than 80 per cent of requests in the past nine months, and March is a remarkable result.

"Our relieving staff are constantly on the move. One day they can be at Weipa, and the next, they could be at Warwick."

Because of a statewide shortage of radiographic staff, SMISS is responsible for the temporary relief, and in some areas, long-term continuous staffing support.

Besides medical imaging support, SMISS staff provide technical assistance, training and assessment of licensed operators. Training is provided to more than 50 locations, from Saibai Island in the north, to Doomadgee in the west, St George in the south and Tully along the east coast.

The courses are attended by a large variety of health workers which range from doctors and nurses to all levels of operational staff to equip them as licensed x-ray operators in the rural and remote medical facilities.

Radiographic services are also provided for the Queensland Tuberculosis Control Centre and Queensland Health Forensic and Scientific Services.

"SMISS forms part of the Radiology Support section of Queensland Health's Clinical and Statewide Services (CaSS) Division following the Forster review," said Paul Carroll, Senior Director of Radiology Support in CaSS.

"SMISS has done exceedingly well in fulfilling its primary role of providing radiographic support to ease the burden on rural and remote areas caused by acute shortage of radiographic staff."

focus: Indigenous health

Bowel screening model under way

An alternate Queensland Bowel Cancer Screening Program delivery model is under way in a number of Aboriginal and Torres Strait Islander communities throughout the state.

Jennifer Muller, Cancer Screening Services Senior Director, said the aim of the alternate delivery model was to address potential barriers to participation in screening programs for Aboriginal and Torres Strait Islander people.

"The model involves the bulk delivery of Faecal Occult Blood Test kits to identified health services for direct distribution to Indigenous men and women aged between 50

and 74 years," she said.

"Distribution methods are likely to vary and will include deliberate methods, community health events or opportunistic methods such as through existing activities offered by the service. It's great to see the program up and running. We believe that once it is underway it will prove to be a really positive way to reduce barriers to screening in remote communities."

The program is being actively promoted within each community to encourage eligible people to collect their screening kit.

Implementation coordinators based in Townsville and Cairns will be responsible for overseeing the new model.

The coordinators will work with communities to support promotional and educational activities, assist in provision of

information to the program's national register and support evaluation of the model as it is implemented.

A promotional poster and flipchart titled 'You're looking good on the outside but what about the inside? Screening for bowel cancer' has been developed with health workers and key members of Aboriginal and Torres Strait Islander communities. These resources are being distributed throughout the state.

Service delivery for sites not currently involved in the alternate delivery model is by direct mail to everyone turning 55 or 65 between 1 May, 2006 and 30 June, 2008 as part of the Phase 1 program.

Contact: Queensland Bowel Cancer Screening Program, phone 1300 766 927 or visit www.health.qld.gov.au/bowelcancer

Strait schools focusing on dengue

A new milestone has been reached in dengue fever education with the first school-based health curriculum focused on the disease launched in the Torres Strait and Northern Peninsula Area. The Tagai Primary Campus on Thursday Island played host to the launch of the curriculum, which targets grade five, six and seven students at the school.

The curriculum is a culmination of new resources put together for Tagai Primary Campus students to learn about

the *Aedes aegypti* (dengue mosquito) and *Aedes albopictus* (Asian tiger mosquito), which can both spread dengue.

It also focuses on how Torres Strait and Northern Peninsula Area communities can reduce the threat of dengue fever by getting rid of breeding sites around their homes.

There are several differences from the current 'Stop The Mosquito Breeding' campaign resources – although the curriculum will still feature the popular 'Flozzie the Mozzie' character.

Tagai Primary Campus students will:

- research the web for information on dengue
- actively carry an inspection of their home and yard for breeding site or potential breeding sites, using an inspec-

tion that can be downloaded from the Queensland Health dengue website

- develop a promotional or education message through a T-shirt competition.

Brad McCulloch, Director, Tropical Population Health Network, said the overall success of the program was due to community engagement.

"We have been able to develop the curriculum by working together with the community on listening to what they wanted and needed," he said.

"Introducing dengue education through the school's curriculum will ensure consistency and long-term sustainability."

Black on Track ideals spreading



Black on Track's Brian Dowd (right) and Peter Seckhold, interim CEO, Cunnamulla Primary Health Centre, at the Cunnamulla Fella.

Four Southern Queensland Aboriginal communities have been so inspired by the Black on Track healing, intervention and employment program and its success in Roma last year, that they are establishing the program in their own communities.

Michael Reddan, Queensland Health's Alcohol Tobacco and Other Drugs community prevention officer in Roma, said he has taken the Black on Track program on a road show to Charleville, Cunnamulla, St George and Dalby and been impressed by the local response.

The road show team consisted of Black on Track developer Brian Dowd and his partner Shellie Joass, Roma Black

on Track steering committee members Michael Reddan and Tanya Foster and the Indigenous Coordination Centre's Peter Lupton.

"All four South West communities have issues that they believe the Black on Track program will be able to assist," Michael said.

"It's very encouraging to see that these communities are prepared to support their men and this program, which will strengthen individuals, their families and their whole community.

"Black on Track is the brain child of Brian Dowd and has enabled participants and their families to develop the ability to address their own needs in a safe, friendly and confidential environment.

"Participants develop a more rounded understanding of their own life experiences and personal feelings through education and self-healing groups.

"They share their views to focus on working together to heal, participate and educate through a variety of different approaches."

As part of the road show, Brian gave a presentation on his life, how Black on Track developed and how he facilitates the program.

