



Office of Rural & Remote Health

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www.health.qld.gov.au/cdg

Visit www.health.qld.gov.au for all your essential chronic disease activity guidelines, tools and resources

Distribution of the 3rd edition of the Chronic Disease Guidelines to Queensland rural, remote and Indigenous health care facilities is complete.

Finalisation of distribution has coincided with the launch of the Chronic Disease Guidelines internet webpage at www.health.qld.gov.au/cdg.

The CDG webpage contains all guidelines, tools and resources for clinical and non-clinical health service providers to address the prevention, early detection and management of chronic disease. These tools may be downloaded and printed from the site allowing easy access for service providers.

The site also contains links to other relevant sites and tools.



Aboriginal and Torres Strait Islander Health Worker Conditional Advancement Scheme

The Aboriginal and Torres Strait Islander Health Worker Conditional Advancement Scheme is a process whereby Aboriginal and Torres Strait Islander Health Workers can apply for conditional advancement to a higher classification level in recognition of their outstanding achievement and performance in one or more of the following areas:

- Advanced Clinical Skills
- Education and Research
- Community Development

To be eligible to apply for conditional advancement, employees must:

- Be an Aboriginal and Torres Strait Islander Health Worker appointed in accordance with Queensland Health's Aboriginal and Torres Strait Islander Health Worker Career Structure 2007;
- Have a substantive position between OO3 and OO8; and
- Have a current Performance Appraisal and Development Plan that indicates their performance exceeds the requirements of their position.

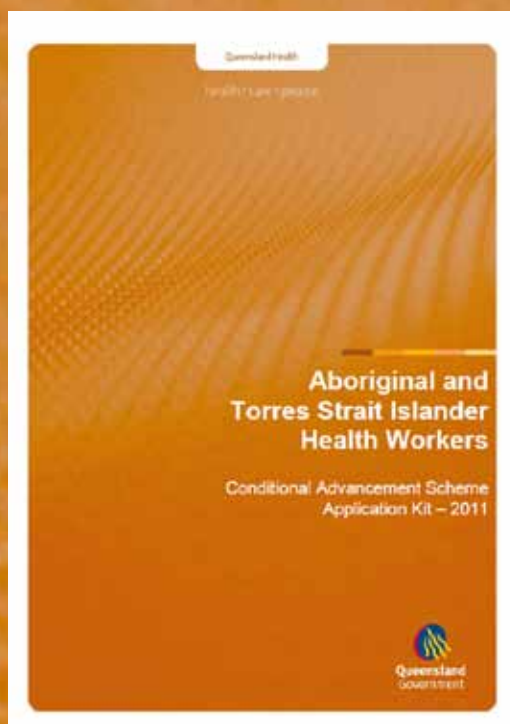
Applications must be submitted in writing, in a statement addressing the assessment criteria against their chosen recognition area at their nominated classification level. The classification level may be higher than the one immediately above their existing substantive classification level (that is, applicants have the opportunity to advance by more than one classification level).

Detailed information regarding the process for stakeholders involved in the scheme is outlined in the following documents:

Aboriginal and Torres Strait Islander Health Workers Conditional Advancement Scheme Application Kit 2011
Application Form 2011
Aboriginal and Torres Strait Islander Health Workers Conditional Advancement Scheme Application - Information for Line Managers and Supervisors 2011
Referee Assessment Form 2011

For more information contact: (07) 3235 9063 or visit qheps.health.qld.gov.au/peopleandculture/conditional-adv/home.htm

Applications for the 2011 round open on 1 July 2011 and close on 30 September 2011. No applications will be accepted after Friday, 30 September 2011.



ACE Prevention Report

Assessing Cost-Effectiveness in Prevention

ACE-Prevention

September 2010

Thao Van¹, Rob Carter², Ian Barendse¹, Cathrine Mihalopoulos¹, Lennert Veerburg¹, Anne Magnus³, Linda Cobiac⁴, Melanie Bartram⁵, Angela Wallace⁶
For the ACE-Prevention team

FINAL REPORT



Health Partnerships



VicHealth



¹Centre for Evidence of Disease and Cost Effectiveness, School of Population Health, University of Queensland
²Health Equity Economics, Strategic Research Centre, Population Health, Deakin University, Australia

The ACE Prevention report presents the results of a 5 year NHMRC-funded study. The report provides a cost effectiveness evaluation of 150 preventive health interventions, including 21 interventions for Aboriginal and Torres Strait Islander people.

