

HealthMatters

health • care • people



**Queensland
Government**
Queensland Health

Health reforms
page 2

directions *Michael Reid, Director-General*

Over the coming months, the district structure within Queensland Health will be realigned to allow districts to take on a greater level of responsibility and accountability and to pave the way for improved performance and health care provision.

At the heart of the reform program will be a consolidation of the current 20 districts to a flatter structure comprising 15 districts (including three districts in a rural and remote cluster) with district CEOs having direct reporting lines to the Director-General.

The new districts with acting chief executive officers in brackets are:

Darling Downs-West Moreton: incorporating the current Toowoomba and Darling Downs and West Moreton South Burnett districts (Pam Lane)

Sunshine Coast-Wide Bay: incorporating the Sunshine Coast, Wide Bay and Fraser Coast health service districts (Kevin Hegarty)

Brisbane South: incorporating the Southside and Princess Alexandra Hospital health service districts (Dr David Theile)

Brisbane North: incorporating the Northside and Royal Brisbane and Women's Hospital health service districts (Dr Keith McNeil)

Children's Health Services (Dr Alan Isles)

Gold Coast Health Service District (Dr Adrian Nowitzke)

Central Queensland Health Service District (Monica Seth)

Townsville Health Service District (Mary Bonner)

Mackay Health Service District (Kerry McGovern)

Cairns and Hinterland Health Service District (Angela Beckett)

Torres Strait Health Service District (Cindy Morseu)

Cape York Health Service District (Paul Stephenson)



Michael Reid

Mt Isa Health Service District (Suzanne Sandral)

Central West Health Service District (Jill Koeneman)

South West Health Service District (Maree Geraghty)

Torres Strait, Cape York, Mt Isa, Central West and South West will be coordinated in a cluster through the Office of Rural Health.

A fundamental element of the reform process will include the redistribution of Area Health Service functions to districts and to Corporate Office.

The AHS structure served a positive and useful role in the recent post-Forster years, however as Queensland Health now evolves towards the next phase of development it is time to simplify operational and reporting lines.

The new structure will allow district CEOs to report directly to me, improving communication channels and responsiveness and allowing greater district autonomy in boosting performance standards and accountability.

Senior district and Corporate roles, as required under the new structure, will be advertised this month, with appointments due to be made by the end of November.

Senior executive roles within Corporate Office will also be amended to reflect the new district arrangements and sharpened direction.

There will be no forced redundancies resulting from the reforms. I am committed to ensuring staff uncertainty is minimised during this transition.

I have put in place an Implementation Team to ensure the new structure and associated arrangements are introduced as simply and as easily as possible, and to provide support to employees.

Senior staff have been briefed and, in turn, will brief you to outline the changes in detail.

We have established a hotline to take any queries you may have on the changes. If your question cannot be answered immediately, we will respond with an answer as quickly as possible. The number for this hotline is 1800 465 816 and will be open between 9am and 5pm, Monday to Friday.

We have also established an e-mail address to take your queries and consider your comments. The e-mail address is healthreform@health.qld.gov.au

A dedicated intranet page has been established, which includes common questions and answers, responses to general queries received through the hotline, and other information on the reforms. The page can be found at <http://qheps.health.qld.gov.au>

We will produce a regular newsletter to keep staff informed as the process moves forward.

Queensland Health has come a long way over the past three years. I have every confidence that this improved structure will provide the platform for Queensland Health to continue to strive for health care excellence and improved accountability.

Action Plan launched

The Advancing Health Action Plan, an important initiative aimed at making Queenslanders the healthiest people in Australia, was launched last month by Queensland Health.

Data from the Australian Bureau of Statistics shows that Queensland is equally the worst state in Australia (with Tasmania) for the rate of adults living with one or more long-term condition, such as heart disease, diabetes or asthma. More than 4000 people are dying prematurely each year in Queensland because of a preventable chronic disease.

In Queensland, six out of 10 men and four out of 10 women are considered overweight or obese.

And if our poor diets and lack of exercise continues, this generation of children will be the first to die younger than their parents.

About 206,000 Queenslanders are currently living with type 2 diabetes through a poor diet and lack of exercise, with about 50 new cases diagnosed every day.

Queensland has the highest incidence of skin cancer in the world. It's almost entirely preventable through responsible UV exposure, yet it kills more than 300 Queenslanders every year.

Queensland has one of the worst rates of heart disease and lung cancer in Australia, both largely preventable conditions.

The Advanced Health Action Plan builds on the reforms in the 2005 five-year Action Plan, with a renewed focus on innovative actions to foster healthy individuals and communities.

Five key challenges have been identified that we need to tackle if Queenslanders are to become the

healthiest in the nation.

These challenges are:

- expanding our health services to treat record numbers of patients, with a target to reduce hospital waiting times for public patients
- stemming the devastating tide of preventable disease, our target being to reduce behaviour like poor diet and lack of exercise that leads to preventable disease
- giving mothers and babies the best start with the target of providing access to quality, best practice maternity and early childhood services to Queensland mothers, no matter where they live
- improving mental health care – aiming to provide accessible public health services to all Queenslanders living with a severe mental illness
- reducing the gap for rural communities and for all Indigenous Queenslanders with our target to both close the gap in health outcomes for Queenslanders living in rural and remote areas and achieve a more equitable health status, greater life expectancy and access to services, for Indigenous Queenslanders.

Over the next few months we will be introducing strategies to help reach our targets in each of these five priority areas.

The first four strategies relate to the chronic disease prevention priority, including the Healthier Communities Awards Program – a statewide competition with a \$1 million prize pool awarded to the healthiest town, school and work place.

For more information on the Advancing Health Action Plan go to http://www.health.qld.gov.au/publications/corporate/health_action.pdf

Cover photo



Car crash victim Russell Auld pictured in the rehabilitation gymnasium with Princess Alexandra Hospital neurosurgeon Dr Hari Bandi during his last treatment session shortly before being released. Russell had intensive treatment to overcome brain injuries caused by the crash. *See story P8.*

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Lodge articles for November with the editor before 3 October.

If you have an item you consider newsworthy or require further information on articles in this edition, phone (07) 3234 1090.

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\$3.5m robotic surgery leads way

The Royal Brisbane and Women's Hospital is to become the first public hospital in Australia using the latest version of the \$3.5 million da Vinci Surgical Robot to train doctors in robotic surgery.

Health Minister Stephen Robertson said the da Vinci S HD Surgical System would specialise in urology cases, particularly serious prostate cancers.

"The new robot is cutting edge technology that will see the RBWH treating urology patients more quickly, which will mean shorter stays in hospital for patients," he said.

"Queensland Health currently performs around 250 radical prostatectomies across the state every year.

"The robot provides unrivalled precision during an operation and, because it is minimally invasive, could potentially cut the average post-operative length of stay from six days to just 24 hours for urology patients."

Queensland Health will work with Queensland urologists to develop a plan to optimally use

this new technology and reduce waiting lists for patients needing radical prostate surgery.

The equipment should arrive later this year and, with suitable staff training, should begin treating patients early next year.

Mr Robertson said the equipment would increase the Royal Brisbane's international status for technology and training, while establishing a statewide service for robotic prostatectomy.

He said it offered significant opportunities in other surgical sub-specialities, with potentially wide-ranging applications in Queensland.

Mr Robertson said the State Government was providing \$13 million in 2008-09 to open four new operating theatres in South East Queensland.

He said an additional \$6 million in ongoing funding was being provided from 2008-09 to allow the RBWH to open two new operating theatres.

He said the theatres existed, but required \$5.1 million in fit-out works, which would be sourced

from Queensland's share of the Commonwealth Government's Stage 2 elective surgery funding, and should be ready for use early next year.

An artist's impression of the da Vinci S HD Surgical System in use.



Three clinical service plans released

Three statewide clinical service plans and an evaluation report have been released by Queensland Health following a review last year of statewide health services.

The review, in the areas of renal, cancer treatment, and rehabilitation medicine, along with a review of neonatal care services, was led by the Planning and Coordination Branch.

Kerry Andersen, branch manager, said that in developing the plans, a wide range of stakeholders were consulted from across Queensland Health, external health service providers and other

government agencies.

Kerry said the consultations resulted in the development of:

- Queensland Statewide Renal Health Services Plan 2008-17
- Queensland Statewide Cancer Treatment Services Plan 2008-17
- Queensland Statewide Rehabilitation Medicine Plan 2008-12
- evaluation of the Report for Statewide Neonatal Intensive Care Services Project (2006).

"Implementation of these plans is necessary to meet the challenges faced by our health system which must consider and accommodate," Kerry said.

"The demand for renal dialysis and transplant services is projected to increase by 70 per cent in the next decade, and there is expected to be a 40 per cent growth in the incidence of new cancer cases over the decade to 2016. The growing aged population accounted in 2005-06 for the majority of patients using inpatient rehabilitation services."

The plans can be viewed at: http://www.health.qld.gov.au/publications/qh_plans/default.asp or <http://qhps.health.qld.gov.au/>

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Q Invest
LIVE!

from the Chief Nursing Officer

Two major campaigns marketing nursing as a career choice for school leavers, and encouraging non-working nurses and midwives back to work, were launched on 1 August by Health Minister Stephen Robertson.

The first campaign is targeted at high school students and features on line vignettes of young graduates talking about their working and personal lives.

They talk about the fact that nursing gives them the opportunity and flexibility to pursue a worthwhile, transportable career, while at the same time pursuing their personal goals.

The campaign highlights different scenarios that could reflect a number of careers and asks a question "What am I? I'm a nurse".

The goal is to disabuse young people and their families of the notion that nursing is simplistic, and unrewarding, and to portray the role as complex, technically challenging, evidence-based and constantly changing.

Media relevant to young people, such as Facebook, cinemas, youth radio, will be used over the next three to four months so it is in front of students before Queensland Tertiary Admissions Centre preferences towards the end of the year.

The second campaign targets

those nurses and midwives currently not working and/or not registered, and promotes flexible workplaces and rostering to fit with family/personal lives.

