

# HealthMatters

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Queensland  
Government  
Queensland Health

# ED designed to meet future needs

**Designs** have been released for Princess Alexandra Hospital's \$52 million emergency department redevelopment, expanding the facility to more than 4100 square metres of new construction and an upgrade of 800 square metres of existing space.

The extension will include a separate 30-bed medical assessment and planning unit, which will ensure patients well enough to go home are discharged within 48 hours. Facilities in the emergency department will be upgraded from 12 to 28 acute treatment bays, four to eight sub acute beds, six to eight observation bays and four to five resuscitation bays.

There will also be a state-of-the-art helipad constructed on the roof of the main hospital building with an express elevator to the emergency department.

The helipad will be located on the roof of the existing Building 1, with the new design having the potential for a second helipad on the new structure in future.

With construction on the extended emergency facilities to commence within months, it is expected the project will be completed by 2010.

Other features of the new emergency department will include a 'fast track' area and a new discharge section, which will help to reduce patient waiting times. Key stakeholders are being consulted throughout the final planning stage, with consultation set to continue as construction progresses.

A managing contractor for the project, who will work in conjunction with Princess Alexandra Hospital, will be announced this month.

The foundation strength is planned to allow additional floors to be added to the extension over the next 20 years.



An artist's impression of the extended emergency department.

## Changes for transport

**Changes** to how patient transport is authorised, booked and managed have been made in arrangements between Queensland Health and the Queensland Ambulance Service.

The arrangements introduce a new term, QHAT, standing for Queensland Health Authorised Transports, relating to urgent and non-urgent patient road transports that have been authorised by a medical officer employed by Queensland Health.

From 1 July 2009, all health service districts will hold a budget to manage patient road transport.

Staff involved in patient transport need to be aware of the new operational standards that replace the existing Queensland Health Inter-Facility Transports Operational Guidelines. The new guidelines have been developed to help districts manage demand for services.

Districts will be supported by the Integrated Patient Trans-

port Unit (IPTU) in developing and implementing strategies to respond to their specific patient transport needs.

Information sessions for Queensland Health staff will be held as part of a consultation process that is now underway and will continue until May 2009.

IPTU staff are consulting with health service districts in Brisbane, Sunshine Coast, Gold Coast, Fraser Coast, Bundaberg, Toowoomba and Darling Downs, and West Moreton to assist staff implement these changes. Consultation will continue across all remaining districts in 2009.

General information on the new arrangements will be available via the Integrated Patient Transport Unit page on QHEPS <http://qheps.health.qld.gov.au/iptu/home.htm>

**Contact:** Integrated Patient Transport Unit, Therese Lee, phone 0419 783 962, or Gabrielle Lawrence, 0448 640 406.

*directions* Michael Reid, Director-General

**Queensland Health's** strong commitment to openness and transparency will be further enhanced through significant changes under the rewriting of Freedom of Information laws and the management of government-held information.

This change process follows the Queensland Government review of the *Freedom of Information Act 1992* (the FOI Act), completed earlier this year by an independent panel. The comprehensive and broad review went beyond the FOI Act into information management, making recommendations on proactive disclosure of government-held information.

The panel's recommendations (almost all of which received full or in-principle government support) will ensure a new framework for government-held information.

The FOI Act will be completely overhauled and replaced by the Right to Information (RTI) Act. The Queensland Government will also introduce privacy legislation for public sector agencies.

The panel recommended an integrated and coherent government-wide approach to information management. Accordingly, policies on planning, creating, collecting, organising, using, disseminating, storing and destroying information will be reviewed and agencies, including Queensland Health, subject to greater scrutiny.

Central to the panel's recommendations is the move to a "push model" of information disclosure, based on proactive and regular release of government-held information.

This will be achieved through a publication scheme and disclosure logs and, for the first time in Queensland, there will be routine release of Cabinet information.

This reform process will ensure a fundamental shift for the



Michael Reid

Queensland Government and these changes will have a major impact on Queensland Health.

Since the Davies' Commission of Inquiry in 2005, Queensland Health has made a concerted effort to release a significant amount of information into the public arena.

Some program areas, particularly those that affect a broad cross-section of the community, have already made comprehensive material available on the department's internet site.

So we are in a good position to meet the requirements of a proactive disclosure model.

These initiatives can only succeed if all Queensland Health staff are committed to fostering and implementing cultural and organisational change.

All staff have a role to play in improving openness and transparency and managing government information appropriately. I firmly believe that a true commitment to the intent of the recommendations will see us all reap the benefits of the "push model" and will inevitably improve and enhance our engagement with the community.

The change process is being coordinated in Queensland Health by the Administrative Law Team, Legal Unit. I strongly urge you to contact the team to learn more about the FOI review.

### Cover photo



**Students** from St Augustine's College in their 'Stop and smell the roses' dance routine during this year's Queensland Health Rock Eisteddfod Challenge State Grand Final. A total of 30 Queensland secondary school competed in the Rock Eisteddfod, which this year promoted the message *Good Mental Health Rocks*.

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## New technique for heart surgery

**The first procedures** to replace diseased and damaged aortic heart valves via a tiny puncture in the groin have been successfully performed at The Prince Charles Hospital (TPCH).

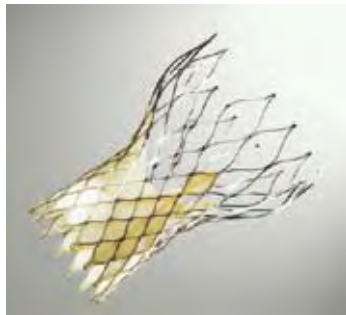
The hospital, along with centres in Sydney (St Vincent's) and Melbourne (Royal Prince Alfred), were chosen to pioneer the new technique in Australia.

TPCH Director of Cardiology, Associate Professor Darren Walters and Associate Professor Con Aroney completed the procedures under the guidance of French Professor Jean-Claude Laborde, one of the original inventors of this new technology.

Dr Walters said the breakthrough for Queenslanders was the greatest advance in cardiac care in 50 years.

"This development will dramatically raise the standard of patient care for the 3500 Australians who require an aortic heart valve replacement each year," he said.

The aortic valve is an integral part of the heart which per-



*An aortic valve replacement.*

mits one-way flow of oxygen-rich blood from the heart's main pumping chamber to the rest of the body.

With age, the aortic valve's leaflets can calcify and become extremely difficult to open, which stimulates the heart to pump harder to force blood through the valve's increasingly contracted aperture.

The new technology, developed in Europe, means the heart valve replacement can now be done without surgery, using a catheter via the femoral artery in the leg.

Professor Walters said that

being able to avoid traumatic open heart surgery was a significant development because many patients were unsuitable candidates for that type of invasive procedure.

He said that about a third of surgical candidates present were unsuitable for open heart surgery because of their age and/or frailty, another third went untreated, while up to 25 per cent of these can die from their condition.

He said that what made the approach unique was that this procedure was performed in the Catheterisation Laboratory (as opposed to operating theatres), on a beating heart, avoiding the risk and trauma of open heart surgery.

"Using this new treatment, the patient has no heart arrest or opening of the chest cavity, mortality rates are lower, there is faster recovery time, and significantly less pain and trauma for the patient," Prof Walters said.

"The technique is performed in a similar way to the technique used to place stents in coronary arteries of patients with ischaemic



*The cardiac team, from left, Associate Professor Con Aroney, Associate Professor Darren Walters (carrying an aortic heart valve), and Professor Jean-Claude Laborde.*

heart disease.

"While some patients qualify for biological valve replacements taken from cows and pigs, the majority of patients get a mechanical heart valve, which then requires them to take blood-thinners for the rest of their lives."

Six Queensland patients ranging in age from 68 to 88 years have undergone the procedure. It is expected that TPCH cardiolo-

gists will perform 20 procedures on Queenslanders in the coming 12 months.

Two of the first six recipients of the Corevalve technology at The Prince Charles Hospital, Jim Bellas and Jack Undery, attended a special media conference held at the hospital recently. The technique aims to reduce the time patients spend in hospital and is significantly less traumatic.

# VOLATILITY

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Irene Dziopa: retired after 46 years service.

## Irene's fond memories

"The highlights of my career are all the people I have met along the way," says Irene Dziopa, who retired recently as clinical nurse consultant, Innisfail Community Mental Health Team.

"Throughout my 46 years in health, I have had the opportunity to be at the forefront of many changes in mental health. Nursing has been a wonderful, varied and fulfilling career," she said.

Irene was born in Warsaw, Poland, during World War II and was nine months old when Warsaw was razed to the ground by the German army. After the war, her family (mother, father and sister) lived in displaced persons camps for four years before coming to Australia, landing in Fremantle and moving to Brisbane.

She began work as a trainee nurse at Wolston Park Hospital in 1962, became a registered nurse in 1965 and deputy charge nurse from 1965-1967.

Irene completed her general nursing training at Greenslopes Repatriation Hospital in 1970 and then worked at the Mary Street Clinic, one of the two established psychiatric outpatient clinics in Brisbane.

She completed her midwifery training in 1975 and worked at the Mater Mothers Hospital before retiring to start a family.

Irene returned to working full-time in 1976, a time when deinstitutionalisation of patients from the psychiatric hospitals was just beginning.

From 1978 to 1979, she was one of 'Rosemaries' babies' – teams of staff working under Matron Rosemary Gray – whose job it was to resettle thousands of former psy-

chiatric hospital residents into the community.

"At the time we thought that we were doing a good thing as so much was promised," she said.

"The government ran halfway houses and hostels, but the services in the community were just not ready to cope with the needs of the former institutionalised people, and the quality of life of many of the people deteriorated"

After Irene had another child, she returned to employment in 1983 working at the forefront of change in mental health with the establishment of the Community Mental Health Teams.

In 1988 she worked in the newly-established AIDS health service in Brisbane; Community Aids Support Service and completed her child health training in 1990.

She worked from then in child health and mental health, gaining a Graduate Certificate in Mental Health (Psychotherapy) last year from the University of Queensland, before finishing off her full-time working career this year.