This report makes a significant contribution to the evidence-base for priority setting in prevention and provides, for the very first time, cost effectiveness evaluations for health interventions for Aboriginal and Torres Strait Islander people specifically.

The report lists key findings for Aboriginal and Torres Strait Islander people particularly in relation to the poly pill, infant Hepatitis B vaccination, ACE inhibitors and pre-diabetes.

The full report is available at www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-Prevention_final_report

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Connecting Healthcare in Communities (CHIC) 2007-2011

website now found on www.health.qld.gov.au/maternity/chic/chic_home.asp

The [CHIC Initiative \(2007-2011\)](#) represented a joint approach to establishing partnerships in the primary health care sector to improve the health of Queenslanders and increase the capacity of the health system. Queensland Health supported by the Commonwealth facilitated the partnership approach by committing \$34 million over 5 years for the establishment and support of healthcare Partnership Councils.

Use the website to search for funded service delivery and innovation CHIC Projects. Search under the following headings

- Chronic and complex care
- Integrated health promotion and illness prevention
- Early childhood health
- Community mental health Drug and alcohol services
- Drug and alcohol services

All initiatives did not require funding - some developed after collaboration of partners within the Partnership Councils.

Q. Will staff and unions be consulted about the Health Reforms?

A. Yes. Queensland Health began consultation on these reforms over 12 months ago. In this time Queensland Health has held more than 60 consultations across 16 districts and divisions. Nearly 3,000 people have been directly consulted including unions and staff working in our health system.

Staff will continue to have the opportunity to be involved and share their views about the reforms, and this feedback is important to the reform process. Consultation with staff and unions will increase as details of the proposed changes become clearer.

To support this consultation process a health union's coordinator position has been established.

A special QHEPS intranet site has been developed to provide information for staff. This site can be accessed at <http://qheps.health.qld.gov.au/health-reform/>. It also provides a link to a health reform website that can be accessed by going to <http://www.health.qld.gov.au/health-reform/>.

Q. I currently work as a clinician in a hospital. How will the reforms impact my day to day work life?

A. In the short term there probably won't be a noticeable impact on your day to day operations. However, in the near future you will start to see the benefits of:

- Increased local responsiveness;
- Improved integration with other external health services; and
- Enhanced consumer, community and clinician engagement.

Q. What will Corporate Office look like?

A. There will still be a need for a central function to manage the public health system. Its role will be very different from the one Corporate Office now performs. Instead of managing the delivery of services, central functions will include:

- The purchasing of health services;
- Setting policy and managing regulation;
- Undertaking system-wide capital and service planning;
- Negotiating industrial agreements and awards for staff;
- Driving system-wide planning, quality improvement and innovation; and
- Managing performance across the system.

Q. I currently work in Corporate Office. How will I be affected by the reforms?

A. Corporate Office will move from managing the delivery of health services to managing the public health system.

Over the coming months we will be assessing which current Corporate Office services are best delivered locally and which elements will be more effectively delivered centrally. We will have a clearer idea about affected work areas and positions by the end of 2011.

Staff and unions will continue to be kept up-to-date on progress and consulted about proposed reform changes.

Q. Will the terms and conditions of my employment be affected?

A. No. Existing terms and conditions of employment set out by awards, certified agreements, policies, etc will continue to apply to Queensland Health employees.

Q. Will the current Fringe Benefits Tax (FBT) exemption status enjoyed by employees of Health Service Districts remain following the creation of LHHNs?

A. The creation of Local Health and Hospital Networks (LHHNs) as statutory bodies will not change Districts' existing eligibility profile for the FBT concession cap.

Q. Who will decide what my terms and conditions of employment should be in the future?

A. Your existing terms and conditions of employment set out by awards, certified agreements, policies, etc will continue to apply to Queensland Health employees. Any changes to these awards and agreements will continue to be negotiated centrally between the unions and Queensland Health.