Michael said that as happened in Roma, his presentation excited many people and inspired them to establish their own steering committees of Aboriginal community members and service workers from different agencies.

He said the success of the Roma program relied on a strong community partnership, commissioning Brian to provide the healing and preparation for employment program for 15 men, and a school-based intervention program for 15 Aboriginal children aged nine to 16 years.

Advice was given on how to engage the local community and key partners, how to recruit participants, source in-kind support, and develop and implement an employment and training strategy to support participants to move into full-time employment after the program.

The Roma committee secured funding for its pilot program from the Indigenous Coordination Centre, South West Population Health Unit, Queensland Health's Event Support Program, the Commonwealth Department of Education, Science and Training and the Job Network Agency – Max Employment of Roma.

Venues were provided free of charge by the Roma Aboriginal Corporation and the Roma State Senior College.

Following success of the Roma pilot, the Australian Government's Indigenous Coordination Centre will introduce the program in other interested Southern Queensland Aboriginal communities.

Brian said that over 10 weeks Black on Track participants were taken through a process of self-identification, a look at their identity in their current roles in their community, and the confidence-building processes needed to maintain a commitment to their desired roles.

"By examining Aboriginal culture and history, they're taken on a journey from their past to their present and towards their future as community members and family leaders," Brian said.

"They're encouraged to explore their own personal experiences around drug and alcohol, mental illness, grief and loss, anger management and conflict resolution, harnessing their individual thoughts and opinions to create a blue print to manage these issues.

"To gain a better understanding of the job market, we explore participants' current attitudes towards employment and develop positive employment directions by developing realistic expectations and job search skills.

"During this phase of the program, they're introduced to healthy eating, healthy living and physical activity opportunities. By the end of the 10-week program, decisions are made about where each person goes from here.

"Quality decisions around life and employment are carefully nurtured and supported with short, medium and long-term goals established and goal cards finalised."

Dietitians gain plaudits



Judith Aliakbari, Cairns Base Hospital Director of Nutrition and Dietetics, has received a prestigious national award from the Dietitians Association of Australia for her contribution to the association over the past two years.

Judith has been awarded an Acknowledgment of Outstanding Contribution Award, which will be presented this month at the association's conference on the Gold Coast.

The award recognises Judith's contribution over the past couple of years to helping develop a nationally accredited course – the Certificate III Allied Health Assistant – Nutrition and Dietetic Support.

The certificate currently is available through Sunshine Coast TAFE in Queensland – but is expected to spread more widely.

The award also recognises her work as chair of a national

working group developing a scope of practice document for the profession, including looking at the roles and responsibilities of nutrition assistants.

"I'm just overwhelmed," Judith said.

"It's pretty special being recognised like this by your professional body."

But Judith is not the only staff member from Cairns Base Hospital's Nutrition and Dietetics Department to win an award.

Alyce Wilson, a locum dietitian with Cairns Base Hospital, who is on her first job since qualifying from university, also received an award.

Alyce was awarded the DAA's Victorian Student Award for Professional Excellence, which will be presented at this month's DAA conference.

Award winners: Judith Aliakbari – left – and Alyce Wilson.

Surgery via videolink

Exciting new technology has allowed the first videolink telecast of live laparoscopic gastrointestinal surgeries from a Mackay theatre to an audience of surgeons in North Queensland.

The videolink, on 18 March, was organised in conjunction with the International College of Surgeons, Pacific Regional Meeting held in Townsville.

The laparoscopic procedures were conducted by well recognised specialist Dr Les Nathanson from the Wesley Hospital in Brisbane.

Dr Raad Almehti, Mackay Director of Surgery, assisted with the large bowel and hernia procedures.

Dr Almehti said 20 surgeons from across the nation viewed the procedures in Mackay and many more in Townsville.

"The knowledge gained from the event will help lift the standards of surgical procedures at the Mackay Base Hospital," he said.

"The videolink telecast has increased the status of health services in Mackay and shows we are improving the abilities of health professionals regardless of our regional location.

"It was also a fantastic opportunity for surgeons to have

direct access to one of the best specialists in Dr Nathanson."

Dr Almehti said the videolink telecast has put Mackay on the map for surgical advances.

"The surgeons who attended the live procedures were also introduced to the Mackay area and its facilities," he said.

"Through our teaching methods and improving technology we are capable of competing with other centres.

"I was very pleased at how this event was received by both local and visiting surgeons and hope this is only the beginning of things to come for technology and the Mackay Base Hospital."

'One stop' instructions

A series of asset management workshops will be held this month by the Capital Works and Asset Management Branch.

The workshops are an informative 'one stop shop' for

everyone involved with managing infrastructure assets in Queensland Health.

The workshops will be held in Brisbane on 12-13 May at Chifley at Lennox, Sunshine Coast on 19-20 May at Surf Air, and Townsville on 26-27 May at Mercure Inn.

The workshops will give participants the tools needed to access the latest updates on best practice and hot topics,

including emerging trends, ecologically sustainable development and legislative changes.

The workshops will give staff from districts, areas and the Capital Works and Asset Management Branch the opportunity to share information and network.

Contact: Adrian Duff, phone 3131 6653 or Adrian_Duff@health.qld.gov.au.

Preparing to face road toll carnage

A leg is twisted and facing the wrong way with a bone protruding through the skin. There is dirt, gravel and glass in the wound and blood is gushing from damaged arteries and veins.

For this victim of a nasty road crash, the next 60 minutes or “golden hour” are crucial to their recovery. Emergency medical crews swing into action.