## Judy's leadership award

**Judy March**, District Director of Nursing and Midwifery, Toowoomba and Darling Downs Health Service District, has won the Association of Queensland Nurse Leaders inaugural Outstanding Achievement in Nursing Award.

The award recognises significant commitment to nursing leadership through a research

## from the Chief Nursing Officer

One of the biggest challenges in future years will be the availability of an appropriately-skilled nursing and midwifery workforce to meet growing demand.

While the major emphasis for health policy and strategy quite rightly is on managing chronic disease and lifestyle illnesses in the community, the majority of nurses work in inpatient facilities (acute, extended, aged care) and it will be here that the availability of the nursing workforce will be felt.

Our projections indicate a significant deficit of registered nurses in the outer years (2013 onwards) and, as a result, there is now a major focus on strategies that increase the quantity and qualifications of the registered nurse workforce.

Readers will be aware from previous columns that we have been working with the consulting firm, PhillipsKPA, to develop a sustainable model for clinical education and training for Queensland.

This will incorporate a clinical placement management system, a partnership governance model, a review of the Queensland Health competency programs and the financial arrangements governing clinical placement.

The final report and recommendations were due at the end of October and will be submitted to the Executive Management Team for its consideration.

After 16 years walking up and down the corridors of the Roma Hospital, Denise Watts is retiring.

Having nursed for 38 years in Sydney, Brisbane, Gold Coast,

There are only three real mechanisms to increase the supply of registered nurses – more undergraduate places in universities and TAFEs, overseas recruitment, and programs to bring back non-working nurses and midwives.

Three of the eight Queensland universities are increasing undergraduate places by 110 in 2009, but this is clearly insufficient to meet future demand across the public, private and non-government sector.

A reported major barrier to increasing the student numbers is the current system of clinical practicum as part of the undergraduate curricula – hence the reform of clinical education and training referred to previously.

Rural and remote health services are vulnerable because of the number of older nurses working in very small facilities who will leave the workforce in the next few years, and the future employment preferences of next-generation nurses.

A rural and remote strategy is under development that will include a new model for managing leave relief and emergent leave, a competency/skills package for nurses going out to rural/remote areas and a marketing campaign to attract mobile nurses to outback Queensland.

Similarly, an overseas recruitment strategy is under consid-



Pauline Ross

eration to determine the degree to which international nursing graduates will be required to meet the demand of new services and to make up the gap left by older nurses retiring or moving to more part-time work during the next five years.

Available literature strongly suggests that it is the domestic market that offers the best opportunities for recruitment. The current Queensland Health marketing campaigns for school leavers and non-working nurses and midwives is having an impact, judging by the hits on our website.

It will take the collective effort of universities, TAFEs and health services to make nursing a future career choice for young people, and to ensure current nurses and midwives want to continue working in our health services.

## Country nursing 'jack of all trades'

Emerald, Collinsville, Ayr and Julia Creek before settling in Roma, Denise said she felt the time was right to hang up her uniform and move closer to her family.

"I will miss my nursing colleagues terribly, they became my dear friends, as my time at Roma Hospital was wonderful and very rewarding," she said.

"It is a lovely town and I have met some beautiful people out here and we will certainly miss the town and the many people who have come into our lives."

Denise and her husband, Ron, moved to Roma for work in 1992.

"We found a lovely town, two good jobs and a good school and never looked back as everyone was so friendly and it was good to get away from the busy city life of the Gold Coast," she said.

"Nursing in a country town has been a wonderful experience as you really become a jack of all trades. You were expected to be able to help in any situation no matter who came through the front doors, which is a wonderful opportunity for nursing graduates."

During her time at Roma Hospital, Denise was the palliative care coordinator, involved in the Queensland Cancer Council, and organised the breast cancer support group.

Samantha Mawn, Roma Hospital's Acute Ward Nurse Unit Manager, said Denise was an integral part of the nursing team.

"Wattsie held the record for the most amount of admissions over an eight hour shift (eight). We always knew it would be a busy shift if she was on," she said.

## Bid to reduce repeat heart failures

**Preventing** high-risk heart failure patients from having to be readmitted to hospital is the target of a \$5.9m recurrent statewide heart failure service being coordinated by Queensland Health.

Annabel Hickey, Statewide Heart Failure Service Coordinator, said the prevalence of heart failure was growing at an alarming

rate and many patients with heart failure had a significantly reduced quality of life and were regularly admitted to hospital.

"Many readmissions are due to poor patient education, medication non-compliance and errors, dietary management and poor discharge planning and follow up," she said.

"Queensland Health has sup-

ported a multidisciplinary approach by providing \$5.9 million recurrent for nursing and allied health teams and training to manage this epidemic of heart failure.

"Evidence for heart failure disease management programs is overwhelming and has been endorsed in the 2006 *Guidelines for the Prevention, Detection and Management of Chronic Heart Failure*. The guidelines were released by the Heart Foundation and the Cardiac Society of Australia and New Zealand."

Annabel said Queensland Health had established heart failure nursing and allied health teams at 21 sites across the state.

She said the heart failure services targeted high-risk patients admitted to hospital with the aim of preventing readmissions.

She said the guidelines highlighted evidence that "multidisciplinary programs of care targeting high-risk chronic heart failure patients following acute hospitalisation prolong survival, improve quality of life, and are cost effective in reducing recurrent



Patient Christine Coleman with heart failure pharmacist, Suzanne Liang

## Revised codes adopted

**A revised Code** of Ethics and Professional Conduct for Nurses and a new Code of Ethics and Professional Conduct for Midwives have been introduced by the Australian Nursing and Midwifery Council (ANMC).

The council said the codes aim for national consistency in regulation of the profession, based upon the best contemporary research evidence.

The Queensland Nursing Council (QNC) has endorsed the codes, which are to be used by all

Queensland nurses and midwives, as well as for development of nursing and midwifery education programs.

The codes follow a review commissioned by the council in late 2005 and were developed jointly by the ANMC, Royal College of Nursing Australia, Australian Nursing Federation and the Australian College of Midwives.

For more information or to obtain a copy of the codes, phone the QNC on 3223 5150 or website <http://www.qnc.qld.gov.au>

hospital stays".

"The backbone of most heart failure services is a specialist heart failure nurse who is either in a sole position or who works with a range of allied health," Annabel said.

"Some services offered usually include some or all of the following: follow-up home visits, telephone, clinics; patient and carer education; self-management strategies; weight monitoring; dietary advice; exercise; medication review; and social and psychological support.

"The heart failure service in the hospital and the community are supported by a heart failure education course. Centralised coordina-

tion ensures high standards of care and allows for benchmarking.

"The model of care has three phases. Initial hospitalisation includes pharmacological and non-pharmacological interventions by treating medical practitioners, establishment of an individualised medical management plan and multidisciplinary team management and patient/caregiver education.

"The multidisciplinary discharge plan covers management of the patient (including education resources/materials), with a follow-up plan for a nurse specialist who will be the point of contact for the general practitioner."


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# Logan teens hype up dance talent

It was no *High School Musical*, but there was plenty of krumpin, breakin, lockin and poppin when 300 Logan students took to the stage to showcase their hip hop dance skills.

They were taking part in the second annual HYPE hip hop dance competition in Logan, recognised as having the largest participation rate of its type in Australia.

Queensland Health joined with other organisations to jointly fund the program to create the concept of a comprehensive physical activity program using street dance.

Also involved in funding were Logan City Council, Griffith University's School of Public Health,

Office of the Logan Provost and Logan Youth and Family Services.

Students from nine district high schools honed their dance skills and routines, under the guidance of specialist teachers and choreographers, at 12 weekly, after-school workshops.

Their HYPE performances were staged at the Griffith University Logan Campus, to an audience of around 1500 people.

The HYPE dance fitness program is a community partnership providing teenagers from more than 15 cultural backgrounds with a fun and safe, after-school environment to express their artistic talents and participate in positive physical activity.

Cultures represented included Aboriginal and Torres Strait Islanders, Anglo-Australian, New Zealand, Cook Islander, Samoan, Tongan, Papua-New Guinean, Pacific Islander, African, Filipino, Vietnamese, Irish, Italian, Yugoslavian, Filipino, Spanish, Chinese and French.

Alanna Stewart, health promotion officer, said the events aimed at increasing physical activity levels and connection among Logan youth.

"When participants were asked what HYPE meant to them, all the responses were very positive, with a number of girls saying they had made many new friends and had felt fitter, eventually getting through their routines without being physically tired," she said.

"One male student pointed out that being involved in HYPE had stopped him from doing 'bad stuff'.

"What was also really exciting was that those students in the HYPE talent identification program choreographed a number of the school routines.

"The talent identification program was established after the 2007 pilot project to support enthusiastic and talented young dancers to obtain potential employment opportunities through dance."



A section of the crowd during the HYPE competition.



Getting his balance right . . . a dancer shows off his technique.

## PCs boost bedside care

Portable tablet personal computers, using wireless mobile computer technology, are being trialled by doctors on the Gold Coast to improve patient safety and quality of care.

The computers were inspected by Health Minister Stephen Robertson during a recent visit to Robina Hospital to meet with junior doctors and other clinical staff trialling Tablet PCs on their medical rounds.

Mr Robertson said the use of Tablet PCs had potential benefits for patient safety and quality of care.

"Junior doctors and other clinicians are essentially mobile workers, so providing them with Tablet PCs they can take on their rounds will increase efficiency and deliver better outcomes for patients," he said.

"Tablet PCs enable doctors, nurses and allied health professionals to obtain the information they require as they are performing clinical duties at the point of care.

"This means the real-time recording of results, increasing the

amount of time doctors are able to spend with patients.

"Early results from the trial estimate 30-60 minute savings per clinician per day is achievable, because doctors don't have to walk away from patients to record information.

"That's good news for patient safety and quality of care, because it means clinicians spend more time treating people and less on administration."