This campaign will use daytime radio and magazines to get the message across to this particular demographic, and we are developing a database to capture and track returnees. Further information about these campaigns can be found at: www.thinknursing.com and www.rethinknursing.com

Queensland, along with the other states, is a participant in the Federal Government's program "Bringing Nurses Back to Work". We are in the process of negotiating with Queensland Health districts to develop responsive refresher programs across nursing and midwifery.

The Competency Assessment Service, located at Central Queensland University, is the only provider of the re-entry program for nurses who have let their Queensland registration lapse.

Eligible returnees are entitled to a \$6000 bonus paid in two instalments if they remain with the employer for 18 months.

The two marketing campaigns underpin our major strategies to increase the numbers of nurses and midwives in Queensland.



Pauline Ross

These strategies are:

- increase the "pipeline" of undergraduate registered nurses in our eight universities and enrolled nursing diploma students in TAFEs
- attract non-working nurses and midwives back into nursing/midwifery
- vigorous recruitment campaigns (overseas and domestic).

Experience and the literature suggests it is the domestic "pipeline" that is critical to a sustainable nursing workforce in sufficient numbers.

Queensland Health is also working to reform clinical education and training so the health and education systems can respond to future increased demands for nurses in this state.

Nurses win scholarships



Scholarship winners, Julie Murphy (left) and Erlina Alitin.

Two Logan Hospital nurses are better trained to care for cancer patients after gaining \$1500 scholarships from the Cancer Council Queensland to attend a week-long palliative care course for enrolled nurses in Brisbane.

Julie Murphy and Erlina Alitin were among 14 scholarship winners from throughout Queensland who attended the course held in July at the Cancer Council Queensland's Brisbane office. The scholarships covered travel, accommodation, meals and study materials.

Deb Gillespie, Cancer Council Health Professional Education Coordinator, said palliative cancer patients and their families would benefit from training at the course, ensuring palliative cancer patients received the best possible care.

"The course aims to improve supportive care for cancer and palliative care patients and will help these and other nurses to provide an enhanced quality of care for patients who may be in the last stages of battling cancer," she said.

"The course aims to develop statewide networks among health professionals.

"Some areas of focus are the philosophy of palliative care, symptom management, psychosocial issues, care in the terminal phase, grief and loss, and a clinical visit to a Brisbane hospital.

"We provide an overview of Cancer Council Queensland's cancer support services and other professional development opportunities."

Lifestyle change lured UK recruit

The recruitment teams of the Clinical Workforce Solutions Unit celebrated as the 1000th – and counting – health professional joined Queensland Health through the dedicated Queensland Health recruitment portal Work For Us.

The 1000th recruit, Emma Bradshaw, United Kingdom nurse, was scrutinising job advertisements a year ago looking for a lifestyle change and better work opportunities.

When she came across an advertisement in her nursing magazine calling for interviews for nursing careers with Queensland Health, she grabbed the chance.

"I was really looking to boost my lifestyle and have good opportunities for work too. As soon as I saw the advert I e-mailed my enquiry through asking for an interview in Manchester," Emma said.

After an interview with senior

Queensland Health nursing staff on the direct recruitment drive, coordinated by the Queensland Health Recruitment Unit, Emma was offered employment with Queensland Health.

She liaised with the Recruitment Unit, Work For Us, Gold Coast nursing recruitment and local candidate care personnel to find her new home of choice.

Fast forward to June this year, and Emma and her husband have swapped grey Merseyside, Liverpool for the Gold Coast sun, as Emma adjusts to her new position at Gold Coast Hospital.

"It has been a bit daunting and a bit of a whirlwind," Emma said.

"I'd never been to Australia, but my husband had travelled all around Australia 14 years ago and he loved it.

"Packing was a nightmare, but once here everything has run smoothly so far. The weather is so

much better here and the effort has been worthwhile."

Like many other overseas-trained health staff who have made the big leap in emigrating in Australia, Emma found the reliable and constant contact with her prospective home reassuring.

Dr Susan O'Dwyer, Clinical Director of Queensland Health's Clinical Workforce Solutions, said Emma's happy story was a good example of how the unit's skills sourcing and case management services could help districts fill vacancies.

From the moment an online Expression of Interest is lodged by the candidate, the unit's team works with districts to find suitable positions for their skills.

Contact: WorkForUs@health.qld.gov.au or read more stories on why staff made the move to Queensland Health on www.health.qld.gov.au/workforus

Sessions target youth

Far North Queensland youngsters have been encouraged to consider a career in nursing to help fill dozens of new nursing positions created by the planned \$450 million redevelopment of Cairns Base Hospital.

A series of nursing career information sessions have been held at various shopping centres in and around Cairns to promote nursing as a career for young people.

Glynda Summers, Director of Nursing, Cairns and Hinterland Health Service District, said the proposed redevelopment would require at least 200 extra full-time equivalent nurses.

"We would like to grow our own staff locally, wherever pos-

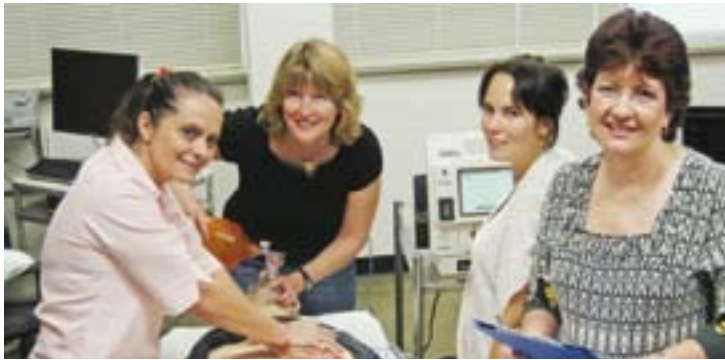
sible. And they can study locally, through the Department of Nursing at James Cook University, either at the Cairns campus, or in Townsville," she said.

"To do that, we need to encourage more young people – and especially young men – to take up nursing as a career.

"Obviously, to find that many extra nurses, we will need to recruit from overseas and interstate."

Glynda said males currently comprised only about 10 per cent of the nursing workforce at Cairns Base Hospital.

"We would like to see that proportion increase. After all, men account for about 50 per cent of the general population," she said.



Life skills: From left, Cairns Base Hospital Emergency Department Acting Nurse Educator Frances Winterburn, Royal Flying Doctor Service representative Lisa Smith, Cairns Base Hospital Emergency Department RN Phawn Edmondson, and Cairns Base Hospital Intensive Care Nurse Educator and ALS course assessor Catherine Pearce.

Cairns gains cardiac accreditation

Cairns Base Hospital is the first public hospital in Queensland to achieve national accreditation for its in-house cardiac life-support course for doctors and nurses.

The course – the adult Advanced Life Support (ALS) course – is designed to provide advanced skills in the management of patients who are in cardiac arrest, or who have been identified as being at risk of cardiac arrest.

Catherine Pearce, Cairns Base Hospital Intensive Care Nurse Educator, one of the co-coordinators/assessors of the ALS course, said all major hospitals had their own in-house cardiac life-support courses.

“However, these in-house courses sometimes are not recognised when you move to another health service district or interstate and you then have to undergo the course again that is relevant to the area you have moved to,” she said.

“Having our ALS course accredited by the Australian Resuscitation Council means that staff who have passed our course will have their certificate recognised anywhere in Australia.”

Catherine said having Cairns Base Hospital’s ALS course accredited nationally had been no mean feat. The accreditation process required the submission of a more than 50-page document plus educational material detailing the structure of the course, as well as the close vetting of all aspects of the course by the Australian

Resuscitation Council.

The ALS course was introduced at Cairns Base Hospital in 2002 and the hospital’s Medical Emergency Team was established in December 2004.

The Medical Emergency Team – all of whose members must be ALS-trained – are called to assess deteriorating patients before they go into cardiac arrest.

Catherine said that since the team was the establishment, the survival-to-discharge rate for general ward patients who suffered an actual cardiac arrest had risen from 12 per cent in 2004 to 16.7 per cent in 2007, compared with the national average of less than 10 per cent.

She said the ALS course comprise a day of lecture, several multi-choice tests and clinical assessments that had to be passed.

She said the course covered six major skill areas, advanced airway skills, cardiac rhythm recognition, defibrillation, administration of first-line drugs, transcutaneous pacing, and post-resuscitation care.

Scholarships available for research

Applications close on 27 October for a series of competitive scholarship grants from the Royal Children’s Hospital Foundation for researchers to undertake crucial projects and clinical studies within the Royal Children’s Hospital and Health Service District.

Two one-year \$30,000 scholarships are available for research skill development for nurses. Four \$20,000 postgraduate scholar-

ships, from three to five years are for nursing and allied health, with pro-rata for part-time applications.

Two top-up postgraduate scholarships are for \$5000 a year over three years. Two clinical postgraduate research scholarships (medical – PhD scholarships) are for \$40,000 a year over three years.

Applications close on 31 October for a \$100,000 one year near-

miss funding to support key areas of research, or key researchers employed by the district, who have unsuccessfully applied to outside agencies for funding.

The grant winners will be announced in December.

Contact: Lorraine Mathieson, Grants Officer, phone 3636 3660 or web <http://www.working-wonders.com.au/go/learn-more/research-grants>



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Posts boost cancer care delivery Support for witnesses

Four cancer care coordinators to help deliver improved services to Far North Queensland residents will be appointed progressively from this month by Queensland Health.

A registered nurse and an Indigenous liaison officer will work in the Cairns and Hinterland Health Service District, with a registered nurse and an Indigenous liaison officer servicing the Cape York and Torres and Northern Peninsula Area health service districts.

Funding for the positions has been provided through the Federal Government's Australian Better Health Initiative.

Margaret Shearer, Cairns Base Hospital Cancer Care Services Nurse Unit Manager, said the cancer care coordinators would provide cancer treatment information and support to patients and their families.

She said research had shown that many patients and their families often had difficulties understanding the complex and lengthy cancer treatment processes during what was a very stressful and confusing time in their lives.

She said cancer treatment involved dealing with a range of services and many different health professionals in both the public and private sectors, and at multiple geographic locations.

She said the coordinators would help patients and their families through this complex and



Margaret Shearer, Cairns Base Hospital Cancer Care Services Nurse Unit Manager (left) and clinical nurse Benedicte Houfflain look forward to arrival of the cancer care coordinators.

extended process.