For orthopaedic surgeon Andrew McGee, this is an all-too-familiar scenario with 332 people admitted to Fraser Coast hospitals in 2007 as a result of road trauma.

At Hervey Bay Hospital there were 271 or 82 per cent of the district’s accident victims admitted for treatment – this equates to 22.5 people a month.

July was the busiest month at Hervey Bay with 37

people needing treatment.

And the figures do not include the people who are treated in the Hervey Bay and Maryborough hospital emergency departments and then transferred to Brisbane because the patients have severe trauma such as spinal and head injuries.

Dr McGee said that on average a victim spent about three days in hospital.

Adding in the high cost of surgery and rehabilitation, and the bill for motor vehicle accidents would total many millions of dollars.

“People don’t think about the time spent on the operating table which can be anything from two to six hours,” he said.

“The accidents should not only be measured for the personal impact on the patient and the financial cost on Queensland Health, but also for the impact they have on the rest of the community.

“There can be a snowball effect on other hospital services such as the cancellation of elective surgery.”

Dr McGee said a typical injury from a road accident

included broken legs and thigh bones, a smashed pelvis, spinal and head injuries.

He said motorcycle crash victims had especially severe injuries because they did not have the surrounding protection of a vehicle and its seatbelts. However, pedestrians received the worst injuries overall because they had no protection at all.

“While someone with a broken leg will spend three to seven days in hospital, a person suffering from spinal injuries would take much longer to recover,” he said.

He said monetary figures did not reflect the weeks and months of rehabilitation that followed for victims who suffered serious injuries as well as the emotional toll.

He urged motorists to heed road rules – particularly in relation to speed and drink driving – to drive to the conditions and take frequent rest breaks on long trips.

“One of the biggest causes of road accidents is fatigue,” Dr McGee said.

“People need to plan long journeys, ensure they are rested and not fatigued before setting off. They should plan to take short breaks every hour and don’t eat large meals.”

Thousands benefit from Eye Bank

More than 10,000 Australians have had their eyesight restored with a corneal transplant supplied from the Queensland Eye Bank since it was established in 1992.

Both the cornea (clear film on the front of the eye) and sclera (white part of the eye) can be used for transplanting, and up to four people can receive a transplant from one eye tissue donor.

Leading specialist from Australia and New Zealand discussed new techniques in eye tissue donation and transplantation at the 25th national Cornea and Eye Bank annual conference held earlier this year in Brisbane. Health Minister Stephen Robertson told the conference that the Queensland Eye Bank was the largest eye bank in Australia and provided

up to 14 corneas a week, as well as other eye tissue, to recipients across the country.

He said that the Eye Bank, located at the Princess Alexandra Hospital, was a Queensland Health service and last year retrieved tissue from 338 donors.

Angela Tonge, Brisbane social worker, received a corneal graft at the hospital in February, allowing her to keep her sight. It is the fourth transplant she has had to treat keratoconus, a disease which distorts the shape of the cornea, causing severe visual problems.

“I had my first transplant more than 15 years ago and it was a nervous wait for tissue to become available,” Angela said.

“Since the opening of the Eye Bank, along with changes in technology, I haven’t had the uncertainty of waiting for a donor. Instead of staying in hospital for five days, it’s all over in 45 minutes.

“Thanks to the unselfishness of the donors’ families,

the skill and expertise of the doctors and the help of the Queensland Eye Bank, I’ve had the best outcome possible.

“I can see and do things in that other people take for granted – like work, drive and travel.”

Australians have been receiving tissue transplants (corneas, eye tissue), heart valves and bone tissue), as well as organ transplants (heart, lung, liver, kidneys and pancreas) since 1965.

To date more than 30,000 men, women and children have received life saving or life enhancing transplants. In 2006, there were 137 Queensland eye tissue donors.

Mr Robertson said all Queenslanders should consider joining the Australian Organ Donor Register.

Queenslanders can record their decision to donate organs and tissues for transplantation by calling the Australian Organ Donor Register on 1800 777 203, logging on to www.medicareaustralia.gov.au or visiting their local Medicare office.

Transfusion risk focus

The fourth annual Queensland Transfusion Forum, organised by the Queensland Blood Management Program, will be held at the Radisson Resort, Gold Coast, on 12-13 June.

The forum will focus on understanding the risks associated with the supply and use of blood and blood products.

Issues and action plans identified will be put forward to promote improvement in the use of the blood supply.

The forum is open to both private and public sectors, including doctors and nurses working on transfusion related

areas, clinicians in management roles, patient safety officers and pathology laboratory scientists and managers.

Representatives of the National Blood Authority, Australian Red Cross Blood Service and other suppliers of blood and blood products will take part in the forum. Registration will be on a first in basis.

Contact: Ellie_Parker@health.qld.gov.au

Miracle recovery from house fall



Jason Herbener with some of the ICU/CCU team at Bundaberg Hospital.

When a relocated house collapsed on Jason Herbener's head last year, he was given little chance of survival. So horrific were his injuries that even seasoned emergency services crews were shaken – almost every bone in his face had been crushed.

It has been a long and painful journey, but the 22-year-old has made a miraculous recovery and it is patients like Jason who drive the nurses at Bundaberg Hospital's Intensive Care/Coronary Care Unit.

ICU/CCU nurses around the nation were recognised on 18 April for their dedication and round-the-clock one-on-one care.

And Jason, who returned to work for the first time that week, used Intensive Care Day to personally thank the Bundaberg team for its role in saving his life.