Mr Robertson said 16-20 doctors had taken part in the three-month trial, with the next phase involving other professional groups, including senior ward nurses, clinical pharmacists and emergency staff.

"These mobile computers are highly durable and have the capacity to be wiped down and sterilised with clinical disinfectants," he said.

"They are designed specifically for the clinical environment and have integrated functions, which help reduce the number of devices, such as cameras and barcode readers, carried by clinicians."

## Heart Foundation Conference 2009

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### Call for abstracts

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- Abstract submission closing date: 3 December 2008
- Acceptance notification: 23 February 2009
- Author and speaker registration deadline: 23 March 2009

For abstract subthemes, submission and further information, visit [www.heartfoundation2009.com/abstracts](http://www.heartfoundation2009.com/abstracts). If you are unable to submit online, telephone +61 2 9265 0700 or email [heartfoundation2009@tourhosts.com.au](mailto:heartfoundation2009@tourhosts.com.au)



Lorraine Szymkowski being prepared by registered nurse Monica Barker for eye surgery.

## Day surgery has a positive impact

Lorraine Szymkowski, a resident on the Gold Coast, was relieved to receive a phone call telling her she was prime candidate for day surgery because of her health and fitness.

Lorraine had been having increasing trouble with her daily routine, because of gradual deterioration of her eyesight, so she quickly agreed to become one of the first patients treated at the new Gold Coast Surgery Centre.

Ellen Judd, Acting Nurse Unit Manager, said Lorraine was the first of more than 200 public patients treated at Queensland Health's first stand-alone day surgery facility.

"The Gold Coast Surgery Centre operated on its first patients in July," she said.

"Queensland Health's decision to lease the purpose-built facility, located opposite Gold Coast Hospital in Southport, will improve patient access to elective surgery."

Patients have received surgical treatment at the centre in specialties including ophthalmology, plastics, neurosurgery, gynaecology, urology and general procedures under both local and general anaesthetics.

Gold Coast Health took over the building immediately after a five-year lease agreement was

signed and the centre was completely refurbished with new equipment and information technology systems ready for patients just four weeks later.

The Surgery Centre is expected to perform an additional 6000 procedures each year and is fitted with three operating theatres, a 12-bed recovery area and large second stage recovery room.

The centre will continue to expand services with the goal of becoming fully operational in January next year.

At capacity, five full-time anaesthetists will work alongside 30 nursing, surgical and support staff.

## High standards praised

Royal Brisbane and Women's Hospital has been awarded four-year accreditation status by surveyors from the Australian Council on Healthcare Standards (ACHS) under the new EQUIP 4 standards.

Lead surveyor John Hodge said significant work had been undertaken by staff in the district to address a number of issues from the Organisation Wide Survey conducted in May this year.

He said the accreditation was an acknowledgement of the commitment by staff in delivering

quality health care services and a testament to their ability to achieve required outcomes under sometimes difficult situations.

The hospital achieved the highest possible rating of Outstanding Achievement for ACHS Criteria 3.2.3 waste and environmental management.

The hospital's research program (ACHS Criteria 2.5.1) was acknowledged with a rating of extensive achievement, demonstrating internal/external benchmarking and/or proven, excellent outcomes in the area of research.

## Diabetes clinic true one-stop shop

New portable pathology equipment is being put to good use during a series of clinics being held this year by the Rural Adult Diabetes Service (RADS) at the Roma Hospital Podiatry Clinic.

Frank Macdivitt RADS coordinator, said the new equipment recorded the three basic diabetic tests – a three-month average of blood sugar levels, kidney function and cholesterol.

Thirteen clients attended the second clinic, staffed by Frank, diabetologist Dr Doug Birrell, assistant clinic coordinator Judy McGrath, podiatrist Natasha Duncan, dietician Lauren Griffin and community health nurse

Julie Danzinger.

Frank said the clinics had been successful in making a one-stop shop for diabetics.

He said Dr Birrell addressed clients, clinic staff and others, while answering concerns and general questions related to the clinic, pathology results and diabetes management.

He said a community awareness program, pre-diabetes clinics and school-based screening were just some of the aims of the clinic.

"All clients and attending members of the public who have diabetes are asked to fill out a questionnaire on all aspects of

their diabetes and its management," he said.

"The information collected will be used for statistics, carrying out needs analysis, identifying gaps in services, collating data and streamlining future clinic.

"The information gathered by the RADS Project, through networking and review of service providers in the south west will be used to develop a resource folder.

"This will identify services, personnel and referral agencies, and will be available to general practitioners, non-government organisations, private practitioners and community groups."

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Charlotte pictured with her mother Janelle and Stacey (right)

## When mum's the very special word

**Hearing your child** say "mum" for the first time is a special moment for any parent, but for Janelle MacDonald it was even more momentous as her daughter didn't speak until she was three years old.

The word was quickly followed by "da" and later dog and cat, but it comes after 10 months of solid work with speech pathologists at Bundaberg Hospital.

Speech and language development usually begins in children at about 12 months of age. However, Charlotte Vaughan completely stopped making any verbal sounds at a young age.

After it was found there was no medical reason, Charlotte simply refused to talk, Janelle was

referred to a speech pathologist.

Charlotte's story is just one of the success stories from the Bundaberg Hospital's speech pathology team.

Stacey Slean, Bundaberg Hospital speech pathologist, said it was crucial to give people with speech difficulties a 'voice'.

"This voice allows them to share their needs, thoughts, opinions, ideas and emotions," she said.

Stacey began working in November last year to improve Charlotte's language skills.

Teaching Charlotte and her mother how to use sign language as a form of communication is just one of the methods she uses

to help stimulate Charlotte's language skills.

"She knows what she wants to say, but just can't articulate it," Stacey said.

"Signing is helping her communicate and it is wonderful that she is now starting to make sounds and copy words."

Eventually as Charlotte's speech develops further she will stop the need to use sign language. Janelle said words could not describe the elation she feels now Charlotte is able to communicate better.

"It has been terribly frustrating for me as her mum not to know what is wrong with her or what she wants," she said.

## Robert's new role vital

**Professor Robert Bland** has been appointed inaugural Chair of Mental Health at the University of Queensland's School of Social Work and Human Services as part of a partnership between the university and Queensland Health.

Health Minister Stephen Roberson said Professor Bland was recognised throughout Australia as a pioneer in mental health and would play a vital role in delivering improved mental health services.

"He will oversee the design, development and delivery of improved training and education to social workers," Mr Robertson said.

"Social workers are core members of the clinical teams deliver-

ing Queensland Health's mental health services."

Mr Robertson said Professor Bland's appointment was a key element of a new partnership formalised in July between Queensland Health and the university, worth more than \$1 million over five years.

"Like other health services, mental health services continue to experience significant challenges recruiting and retaining appropriately skilled and qualified staff," he said.

"Establishment of this new Chair of Mental Health is part of an ongoing partnership aimed at delivering Queenslanders expanded and improved mental health services."

## Vaccine rates studied

**Eighteen** Aboriginal and Torres Strait Islander health workers attended a flu/pneumovax and childhood immunisation workshop in Toowoomba organised by the Darling Downs Population Health Unit.

The health workers, from Dirranbandi, St George, Goondiwindi, Inglewood, Dalby, Ipswich, Oakey and Toowoomba, developed strategies to assist in improving immunisation rates throughout their districts.

Terry Appo, Acting Aboriginal and Torres Strait Islander public health officer (communicable diseases) said topics covered included a description of influenza and pneumococcal disease, vaccine principles and what vaccines contained.

He said other topics were how vaccines work, vaccine side effects, the National Immunisation Program Indigenous Schedule, documentation of vaccines, the Vaccination Information and Vaccination Administration System, the Australian Childhood Immunisation Register, overdue notices, and the Flu and Pneumovax Mini Grants Program.

The immunisation workshop was an opportunity to discuss what worked in local communities and what didn't work as well as expected in this year's influenza and pneumovax programs.

Speakers included public health medical officer Doctor Neil Parker, public health nurse Denise Breadsell, Terry Appo and data officer Jodie Walsh.

## Learning how to resolve conflicts

**A series** of fully-funded leadership development workshops are being offered to Queensland Health staff by the Workplace Culture and Leadership Centre, Centre for Healthcare Improvement.

The Energising from Conflict workshops will be held at: Ipswich – 23 February and 6 April, Ballymore Rugby Club, Brisbane – 4 March and 1 April, Gold Coast – 3 March and 17 April, Cairns 13 March and 24 April, Rockhampton 23 April and 21 May, Royal Brisbane and Women's Hospital (doctors only) 8 April and 13 May, Mt Isa – 19 May and 23 June, Queensland Health Building, Charlotte St Brisbane – 12 May and 24 June.

Paul Stafford, Director of the Workplace Culture and Leadership Workshop, said the Energising from Conflict Program was a two-day non-consecutive workshop for Queensland Health managers, supervisors and upcoming leaders.

"The workshop, which is practical and highly participative, includes scenarios, case studies, problem solving and other interactive activities aimed at strengthening conflict resolution skills," he said.

"The Better Workplaces Culture surveys have indicated a high occurrence of harmful behaviour in some workplaces, particularly in some clinical settings.

"The consequences of unresolved conflict are serious and greatly impact on the retention of staff and the quality of service being provided to patients.

"We developed this workshop to help staff deal with conflict and harmful behaviours, providing the skills and the tools to resolve conflict in the workplace. The feedback we have received has been very positive."

A series of fully-funded one-day Personal Leadership Qualities Workshop will be held at: Nambour, 2 February; Roma, 19 February; Queensland Health Building, Brisbane, 11 March; Cairns, 19 March; Royal Brisbane and Women's Hospital, 2 April; Toowoomba, 8 May; and Mackay, 21 May.

Renee Coburn, Workshop Coordinator, said the interactive workshops gave an insight into leadership ability and addressed the five

personal qualities from the Leadership Qualities Framework. She said these were self-belief, self-awareness, self-management, drive for improvement, and personal integrity. The workshop offered a wide range of practical strategies to improve leadership capability.