Q. Who will be my employer?

A. All staff, other than network chief executives and other network health executives, will be employed by the Director-General Queensland Health. The Director-General will have the legislative ability to delegate all powers of employment for Network staff to a Network.

The delegation of these powers to a Network will be subject to an assessment of the Network's capacity and capability to effectively administer the human resource management and industrial relations processes associated with employment of staff.

The Queensland Health Performance Management Framework will provide a transparent mechanism for recognising good performance by providing greater autonomy and less oversight by the Queensland Health as the system manager.

Network chief executives and other network health executives will be employed by the LHHN.

Q. Will I still have the same employer if I work across two different LHHNs?

A. Yes, you will be employed by the Director-General Queensland Health unless you are a network chief executive or other network health executive.

EMPLOYEE SUPPORT

Q. Am I able to access the Employee Assistance Service if I need to?

A. Yes. For more information please go to <http://qheps.health.qld.gov.au/eap/>

MORE INFORMATION

Q. Where can I find more information?

A. More information is available on the Queensland Health Intranet site at <http://qheps.health.qld.gov.au/health-reform/>

If you have a question that has not been addressed in this frequently asked questions (FAQ) document you can email your question to healthreform@health.qld.gov.au.

FAQs will be updated regularly to reflect questions sent to the health reform email address.

Unfortunately, it will not possible to respond to Individual questions emailed. If you have a specific question that relates to your employment, you are encouraged to raise this with your supervisor or manager. If they are unable to answer your question they should seek advice from Human Resources in your District or Division.

Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 - Registered Nurse Course

Program aim

The **Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 Registered Nurse Course** will prepare Registered Nurses (RN) to apply for endorsement by the Nursing and Midwifery Board of Australia to practice as scheduled medicines RNs (rural and isolated practice) under the provisions of the Health (Drugs and Poisons) Regulation 1996 in Queensland.

The scheduled medicines RN (rural and isolated practice) endorsement qualifies the RN to 'obtain, supply and administer schedule 2, 3, 4 and 8 medicines for nursing practice in a rural and isolated practice area' (Nursing and Midwifery Board of Australia, 2010).

Accreditation

The course is accredited by the Australian Nursing and Midwifery Council.

Course length

300 hours over a nine month period.

It is anticipated that the average student will take 20 – 36 weeks of approximately 10 – 15 hours of study / activities per week to complete the course.

Course objectives

- Fulfil the role of a registered nurse authorised to practice under the Drug Therapy Protocol (DTP) Isolated Practice Areas and Rural Hospitals RNs.
- Maintain contemporary knowledge and skills pertaining to the administration and supply of drug therapy as per the DTP Isolated Practice Areas and Rural Hospitals RNs.
- Use multiple approaches to enhance assessment and decision making appropriate to practice context.
- Manage care of individuals and groups through implementation of Health Management Protocols (HMP).
- Engage in collaborative practice to achieve optimal, culturally relevant client outcomes.
- Provide culturally appropriate information to clients and carers about drug actions and interactions relevant to the DTP.

Learning and assessment

The course is made up of 4 modules

- | | |
|--|-----|
| • Module 1: Context of practice / legislative requirements | 10% |
| • Module 2: Pharmacokinetics / pharmacodynamics | 30% |
| • Module 3: Assessment and practice | 50% |
| • Module 4: Client education, communication, and collaboration | 10% |

Delivery method

The course will be offered by flexible delivery. Delivery may include workshops and the following distance education strategies: workbooks, hard copy resources, computer assisted learning (telephone conferencing, interactive CD ROM, Read-only PowerPoint and PowerPoint presentation for local facilitation) and case study presentations.



Admission requirements

- current licence to practice as an RN in Australia
- concurrent employment in a Queensland rural hospital or isolated practice setting as defined by the Health (Drugs and Poisons) Regulation, 1996
- consideration will be given to RNs working in urban settings within Queensland Health, however written confirmation of rural or isolated practice clinical placement for a minimum of eight weeks must be provided on application. The amount of time and timing of clinical placement is to be negotiated with the course coordinator.