The near-fatal accident occurred on October last year, when Jason was helping to lower the house on to stumps at Welcome Creek, near Bundaberg. Somehow the jack slipped and the beams holding the house moved.

The house collapsed on Jason, pinning his head to the ground.

He was rushed to Bundaberg Hospital and later Royal Brisbane and Women's Hospital for a series of operations to repair his face, although surgeons were unable to save

his left eye.

Jason suffered a broken nose, crushed cheekbones and eye sockets, and he broke his jaw in two places. He now has seven titanium plates holding his face together.

"Usually we care for patients when they are at their worst, when they are severely ill, but it is a privilege to care for them until they are ready to leave," said ICU/CCU nurse unit manager Toni Hoffman.

"Of course, we support the patients' families when they don't get better.

"We have a fantastic team here – all the staff get on really well and we always support each other through very difficult times."

Intensive care units are an integral part of any hospital, with specialised staff using the latest life support technology to provide care to critically ill patients of all ages.

Toni said working in a provincial ICU/CCU meant staff had to be prepared for "anything that comes through the door, day or night".

"Typically, on one day we might care for a post-operative patient, a patient who has had a heart attack, and another who has been bitten by a brown snake," she said.

"It is a great honour to be an ICU nurse – I wouldn't swap it for any other job."

Leading way in birthing

A new model for expectant mothers giving birth in a rural Queensland community has begun with a new Goondiwindi Midwifery Group Practice under way in the southern Darling Downs community.

The practice, a new Queensland Health service, gives an allocated midwife to coordinate care for each woman choosing to give birth at Goondiwindi Health Service.

The midwife will:

- conduct antenatal visits and education in the home, hospital or in the community, in partnership with doctors
- refer to a doctor if there are any problems and help care for and manage these problems
- attend labour and birth
- assist with post-natal care in the hospital or in the home
- try to see new mothers every day until the baby is 10 days old, then each week until the baby is six weeks old
- link women with the town's general practitioner, child health, immunisation and women's health services before being discharged from the practice.

Rukhsana Aziz, Goondiwindi Maternity Services Project Officer, said the model was based on building relationships and then carrying those relationships into the post birth period.

"It's a model that focuses on education and support, strengthening family bonds as well as building trusting relationships with midwives," she said.

"All five caseload midwives and the team leader, as well as the three GP obstetricians have completed additional training.

All midwives also have undertaken extra training at tertiary hospital facilities for two weeks."

Yeppoon works on track

Construction of the new \$22.6 million Yeppoon Hospital is expected to be completed early next year, with services expected to be available shortly after.

Health Minister Stephen Robertson attended a sod-turning ceremony in March to mark the start of construction of the hospital.

Early works construction began at Yeppoon Hospital in December, 2007 with the successful contractor, Woollams, starting the main work in March.

The new facility will include an emergency department,

ambulatory care wing, 22 hospital beds, four oral health chairs and a private practice clinic, and will provide the opportunity to collocate a wide range of services, improving access for the local community.

It will combine acute health services with a variety of community services, including mental and oral health care and specialised rehabilitation services, on one site.

Shade lets children have fun out of sun



Coorparoo's Majestic Park Scout Group members display their new portable shade structure. Pictured from left are (front) Joey Scouts Levi Chapman and Georgia Iwinski, Scout Daniel Partis, Cub Scout Lachlan Elsey and (back) adult leaders Helen Lovegrove, Chris Murphy and Louise Collins.

New program to help all mothers

A major program to ensure every woman who gives birth in Queensland is contacted following the birth and has access to all possible services is being funded by Queensland Health.

A total of \$4.26 million has been allocated to the Universal Post-Natal Contact program for the 2008-2009 financial year, increasing to \$8.89 million in 2009-2010, and \$12.37 million recurrent finding thereafter.

Corelle Davies, Senior Director of the Maternity, Child Health and Safety Branch, said the funding would be used to ensure that systems were in place to identify mothers and or babies who need assistance and to refer them to the most appropriate service to obtain that assistance.

She said that in most districts, the present shared care

A total of 32 schools, kindergartens, sporting clubs and community organisations across Southern Area will build shade structures, thanks to the latest round of Queensland Health SUNBusters grants.

Elizabeth Handley, Southern Area Population Health Services health promotion officer, said that more than \$60,564 in seeding grants would help local communities establish good sun protective practices.

"We've funded 14 schools, eight school P&Ts, two kindergartens, three sporting clubs, two playgroups, a scout group, a youth agency and a disability services organisation across our five population health units in Southern Area," she said.

"Providing shade for children while they play is an important responsibility for early childhood facilities, schools and sporting clubs that cater for children, so the SUNBusters grants enable these organisations to purchase high quality fixed or portable structures.

models would continue to be supported and contact would be through a variety of organisations, groups and services to support positive engagement with all community-based health service providers.

She said there was a need to involve a large number of stakeholders in developing a statewide strategy, with a project team working closely with existing clinical networks, partnership councils, and service providers.

Corelle said the project team to implement the initiative had been established in the Maternity, Child Health and Safety Branch within the Division of the Chief Health Officer. The three-member team Robert Ferguson, Director (phone 3227 6630), Claire Runciman, Manager (3239 6476) and Lynelle Wagner, Principal Project Officer (3234 1063).

The team will be expanding to include three principal project officers, each of whom will be charged with working with one of the area health services to develop pilots and partnerships and establish agreed systems.

"Queensland Health firstly needs to determine the num-

Career stream

A final report will be delivered by August on a framework for a career structure within the operational stream for allied

health assistants in Queensland Health.