"They will be better equipped to develop a personal development plan to maximise their full potential, both personally and professionally," Renee said.

For further information see <http://qheps.health.qld.gov.au/betterworkplaces/leadership/efc/index.htm> or [http://qheps.health.qld.gov.au/betterworkplaces/leadership/pers\\_qualities/index.htm](http://qheps.health.qld.gov.au/betterworkplaces/leadership/pers_qualities/index.htm) or phone Renee on 3636 2055.

## Putting plans into action

**Increasing knowledge** and skills in health promotion practice, improving community well-being and addressing the burden of chronic disease and injury was the aim of two-day workshops held at Charleville and Roma.

Forty-five health care staff and community workers attended the Red Lotus Health Promotion Model training workshops, provided by the South West Population Health Unit in partnership with the South West Health Service District Health Promotion Committee.

University of Sunshine Coast's Lily O'Hara and Jane Gregg, who developed the health promotion

model, led the two workshops.

They used the structure and qualities of the red lotus plant as a metaphor to raise awareness of the values and principles that underpin health promotion models and how to put these into action in a systematic way.

They said the workshops enabled practitioners to proactively and purposefully put into action a connected system of values and principles across the phases of health promotion.

"These phases include determining the health paradigm, needs assessment, planning, implementation and evaluation," they said.

## Kit helping you stay on your feet

A new Queensland Health resources kit, *Stay On Your Feet*, is being used in community falls workshops to raise awareness of dangers and assist in preventing falls in older people.

The workshops attract good attendances from professionals who work with older people in general practice, community health, hospitals and residential aged care facilities.

A new falls prevention website and a range of community resources are part of a campaign Queensland Health hopes will help keep more people on their feet.

The Stay On Your Feet website and resources were produced by the Statewide Falls Injury Prevention Collaborative, supported by the Queensland Health Patient Safety Centre and Health Promotion Unit.

The free resources include:

- *Will you stay active and independent?* Checklist: the list helps older people identify reasons why they may fall and any concerns can then be discussed with a

health professional

- *How to Stay On Your Feet Checklist:* a more comprehensive list covering well-being, nutrition, physical activity, health conditions, footwear and hazards in and around the home

- *Queensland Stay On Your Feet Community Good Practice Guidelines:* developed for professionals based on the latest evidence, program experience and evaluation of falls prevention strategies, they cover demographics, incidence, risk factors, awareness-raising activities and falls-prevention interventions.

Maarten Kamp, Acting Executive Director, Centre for Healthcare Improvement, said 46 people were admitted to Queensland hospitals as a result of falls every day.

"Five older people are admitted to hospital with a hip fracture each day – one of the serious consequences of falling over," he said.

"A fall can steal a person's independence and vitality and seriously reduce their quality of

life. Injuries from falls create significant expense for our health system, patients and their families.

"Treating people for falls cost our hospitals about \$54 million in 2001."

Michael Tilse, Health Promotion Unit Director, said the toolkits would give practitioners a step-by-step comprehensive guide for preventing falls.

"The collection of tools, checklists and evidence-based information will assist with setting up a community falls prevention program," he said.

"The toolkit fills a vital need for practitioners. Queensland Health conducted a toolkit workshop last month at the 3rd Australia and New Zealand National Falls Prevention Conference in Melbourne."

For a copy of the Queensland Stay On Your Feet® checklists contact Queensland Health publications unit on 3234 1053. To view the website go to <http://www.health.qld.gov.au/stayonyourfeet>



From left, Lorraine Rogers and Ann Brown (local residents), Trudy Ballinger (GPLAN), Rosalind Goleby (local resident) and Vikrant Kalke (GPLAN) displaying the GOAL directory. Photo courtesy The Reporter newspaper.

## Actively reducing risks

Queensland Health's Getting Out and About Locally (GOAL) active ageing directory for the Logan-Beaudesert area is being circulated by Logan's general practitioners and GP practice nurses to encourage people to make healthy ageing their GOAL.

There are distributing the directory to encourage older people to become more active and reduce their risk of slips, trips and falls.

Trudy Ballinger, service consultant, General Practice Logan Area Network (GPLAN) said the directory "is a handy guide with plenty of helpful local information about what's on offer for seniors, as well as advice on healthy ageing".

"We're encouraging people to talk about their physical activity options with their GP or practice nurse so they can ease into new activities and stay motivated," she said.

Ngaire McGaw, Brisbane Southside Population Health Unit's health promotion officer, said the GOAL directory was an initiative established by the Brisbane Southside Population Health Unit and the Metro South Health Service

District (Logan-Beaudesert).

The network supports government and non-government agencies in the area establish a more coordinated, managed and measurable approach to falls prevention in older people.

These local efforts have been supported by funding from the Queensland Government's Strengthening Aged Care Project.

Ngaire said they were trying to increase awareness of the wide range of exercise groups, creative activities and social groups available to help older people keep active, as well as local support services that could help them.

Bonnie Houston, Underwood Clinic practice nurse, has been talking to her patients about becoming active in the Logan area.

Copies of the checklist are available from the Queensland Health Publications Unit on 3234 1053. For copies of the GOAL active ageing directory, phone Brisbane South Population Health Unit, 3000 9148. Both resources are also available online at [www.health.qld.gov.au/stayonyourfeet/resources.asp](http://www.health.qld.gov.au/stayonyourfeet/resources.asp)

## Improving clinical incident reports

Falls of patients in hospitals, pressure ulcers and medication mistakes are the commonest reasons for staff reporting unintentional harm in Queensland public hospitals.

The second Patient Safety: From Learning to Action II report on clinical incidents in the public health system reported by staff during 2006-07 was released in September by Queensland Health.

Dr John Wakefield, Director Queensland Health Patient Safety Centre, said release of the report was an important step in improving patient safety.

"Sharing information in an open and honest way is fundamental to improving patient safety and building trust in the community and our staff," he said.

"The findings of the report, with an overall 30 per cent growth in incident reporting, suggests that there is a real culture

change occurring, where staff are more willing to report problems with confidence they will be addressed.

"We can't fix what we don't know about. It is part of changing the culture of Queensland Health to one which seeks to learn about and fix problems

"Of the total 46,990 clinical incidents reported by Queensland Health staff in 2006-7, 23 per cent (10,800) resulted in actual patient harm. The majority (77 per cent) concerned circumstances where patient harm did not occur."

Dr Wakefield said it was encouraging to see that staff were reporting many more 'near-miss' events than actual cases of patient harm.

"It is not enough for us merely to better understand why these events occur. We must continue taking action to make the system safer," he said.

Dr Wakefield said the report outlined many key patient safety initiatives being implemented in every health service across the state.

He said significant work was occurring across the organisation to address known patient safety issues, such as medications, falls, pressure ulcers, infection, suicide prevention and procedural complications.

He said analysis of incidents in Queensland and across the nation was leading to new areas of focus.

"There will be big safety gains for patients through better patient identification, earlier detection and treatment of patients who are deteriorating, and more effective ways of communicating patient information," Dr Wakefield said.

"We are absolutely committed to do everything we can to keep patients safe in our care. This means we must continue to change the way we design our care processes, and the way we think and behave as health professionals".

For a copy of the report go to <http://www.health.qld.gov.au/patientsafety/default.asp> or e-mail [psc@health.qld.gov.au](mailto:psc@health.qld.gov.au)

## Workshop hones skills

Allied health professionals learnt about how to extend and improve their supervision skills at a workshop held by the South West Health Service District at Roma Hospital.

LuJuana Abernathy, Workforce Development Officer, the Cunningham Centre, said the workshop was aimed at new supervisors and experienced supervisors wanting to learn about supervision models and frameworks.

She said this was the sixth workshop run in southern Queensland this year, with each

one being a great success.

She said the workshop was practical, practice-based, interactive and fun and the presenter, Margaret Morrell, provided easily understood material and plenty of opportunities for practice and group discussion.

By participating in the workshop, supervisors would be able to put into practice a higher standard of quality supervision, including establishing and maintaining a positive, productive supervision relationship.

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## making tracks in Indigenous health

# Traditional taste-tempting treats

The menu had emu kebabs and macadamia nut potato salad with capers, lemon myrtle barramundi, yabbie salad, macadamia and mustard wallaby stack.

This was the tempting feast of traditional Indigenous fruit and vegetables and local fresh produce on the menu at Charleville's Outback Café at the Bilby Festival.

Celebrity Indigenous chef Mark Olive was a special guest, helping Charleville's WARRBA Indigenous nutrition group promote awareness of Indigenous culture and healthy recipes for healthy lifestyles.

Mark has been resident chef on the ABC TV series, Message Stick, and has hosted Outback Café, a tourism-food show on the Foxtel Lifestyle Channel. During the Bilby Festival, he conducted two cooking workshops for 35 students at the Charleville State High School, two free community cooking demonstrations and a free, celebratory community lunch.

WARRBA is a partnership between Queensland Health's South West Population Health Unit and Community Health Services, Charleville and Western Areas Aboriginal and Torres Strait Islanders Corporation for Health and South West Healthy Communities Program.

At the school cooking workshops, Mark showed students how to prepare emu stacks with roasted vegetables and a garden salad with his own dressing.

During these sessions, he demonstrated correct knife techniques and displayed the range of



Mark Olive shows off one of the crabs used in preparing his tempting Indigenous menu.

Indigenous herbs and spices used throughout his recipes. Jake Smith, one of the students, said the cooking workshop was pretty good.

Mark's cooking demonstrations with Indigenous community members were also favourably received, with traditional damper, wallaby stacks with roasted vegetables and a garden salad prepared.

The celebratory barbecue (barramundi, kangaroo kebabs, yabbie salad, garden salad, steaks and sausages) at Charleville and Western Areas Aboriginal and Torres Strait Islanders Corporation for Health was attended by 40 Indigenous community members.

At the Bilby Festival's Market Day, Mark Olive offered Outback Café taste testing and talk with visitors about how he prepared his recipes.