Margaret said many patients from rural and remote areas experienced difficulties in accessing cancer services and in dealing with the extended time away from home needed to undergo treatment.

"This sometimes influenced them not to undertake the treatment they needed for their cancer," she said.

"The creation of dedicated cancer care coordinators is one specific strategy for improving coordinated care and reducing this distress and complexity."

Margaret said the coordinators would be a single point of contact linking the patient and their fam-

ilies, the patient's general practitioner, and other professionals and services.

She said the coordinator would ensure the patient was aware of clinic appointments and treatment times and was able to travel to attend them, provide information and resources, make referral to appropriate service providers and communicate with patients' GPs or the local primary health care centre.

She said patients requiring the support of the cancer care coordinators were those whose needs might be considered complex, such as a person who lived alone, might have other carer responsibilities, or who lived in a remote area.

An Internal Witness Support Unit has been established within Assurance and Risk Advisory Services and is responsible for an internal reporting system for the disclosure of wrongdoing in line with provisions of the Whistleblowers Protection Act 1994.

Main objective of the act is to encourage and facilitate the making of disclosures of improper conduct, known as Public Interest Disclosures (PIDs), and establish a system for matters to be investigated or reviewed.

The unit is focused on providing support for persons who make disclosures of wrongdoing about unlawful, negligent or improper public sector conduct or danger to public health or safety or the environment.

The unit has two PID specialists for receipt, assessment and subsequent management of potential PIDs. It is responsible for developing a support network for those involved in making disclosures and monitoring subsequent investigation and/or review of issues raised within PIDs.

The unit provides clear guid-

ance to staff and management on how to identify and report PIDs.

Unit members have been consulting with officers from the Crime and Misconduct Commission, Office of the Public Service Commissioner, Queensland Ombudsman's Office, Health Quality and Complaints Commission and Crown Law.

They are refining Queensland Health policy and procedures for addressing potential PIDs.

A draft document has been distributed to unions and other representative bodies for consultation before its endorsement and publication on the Human Resources Branch intranet site.

A Public Interest Disclosure Awareness training program is being developed in consultation with Crown Law.

Contact: Robert Sullivan, Manager, Internal Witness Support Unit, phone: 3234 0529, fax 3234 1967, e-mail robert_sullivan@health.qld.gov.au or Elaine Dionysius, Manager, Internal Witness Support Unit, phone 3234 0529, fax 3234 1967, e-mail elaine_dionysius@health.qld.gov.au

Work culture improving

Positive organisational changes in Queensland Health in the past three years have caused a marked improvement in workplace culture and is paying dividends for health care staff, according to a Better Workplaces staff opinion survey.

Queensland Health Director-General Michael Reid said the survey results showed Queensland Health's strong commitment to cultural change was working and staff were proud of working for Queensland Health.

"The survey shows staff can see the momentum of positive change within Queensland Health," he said.

"They rated their relationships with co-workers as the best thing about working in Queensland Health, which reveals just how far we've come since there were claims of widespread bullying in the health system in 2005.

"Only a minority of staff surveyed said they were looking for jobs, and most of these were seeking career advancement and hoped to stay within Queensland Health – a clear sign that we are on the right track.

"There was also an increase in staff saying they have a good quality of work life, enjoy peer support and trust their immediate supervisor – all vital elements of a functional workplace.

"Our frontline doctors and nurses reported increases in morale, opportunities for professional growth, participation in decision-making and supervisor support.

"While things are still not perfect, Queensland Health has made real gains in creating a positive workplace culture, and we will continue to make improvements."

The staff opinion survey was initiated after the Forster Review raised concerns about the organisational culture in Queensland's public health system.

The fifth staff opinion survey since April 2006, Better Workplaces provides a yardstick to measure cultural change.

Clinical and non-clinical staff from across the state provided opinions on a range of cultural health indicators, from equipment availability to freedom from harassment and opportunities for career advancement.



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Butting out habit grows

Firing up — digitally

More than 2300 Queensland Health staff have been helped break the smoking habit since introduction in 2005 of the Queensland Health Quit smoking... for life staff program. Staff who register with the program get a Quit Pack from Queensland Health's Quitline and receive regular support from a Quitline advisor.

They could be eligible for a course of free nicotine replacement therapy, patches or gum, for up to 16 weeks (at four-week intervals).

Quitline advisors talk to staff about strategies to prepare them for quitting, prevent relapse and help them stay a non-smoker.

They provide information about products and services to assist in quitting.

Advisors focus on the reasons why people smoke, not why they shouldn't, so callers are not given a health lecture. For information, or to register for the staff quit smoking program, visit <http://qheps.health.qld.gov.au/qhsmp/> or call the Quitline 13 QUIT (13 7848).

Queensland Health is blazing into the future with digital technology for fire training with purchase by Townsville Health Service District of the Bullex 'I.T.S. Xtreme' Live Fire Extinguisher Training Simulator.

The district is the first in Queensland Health to take fire training into the future by purchasing the 'Bullseye' and 'I.T.S. Xtreme' fire extinguisher simulator training units. The 'Bullseye', a digital unit, is the third of its kind in an Australian hospital.

This hands-on simulator training is expected to be a major boost for employee knowledge and confidence in dealing with fires.

Chris Chester, General Manager for Bullex Digital Safety Australia, said the SmartExtinguisher helped individuals appreciate the limits of a portable extinguisher.

"The SmartExtinguisher uses a water and air mix to create a soundwave which extinguishes the fire, it will reignite if the user has not extinguished it completely" he said.

"People trained with an extin-

guisher are 250 per cent more capable of extinguishing a fire."

The Townsville Health Service District is ensuring its staff are familiar with the use of extinguishers and prepared for emergency situations.

Bruce Irvine, District Fire Safety Coordinator, said video training and classroom demonstrations were no substitute for having to react to a real fire by reaching for an extinguisher, pulling the pin and squeezing the trigger.

"Most employees who haven't actually used an extinguisher are amazed at how short the discharge time is," he said.

"This training not only builds confidence, it also breaks down overconfidence".

The I.T.S. Xtreme senses where the user aims the air/water SmartExtinguisher and automatically varies the live flames in response to the trainees actions.

This allows trainees to learn how to effectively use a fire extinguisher without the cost and clean-up associated with using dry-chemical or CO2 extinguishers.



Louise Oriti, the district's Executive Director, Organisation and Development Unit, being shown the 'I.T.S. Xtreme' by Chris Chester.

psychology professional postgrad programs

Master of Psychology (Educational & Developmental)

This is a challenging program of coursework, research and supervised clinical experience in developmental disabilities, learning difficulties, mental health issues and early intervention with a focus on resilience across the lifespan.

Master of Clinical Psychology

This course provides advanced training in clinical theory, skills and research with an emphasis on integrative approaches to psychotherapy.

These skills are fundamental to the professional practice of clinical psychology and psychotherapy. Practical experiences start from week one in the on-campus Psychology Clinic.

Doctor of Psychology (Clinical)

This course helps students to develop more advanced professional knowledge and skills in clinical psychology, allowing graduates to undertake positions of greater responsibility in a broad range of clinical settings.

Graduates in each of these courses will be eligible to apply for state registration, as well as membership of the Australian Psychological Society (APS).

Applicants must have four years of Australian Psychology Accreditation Council (APAC) accredited undergraduate psychology training. Applications for 2009 close **Friday, 31 October 2008**.

More information

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Vital data on line – from anywhere

Queensland Health staff can now access an expanded and updated Clinicians Knowledge Network that is available 24 hours a day from anywhere in the state.

The Clinicians Knowledge Network (CKN) is a collection of clinical and research information resources providing health professionals working within Queensland Health access to the latest evidence-based information.

The aim of CKN is encourage all clinicians to use evidence-based research in the treatment of their patients, the outcomes being increased quality of care.

Andrew Heath, CKN Project Officer, said staff could now access more than 7500 journal titles, more than 115 leading health and medical e-books and over 80 specialised health and medical databases.

"The redesigned website has incorporated Quick Search functionality, Quick Link icons to the most heavily used resources, news of system enhancements and changes, daily updates from key news services and a-to-z listing of all journals available electronically," he said.

"CKN is also not longer restricted to the Queensland Health Intranet. Staff can register for home or remote access on the new site.

This service is funded through the Reform and Development Division and is managed by the Central Library. Garry Hall, Manager, Library, Health Statistics Centre, said the new site was designed to streamline and amalgamate all the electronic clinical knowledge resources needed by Queensland Health staff.

"Previously, some of these were on CKN and others were on the QH Libraries site," he said.

"CKN is an established resource of proven clinical value that directly underpins evidence-based practice. The new site is the beginning of an ongoing process to provide Queensland Health staff with the best information in as streamlined a manner as possible."

Gary said additional funding had been provided until July 2009 that has enabled the addition of:

- MediText (a collection of Australian full-text health journals)
- Red Book Online (an important pediatric publication from the

American Association of Pediatrics)

- Nursing Consult (an evidence-based point of care resource for nurses that complements MD-Consult)
- CINAHL Plus with full text (the world's premier collection of nursing journals in full text)
- ProQuest Health and Medical complete and ProQuest ABI/Inform
- EMBASE (the largest biomedical and medical database in the world)
- Stat!Ref (a collection of high quality electronic books in health disciplines)

CKN is supported by all the Queensland Health Libraries, who offer services such as expert literature searching, advice and training, inter-library loans for materials that are unavailable through CKN, current awareness and content page services; and print, DVD and video collections.

Please provide feedback and comments via the links on the site. For further information, contact Garry Hall, phone 3234 0930 or Andrew Heath 3234 1026.



Dr Hari Bandi shows the type of neurosurgical shunt used to save Russell Auld's life.

Imaging jigsaw finally develops

A project that cost \$13.5 million would no doubt involve quite a number of people to put the jigsaw pieces together and that was exactly what happened to the J.net project that spanned over 12 months from inception to successful commission.

ful commission.

The J.net project, funded by Queensland Health, installed computerised radiography equipment at 86 public health facilities to replace the old filmed based x-ray processors.

The new equipment allows the transfer of digital x-ray images from rural areas to metropolitan hospitals for reporting by radiologists. The project, managed and coordinated by Radiology Support, Clinical and Statewide Services, involved 16 other departments in Queensland Health, with equipment procurement and vendor consultation carried out by the Health Services Purchasing and Logistics Unit.