The statewide project is being run by the Allied Health Workforce Advice and Co-ordination Unit.

It aims to develop recommendations by developing clear definitions of roles, skills, duties and scope of practice, and by identifying education and training needs.

"All funding applications, of up to 50 per cent of the total cost of the structure, or to a maximum of \$2500 (excluding GST), were assessed on merit. All Queenslanders are encouraged to lead an active lifestyle, but should take care to protect themselves from the sun when outdoors."

Elizabeth said skin cancer could kill and it was recognised that Queensland had the highest incidence of skin cancer and invasive melanoma in the world.

She said two out of three Queenslanders would develop skin cancer in their lifetime and every year more than 7000 cases of melanoma were reported in Australia. Children were more exposed to the sun than many other age groups, and it was estimated that up to 80 per cent of a person's lifetime exposure to UV was received before the age of 21.

"Skin cancer could be prevented if children were adequately protected from UV radiation and are encouraged to learn sun smart behaviours early in their lives," Elizabeth said.

ber of women who are, and who are not, receiving support in the post-natal period," Corelle said.

"By establishing a system to identify the support received by women, Queensland Health can then build its capacity to identify gaps in service provision and extend services to reach those women and their families who are most in need of support.

"The project will minimise duplication and maximise access according to need.

"It will enhance continuity of care for women after the birth of their child by implementing and monitoring efficient and effective assessment and referral processes.

"It will support the establishment of a call line, aligned with the current 13Health line, to provide information, advice and support."

Robert Ferguson said the project team would work closely with the new Maternity Unit within the branch and the project had adopted the principles articulated in the Re-birthing Report.

Disciplines covered are dietetics and nutrition, occupational therapy, mental health, pharmacy, physiotherapy, prosthetics and orthotics, podiatry, psychology, social work, and speech pathology.

Contact: Julie Connell, phone 3240 5707 or e-mail Julie_Connell@health.qld.gov.au

Barry's Mongolia-bound

Blanket Man Barry Jiggins, a radiographer at Cairns Base Hospital, will leave this month for Mongolia following overseeing the packing of 10,500 blankets into shipping containers.

The blankets were donated in Barry's fourth collection

drive over recent months for distribution to Mongolian hospitals, with a total of 4500 blankets coming from Far North Queensland.

"We had individuals and groups collecting blankets for us throughout Queensland after hearing about my blanket drive in various media," Barry said.

To collect the blankets from all over Queensland and deliver them to Brisbane for packing and shipment – and as a tribute to the 40th anniversary of the Beatles "Magical

Mystery Tour" – Barry and friend took a "Magical Mongolian Blanket Bus" on a pick-up run down the Queensland coast in early November.

"It's been a big job – but it's been great how so many people from all over Queensland have got behind it," he said.

Barry first visited Mongolia in 2003 and has since had a passion to do as much as he can for the people he rates as the most welcoming in the world.

Spreading spinal injury message

An education program to spread messages to help prevent spinal cord injuries in young people has been boosted with \$10,000 from Queensland Health.

The Spinal Education Awareness Team (SEAT) school program is a service of the Spinal Injuries Association dedicated to sharing powerful injury prevention and safety mes-

sages with children throughout Queensland.

The volunteer presenters of SEAT, who all have paraplegia or quadriplegia and use wheelchairs, have already spoken to 1.12million children since the program began in 1987.

The program aims this year to share insight and information about injury prevention and safety with up to 80,000 students in pre-schools, primary schools and secondary schools.

Volunteers are located in Brisbane, Toowoomba, Stanthorpe, Hervey Bay, Rockhampton, Ayr and Cairns.

Queensland is the only state in Australia that has seen a constant reduction in the incidence of spinal cord injuries over the past 10 years, moving from the highest rate to the

third-lowest rate in the country today.

However, there are around 90 Queenslanders who incur a spinal cord injury every year and majority of these people are between the ages of 15 and 30, and are predominantly male.

The program's message to young people is to slow down and take greater care, whether they are on the roads, at work sites, in the water or pursuing other recreational activities.

SEAT's interactive, multi-media program focuses on the consequences of life in a wheelchair after a spinal cord injury and is accredited by Education Queensland.

Topics include lifestyle challenges, the anatomy and physiology of the spine, and important safety messages.

Angela gains plaudits

Angela Vivanti, from the Princess Alexander Hospital, has been granted the Advanced Accredited Practising Dietitian credential for formal recognition as professional leaders in

their field.

The accreditation was announced by The Dietitians Association of Australia.

Angela joins colleagues who make up one per cent of the association's membership who have achieved this level of recognition. Julie Hulcombe, Association President, said, the

accreditation demonstrated high level skills and expertise as well as being recognised as leading role models and mentors for the dietetic profession.'

Angela said it was "great to be acknowledged as contributing to the profession and enhancing the health of Australians".

Health facility plans progressing

Plans to develop multi-purpose health service facilities at Childers, Gin Gin and Monto are ploughing ahead, with steering committees signing off on feasibility studies.

Each report examined information crucial to the success of an MPHS site, such as increased services to be provided, health promotion, community support and relationships

with other service providers. They also investigated capital and workforce issues, and the recommended number and type of flexible care places – Childers (four), Gin Gin (five) and Monto (six).

Alan Thompson, project manager, said all three documents would now go to state and federal governments for consideration.

"If approved, each site will enter the planning phase which entails the development of a detailed service plan, in collaboration with each steering committee," he said.

"This will then be presented to the Federal Government

for final approval."