Charleville resident Olive Murphy, who was raised eating a lot

of bush tucker, said it was great to open the younger generations' eyes to traditional bush tucker, how to prepare it and how to cook it.

"Mark was very good at group work and one-on-one sessions. No question was too much for him to answer; you didn't feel silly for asking them, and he made you feel great to be part of the workshops," she said.

Erin Anthony, South West public health nutritionist, said the practical cooking workshops and demonstrations would help increase people's knowledge, skills and appetite for healthy and nutritious meals.

"The activities will increase people's awareness of the importance of good nutrition and incorporate Queensland Health's Go for 2&5 message as part of our local Food Outback fruit and vegetable promotions," she said.



Tai chi helping to alleviate chronic disease.

## Tai chi right in balance

Tai chi has hit the right balance with the Indigenous community in a special program introduced by the Bowen Health Service District Primary Health Care Team to support the chronic disease strategy.

The team, in collaboration with the Burdekin Be Active Physical Activity Taskforce and Burdekin Centre for Rural Health, has started training in tai chi.

Tarja Martin, Senior Health Promotion Officer, said the Chronic Disease Team identified a need to have Indigenous facilitators trained to increase participation, access and sustainability.

She said the Burdekin Centre for Rural Health-funded bring a master trainer to the district.

Two Indigenous community members undertook the Tai Chi for Life training, Chronic Disease Indigenous Health Trainee, Adrian Ernest and Veronica Dorante, an active community member. Veronica also undertook the Life Steps

training.

Tarja said tai chi was warmly received by the Indigenous community with the participants wanting the course to go from once a week to two times a week.

Comments from the participants were positive and they were feeling more mobile and flexible in just a couple of weeks.

"Our team believes that having Indigenous instructors builds on ownership and that this strategy will go from strength to strength," Tarja said.

"We now have enquiries from the broader community who would like to join the sessions.

"We are looking to introduce tai chi to the Indigenous youth of the Burdekin through collaborations with the Baywatch after-school and holiday programs and are considering introducing other strategies, such as an Indigenous "Living strong Living Well" Ambassador and Family Pledge for Healthier Living."

## Giving babies the best start in life

A new series of information resources aimed at improving the health of Aboriginal and Torres Strait Islander mothers and babies has been introduced by Queensland Health.

Growing Strong: Feeding You and Your Baby resources will help Aboriginal and Torres Strait Islander health workers provide information to mums-to-be and their families on how to give their babies the best start in life.

Kani Thompson, Tropical Population Health Network nutritionist, said the resources had been redeveloped and now consisted of

a series of 22 brochures covering a wide variety of topics.

"Each brochure has a snapshot of information on a specific topic so families can take home the information that best suits them and their children," she said.

Topics include healthy eating during pregnancy, morning sickness, tips on how to feed baby when mum is learning to breast-feed, healthy snack ideas for small children, and how fathers and grandparents can help during pregnancy and after baby is born.

Kani said the brochures were

easy to use, travel friendly and used illustrations to get advice across clearly and concisely.

"They contain lots of pictures, so busy mums, families and carers can get all the important information they need without spending a lot of time looking for it or reading through lots of information," she said.

"For health workers, we have developed A3-sized flip charts. Health workers and those working in Indigenous communities needed information that was free, as well as providing culturally appropriate information."



Kani Thompson with the new resources, and the Growing Strong baby, Charlie.

## Teamwork aids faster patient care

**Put a group** of senior health care professionals together in a brand new unit with a brand new model and watch the records tumble – and this has proven true with the Early-assessment Medical Unit (EMU) at The Prince Charles Hospital.

The unit, the fourth of its kind in Queensland when it opened open early last year, has a process of getting patients the care they need, when they need it and faster than ever before.

The unit is designed to deliver faster, safer and better care for these patients, allowing patients to be seen quickly by a specialist interdisciplinary team which can start their treatment earlier and return them home as soon as possible.

The EMU may also provide an alternative referral option for primary care clinicians whose patients require treatment at the hospital allowing the emergency department staff to focus on caring for critically ill patients.

EMU is interdisciplinary with the senior clinicians in the unit drawing on other people's assessments and knowledge to plan for patient outcomes. The team rapidly assesses each patient's care needs and plans for their future.

The unit's ideal goal is a maximum stay of 48 hours before patients transfer home or into a ward.

Rebecca Smith, the unit's Senior Clinical Dietitian, said that elderly people with chronic disease were nationally the largest and fastest growing patient groups.



Rebecca Smith with one of her patients, Betty Harris.

Rebecca is one of a range of allied health professionals who work hand in glove with medical and nursing personnel with their mainly elderly clients.

Other allied health professionals include occupational therapists, physiotherapists, social workers, speech pathologists, neuro-psychologists and pharmacists.

"Patients medical treatment is often complex and ongoing. Frequently these patients are not critically ill, but have complicated conditions that take time and a variety of medical, nursing and allied health expertise to diagnose and treat," she said.

"In EMU, there are no stupid questions. The team works as a whole and there is a lot of trust

and respect.

"I think part of the success of this has been the culture that we've developed. Our identity is our team, not our physical location. We all had buy-in from the start. We all had a vested interest in developing this service from the ground up."

Rebecca said the EMU was a challenging concept because historically doctors and nurses had directed patient care, while the EMU was about everyone directing that patient care.

"We have fantastic medical consultants focused on patient care. They are geriatricians so they are very holistic in their approach and have invested a huge amount of trust into their staff," she said.

## Plenty of ticker helps dance the night away

**"Before the program,** I used to get puffed after just one dance – now I can go all night without a break. It's changed my life."

Kevin Dean says he has never shaken his tail feather quicker than he does now and it is all thanks to the new cardiac gymnasium at Bundaberg Hospital's.

Kevin, 59, who swings and jives with the local rock and roll dance club every Thursday night, says he "feels like a 20-year-old" after completing the first six-week cardiac rehabilitation program in the \$140,000 gym.

The gym has been fitted with modern equipment to ensure patients receive an individual program to assist them in returning to normal activity and, where appropriate, to work following a heart attack or other cardiac event.

Kevin suffered his second heart attack in May and had surgery in Brisbane to fit two stents before returning to recuperate in Bundaberg Hospital.

"I've learnt to eat properly, exercise and I've lost weight. It's helped me meet new people. I can't speak highly enough of the program," he said.

Karen Fox, community adult health clinical nurse consultant, said the first cardiac rehabilitation program had

been a resounding success.

"The outcomes have been favourable, with the most people experiencing some weight loss and improved endurance levels," she said.

Karen statistics showed that one of the main reasons for readmission to hospital was cardiac related.

She said the gym was fitted with modern equipment, including treadmills and recumbent cycles, and clients were assessed individually with an individual program developed, monitored and progressed throughout the six-week program.

She said the program was designed to assist all aspects of a person's recovery and aids in the prevention of further cardiac problems.

Each participant receives an information package, an interview with the cardiac rehabilitation team before taking up the six-week course which includes an hour of education and two hours of exercise each week.

Upon completion of the program, participants are reassessed and given a home exercise prescription along with instructions on how to monitor their progress. A check is made after six and 12 months monitor progress with their exercise and health.

## Diabetes service plans redesigned

**Type 2 diabetes** services are being redesigned in a partnership between the Sunshine Coast – Wide Bay Health Service District and the Sunshine Coast Division of General Practice (SCDGP).

Extensive audit activities were undertaken to evaluate referral and communication practices, identify service gaps and alternative service models, as well as patient experiences and self-management capacity.

Peter Dobson, Board Chair of the SCDGP, said understanding the disease burden in the district was a crucial aspect of the work.

He said an advisory group of diabetes care providers identified and prioritised services for better continuity of care, improved access, integration of services, and maximise use of available resources.

He said the aim was to collaborate on service delivery and practice for a long-range local strategic plan for the management of patients.

He said patients with complex needs, co-morbidities and frequent acute presentations would be the initial target group.

The framework included

developing professional education and training, providing general practice, community nursing and allied health infrastructure support, improving communication processes, implementing patient care coordination and share-care models.

The second stage elements would focus on people at high risk of complications and complex needs.

Stage three and four activities would focus on early diagnosis, early detection, complication intervention and primary prevention strategies, Peter said.

## Brown Plains on target

**Construction** of the \$26.4 million one-stop-shop Browns Plains health precinct is on track for completion at the end of the year and is expected to be fully operational in the first half of next year.

The construction site of the new centre, the Browns Plains Ambulatory and Community Care Centre at Hillcrest, was inspected recently by Health Minister Stephen Robertson.

"This new health precinct will service one of the fastest growing populations in Australia," he said.

"It will provide local residents with a wide range of health services in the one location, allowing

more patients to be treated closer to home while easing pressure on public hospitals.

"These services will include aged care and rehabilitation, children's health services, adult community mental health services, drug and alcohol rehabilitation, dental clinics, antenatal clinics and chronic disease prevention and management services.

"An Early Years Centre, to be run by the Department of Communities, will be on the site.

"There will be around 120 workers staffing the precinct, 80 of whom will be filling new positions."

## focus: how I keep fit

# Angela's fight for triathlon glory

**Most elite** athletes start training at a young age, working towards a distant dream of sporting glory, but Anne Garton's journey was different.

In her mid-twenties and suffering a devastating mental illness, Anne found the courage and determination to do something she had never considered – becoming a world-class triathlete.

The former police officer spent seven years in and out of hospital before a nurse convinced her to have a go at training for a triathlon. She started swimming, cycling and running during an eight-month stint in hospital and quickly rose to become a state champion and an Australian representative.

She has now joined the mental health team at Princess Alexandra Hospital to support and inspire patients who suffer similar conditions.

Anne said she first became unwell while serving as an officer for the Queensland Police Service.

"I didn't know anything about mental health at first. The only

experience I'd had was transporting the 'crazy nutters' to psychiatric hospitals for assessment," she said.

"But instead of me dealing with mentally ill people, my police colleagues had to detain and transport me to a psychiatric hospital."

After being diagnosed with a dissociative disorder, Anne she spent the next seven years in and out of hospital for months at a time.