Building Engineering Maintenance Services at each site then prepared the area for the new equipment, adding new power points and moving existing equipment or furniture to make room.

Then Information Division came in to ensure that the new system was connected to the network and IP addresses were assigned. Radiology Informatics Project Unit then organised the cabling and networking in each hospital.

Radiology Support communicated with staff from Departments of Medical Imaging and Health Service Districts to muster their support as changes would occur to their work flows.

Coast's hospital named

Sunshine Coast University Hospital has been chosen as the name for the planned \$1.2 billion 650-bed tertiary hospital at Kawana, with construction starting in mid 2010 for opening in late 2014.

The name reflects the strong relationship between Queensland Health and both the University of Queensland and the University of the Sunshine Coast.

"The Sunshine Coast's health facilities have a long and positive relationship with medical students from the University of Queensland and nursing and allied health students from the University of the Sunshine Coast," said Health Minister Stephen Robertson.

Mr Robertson announced the hospital name during a visit last month to Nambour General Hospital to formally recognise the opening of the University of Queensland's Clinical School of Medicine.

"By formally recognising Nambour General Hospital as a teaching facility of the University of Queensland, we're acknowledging the hospital's long-term role in the training of medical students," he said.

"The University of Queensland has been a source of medical students and interns for Nambour General Hospital for 15 years, placing up to 120 students a year."

Russell back on his feet

Russell Auld left Princess Alexandra Hospital's Brain Injury Rehabilitation Unit with all his motor skills functioning correctly, three-and-a-half months after the 34-year-old suffered critical head injuries in a shocking accident at Nerang.

"My family was told there was a good chance I would have permanent brain damage and for at least a month I was telling the nurses we were in London and that I had bought the hospital," Russell said.

"Things weren't looking too good at first but the PA Hospital had a hand in changing the result of my brain injury."

Russell's utility and a truck were involved in a horrific road accident and the Ambulance Coordination Centre in Brisbane made a life saving call when it sent RACQ CareFlight's critical care doctors, Dr Renee Beer.

"Rescue workers had ripped the roof and doors off Russell's vehicle, but his body was trapped," Dr Beer said.

"When I arrived he was deteriorating fast, the blood from extensive head and facial injuries was flooding his airway, and we didn't have long," she said.

Dr Beer was able to perform

a vital procedure at the accident scene that otherwise would have been delayed until arrival at an emergency department.

"I was able to put Russell into a chemically induced coma and place him on life support there on the roadside, which limited further damage to his brain," she said.

After initial treatment at the Gold Coast Hospital, Russell was transferred to Princess Alexandra Hospital's Brain Injury Rehabilitation Unit for specialist treatment to overcome his brain injury.

PA Hospital neurosurgeon Dr Hari Bandi, who was involved in Russell's care and surgical intervention, said although he had functional use of his limbs with a tremor, his brain function was deteriorating.

"What was different about Russell was that he developed sudden, aggressive symptoms which indicated he was getting worse due to pressure on the brain," she said.

Russell underwent emergency surgery late at night to have a shunt inserted to the base of his brain to drain the excess fluid – and the results were practically instantaneous.

focus on efficient energy use

System generates triple power

A world-class generator system, which consumes less energy with increased output during an emergency power outage at the hospital, has been installed by Princess Alexandra Hospital.

The generator system was installed by the hospital's Building and Maintenance Services as part of emergency management to ensure patient safety and continuity of service.

Peter Frew, Executive Director of PA Support Services, said the benefits of the new installation amounted to more than purely preparation.

"The installation of two new generators in 2007/08, in addition

to the previous three machines, has resulted in almost triple the power capacity than was previously available in an emergency power outage," he said.

"The new machines use 1000 litres per hour to produce double the amount of power as the three existing machines, which use 948 litres per hour.

"The ultimate benefit of this is efficiency and increased power supply in an emergency situation.

"The advantages in fuel economy of the new generators means we can guarantee more than 48 hours of power in the event of a major blackout."

To add to the Green savings, the new generators have air-cooled radiators instead of water which assists to reduce consumption of water during operation.

Peter said the hospital established a water efficiency management plan (WEMP) in 2007 and the new design of the radiators has improved water consumption, a benefit over and above that indicated the WEMP.

"The onsite chillers, which are required to provide air-conditioning for the hospital, contributed to 20 per cent of the total WEMP savings. That's 21 million litres out of the total 97 million litres saved," he said.

Abdul to take on a new challenge

Abdul Khan, Cairns Base Hospital Operational Services officer, has been a familiar face around the hospital since late 2002. He will continue to be a familiar face for the next few years, but in a vastly different role.

Abdul, who has been studying part-time to be a nurse for the past six years, will graduate from James Cook University in December.

He will join next year's crop of new nurse graduates who will start work at Cairns Base Hospital from February.

"I would have liked to have been able to do my nursing degree full-time, but I had a mortgage to pay, so I had to juggle work and study," he says.

Abdul's inspiration to become a nurse came about while working for several years as an Operational Services officer at the Wujal Wujal Primary Health Care Centre, halfway between the Daintree and Cooktown.

Born in Fiji and descended from the Indian indentured labourers who had been brought to the islands to service the sugar plantations, Abdul moved to Brisbane in 1983, where he completed his high school studies at Yeronga State School.

He joined a pizza firm, worked his way up to the position of a systems manager, moved to Melbourne with an automobile manufacturer, and came to Cairns in



Abdul Khan: destined for a new role.

1990 to work as a tree lopper.

"But in 1996, a friend whose wife was about to have a baby asked me if I would go up to Wujal Wujal and look after a property they had there, while they remained in Cairns to have the baby," Abdul says.

Abdul liked the lifestyle at Wujal Wujal so much, he stayed and started working for Queensland Health at the primary

health care centre.

"I was the maintenance man, the wardie, the cleaner, the gardener, the driver of the community ambulance and the after-hours security for the nurses when they were on call-out," he said.

He also worked on a voluntary basis for the Home and Community Care service at Wujal Wujal. "It was a busy time but I loved it," he said.

focus: how I keep fit



Tropical Population Health Unit staff in training for the Great Wall of China challenge.

Mackay gets physical

Mackay-based Queensland Health staff started competing last month in their very own physical challenge to mark the start of the 2008 Beijing Olympic Games.

Nine members from the Tropical Population Health Unit tackled the 10,000 Steps Great Wall of China Workplace Challenge.

The staff aimed to walk almost four million steps (or 3200km) combined over six weeks along a 'virtual' Great Wall of China from Jiayuguan to Laolongtuo.

Russell Manley, Tropical Population Health Unit Environmental Health Director, said the challenge was designed to help staff members improve their health and well-being by increas-

ing physical activity.

"The key message of the project is for adults to accumulate 10,000 steps throughout each day," he said.

"Regular physical activity, as little as 30 minutes most days, has shown to substantially reduce the risk of poor health.

"The good news is that 30 minutes can be broken down into three lots of 10 minutes.

"At the Tropical Population Health Unit we play a lead role in physical activity promotion.

"Therefore by 'walking the walk', we hope we can illustrate that physical activity in the workplace is an opportunity to be healthy."

Rural activity targeted

Developing physical activity opportunities in rural communities will be the focus of local government representatives from across the state at the third annual Rural Local Government Physical Activity Forum in Roma from 15-16 October.

The forum, hosted by Active Roma, is a partnership between Queensland Health's South West Population Health Unit, South West Health Service District and the Roma Regional Council.

Elizabeth Handley, physical activity health promotion officer, said the forum's aim was to increase people's physical activ-

ity in rural communities as inactivity was a major contributor to chronic diseases and obesity.

She said councils had a crucial role to play in encouraging physical activity and active living.

She said improving the quality of life and community health and well-being were becoming core strategic objectives in councils' corporate planning.

She said the forum would provide councils and communities with ideas on creating active communities, including how to improve the amenity of towns to maintain and attract residents.

making tracks in Indigenous health

Living Strong a healthy attitude

'Living Strong' is the theme of a range of healthy lifestyle activities this year for Aboriginal and Torres Strait Islanders across Southern Queensland, thanks to a Queensland Health small grants program.

Southern Area Population Health Services' public health nutrition team is supporting 15 local groups, organisations and health workers to plan, implement and evaluate *Living Strong* programs and physical activity sessions for Indigenous people.

Darcy Washington, Indigenous nutrition project officer, said *Living Strong* was a healthy lifestyle group-based program for Aboriginal and Torres Strait Islander communities, developed by Queensland Health.

"*Living Strong* is delivered by Aboriginal and Torres Strait Islander health workers, community health staff and non-government health services," he said.

"It's designed to help Indigenous people develop a healthy attitude to eating and physical activity. It's not about sticking to a 'diet'. Instead you learn to prepare and enjoy healthy food, discover enjoyable ways to be physically active and feel better about yourself. You can also develop a support network in your community to help you stick to your new healthy lifestyle habits."

South West Queensland

Maureen McKellar, Cunnamulla Primary Health Care advanced health worker, will be running a *Living Strong* program for adults.

Maureen said the *Living Strong* program included optional health screenings and up to 12 workshops that could be combined in a variety of ways to suit community and local group needs.

"I'm also starting up a walking group in Cunnamulla to help participants increase their physical activity each week," she said.

Students of St George State School will have the opportunity over 20 weeks to learn to play traditional Indigenous games.

Gavin Waters, the school's community liaison officer, said the games program would encourage local children to be more active after school with culturally-appropriate physical activities.

"We'll be involving local elders, sport and recreation officers, the Justice Group, cultural officers and school staff to improve the children's knowledge and understanding of traditional games and culture in a fun and relaxed environment and spread healthy lifestyle messages."

South Burnett

Murgon State High School will integrate the *Living Strong* Indigenous healthy lifestyle program and physical activity program into the daily activities of its students.

They will plan and prepare healthy breakfast meals and lunches with the guidance of teachers and teacher aides.

Cherbourg Community Health's advanced health worker Andrew Beckett will run a *Living Strong* program, cooking demonstrations and a physical activity program in conjunction with the Community Health's Chronic Disease Team and the Cherbourg Sports Complex.