Steering committees in each of the towns consist of representatives from the community, local council and hospital.

The Multi Purpose Health Service model is a partnership between Queensland Health and the Australian Government's Department of Health and Ageing, which funds aged care. It aims to provide a wider range of health and aged care services in the community, to create more flexible funding arrangements, to encourage community input into planning.

Back where he belongs



Shaun Edwards has returned to the profession he loves, thanks to a new program offered by Royal Brisbane and Women's Hospital.

After almost five years away from nursing, Shaun completed the Royal's Transition to Practice Nursing Refresher Program and has returned to work as a surgical nurse.

"I trained in Tasmania and worked as a nurse down there, as well as overseas and here in Brisbane," Shaun said.

"I left to pursue a job with office hours and have spent my time away working in health and safety."

With a young family and his registration about to expire, Shaun chose to return to the profession he loves.

The Royal's Executive Director of Nursing Services Associate Professor Lesley Fleming said the hospital hoped to grow its nursing workforce by attracting trained nurses like Shaun back to the clinical setting.

Assoc Prof Fleming said the Transition to Practice Nursing Refresher Program built on the returning nurses' previous work experience.

She said it prepared them for their return to the contemporary acute health care setting.

"There are many nurses who have left the workforce in

Shaun Edwards: back to the profession he loves.

the past five years for a variety of reasons, but we're hoping this program will remind some of these nurses of how rewarding a nursing career is," she said.

"The nursing refresher program provides the nurse with support and positive learning experiences.

"This means prior nursing knowledge and clinical skills can be built on. A work-life balance is important to all of us, and this opportunity allows nurses to organise and prioritise their commitments to study, work and family responsibilities."

Shaun said the 12-week program consisted of a theoretical component and 120 hours of clinical practice, which is completed under the supervision of an experienced nurse (or approved preceptor).

The scheduling of these hours is flexible, with no expectation to complete night or weekend work while involved in the program.

"The nursing refresher program is really worthwhile and being paid while completing the course makes the decision and the time commitment so much easier," Shaun said.

"The support of the nurse unit managers, preceptors and nurse educators throughout the course and since completing it has made me feel so much more comfortable in the workplace."

Students insight on health careers

More than 50 Year 10 high school students from the Innisfail area will be exposed to a whole range of careers available with Queensland Health through an innovative program.

The seven-week program gives each student a week's work experience in an area of interest within Innisfail Hospital.

The schools involved in the projects are Rivermount College, Good Counsel College and Innisfail State High School.

Innisfail Hospital is the pilot site for the program – which has been organised by Queensland Health's Northern Area Health Service Workforce Directorate.

The program will be offered to other interested rural hospitals throughout North Queensland if it proves successful.

Julie Burnett, Workforce Directorate Senior Workforce Project Officer, said the aim of the program was to introduce students from rural and remote areas to the range of career opportunities available in health, especially in their own areas.

"Hopefully, this will encourage them to stay and work there," she said.

"It's a way of helping address the skills shortages that we face in rural and remote areas.

"Students also will be provided with information and guidance about the educational and vocational requirements needed to pursue a career in any area in which they are interested."

Within Innisfail Hospital, students can seek placement in any of 11 different departments, including: phar-

macy assistant, food services, administration, radiography, occupational therapy, physiotherapy, primary health, nursing, oral health, grounds and maintenance.

Kieron Norris, Innisfail Health Service Operations Manager, said the program would provide the students with an opportunity to learn more about a career in health.

"The program requires a huge commitment from staff here at the hospital to host the students and introduce them to the different career streams," he said.

"But everyone at the hospital is very keen to show the students just how varied the career structure is within Queensland Health.

"There are many different occupations that combine to making a hospital and a health service run smoothly and efficiently – some of which students may not previously have even associated with a career in health. Health isn't just about doctors and nurses."

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Experiences gained from disaster

A statewide program of mental health specific training in disaster response and recovery techniques has been piloted in Cairns.

Kevin Freele, Cairns and Hinterland Mental Health Service Director, said Cairns had been chosen as the pilot site because of the valuable experiences gained in the region as a result of the mental health response to Cyclone Larry in March 2006.

Kevin was the coordinator of the Mental Health Recovery Team established to deliver Queensland Health’s mental health response to the affected areas in the aftermath of Cyclone Larry.

“One of the lessons we learned from Larry was the need to have a pool of mental health clinicians well-trained in mental health disaster response and recovery techniques,” he said.

“The aim of the training being piloted in Cairns is to ensure that we have sufficient numbers of mental health clinicians across the state who are trained in disaster recover and response techniques.

“As the training progress, we will also be developing a

database of trained clinicians, so we can call on them at any time in the event of a disaster anywhere in Queensland.”

The three-day training workshop in Disaster Management for Mental Health Staff is the first course of the proposed Queensland Health statewide training program.

The course will equip staff to operate more effectively during disaster events and was developed by Principal Adviser, Emergency Management, Greg Eustace, in consultation with the National Mental Health Disaster Taskforce and senior mental health staff from across the state.

The course topics are emergency management systems, psychological first aid, and psychosocial services in a disaster context.

DVD to help post-cancer patients

A DVD for patients suffering side-effects of cancer has been developed by Royal Brisbane and Women’s Hospital in conjunction with the Statewide Cancer Care Training and Development Program and the Cancer Council Queensland.

The DVD, Ups and downs: life with lymphoedema, is a resource developed specifically to provide education to patients and their families about lymphoedema, a condition that increasingly affects patients following cancer treatment.