"My illness completely destroyed me – I had no hope, no will, no fight and I would spend hours in lifeless, catatonic states," Anne said.

Desperate and at her lowest point, she wrote a wish list of things she would like to do if she was well – and at the top of the list was "compete in a triathlon".

She said a nurse convinced her that it was worth a try.

"I realised I had nothing to lose so, with permission from the doctors, I would leave the hospital to go training and on weekends I competed in local races," she said.

Within six months, she had progressed to winning state titles and in 2005, during an eight-month hospital admission, she trained and qualified for the Australian team which competed in the world championships in Hawaii.

Anne said her recovery from her illness leapt forward from this point, with medical staff and her family noticing dramatic changes.

"Competing in triathlon gave me something that was worth fighting for – for the first time in years I came alive and found something I loved passionately," she said.

Anne is now a consumer consultant at Princess Alexandra Hospital's mental health service, where she uses her experience to consult and support patients, carers, medical staff and management.

"I have direct contact with the patients, so I can sit down with them and really listen," she said.

"From my experience of being unwell, there were countless times when I wished someone would just take the time to listen without having to make a clinical analysis."



Trent Young, physiotherapist, as member of the Queensland Health Capers Team, climbing the very steep Desailly's Range

## Cyclists' cardiac cash

**More than** \$100,000 was once again raised for Cairns Base Hospital's Cardiac Unit at this year's Yellow Cardiac Challenge bicycle ride from Cairns to Cooktown.

A total of 130 riders took part in the three-day journey to Cooktown, which started on 27 September, and was organised for the second year by the Far North Queensland Hospital Foundation.

Glenys Duncombe, the foundation's fundraising and marketing manager, said pledges still

were coming in, but the total had already passed \$101,500.

Last year's inaugural cardiac challenge attracted 125 riders and raised \$115,000, with the money used to buy a new cardiac ultrasound machine for Cairns Base Hospital's Cardiac Unit.

The 51st Battalion, Far North Queensland Regiment, provided escort vehicles and transport for cycles and luggage for this year's event, with Sunbus ferrying riders up the ranges and bringing unsupported riders home.

## Retailer fined for food code breaches

**A Gold Coast** food retailer has been successfully prosecuted by Queensland Health on 15 breaches of the Australia New Zealand Food Standards Code.

Lee Colin Turner, trading as The Grocery Club, Ashmore, pleaded guilty in the Southport Magistrates Court to the breaches and was fined \$3000.

Sharon Jurd, environmental health director, Gold Coast Population Health Unit, said a Queensland Health environmental health officer inspected goods at the business following an anonymous complaint in February.

She said the officer found 62 units of cheese, eight units of dip, three units of salsa sauce, and one unit of thickened cream were sold past their 'use by' dates. In one instance the use by date was 9 December 2005.

A further 29 units of cooked beef spare ribs and five units of cake were sold without labels containing the food's name, the lot identification, the name and address

of the supplier, the ingredients, a date mark, directions for their use or storage, a nutrition information panel, and a declaration of the proportions of the food's characterising ingredients and components.

There was no statement that identified where the food was made or produced, the country where the food was made, manufactured or packaged for retail sale, and to the effect that the food was constituted from imported or local ingredients.

Another five units of cooked beef spare ribs were sold without labels containing the lot identifications of food, the name and business address of the food supplier, a nutrition information panel, a statement that identified where the food was made or produced, the country where the food was made, manufactured or packaged for retail sale, and to the effect that the food was constituted from imported or local ingredients.

Sharon said all food businesses must adhere to the requirements of

the Food Standards Code.

"It's important for consumers to be able to make informed choices about the food they purchase, so that they don't purchase foods that may no longer be safe to consume, don't know how to use or store appropriately, are allergic to, or are unable to consume for religious or cultural reasons," she said.

"I urge consumers to be vigilant in inspecting food labelling before purchase – especially 'best before' and 'use by' dates on all food products they intend to purchase.

"Any storage conditions that are necessary to ensure that a food will retain its specific qualities for the period indicated by date mark must be declared on the label.

"People who have concerns about the food labelling they have observed in retail outlets, or have later identified on products purchased, can report these to their local population health unit. Every complaint received by Queensland Health is investigated."

## \$11m to boost research

**Surgical skills** training will be combined with biological and biomechanical research at a \$11 million medical engineering research facility at Prince Charles Hospital.

The facility, funded jointly by the Smart State Facilities Fund, Queensland University of Technology, and industry partners Medtronic and Stryker, is a satellite of the QUT's Institute of Health and Biomedical Innovation.

Health Minister Stephen Robertson, in opening the facility in September, said the facility was designed to meet emerging clinical needs in orthopaedic artificial organs research and surgical skills training.

"This is the first purpose-built facility to support the full cycle of research, validation, commercialisation, and training activities necessary to ensure widespread adoption of new medical devices and techniques in Queensland," he said.

"Collaboration between QUT

and The Prince Charles Hospital has produced a one-stop site which provides a comprehensive suite of research and training facilities.

"Research will focus on solving clinical problems identified by clinicians in their practice, and discovering and developing new techniques, materials, products and manufacturing methods for medical devices.

"It will also focus on training of clinicians and other health professionals in new products and techniques."

Mr Robertson said targeted research areas would include bone replacement and cartilage replacement systems, bone and spinal surgical procedures, innovative concepts for artificial limbs and cardiac devices.

He said clinical conditions that would benefit from research included hip, knee and spinal conditions, cancer requiring bone tumour resection, heart transplants and other impaired organs.

## Children's hospital site confirmed

The new \$1.1 billion Queensland Children's Hospital, to open in stages from 2011 to 2014, will be the state's tertiary paediatric referral hospital and provide the latest facilities and health care services available to children and young people.

The hospital, at South Brisbane next to the Mater Hospitals, will combine and enhance the existing speciality paediatric skills and services of the Royal Children's Hospital and Mater Children's Hospital.

Health Minister Stephen Robertson said international evidence clearly showed that children have better outcomes when hospital services were consolidated.

"Paediatrics is an area where previous models of hospital service

delivery are being put to the test," he said.

"The world-wide trend is to combine smaller services into one location to guarantee the volume of service necessary to ensure quality and safety.

"This trend is a direct response to studies that show when complex treatments are carried out, there are lower mortality rates and better outcomes if care is provided in hospitals that have a high caseload of patients.

"Combining our existing children's services into one hospital will create a 'critical mass' that will bring more depth and breadth to our services and take paediatric services in Queensland to a completely new level."

Mr Robertson said the site for

the new hospital had been carefully selected to ensure it was centrally located, easily accessible via major transport links and well connected to community spaces, including play areas, retail precincts, food outlets, entertainment venues and cultural facilities.

The decision for a single children's hospital was supported as the best way forward for paediatric health care in Queensland at a joint Queensland Health and Australian Medical Association Queensland forum in September.

Draft plans of the 12-level facility will be available for viewing at [www.buildinghealth.qld.gov.au/childrenshospital](http://www.buildinghealth.qld.gov.au/childrenshospital). These plans will be updated as consultation progresses with users and planning teams.



Amanda Allen (left) and Erin Anthony encouraged people to taste test fruit and vegetables.

## What to do with a friend like these?

Comparing smoking to a bad friend and confronting young people about their "relationship" with smoking is the theme of the current hard-hitting television advertising campaign.

The 30-second QUIT ad, funded by Queensland Health and the Queensland Cancer Council, has the message: If smoking was a friend – you would want him out of your life. The ad, which challenges young people to ask what smoking gives them in return for the sacrifices they make for their habit, will screen until January.

The campaign ad highlights the time, financial and the social impacts on the lives of young people arising from smoking, as well as its dire health consequences, including a range of serious

chronic diseases and potentially fatal diseases such as cancer and heart disease.

By calling 13 QUIT (13 7848) smokers can speak directly with a trained Quitline advisor, who can provide support, encouragement and resources that are tailored for the individual.

While more Queenslanders are quitting smoking since introduction of tough anti-smoking laws, smoking rates are still among the highest in Australia.

Independent research shows that since the introduction of the smoke free laws, 67 per cent of smokers are smoking less in public places, 22 per cent tried to quit, and 27 per cent of ex-smokers have stayed smoke-free.

Despite this, Queensland has

the third highest smoking rates in Australia, with 17.2 per cent of Queenslanders aged 14 years and older smoking daily.

The commercial is targeted at smokers aged 18-39 and based on research which found many smokers are dismissing clear links between smoking and disease.

Smoking is a major risk factor for chronic diseases, causes 80 per cent of lung cancer cases, 63 per cent of chronic obstructive pulmonary disease and 11 per cent of coronary heart disease in Queensland.

Smoking is responsible for 3458 deaths and 34,138 hospitalisations in Queensland each year. It costs the Australian economy \$35.5 billion each year, with the average individual smoker paying about \$3500 a year for cigarettes.

People discovered how to make good food choices every day at a Queensland Health display at Quilpie Show, spreading the Go for 2&5 message and the Food Outback project.

The display helped spread healthy fruit and vegetable messages to people of all ages through fruit and vegetable displays, taste testing and promotional giveaways. South West public health nutritionist Erin Anthony and Indigenous nutrition promotion officer Amanda Allen teamed up for the promotion.

Erin said the many Go for 2&5 activities encouraged adults to check the number of serves of fruit and vegetables they and their family ate and look for ways to include more fruit and vegetables into their daily meals.

"We were keen to show people the quality of fresh produce that's available in Quilpie and the wide

variety of flavours that fruit and vegetables can provide with our fresh produce displays and taste testing," he said.

"All leftover produce was available free of charge to people attending the show.

"Everyone enjoyed tasting the selection of dips with carrot, celery and capsicum, which proved the versatility of fruit and vegetables as quick and healthy snacks."

Erin said the public supported the concept of working towards getting more fresh fruit and vegetables to South West Queensland through the Food Outback project.