Darling Downs

Grants to run *Living Strong* healthy lifestyle programs and physical activity sessions have been made to Toowoomba's Aboriginal and Torres Strait Islander Health Unit, Downs Aboriginal Islander Housing Corporation, Goolburri Health Advancement Aboriginal Corporation and Lifeline's Men and Relationships Program.

Advanced health worker Jonathan Kelly and Helen Suey of Toowoomba's Aboriginal and Torres Strait Islander Health Unit have received grants to run a total of three *Living Strong* programs and two physical activity programs.

Jonathan will run two *Living Strong* programs and Helen will incorporate the *Living Strong* program and physical activity programs into the local women's business group with the assistance of the Carbal Medical Service.

Downs Aboriginal Islander Housing Corporation will promote self discipline and self-esteem through a three-month physical activity program designed to give Indigenous youth a second chance to obtain National Rugby Competition scholarships.

The corporation's vice-chairman James Boney will team up with Indigenous training consultant Charlie Waters, sports manager

Steve Martin and local Toowoomba elders to provide mentoring and support to 20 teenage boys.

Lifeline's Men and Relationships Program will run two *Living Strong* programs and a 10-week physical activity program with Indigenous youth and involving a range of Indigenous medical staff, health workers, physical trainers and masseurs.

Goolburri Health Advancement Aboriginal Corporation will run six physical activity sessions with children to teach them traditional Indigenous games and the importance of healthy food choices.

Indigenous health workers in Goondiwindi and Warwick have received grants to run *Living Strong* programs in their communities.

Brisbane Southside

The Aboriginal and Islander Community Health Service based at West End will conduct a *Living Strong* Program for almost 100 local Indigenous people.

Leanne Gray and Maxine Knox of Logan Central Community Health will run Friday afternoon softball sessions for young women in conjunction with Yugembeh Dreaming and other local Indigenous organisations.

West Moreton

Advanced health worker Michelle Upkett and community dietitian Laura Morrison will be running *Living Strong* programs through the Ipswich Community Health Centre, in partnership with Ipswich Elders, Kambu Medical Centre, Salvation Army's Indigenous Ministry, Gallang Place and the Women's Health Centre.

Trevor Fourmile, Indigenous men's health coordinator, will be conducting a 10-week physical activity program in conjunction with community elders, Kambu Medical Centre, Mission Australia, Ipswich PCYC and Youth Justice.

Gold Coast

Burleigh Head's Kalwun Health Service will run a four-month physical activity program to help Indigenous people increase their physical activity levels and develop healthy lifestyles.

For more information about *Living Strong* programs in communities, visit www.health.qld.gov.au/lightenup/living_strong



Learning about Living Strong at a St George training session.

Trainers spread word

The word about the *Living Strong* healthy lifestyle program for Aboriginal and Torres Strait Islanders is being spread across southern Queensland by Queensland Health.

Ten Indigenous health workers, health promotion officers, Indigenous youth health workers, Indigenous sport and recreation officers and those working in Indigenous men's health attended a four-day facilitator training course in St George.

The course was run by the Southern Area public health nutrition team and the Cunningham Centre rural health training unit.

Participants from St George, Cunnamulla, Moree, Toowoomba, Cherbourg and Ipswich attended the training, held at the Goondir Health Service.

Darcy Washington, Indigenous nutrition project officer, said three participants were now fully-trained facilitators who would take the *Living Strong* messages back to their local communities.

"Most of the leading causes of illness and death among Indigenous people in Australia are directly related to what they eat, so healthy eating and healthy weight is a hot topic," he said.

"*Living Strong* aims to tackle the high incidence of diabetes and chronic heart disease resulting from poor nutrition.

"We look beyond the latest health fads to low-cost ways in which Indigenous families can

make real improvements to their health. These days people get so many mixed messages about how to eat well and live a healthy life, we make sure our health advice is consistent, up-to-date and appropriate to our Aboriginal and Torres Strait Islander cultural values, identity and customs.

"The program features mainly Indigenous presenters promoting the benefits of eating fresh fruit and vegetables, reading food labels, and lowering fat, salt and sugar intake so people can plan sensible, day-to-day meals for the whole family.

"If people change the way they cook and eat to include more fresh food and less pre-packaged foods, the benefits spread through the whole family."

Darcy said people were often surprised to learn that it was cheaper to prepare food at home than buy take-away or pre-prepared, especially when cooking for a large group.

He said that even though fruit and vegetables were expensive in some communities, it still worked out cheaper to cook up a big vegetable stew at home than buy take-away.

Living Strong not only compared the food prices, but also nutritional value and fibre content. Indigenous people could still cook in traditional ways, but it was healthier to choose low-fat ingredients, such as low-fat coconut milk.

making tracks in Indigenous health

Elders and youth revive traditions In league to kick habit

Learning traditional Indigenous games, Aboriginal art and dancing, and exploring traditional land were among the popular activities at this year's Emu Fest at Murra Murra.

Thirty four Aboriginal and Torres Strait Islander youth from Charleville, Cunnamulla and Hervey Bay celebrated traditional culture at the fest, which emphasised intergenerational learning and healthy lifestyles.

The four-day Emu Fest promoted Aboriginal and Torres Strait Islander cultures, health and well-being, unity and self-determination as part of local NAIDOC Week celebrations.

Through funding from Queensland Health's Indigenous Event Support Program, the event ran as an alcohol and drug free environment. Some of the key health messages, 'smoking can cost us our culture' and 'smoking can cost us the game', were displayed on a range of promotional material.

Queensland Health staff conducted a range of information sessions around nutrition, food safety, physical activity, tobacco, sexual health and environmental health.

Murra Murra, 120 kilometres south-east of Cunnamulla, is traditional Kooma land, a place of Indigenous cultural significance.

The traditional owners gave their permission to use Murra Murra and local elders participated



Teaching children how to throw spears at the Emu Feast.

in the Emu Fest.

Kooma elders showed areas of cultural and environmental significance around Murra Murra and the neighbouring property Bendee Downs. Together they discovered a hot bush, native wells, axe and spear grinding grooves, legless lizards, water rats, porcupines, emus and kangaroos.

The Kooma Traditional Owner Group has recently listed a nature refuge known as Jamba Dhandan Duringala, 'the place of the happy frogs', so the Emu Fest committee will work to incorporate land care activities into the event's future programs.

Kooma elder Herb Wharton, Aboriginal author of Unbranded and YUMBA Days, told stories and read books with the young people, in workshops and around the campfire, to encourage them to write their own stories.

"Young people should be able to write the best children's stories. You can go anywhere with stories and writing books. Just start with jotting down a few thoughts, I told them," he said.

Queensland Health's Joanne Garton said that when Uncle Herb accompanied the young people on the explorations in the bush he always found something to be amazed by.

"He wanted the bush to feature in the background of all our camp photos. I think for Herb the bush told the amazing stories and he was the interpreter," she said.

"It was wonderful for the children to have so much exposure to song, dance, storytelling, books and reading at the Emu Fest.

"These all contribute to social and emotional well-being, with such a connection to culture, identity and self worth."

More than 300 rugby league players will encourage people to kick the smoking habit when they compete next month in the 10th annual Dirranbandi Aboriginal rugby league carnival.

The carnival, a knockout competition between eight teams, is expected to attract 200 current players, up to 100 past players and more than 250 spectators to swell the small community of 450 people.

Teams will be from Dirranbandi, St George, Mungindi, Goodooga, Coonamble, Brewarrina, Walgett and Newcastle, along with a Dirranbandi invitational side of current players representing past players, family members and family friends.

Gary Halliday, of the Dirranbandi Gindjorra Aboriginal Corporation, said the carnival, on Saturday 25 October, celebrated 100 years of rugby league in Australia and the 10th anniversary of the Dirranbandi carnival.

"We'll be honouring past players with a presentation of special

commemorative jerseys, recognising their contribution to the community and keeping the camaraderie of rugby league alive in the bush," he said.

"Players will be promoting the message that 'smoking: it can cost us the game' and 'tobacco: it could cost us our culture', thanks to a Queensland Health sponsorship.

"We hope that by encouraging a healthy, smoke-free lifestyle among the many players, player's families, spectators and officials, we will help improve the lifestyle and health of the community.

"We'll be promoting smoke-free messages on our jerseys, on event signage, programs and announcements and through other promotional resources."

The carnival will raise funds to purchase an oxygen concentrator machine for the Dirranbandi Hospital.

Any additional funds raised will be donated to the hospital to contribute to future resources.

Partnership projects earn plaudits

The Northern Area Health Service Aboriginal and Torres Strait Islander (ATSI) Health Directorate received the Highly Commended Partnership Award at the Reconciliation Awards for Business 2008.

The award recognises Northern Area Health Service's (NAHS) involvement in using partnerships to address health and well-being challenges faced by Indigenous people in north Queensland.

ATSI Health Directorate Director Wendy Sexton received the award from Premier Anna Bligh.

Wendy said that the commitment shown by NAHS, in partnership with Aboriginal and Torres

Strait Islander staff and community leaders, to support reconciliation was made possible through the spirit of goodwill and mutual respect.

"The support given to our team has been commendable in its own right and collaborative actions and strategic alliances continue to grow stronger across north Queensland, which will all help to make a difference and address inequity in health," she said.

The ATSI Health Directorate is developing and implementing a Northern Area Health Service Cultural Respect Strategy.

Initiatives to support ongoing

reconciliation will include policy reform focusing on the current flag protocols, and implementation of a collaborative planning approach in partnership with the five NAHS directorates, the health service districts and Indigenous communities.

The ATSI Health Directorate will focus on the initiation of the Senior Indigenous Officers Network.

"This will be a vital avenue to link districts and directorates into a collective professional body from which strategic direction and leadership can be secured," Wendy said.

Focus on health career

A work experience program aimed specifically for Indigenous high school students has been piloted at the Princess Alexandra Hospital.

The Nursing Practice Development Unit invited eight students from South-East Queensland schools to take part in July in a week-long introduction to a career in health.

Toni Bardwell, nurse educator, said the students got a snapshot of life working in a major metropolitan hospital, with a focus on nursing and the allied health professions.