The Statewide Cancer Care Training and Development Program, funded as part of the Health Action Plan, provides opportunities for allied health professionals and colleagues working in multidisciplinary care settings in cancer and palliative care.

Dr Liz Kenny, RBWH Senior Radiation Oncologist, said the DVD was a comprehensive but user-friendly resource

for patients that highlighted risk minimisation and management.

“This DVD has evolved from one of the initiatives of this program encouraging resource and guideline development which focuses on improving knowledge and adherence to evidence based care,” she said.

“The RBWH physiotherapy department was heavily involved in the planning and production of the DVD resource. This resource is important because effective identification of patients at risk of lymphoedema relies on awareness of the causes of lymphoedema and associated risk factors, implementation of preventative strategies, and self-monitoring.”

Lymphoedema is the result of an accumulation of fluid and other elements such as protein in the tissue spaces because of an imbalance between production and transport of interstitial fluid, the fluid that surrounds the cells of the body. Dr Kenny said lymphoedema might manifest as swelling of one or more of the limbs, the head and neck, breast or genitalia.

“It is most frequently seen after lymph node dissection, surgery and radiation therapy, in which damage to the lymphatic system is caused during the treatment of cancer,” she

said.

“In many cancer patients, this condition does not develop until months or even years after their therapy has concluded. Incidence rates for the illness vary with European studies suggesting a prevalence between 12 and 60 per cent for breast cancer patients, and 28 to 47 per cent in patients treated for gynaecological cancer.”

The diagnosis of lymphoedema is difficult with symptoms such as fatigue, skin discolouration and swelling not specific to the illness.

However, treatment is not invasive and after initial consultation, is largely completed by the patient and their carer at home.

Since lymphoedema is disfiguring, causes difficulties in daily living and can lead to lifestyle becoming severely limited, it may also result in psychological distress.

“People at risk of lymphoedema should be identified early during routine assessment, monitored carefully and taught self-care,” Dr Kenny said.

“This resource is helpful to both patients and carers, offering information about lymphoedema and educating them on its management.”

Speed study takes out major award



Dr Peter Culshaw: winner of national award.

A paper submitted by Dr Peter Culshaw, Senior Chemist, with Queensland Health's Forensic and Scientific Services (FSS) Forensic Chemistry has been awarded the Best Case Study by the National Insti-

tute of Forensic Science.

The paper, 'Electrochemical Reduction of Pseudoephedrine to Methylamphetamine', involved investigation of a case submitted to FSS. The case had potential as a new method for producing methylamphetamine (speed) from commonly available cold and flu preparations, without difficult to source chemical reagents.

This research sought not only to test the viability of the new process, but also identified a number of reaction by-products which could be used by others in the forensic community as key markers to identify methylamphetamine that had come from this particular synthetic route.

FSS Chemists in the Clandestine Laboratory group frequently find themselves at the forefront of examining new processes which highlight the disturbing trend of drug 'cooks' continually seeking new ways to manufacture illicit drugs.

erated under the Queensland Government's tobacco legislation.

"The earlier young people start smoking and the more they smoke over their lifetime, the more likely they are to suffer from smoking-related disease. So the legislation helps delay smoking uptake," he said.

"It is also important to remember that our efforts, in helping adults to quit smoking and reducing exposure to passive smoking in public places, also send a positive message to young people about not smoking.

"Smoking is the largest contributor to preventable death in Australia and is known to increase the risk of lung cancer, cardiovascular disease, chronic obstructive pulmonary disease and many other illnesses.

"Under Queensland legislation, the supply of tobacco products to a child by an adult, who is not the parent or guardian for the child, is also an offence, carrying a maximum penalty of \$10,500."

"In addition, retailers face a maximum penalty of \$31,500 for tobacco sales to minors.

"Our Tobacco Control Investigation Team targets the illegal supply of smoking products to minors across the state by conducting ongoing surveillance of tobacco retail outlets."

Schoolies smoking fines

Two women have been prosecuted by Queensland Health for illegally supplying cigarettes to their younger friends during last year's Schoolies Week.

Jessica Catarina Zychowski pleaded guilty in person last month at the Southport Magistrates Court to section 19(1) of the *Tobacco and Other Smoking Products Act 1998* for supplying her school friend with a smoking product.

Magistrate Kilmartin fined her \$250 with no conviction recorded. In a separate hearing, Stephanie Jayne Wolski pleaded guilty to section 19(1) of the *Tobacco and Other Smoking Products Act 1998* for supplying her school friend with a smoking product.

Magistrate Kilmartin handed down a more severe penalty of \$750 to Ms Wolski with no conviction recorded. The prosecution was the result of surveillance by Queensland Health's Tobacco Control Investigation Team.

Terry Moore, Gold Coast Population Health Unit's acting environmental health director, said the supply of tobacco products to children was not tol-

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

Mackay: Moranbah, until 12 May; Glenden, 13-14 May; Nebo, 15-19 May; Mirani, 20 May until 6 June.

Toowoomba: Wallumbilla Hospital, Wallumbilla, until 5 June.

Townsville: Collinsvale, 12-28 May; Bowen, 30 May until 20 August.

Relocatable Services

Bundaberg: Howard, 13-30 May.

Cairns: Innisfail, until 29 May.

Gold Coast: Paradise Point Uniting Church Hall, Paradise Point, until 19 May; Ormeau, 21-27 May; Maleny, 29-30 May.

Nambour: Tin Can Bay, until 2 May; Maleny, 12-30 May.

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

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.