She said the project examined maintaining and improving quality food transport systems at affordable prices, availability of a variety of affordable and quality vegetables and fruit in local food stores, and increasing fresh vegetables and fruit through local production.

## Contractor announced Lighten up and learn to live longer

Boulderstone Hornibrook Queensland Pty Ltd has been selected as managing contractor to work with Queensland Health on the \$287.7 million project to expand Robina Hospital.

The expansion includes an additional 179 beds, two additional operating theatres and upgrades to medical imaging, pharmacy, pathology and catering services.

The additional beds are scheduled to open in 2011, with the whole project due for completion

by mid-2012. The expansion is the second and third stage following completion of Robina Hospital's \$40 million stage one expansion in September 2007.

Stage one has an initial 26 beds, comprised a new emergency department, intensive care/coronary care unit, expanded renal services and pathology, medical imaging, pharmacy and medical records. Designs for the expansion are due to be released this month for community consultation.

Helping people become more active, enjoy healthy food, cope with stress and manage their weight is the aim of the Lighten Up to a Healthy Lifestyle program developed by Queensland Health.

Gina Davis, Cairns Community Health Healthy Lifestyle Coordinator, said the program was designed for men and women (over 18) who wanted to improve their health and well-being.

"It is a program aimed at developing and maintaining a healthy

lifestyle, improving health and preventing chronic disease," she said.

"The course is suitable for all adults who wish to adopt a healthier lifestyle, prevent weight gain or lose weight. It is a seven-week program, including a supermarket tour to look at labelling of foods and healthy choices.

"The course is fun and interactive. People learn about nutrition and exercise and how to incorporate these into their daily living. It

will help people develop a healthy attitude to eating and physical activity."

Gina said the course did not provide a "diet" to follow, but helped participants learn how to:

- prepare and enjoy healthy food
- discover enjoyable ways to be physically active
- overcome problems and set goals
- feel better about themselves
- develop a support network to help sustain their new habits.



Dan Wruck in the laboratory at Forensic and Scientific Services.

## Dan's tragic accident

**Daniel (Dan) John Wruck**, senior technical officer, Queensland Health Forensic and Scientific Services died suddenly after a tragic accident on 27 September at his Mt Mee farm.

With Dan's passing, Queensland lost a passionate, world-leading expert in public health and environmental science.

Dan started work with Queensland Health in January 1971, as a cadet technician in the Government Chemical Laboratory in Brisbane.

He studied for a Certificate in Chemistry at the Queensland University of Technology (then known as the Queensland Institute of Technology) and graduated in 1973.

For the next 10 years, Dan gained experience in various sections of the laboratory, performing chemical testing on coal, water, trace metal analysis in water and pesticide analysis. This testing is necessary to ensure high public health standards in food and water.

Dan gained an in depth knowledge of High Performance Liquid Chromatography (HPLC), adapting this chemical technique to testing of sugars in food, drugs in clinical specimens and pesticides.

Dan trained other government staff in this technique and led workshops for visiting scientists as part of the Asian Pacific Food Analyst Network.

He presented lectures and training in 1992 on HPLC to Indonesian scientists at a national Indonesian seminar in Bandung.

Dan s joined the Environmental Nutrient section of what is now Queensland Health Forensic and Scientific Services in 1988.

He saw the need for Australian laboratories to provide high quality testing for low-level nutrients in environmental waters.

Dan became a leading expert in this field of science, both in Australia and overseas. He was the coordinator of and driving force trials which provided Australian and international laboratories with a program for inter-laboratory comparison of testing results in environmental nutrients.

More recently Dan provided a similar program to scientists in China and Korea

Dan was a member of the Standards Australia and Joint Standards Australia/ Standards New Zealand Technical Committee. He was a member of the Royal Australian Chemical Institute and an assessor for the National Accreditation Testing Authority.

He provided technical advice and represented Queensland Health in the South East Queensland's Healthy Waterways Ecosystem Health Monitoring program.

Dan is survived by his wife Tina and two children, Ben and Angelene.

## Clinician care team gains award

The **Multidisciplinary Team**, Ward 6B, Ipswich Hospital Acute Rehabilitation, Aged Care and Stroke Services has received the inaugural Aged Care Clinical Excellence (ACCE) award.

The Aged Care Clinical Network awards, presented at a function to mark the International Day of Older Person on 1 October, celebrate and reward the excellent work clinicians and teams are doing to improve the health of older people.

The awards recognise the clinical staff that go "the extra mile" towards the improvement of health care for older people. Clinicians were nominated by their peers.

The 6B team at Ipswich Hospital was recognised for being leaders in culture change, innovation and delivering compassionate holistic care for the older person.

The team has implemented the Transforming Care at the Bedside program that focuses on patient-centred care, vitality and teamwork, safe and reliable care, and value-added process.

Two high commendation team award were presented.

One went to the Aged Care District Committee of Darling Downs and West Moreton District, which coordinated residential aged care facilities service delivery to get key results for residential aged care.

The other went to the Interim Care Coordination Team, Rehabilitation and Aged Care Services, Gold Coast, which was acknowledged for its dedication and commitment to excellence for the benefit of the older person and their family.

Jan Tovey, a social worker from Princess Alexandra Hospi-

tal, received the ACCE Individual award. Jan has worked as a social worker in the Geriatric and Rehabilitation Unit of the Princess Alexandra Hospital for about 14 years.

She is recognised for continually working to improve her resource knowledge and community networks, by questioning and looking for ways to improve systems and processes.

A high commendation was awarded to Jill Moloney, Southside District, the sole practitioner for the Hospital in the Nursing Home within the Brisbane south area.

Dr Paul Varghese, Chair of the Aged Care Clinical Network, said in closing the award ceremony "one of the most important measures that defines us as society is how we care for the frail and underprivileged."

## 10,000 babies hear the good news

**More than 10,000** newborn baby ears have been screened and sent on their way to have a healthy hearing life in the first three years of Toowoomba Hospital's Healthy Hearing Program.

Wendy Carlish, Healthy Hearing Program Clinical Nurse, said healthy hearing was critical to a child's speech and language development from the earliest months of life.

"One to two babies out of every 1000 will have a significant hearing loss. About 50 per cent of babies with a hearing loss have no known sign of risk factors such as a serious illness or a family history of deafness," she said.

"This hearing loss frequently escapes detection until the age when children normally begin to talk.

"Recent research shows that if babies with a hearing loss receive intervention before six months of age they can develop speech and language similar to that of children with normal hearing by three years of age.

"If a hearing loss is not picked up at an early stage, it can affect the child's speech and language development and future learning at school.

"The statewide statistics are reflected in our local statistics, with 5000 babies screened over the past

three years and 90 of these having gone on to have audiology testing.

"Following this testing five babies were diagnosed with sensorineural hearing losses (requiring hearing aids) and two with permanent conductive hearing losses (requiring further monitoring)."

Wendy said Toowoomba Hospital had become a diagnostic centre for audiology with weekly testing at an audiology booth built at the hospital.

She said the audiology service was usually found in metropolitan areas. Toowoomba provides screener training for country hospitals, such as Roma, Stanthorpe, Dalby, Warwick and Charleville.

## Cairns to set birth record – again

**The baby boom** is continuing in Cairns, with Cairns Base Hospital well on the way to another record year with more babies born during the first nine months of 2008 than ever before.

A total of 1988 babies were born at the hospital during the first nine months of the year, a three per cent increase on the 1930 births recorded during the first nine months of 2007.

The third quarter this year (July to September) had the sec-

ond highest number of births ever recorded during a single quarter, 669 babies, including 12 sets of twins, with four sets born in each of the three months of the period.

Dr Paul Howat, Director of Obstetrics and Gynaecology, said the hospital was well on its way to breaking last year's record number of births.

Dr Howat said 2551 babies were born at the hospital during 2007, 223 more than the previous record of 2328 babies born in each

of 2005 and 2006.

"We're only 563 births away from the 2007 record, with three months still to go," he said.

"Cairns Base Hospital has been averaging more than 200 births a month since the start of last year, with the average so far this year sitting at around 220 a month. So I don't think there's any doubt we'll beat last year's record."

The 2007 figures marked the fifth year running that births had exceeded the 2000 mark.

## Bundy doggone proud of badge

**Wearing** her leather jacket and goggles, Bundy, the stumpy-tailed cattle dog, has ridden 300,000 kilometres on the front of a motorbike with her best friends Tex O'Grady and Jenny Patten.

Bundy met staff from Queenslanders Donate at the Gold Coast Bike Week and didn't hesitate in accepting a donor badge to wear. Tex and Jenny said that Bundy is a great supporter of organ and tissue donation and is very proud to be wearing it.

"Unfortunately it is unlikely that'll she'll be able to donate her organs but she'll do her best to promote human organ and tissue donation during her journeys," said Jenny.

Bundy travels between 60,000 to 80,000 kilometres a year.

Jenny said she could think of nothing more important than spreading the word about the benefits of organ and tissue donation and the importance of telling those close to you whether you



*Bundy the cattle dog: proud to promote organ donation.*

want to be a donor or not.

Bundy has raised more than \$250,000 for children's charities and previously donated blood to other needy canines.

For more information or to

register on the Australian Organ Donor Register call 1800 777 203 or go to [medicareaustralia.gov.au](http://medicareaustralia.gov.au) or pick up an Australian Organ Donor Register brochure at any Medicare office.

## Patrick hangs up his stethoscope

**Dr Patrick Murray**, well-known Toowoomba identity, has retired after 40 years of work as a physician at the Toowoomba Hospital.

Linda Hardy, Toowoomba Hospital Chief Executive, paid tribute to Dr Murray for his length of service and extraordinary range of interests and involvement in not just hospital life but in the life of his local community.

Born in England in 1932, Dr Murray trained at Cambridge University and at St Thomas' Hospital in London. He qualified as a doctor in 1957 before training as a physician. He trained as a physician in Sydney, Northampton, and at London's St Thomas Hospital before migrating to Australia in 1967.