"They got to visit ICU, the emergency department, operating theatres and Wards 1C and 1D, so they could see what an exciting and rewarding career they can have with nursing and other health professions," she said.

"The feedback from the week was extremely positive. The students were a lot of fun

and all of them indicated that they'd like to move into health after they finish school.

"The week gave me unique insights into some of the issues facing our local Indigenous population."

The students, who are currently in years 10 to 12, are part of the first Indigenous-specific work experience program run by the hospital.

The Nursing Practice Development Unit hopes to continue and expand the program in future years.

Indigenous high school graduates can apply for a federally-funded National Indigenous Cadetship to support higher education, with Queensland's Office of the Chief Nursing Officer matching the funding for nursing cadetships.

Two cadets who are currently studying are employed at Princess Alexandra Hospital as Assistants in Nursing.

Helping work wonders for sick kids

Barry Dean, a respiratory scientist at the Royal Children's Hospital, has spent 22 years helping children breathe easier. One child who has touched his heart is 10 year old, Coen.

Coen has cystic fibrosis (CF), a life-threatening, genetic disorder affecting primarily the lungs and digestive system, and Barry is making the treatment of respiratory conditions such as CF less traumatic.

Barry's patients range from babies to 18 year olds. On-going research and medical improvements have meant that some people with CF are surviving into their 30s.

Not only does he test the children's lung capacity with machines such as the spirometer, he keeps them entertained with computer games and puzzles.

"A lot of it is making their visits to the laboratory fun," Barry

said. "Kids look forward to coming and sometimes they don't want to go back to the ward."

"We treat around 350 CF kids each year in the Respiratory Unit."

Coen lives in Hervey Bay, travels regularly to the hospital for specialist treatment, and often spends two weeks in hospital at a time, followed by a month at home.

He needs a special diet, medication and daily physiotherapy to help clear the thick, sticky mucous that builds up in his lungs.

In spite of developing insulin-dependent diabetes and recurrent lung infections, Coen and his family remain positive and do what they can to help others learn about this debilitating condition.

Coen wants to be an 'animal scientist' when he grows up. When he's in hospital, he loves playing in the Wonder Factory, a fun and

Barry Dean guides Coen as he breathes into a portable spirometer in the Wonder Factory.

recreation facility provided by the Royal Children's Hospital Foundation (RCHF).

The RCHF helps kids like Coen stay optimistic and cheerful as they try to cope with spending weeks at a time in hospital.

The RCHF, the fundraising arm of the Royal Children's Hospital, helps improve the lives of sick kids through volunteer and entertainment services, and paediatric research.

More than 550 children such as Coen were admitted to the Royal Children's Hospital in the last year for serious respiratory illnesses, including severe asthma, cystic fibrosis, bronchiolitis, croup and pneumonia.



Records go electronic

An electronic documents and records management system is being introduced into Queensland Health as part of the Administrative Recordkeeping Business Improvement Project (ABRIP).

The system will enable a single, consistent and easy-to-use system for the access, control and management of information.

Benefits will include:

- reduced time in responding to ministerial, regulatory and legislative requests
- improved efficiency in and automation of many current records processes
- more vigorous, intuitive application of security to ensure the right

level of access is available to users

- improved access and availability of information
- reduced duplication of information.

The system will be implemented by the project in a staged approach and will aim to improve recordkeeping capacity and capability across the organisation.

For further information, resources and project updates visit the project intranet site, <http://qheps.health.qld.gov.au/bpsu/content/arbip.htm>

Contact: Darren Quinn, Manager, ABRIP, Business Policy and Strategy Unit, phone 3234 1019 or Darren.Quinn@health.qld.gov.au

Bid to ease diabetes drop-out rate

A statewide campaign is under way to cut down on the high number of young people with diabetes who drop out of health care only to reappear in their early 20s seeking treatment for complications.

Queensland statistics show that about 30 per cent of young people with diabetes, who are meant to move from their paediatric service to adult services, drop out of their specialist care.

The statewide Diabetes Transition Project, also known as Sweet, is a joint program between Queensland Health and Mater Health Services. It is designed to help young people with Type 1 diabetes make the move from paediatric to adult specialist care.

A web site (sweet.org.au) aims to educate young people as they became older, with diabetes information ranging from dealing with schoolies week to counting carbohydrates.

Ten diabetes educators from all over Queensland have been providing young people, health professionals, and parents with information on the Sweet program.

They are working in Cairns, Townsville, Mackay, Rockhampton, Sunshine Coast, Toowoomba and the Gold Coast, along with the team in Brisbane.

The campaign follows research

by two Brisbane diabetes educators, Tricia Bowden and Eunice Lang, who undertook separate research on how and where young people with diabetes accessed their diabetes care. Eunice carried out her research at the Royal Children's Hospital.

As a direct result of this research Queensland Health, through the Clinical Practice Improvement Centre, provided \$620,000 to fund a two-year project to develop a more effective way for young people with diabetes to move from paediatric to adult care in Queensland.

The funding is part of a \$4.6 million innovative program for eight diabetes projects.

Eunice, Sweet Program Project Coordinator, said the transition was often difficult for young people and usually occurred at a time when they had lots of other things happening in their lives.

"It is hard to replace the familiarity and security of a doctor and team you have grown up with," she said.

"Many young people find it difficult to settle with an adult doctor and spend long periods seeing no-one for help with their diabetes.

"Often they then represent to a diabetes specialty service in early adulthood with diabetes-

related complications due to poor diabetes control.

"These complications may have been prevented if these young people had remained under the care of diabetes specialists."

The Sweet Diabetes Transition Program, has been designed to assist these young people to become more involved in their own health care.

A key part of the program is providing diabetes education so knowledge and skills are progressively increased, enabling self-managing of diabetes.

Eunice said there were no hard and fast rules about when transition occurred as timing was influenced by the maturity of the young person as well as the locally available diabetes services.

She said that to ensure success of the program there needed to be a process that included a period of planning, preparation and flexibility on when the transfer occurred, based on individual needs.

She said another key element was finding a diabetes service that would suit the young person.

"They must be encouraged to make contact with their paediatric team if they are not happy with their transfer as we don't want them to just 'drop out' of diabetes speciality care," Eunice said.

Cyclone Larry beaten

The \$42.3 million Innisfail Hospital redevelopment, which started in 2005 but suffered delays as a result of Cyclone Larry in 2006, has been completed with official opening on 31 July.

The new hospital, officially opened by Health Minister Stephen Robertson, offers 49 overnight beds and 23 bed alternatives, including dialysis and chemotherapy treatment chairs.

The dedicated chemotherapy unit is a new addition to the hospital that was included as part of the redevelopment and now offers five treatment chairs.

All other existing services and facilities in the hospital also have

been expanded or improved as part of the redevelopment, and a new helipad has also been built on site.

The hospital's dialysis unit has been expanded from four to eight chairs and now is providing services to patients from Yarrabah also, while the Emergency Department and operating theatres have benefited from an expansion and redesign.

The design of the redevelopment, by Brisbane-based architects Suters, was judged one of the five commended designs in the 2008 Royal Australian Institute of Architects Regional Architecture Awards.

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Initiative transforms care process

The Transforming Care Initiative, a program for staff to review care processes to improve patient safety, patient satisfaction, and team morale, has been successfully implemented in Ipswich and Surat Hospitals.

Other units are being encouraged by the Southern Area Clinical Governance Unit to adopt the initiative's strategies, and tailor them to their own needs and culture.

Jane Stanfield, team leader at the unit, is assisting managers and staff interested in learning and implementing these strategies to improve culture and workplace practices.

"There are bucket loads of strategies which fall under the initiative which managers and staff can 'pick and mix' to suit their desired goals, or they can make up their own strategies and trial them locally," she said.

"The strategies are a mix of the Transforming Care at the Bedside model, Studer Group principles, the FISH! Philosophy and local innovations.

"The mix of strategies is aligned under four key areas: provide safe and reliable care, provide patient and family-centred care, enhancing care team vitality and teamwork, and lean thinking and acting.

"Using these four key areas as a framework allows you to set con-

sistent directions and goals.

"Teams work creatively and locally to review and redesign care processes within their own facility to improve patient safety, patient satisfaction, and team morale at the same time."

Jane said many improvements in patient care had been introduced through the initiative.

She said that hourly rounding, nurses going to patients every hour to check pain, position, possessions, improved patient satisfaction, reduced falls and pressure ulcers and gave time back to nurses by significantly reducing use of buzzers.

Patient whiteboards by the beds allowed patients to be involved in their care, to set daily goals (or preferences) and to make sure all shifts of staff knew about their goals/preferences. A patient journey whiteboard, accessible to all staff, listed expected date of discharge and reviews required by allied health, ensuring patients weren't "missed".

"It is always safer for a patient to be treated in the ward they 'belong' in and not just where there is a bed. Clinical handover at the bedside involves patient/carer in handover process, makes sure information doesn't get missed, and reduces medication errors by 50 per cent," she said.

The Ipswich Hospital's Reha-

bilitation Aged Care and Stroke Services (RACSS) unit underwent a dramatic transformation using a combination of strategies.

Originally known as just Ward 6B, the unit's reputation was one of low morale, with a high vacancy rate (between 50 to 80 shifts per fortnight). When Linda Edwards became Nurse Unit Manager of Ward 6B, she was aware that a new model of care was being used in other wards in Ipswich based on the Institute for Healthcare Improvement called Transforming Care at the Bedside (TCAB).

Linda had been observing the positive signs and decided to implement a similar model of care in her own ward.

The ward was relaunched with a new name – Rehabilitation, Aged Care and Stroke Services (RACSS) – to provide a stronger identity for the ward's activities, and instil a sense of pride and ownership.

Now RACSS is host to numerous visitors who study the success of the Transforming Care at the Bedside model. The district's Medical Business Unit was awarded last year a Director-General's Leadership in Health Services Certificate for the TCAB initiative.

For more information on the initiative, visit <http://www.ihl.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm>



Ron Smith (left) and Terry Boyle admire their frog mosaic handiwork at the recent mosaic community arts workshop.

Garden aromas pleasing

Moranbah residents will enjoy the smells of a variety of herbs and plants in a Community Sensory Garden, part of Queensland Health's Be Kind To Your Mind campaign.