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Belinda Vohland, about to undergo a shave from District Manager Pattie Hudson, is morally supported by Debbie Carroll, District Director of Nursing.

Close shave helps to save lives

Having two members of her family battle a life-threatening illness was all the incentive a Bundaberg Hospital theatre nurse needed to shave her head for the Leukaemia Foundation's World's Greatest Shave.

Belinda Vohland's nephew Ben Vohland is currently in remission with leukaemia, while Ben's mum Andrea is still battling cancer.

Belinda had raised \$3300 for the cause when she had her head shaved in March in the hospital's main foyer. The Bundaberg Hospital executive team donated \$1000, with the remainder raised through raffles and generous staff donations.

This is not the first time Belinda has taken part in the World's Greatest Shave. When her nephew was first diagnosed with leukaemia four years ago, she also pledged a shaved head.

"It's devastating when someone you know is told they have a life-threatening illness, but when more than one member of the family faces the battle it can be tough," Belinda said.

"Ben and Andrea are such brave people in my eyes, and this is the least I can do to help other people facing the same heartache," she said.

Belinda, who has been a theatre nurse at Bundaberg Hospital since January 2007, is overwhelmed by the support she has received.

"Staff here really have gone above and beyond the call. It has been amazing and the support from local business with regards to raffle prizes has been terrific."

The money Belinda raised will directly support patients and their families when they need it most.

The money will help provide them with a free 'home-away-from-home' near hospital during their treatment.

It will mean the Leukaemia Foundation can transport them to appointments and provide as much practical assistance and emotional support as it can, all free of charge.

The money also will go towards research into better treatment and hopefully a cure.

Safety vital

The Queensland Health Patient Safety Centre is holding a Patient Safety Symposium on June 18 at the Brisbane Convention Centre.

The symposium themes are making sense of patient safety data, leading for patient safety, and patient safety improvement initiatives.

The symposium will provide Queensland public and private health care organisations with an opportunity to hear from colleagues that have implemented patient safety improvements.

Contact: <http://iamevents.com.au/qh/patientsafety/index.html>

in retrospect

A review of some articles from previous Health Matters

October	\$3 billion three hospitals planning on track New statewide interpreter service starts Festival embracing diversity and harmony
November	Health Action Plan – delivering reform Marketing award for healthy eating campaign Roma rehab gym a major winner
December	Centre receives Premier's Award for Excellence Director-General pursues new career Extra \$50m to boost health Budget
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

- | | | |
|--|--|--|
| 1-31 Neurofibromatosis Awareness Month
<i>Neurofibromatosis Foundation of Australia</i>
Phone: (02) 9416 6244 | 10 World Lupus Day
<i>Lupus Association of NSW</i>
Phone: (02) 9878 6055 | 19-23 National Hepatitis Awareness Week
(World Hepatitis Day 19)
<i>Australian Hepatitis Council</i>
Phone: (02) 6232 4257 |
| 1-31 Autism Awareness Month
<i>Autism Queensland</i>
Phone: 3273 0000 | 12 International ME/CFS Awareness Day
<i>ME/Chronic Fatigue Syndrome Association of Australia Ltd</i>
Phone: (03) 9889 8477 | 22 Australia's Biggest Morning Tea
<i>The Cancer Council Australia</i>
Phone: 1300 656 585 |
| 4-10 Heart Week
<i>Heart Foundation</i>
Phone: 1300 362 787 | 12 International Nurses Day
<i>Royal Nursing College of Australia</i>
Phone: 1800 061 660 | 23 65 Roses Day – Cystic Fibrosis Awareness Day
<i>Cystic Fibrosis Australia</i>
Phone: 1800 635 008 |
| 4-10 Motor Neurone Disease Week
<i>MND Australia</i>
Phone: (02) 9816 2077 | 12-18 Epilepsy Awareness Week
<i>Epilepsy Action Australia</i>
Phone: 1300 374 537 | 24-31 Kidney Health Week
<i>Kidney Health Australia</i>
Phone: (02) 6278 6510 |
| 5 International Midwives Day
<i>Australian College of Midwives Inc</i>
Phone: (02) 6230 7333 | 12-18 National Volunteer Week
<i>Volunteering Australia</i>
Phone: (03) 9820 4100 | 24-31 National Palliative Care Week
<i>Palliative Care Australia</i>
Phone: (02) 6232 4433 |
| 6 World Asthma Day
<i>Asthma Foundation Australia</i>
Phone: (03) 9329 2622 | 15 International Day of Families
<i>United Nations</i>
Phone: (02) 6273 8200 | 25-31 Macular Degeneration Awareness Week
<i>Macular Degeneration Foundation</i>
Phone: 1800 111 709 |
| 6 International Nurses and Midwives Days
<i>The Townsville Health Service District</i>
Phone: 4796 2666 | 17 Transverse Myelitis Day
<i>Spinal Injuries Association</i>
Phone: 3391 2044 | 29 White Wreath Day
<i>White Wreath Association Ltd</i>
Phone: 1300 766 177 |
| 6-12 Food Anaphylaxis and Allergy Awareness Week
<i>Anaphylaxis Australia Inc</i>
Phone: 1300 728 000 | 18-24 Schizophrenia Awareness Week
<i>Mental Illness Fellowship of Australia</i>
Phone: (08) 8221 5159 | 31 World No Tobacco Day
<i>United Nations</i>
Phone: (02) 6273 8200 |
| 6-12 Tourette Syndrome Awareness Week
<i>Tourette Syndrome Association of Victoria</i>
Phone: (03) 9845 2700 | | |