He has worked in Toowoomba since 1967 in private practice before starting with the Toowoomba Hospital in 1968 as a Visiting Medical Officer, where he has worked ever since.

Among the achievements in that time, Dr Murray lists the establishment of Toowoomba's first coronary care unit – the second only in the state; the establishment of haemodialysis in the hospital in 1974; the establishment of an education program and the rotation of registrars from Brisbane hospitals; and establishing multi-disciplinary

team meetings – something quite revolutionary in the 70s.

He was a chairman and board member of the Hospital Advisory Board in the 70s and 80s, and in 2006 was awarded an OAM for services to medicine as a physician and services to the community and service groups.

Dr Murray has been strongly involved in the local history movement, re-establishing the Toowoomba Historical Society, and

is co-Chairman of the local Medical Museum – a treasure trove of historical material on the Toowoomba Hospital campus.

He is medical coordinator of the district Rotary Bowel Scan program, and has worked on the Polio Plus eradication program.

He is involved in the Rotary youth exchange, helped set up junior mini rugby (seven a side) in Toowoomba, and has been a keen squash and tennis player.

## Extra funding for nurses

**Greater access** to breast care nurses for Queensland women in regional areas will be provided by the McGrath Foundation under a Federal Government funding initiative announced last month by Federal Health and Ageing Minister Nicola Roxon.

The McGrath Foundation has worked closely with Queensland Health and other stakeholders to identify priority areas for the additional positions.

Queensland currently has 17 breast care nurse positions in metropolitan, rural and regional areas.

Queensland will receive fund-

ing for an additional five positions, which will provide support for women in Cairns, Mackay, Mount Isa, Gympie, Hervey Bay, Gladstone, Kingaroy, Warwick, Dalby, Roma.

"These specialist trained nurses play an invaluable role in providing information, supportive care and care coordination to women and their families from the point of diagnosis with breast cancer," said Health Minister Stephen Mr Robertson.

"They ensure women are aware of local community support services available to them."

## BreastScreen Queensland mobile and relocatable services schedule

**Queensland Health**, through the BreastScreen Queensland Program, provides dedicated and accredited breast cancer screening services through a statewide network of screening and assessment services.

### Scheduled services

#### Mobile Services

Rockhampton: until 12 December, Gladstone.

Toowoomba: 3 November to end of December, Kingaroy.

Townsville: until 15 January, Ayr

#### Relocatable Services

Bundaberg: 4 November to end of January, Maryborough.

Cairns: 17-28 November, Smithfield.

Gold Coast: until 17 December, Beaudesert.

Nambour: 17-28 November, Burpengary.

North Brisbane: until end of

November, Strathpine.

All BreastScreen Queensland Services are required to meet National Accreditation Standards to be accredited as part of the BreastScreen Australia Program.

These standards are monitored every six months.

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

Women can arrange a free breast screen by calling 13 20 50, for the cost of a local call, and will be connected to their nearest BreastScreen Queensland Service.

Individual and group bookings are also available.

**Contact:** Cancer Screening Services Unit on 3234 1596.

## Digital unit now mobile

**The digital** revolution of BreastScreen Queensland hit the road last month with introduction of a mobile unit for North Queensland, the first of six new mobile units for regional Queensland.

The new mobile units have been specially manufactured and will take the latest digital technology to regional and remote towns in Queensland.

The mobile units are part of a \$12.25 million digitalisation of BreastScreen Queensland, due for completion by the middle of next year.

The first unit will be based in Townsville and began service last month in north Queensland, servicing sites such as Ayr, Mount Isa, Magnetic Island and Collinsville.

The second unit will hit the road this month, servicing regional areas in south-east Queensland, including Redbank, Goodna and the Gold and Sunshine Coast Hinterlands.

Four more units will start service next year in Central and central Western Queensland; the Darling Downs, West Moreton and South-Western Queensland; Cairns, the Torres Strait and Cape York; and outer

areas of the Gold and Sunshine Coasts.

The benefit of digitally-equipped mobile units is the ability for radiographers to immediately view the images and check the quality before a woman leaves the mobile unit.

This not only saves time, but prevents the occasional situation where women need to come back for a repeat breast screen because the first image didn't work for technical reasons.

Health Minister Stephen Robertson said it was encouraging to see breast screening rates were up five per cent on the same period last year.

"During the past financial year, 210,860 women took advantage of BreastScreen Queensland services," he said. "This year the BreastScreen Queensland program aims to screen 220,000 women."

"With the move to faster and more efficient digital technology, we want to see even more women accessing regular breast screens. Screening and early detection are the best defences against breast cancer."

# infomatters

diary

## Expos help in career path choice

Young people across South West Queensland are being encouraged to pursue careers in 'population health' to create healthy communities and healthy environments for daily living.

Regional careers expos in Charleville and Roma have been attended by Queensland Health's South West Population Health Unit staff. They aim to raise awareness of the interesting and rewarding work undertaken by environmental health officers, health promotion officers, public health nutritionists, communicable disease control medical officers and nurses and administration officers.

Elizabeth Handley, Carlie Watson, Erin Anthony and Deb Alick said there was keen interest from high school students in the Queensland Health careers display and activities at the careers expos.

"High school students appreciated the excellent population health career prospects in their communities, where they could stay living locally, upon completing their tertiary studies, and obtain the neces-



Jess Cooper and Jess Ware (foreground, from left) being briefed by Carlie Watson and Steve Hogan at the Roma Regional Careers Expo. Photo: courtesy Maranoa Town and Country Mail.

sary skills and experience in their areas of interest," they said.

"Queensland Health's population health function works toward achieving a positive and healthy future for all Queenslanders by promoting and protecting the health and well-being of all Queenslanders and preventing disease, illness and injuries."

Students were able to meet staff and ask questions, view a promotional DVD, and understand more about statewide social marketing campaigns, such as *Go for 2&5*, and local injury prevention initiatives involving new styles of mustering helmets for bikes and horses.

## Music sets right note

Giving local talent the opportunity to perform a song that best illustrated Mental Health Week's theme, Be Mind Wise, was the aim of last month's second annual InstruMental Music Quest in Toowoomba.

Nikee McDonald, Quest Organiser, said that ideally competitors had written their songs for the quest, which was all about promoting awareness and providing information to the community about mental health.

Nikee, a social worker from James Cook University on placement at Baillie Henderson Hospital, said the more information was generated within the community, the easier it was for people to understand mental health illness.

The concept of the InstruMental Music Quest was developed by Paula Blomfield, Queensland Health's acting program coordinator and social worker at Baillie Henderson Hospital.

Paula said contestants at the inaugural concert were powerful in expressing their own interpretation of the Mental Health Week theme, with some contestants openly disclosing their own personal reflections of mental illness. Michael Burge, mental health consumer consultant, inspired the audience with his account of mental illness from a consumer's viewpoint.

## in retrospect

### A review of some articles from previous Health Matters

<b>May</b>	Airport sales boost new hospital financing Junior doctors pass with flying colours Equal Employment Opportunity featuree
<b>June</b>	Record \$8.325 billion Queensland Health Budget Leading the way in patient openness Cardiac unit celebrates decade of treatment
<b>July</b>	Easier access to data benchmarks Show displays spread good food messages Indigenous strategies aim to close the gap
<b>August</b>	Digital technology helps ear treatments Mental Health Service 10-year plan launched Exercise tests responses to influenza disaster
<b>September</b>	Queensland Health reform changes announced Advancing Health Action Plan launched \$3.5m robotic surgery leading the way
<b>October</b>	Health consumer input strengthened Healthy food choices made easier Four conquer challenge of Kokoda Track

## NOVEMBER

- 1-30** Movember (Moustache for November)  
*Prostate Cancer Foundation of Australia*  
Phone: 1800 220 099
- 1-30** Lung Cancer Awareness Month  
*Australian Lung Foundation*  
Phone: 1800 654 301
- 7** Zaidee's Rainbow Hair Net Day  
*Zaidee's Rainbow Foundation*  
Phone: (03) 5823 5321
- 8** World Radiographer Day  
*Australian Institute of Radiography*  
Phone: (03) 9419 3336
- 9-15** Spinal Injuries Awareness Week  
*Spinal Injuries Association*  
Phone: 3391 2044
- 9-15** National Psychology Week  
*Australian Psychological Society*  
Phone: (03) 8662 3300
- 10-15** Perioperative Nurses Week  
*Perioperative Nurses Association of Queensland*  
Phone: 0412 518 783
- 10-16** National Food Safety Week  
*Food Safety Information Council*  
Phone: 0407 626 688
- 14** World Diabetes Day  
*Diabetes Australia*  
Phone: 1300 136 588
- 16** International Day for Tolerance  
*United Nations Organisation*  
Phone: (02) 6273 8200
- 16-22** National Skin Cancer Action Week  
*Cancer Council Australia*  
Phone: 13 11 20
- 18** World Day of Remembrance for Road Traffic Victims  
*United Nations Organisation*  
Phone: (02) 6273 8200
- 19** World Chronic Obstructive Pulmonary Disease Day  
*Australian Lung Foundation*  
Phone: 1800 654 301
- 20** Universal Children's Day  
*United Nations Organisation*  
Phone: (02) 6273 8200
- 24-28** Rett Syndrome Angel Week  
*Rett Syndrome Australia Research Fund*  
Phone: 1800 177 111
- 24-30** National Premature Birth Awareness Week  
*Austprem Inc*  
Phone: 1300 267 632
- 25** International Day for Elimination of Violence Against Women  
*United Nations Organisation*  
Phone: (02) 6273 8200

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

## 2009 Events Calendar

**Organisations** may submit details of health events for inclusion in the 2009 Queensland Health Events Calendar using an online form. For your event to be considered for inclusion in the calendar, it must adhere to the following criteria: your event/activities must be health-related, take place within Queensland and be supported by a recognised organisation/association. The calendar will be updated at regular intervals during the year. Entries can be submitted at any time to [http://www.health.qld.gov.au/\\_forms/events/events\\_form.asp](http://www.health.qld.gov.au/_forms/events/events_form.asp)