The garden, in partnership with the Be More Active – Moranbah project, Hinterland Community Care, Isaac Regional Council and the Moranbah Lions Club, is in the Moranbah Lions Park.

Kerry Randall, Be Kind To Your Mind Project Officer, said the sensory garden included cement access pathways, raised garden beds and a small raised orchard.

"Once construction of the gar-

den beds has been completed, they will include a variety of herbs and plants with different smells and textures for the community of Moranbah to enjoy," she said.

As a bonus to the sensory garden, large mosaic discs to be mounted on small feature walls were donated to the park by volunteers at a community arts workshops.

Themes included a hibiscus representing flora, a green frog representing fauna, a large and small hand on one disc to signify family and connectedness, three footprints to signify physical activity and a rain droplet, the essential component of life.

Starlight's magic touches many

The Starlight Children's Foundation has introduced a second Starlight Express Van to brighten the lives of more seriously ill and hospitalised children across Queensland.

The Starlight Express Van program ensures that these children have the opportunity to experience the magic of Captain Starlight throughout the year.

Seriously ill children living in regional and remote areas face enormous challenges such as extended periods away from home for treatment, emotional hardship and isolation from their friends and family.

The Starlight Express Vans and Captain Starlight are expected to make 442 visits to hospitalised kids and travel 75,000 kilometres this year, almost double last year's figures.

Jo Dann, Starlight Queensland

Programs Manager, said Starlight was the only charity providing this type of program for hospitalised children in 32 locations across Queensland.

"This van will enable Captain Starlight to travel more frequently as far north as Rockhampton and as far south as Coffs Harbour, giving hospitalised kids a reason to smile.

"The Starlight Express Van program increases the continuity of care for seriously ill children living in regional areas who will benefit from Captain Starlight whether they are in hospital in Brisbane or in their local regional hospital."

One hospital that has experienced the impact of this program on sick children is Bundaberg Hospital where the Starlight Express Van and Captain Starlight have been travelling to for a num-

ber of years.

Deborah Spry, Bundaberg Hospital's Nurse Unit Manager, said: "I have witnessed first-hand the change a visit from Captain Starlight has made to a child's stay in hospital and its importance to the overall treatment of a child.

"When the kids see the Captains in their special super hero uniforms the expression on their faces changes to absolute wonder.

"There is a sense of excitement and the children are truly fascinated by the magic that Captain Starlight creates.

"The excitement is not only felt by the children, who are suddenly distracted from their everyday medical worries, but also the staff and parents.

"While we treat the medical illness, Starlight helps to make them smile and helps to look after their emotional well-being."

Grants for cancer study

Scholarships and study grants of up to \$10,000 are available for medical professionals, paramedics, educationalists, allied health and nurses for research benefiting Queensland cancer patients.

Lucy Bailey, Health Professional Education Coordinator at Cancer Council, said she encour-

aged all Queensland health professionals to take advantage of these financial grants to increase their knowledge of cancer care.

She said applications were due by 5pm October 27.

To apply visit www.cancerqld.org.au/professionals.asp or phone 3258 2267.



Dr Hall watches as Peter McQuitty prepares to start physiotherapy.

\$4.4m drive to tackle 'glue ear' disease

An extra \$4.4 million over three years has been allocated by the State Government to double the number of Indigenous children screened for Chronic Otitis Media or 'glue ear' disease.

Glue ear is highly prevalent in Indigenous populations across Queensland. It can set in very early in an Indigenous child's development and can have disastrous effects on their learning, social well-being, and behaviour.

Glue ear can inflict permanent damage to a child's hearing if it is not detected early.

Around 75 per cent of children screened in Indigenous communities, some as young as six months old, have varying degrees of the illness.

The World Health Organisation considers four per cent in a population to be above acceptable levels.

Aboriginal and Torres Strait Islander children and young people are at least 10 times more likely to suffer from glue ear than non-Indigenous children.

Queensland Health currently screens around 2000 Indigenous children up to the age of 18 a year and the extra funding is expected to double that figure.

The funding will support increased screening and surveillance across Indigenous communities and ensure that planned interventions, including speech pathology, audiology, health promotion and ear, nose and throat services, are provided to rural and remote communities.

It will continue the training of Indigenous health workers and nurses in the screening and management of the condition, as well as health education and promotion activities.

woomba for treatment.

The grant will be spent on a washing machine and dryer (\$4565), plumbing for new hot and cold taps and laundry trough (\$2400), electrical work including a new safety switch (\$1564), and installation (\$1200).

Since May last year, Glennon House accommodated 350 people for a total of 855 nights, with patients coming from Chinchilla, Cunnumulla, Emerald, Rockhampton and Gayndah.

Grant to budget housing

A State Government grant of \$9729 for Toowoomba's Glennon House Motel will upgrade laundry facilities at the motel, used for low-cost accommodation and special support for outpatients facing hospital treatment.

Glennon House is used by patients who have to go to Toowoomba to access medical services. It helps cancer patients, women awaiting the birth of a baby and others who have no alternative but to stay in Too-

Quick thinking saved Peter's life

Without his partner's quick thinking, Peter McQuitty's massive stroke could have meant death or permanent disability.

Peter, 53, was saved by the fast-acting team at Princess Alexandra Hospital with an innovative medication that dissolves the clot, reducing the damage caused by the stroke.

But the treatment relies on the quick action of friends and family, because it is only useful when administered within three hours of the stroke.

Strokes, or 'brain attacks', are the third largest killer of Australians after cancer and heart disease and it is vital to get help as soon as possible.

That is exactly what Peter's friends did when he started talking strangely while travelling home from a seminar.

Dr Graham Hall, the hospital's stroke specialist, said it was that quick action combined with the efficiency of the ambulance and the hospital's emergency team that saved Peter.

"The stroke occurred in the area of brain supplied by the right middle cerebral artery and people who have this type of stroke can be severely incapacitated," he said.

"The treatment, called lysis, is similar to that used for heart attacks. A thrombolytic agent can dissolve a clot within a blocked vessel and restore blood flow."

Lysis can only be used when

tests prove conclusively that the patient has suffered a stroke because of a blocked vessel instead of another brain event.

Treatment must be given within three hours of stroke onset to be effective and to avoid complicating bleeding into the stroke area.

Dr Hall said Peter was a perfect candidate for the treatment and the results prove the effectiveness of the treatment and that thanks to quick action he has been left with very little long-term affects.

Peter said he was overwhelmed with gratitude at how it all turned out.

"I am the luckiest guy in the world – I get tears in my eyes just thinking about what could have been," he said.

His stroke occurred when he and some friends were departing

from an evening seminar in April. He was talking to the driver and trying to provide directions for the other vehicle in their party.

Within two hours of the stroke, Peter was diagnosed and had received the lysis treatment, which made all the difference to his recovery.

"In two days I was walking to the bathroom on my own and I was speaking and drinking properly," he said.

"The staff on the ward, who deal with stroke victims every day, were just incredulous about what a miraculous recovery it was."

Peter's recovery has encouraged doctors who are keen to promote lysis as a leader in stroke treatment. Peter was profiled recently at a medical symposium as the result of best treatment practice.

Gift for cancer care unit

The planned Townsville Hospice and Palliative Care Unit, to be built on the Townsville Hospital grounds, has received a significant financial gift from a Townsville man whose wife died earlier this year from cancer.

Cancer Council Queensland will name a suite in the hospice in honour of Eleanor de Graff, who died in April after a four-year battle with breast and then

bone cancer.

The Townsville Hospice and Palliative Care Unit, is a \$6.5 million state-of-the art facility that will provide 20 beds for terminally ill cancer patients, supplementing the number of patient beds at the hospital.

The Townsville Hospice and Palliative Care Unit is the largest project undertaken by Cancer Council Queensland.

Mums gain extra maternity care

Ipswich, Logan and Charleville mothers will soon be able to access one-on-one midwifery support from conception to post-birth under a State Government initiative to improve regional maternity services.

Following a Budget announcement of \$9 million over four years across the state, the first three sites for the enhanced maternity care service were announced last month.

The expanded services will be available in the three areas by the end of the year. The service will give women access to the same midwife, or small team of midwives, for every stage of pregnancy – someone familiar to answer their questions and support them.

For many this will give them the option of being supported locally and removing the need to travel to access services, which means they can stay close to home.

Health Minister Stephen Robertson said Ipswich, Logan and Charleville services would be funded this financial year, and each service would be different depending on community need.

"Individual communities have different support needs, and this program is designed to take this into account," he said

"In Ipswich and Charleville, the program will be offered to women identified with low risk pregnancies. However, at Logan the service will specifically target young parents, Indigenous women and refugees."

Mr Robertson said the success of the program would be monitored to help identify other regions that would most benefit from the expanded services.

He said such programs reduced the incidence of postnatal depression and resulted in fewer post-birth hospital admissions for mums.

He said that other benefits were increased breastfeeding rates, fewer obstetric interventions and operative births, and a reduction in the amount of pharmacological pain relief administered to mothers in labour.

He said there were also great benefits for the midwives providing the care, with increased job satisfaction leading to greater recruitment and retention of staff.

Pathology initiatives help patients

One might ask, how can Pathology Queensland improve patient waiting time and length of hospital when they do not have direct patient contact?

The answer is that Cameron Martin and Dr Andrew Francis, both from Pathology Queensland, have proven vast improvements can be made in waiting time and length of stay by reducing turnaround times for pathology test results.

Martin and Andrew spoke on the innovations at a recent Sydney conference, Improving Patient Flows : Diagnostics and Investigations, attended by 100 delegates from Australia, New Zealand and United Kingdom.

Cameron Martin, Statewide Point of Care Coordinator, discussed how state-of-the-art point of care testing allows Pathology Queensland to solve specific patient needs and reduced waiting time for patients.

Point of Care Testing (PoCT) uses modern i-Stat blood analysers at the patient's bedside and produces results in less than 10 minutes.

In the past, patients from the Children's Cardiac Surgery Unit in The Prince Charles Hospital needed to wait for more than 45 minutes to find out if their anti-coagulant levels were within therapeutic limits. With PoCT, staff can assess the anti-coagulant levels of a patient within minutes by a prick of the finger instead of a terrifying needle.

The benefits of introducing PoCT in the Children's Cardiac



Colour-coded specimen transport bags and priority blood tubes on an IV trolley.

Surgery Unit reduces trauma for the child, with faster turnaround times, and frees up bed space for other patients.

Dr Andrew Francis, Director of Pathology Queensland at The Prince Charles Hospital, has introduced initiatives that significantly reduced pathology turnaround time and improved patient care and patient flows in the Emergency Department and selected inpatient groups.

A successful trial at the hospital used colour-coded specimen transport bags and priority blood tubes to reduce patient's length of stay in the Emergency Department by 29 minutes.

"When our laboratory receives specimens in coloured bags and blood tubes with brightly coloured priority stickers on them, we give these specimens top priority and they are processed immediately," Dr Francis said.

"Simple rearrangements can

deliver very significant benefits. Implementing these initiatives is easy and cost effective and can make an enormous and sustainable difference."

The system is so successful that 12 other Queensland Health facilities are now using the colour coded specimen transport bags and priority blood tubes and may be available in the near future to all Queensland Health facilities.

Dr Francis was nominated as a keynote speaker by the Royal College of Pathologists of Australasia to present at the conference, and he has a granted Innovation Patent for his work in this area, demonstrating external recognition of his groundbreaking work in Queensland.

"A number of other hospitals in Australia and overseas were very interested in these innovative ideas and have said that they would like to implement them in their own settings," he said.

Online chance to improve skills

A new online health promotion site on QHEPS will give Queensland Health staff access to a range of resources to help them increase their knowledge and skills in health promotion.

The site at <http://10.81.75.110/healthpromotion/> has been developed to introduce staff to the practice of health promotion and provide evidence-based and good practice information and tools.

Peter McKeown, Southern Area Population Health Services' health promotion director, said the site was created to support the work of Southern Area Population Health Service health promotion staff.

"It will be a particularly useful resource to orient new health promotion staff in health service districts and population health units, and provide support to existing staff," he said.

"It provides comprehensive information about SAPHS, health promotion theory frameworks and practical examples of projects and campaigns.

"It showcases the health promotion work being conducted across population health services in Southern Area and links to other national and international health promotion organisations.

"By reading though the pro-

files of each population health unit in Southern Area, you'll find key contacts in each unit who may be of assistance to you in your local work, as well as our Area's health promotion outcome areas and priority areas for action."

"A Certificate III in Health Promotion course is being developed and will be offered through the Cunningham Centre.

"The QHEPS Health Promotion site will be a practical learning resource for course participants to complement their studies."

To provide feedback on the site, contact Kerry McNally on 4631 9888.



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

Scheduled services

Mobile Services

Rockhampton: until 22 September, Boyne Island; 24 September until 12 December, Gladstone.

Toowoomba: 1-19 September, Crows Nest; 22 September to 31 October, Nanango.

Townsville: 15 September to 15 January 2009, Ayr.

Relocatable Services

Cairns: 1-9 September, Weipa; 10-12 September, Napranum; 16-19 September, Lockhart; 22-26 September, Murray Island; 29 September to 3 October, Yorke Island.

Gold Coast: until 17 October, Beenleigh.

Mackay: until 8 September, Proserpine; 9 September to 13

October, Cannonvale.

Nambour: until 5 September, Beerwah; 29 September to 17 October, Buderim.

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

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

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

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

Contact: Cancer Screening Services Unit on 3234 1596.

Hints to wiping out flu

"Wash, Wipe, Cover . . . Don't infect another" was the theme for this year's influenza season, as part of a new information campaign developed by the Division of the Chief Health Officer.

Simple everyday habits like hand washing, covering coughs and sneezes and wiping down common surfaces were some of the key messages promoted to Queenslanders to help prevent the spread of influenza in the community.

Dr Jeannette Young, Chief Health Officer, said the campaign was implemented in response to last year's serious flu outbreak which saw Queensland experience its worst flu season in six years.

"Simple precautions like good hygiene have been recognised worldwide as one of the most effective ways to reduce the spread of viruses, like the flu," she said.

"While some of these precautions might seem obvious or just common sense, they are often overlooked. We know from last year's outbreak that these measures do have a real impact."

Dr Young said the campaign was developed by the South Australian Department of Health in 2007 and adapted for Queensland audiences.

"The campaign has been very effective in South Australia and we were lucky enough to get permission to use it here," she said.

"The campaign includes a dedicated 'one stop' flu website (www.health.qld.gov.au) with information about this year's flu season, facts on flu, prevention tips and vaccination, as well as a range of good hygiene resources available for download.

"A billboard ad appeared at Brisbane's Central Train Station and posters were also featured in shopping centre public toilets throughout the state, to highlight the importance of hand washing after being in crowded places and touching common surfaces. We also distributed information pads to GPs and pharmacists throughout Queensland to use during patient consultations and at point-of-sale.

"And while Spring has arrived, remember that the flu season officially doesn't end until the end of September, so we encourage all Queensland Health employees to take on board our hygiene messages and promote them within their workplaces."

More information about the campaign can be found at www.health.qld.gov.au/flu

infomatters

diary

Vallie's sad on leaving

Val Tye, Aunty Vallie as she is affectionately known, shed more than a tear when she retired after 28 years as senior health worker at Woorabinda.

She has loved her work with the Woorabinda Multipurpose Health Service. She loved it so much she retired three times but withdrew her first two resignation attempts.

"I am very sad to leave, but it is time to go now," she said.

"I have loved working with the community. I see women in the community who I nursed as babies, and now they have children of their own."

Robert Cody, Woorabinda Health Service Director of Nursing, said Val was one of Queensland's longest-serving Indigenous health care workers.

"All of her service was at Woorabinda, where more than a few people owe their health, and some even their lives, to her personal intervention," he said.

Val has travel in her sights and hopes to see Kakadu and the Australian outback.



Val Tye: retired after 28 years.

She said one of the highlights of her work involved assisting on research on milk intolerance.

She enjoyed working on the Strongyloides project, where more than 1000 people under went blood testing and had medication prescribed. Strongyloides stercoralis are tiny parasitic worms that infect many Aboriginal people who live in tropical Australia.

Emergency care boost

Emergency care training for staff at the Baillie Henderson Hospital has been boosted with the donation of a \$12,000 resuscitation manikin by the Toowoomba Hospital Foundation.

Nina Buttsworth, Nurse Educator, Toowoomba District Mental Health Service, said the manikin would be used to train staff members in assessing heart rhythms, clearing of airways, inserting an intravenous drip and other clinical procedures.

"This means staff can respond quickly and efficiently if a patient loses consciousness or suffers a cardiac arrest," she said.

"These manikins are very life-like as they have working lungs, veins, heart muscle and organs.

"Hands-on training is important as staff members must act quickly and decisively in the case of a cardiac arrest or other life-threatening situation. The manikin will be of great use in the day-to-day management of patients who need tubes inserted."

The foundation donated a similar manikin last year.

SEPTEMBER

- 1-30** Spina Bifida Awareness Month
Spina Bifida and Hydrocephalus Queensland
Phone: 3844 4600
- 1-30** Prostate Cancer Awareness Month
Prostate Cancer Foundation of Australia
Phone: 1800 220 099
- 1-30** Dyspraxia Awareness Month
Australian Dyspraxia Association Inc.
Phone: (02) 4577 6220
- 1** Gold Bow Day
The Australian Thyroid Foundation Ltd.
Phone: (02) 9890 6962
- 1-7** Asthma Week
Asthma Foundation of Queensland
Phone: 3252 7677
- 1-7** Ovarian Cancer Research Week
Ovarian Cancer Research Foundation
Phone: 1300 682 742
- 1-7** Eczema Awareness Week
Eczema Association of Australasia
Phone: 3821 3297
- 10** Gynaecological Awareness Day
Gynaecological Awareness Information Network
Phone: (08) 9340 1670
- 15-21** Herbal Medicine Week
National Herbalists Association of Australia
Phone: (02) 8765 0071
- 15-21** Stroke Week
National Stroke Foundation
Phone: (03) 9670 1000
- 15-** Dementia Awareness Month
- 15 Oct** Alzheimer's Australia (Queensland)
Phone: 3895 8266
- 22-27** Headache and Migraine Awareness Week
Brain Aware Australia
Phone: (02) 9437 5967
- 28** World Heart Day
Heart Foundation
Phone: 1300 362 787

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

in retrospect

A review of some articles from previous Health Matters

March	Health professionals gain pay rise Record patient figures set by hospitals Australia Day Achievement awards presented
April	Fluoridation set for wide introduction Bid to boost nutrition in outback Futuristic design for smart therapies site
May	Airport sales boost new hospital financing Junior doctors pass with flying colours Equal Employment Opportunity featuree
June	Record \$8.325 billion Queensland Health Budget Leading the way in patient openness Cardiac unit celebrates decade of treatment
July	Easier access to data benchmarks Show displays spread good food messages Indigenous strategies aim to close the gap
August	Digital technology helps ear treatments Mental Health Service 10-year plan launched Exercise tests responses to influenza disaster

Website aids whiplash

A specialised website with information on whiplash-related injuries and its management is now available for health care professionals and people suffering from whiplash.

The site has been set up by the University of Queensland's Centre of National Research on Disability and Rehabilitation Medicine and the Centre of Clinical Research Excellence in Spinal Pain, Injury and Health.

The team's Chief Investigator, physiotherapist, Dr Michele Sterling, is seeking feedback from Queensland Health staff on the website content and its layout.

The site's address is www.som.uq.edu.au/whiplash and is accessible through Queensland Health's allowed www sites or from the whiplash link on www.health.qld.gov.au/health_professionals/default.asp

Dr Sterling said this was the

first consumer-based information site for people with whiplash and was important as a significant proportion of injured people had persisting pain and disability.

She said although whiplash injuries from motor vehicle accidents were common, they remained a poorly understood problem and recent Australian data indicated that up to 60 per cent of people might experience some pain six months after their injury.

"We are aiming to provide unbiased evidence-based information to assist people to make decisions throughout their recovery process," Dr Sterling said.

"The site will be regularly updated by our researchers and publishing this material online enables patients and practitioners alike to capitalise on the outcomes of our research in a private and confidential setting."