Co requisites

Prior to or during the course students are required to achieve certification of competency in the Core Clinical Skills. Core Clinical Skills are to be assessed using the Clinical Skills Assessment Tools.

Students are required to assess their individual learning requirements in relation to the Core Clinical Skills and may wish / be required to undertake further courses of study as necessary.

A copy of the *Students Guide and Record of Clinical Skills Assessments for Rural and Isolated Practice Registered Nurses* detailing Core Clinical Skills and Assessment Tools is available on request.

Enrolment

Complete an expression of interest form for the Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 RN course. Include with your expression of interest

- a letter outlining why you want to do the course
- your curriculum vitae
- a copy of your current license to practice as an RN in Australia.

Once the closing date for expression of interest has passed, a selection process will take place and you will be notified of your acceptance into the course.

*** Do not send any money with your expression of interest.*

Credit transfer / Recognition of Prior Learning (RPL)

Credit is offered through numerous tertiary institutions / universities and it is recommended that students apply directly to the appropriate faculty if requesting recognised prior learning (RPL).

Example as advised by James Cook University:

The Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 RN course is eligible for advance standing towards Post Graduate Diploma and Masters Courses at JCU (equivalent to two subjects). For example, credit will be given for two 3 – credit point elective subjects for students enrolling in the Nurse Practitioner program. James Cook University offer a Post Graduate Diploma in Nursing (Isolated and Rural Practice), which requires students to have completed the Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 RN program (equal to 6 credit points).

Recognition of Prior Learning

The Cunningham Centre encourages participants to apply for RPL of their existing skills and knowledge in this course. To assist participants a RPL Package has been prepared. Discuss your interest in applying for RPL with the course coordinator.

Fees and charges

\$ 1000.00

Client services

A range of client support services, including personal and career counseling is available upon request to assist participants in meeting the outcomes of the course. The Client Support Officer is the first point of contact for clients wishing to access support services.

Student participation

Successful completion of a course requires commitment from both the Cunningham Centre and participants. The Cunningham Centre has policies and procedures in place for the management of client appeals, complaints and grievances, and client discipline. Information about these procedures is provided in the Cunningham Centre Handbook.

The Queensland Health Code of Conduct (2006) is the standard for behaviour adopted by the Cunningham Centre for staff and clients.

Access and Equity

The Cunningham Centre is committed to access and equity principles in the provision of this academic program. Clients who have concerns regarding barriers to successful participation in this program should discuss these with the Client Support Officer prior to enrolment. Such barriers may include cultural issues, language, literacy and numeracy, or disability.

Disclaimer

Queensland Health has made every effort to ensure this information is accurate. However Queensland Health accepts no responsibility for any errors, omissions or inaccuracies in respect of the information contained in this brochure. Further, Queensland Health accepts no responsibility to persons who may rely upon this information for whatever purpose.

Further Information

Client Support Officer
Cunningham Centre
William McCormack Place
5B Sheridan Street Cairns Q 4870
PO Box 7193 Cairns Q 4870
p. 07 4226 3053 f. 07 4226 3040

www.health.qld.gov.au/cunninghamcentre

This document was reviewed in November 2010

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Application Process

Please provide:

A certified copy of your current Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care,

A letter outlining your reasons for enrolling in the course, and

A current resume.

Your Expression of Interest will be acknowledged on receipt. The Course Coordinator will contact you to discuss enrolment and course commencement dates.

A completed application form, signed by your supervisor and/or your CEO, and returned to the IHW IPA Course Coordinator by the nominated date.

NB: Students are required to obtain their line manager's approval to enrol in the course. The employer will be expected to meet workshop attendance costs on behalf of students.

Course Components

The Isolated Practice Authorisation Course for Indigenous Health Workers, (Health {Drugs & Poisons} Regulations 1996), is a twelve month, self paced learning course, and incorporates compulsory attendance at 2 workshops.

The majority of the course is delivered via distance education media such as self directed learning study guides, and is supported with teleconferences and site visits by the Nurse Educator.

There are 4 modules:

Module 1: Legislation, Scope of Practice and Medication Safety

Module 2: Anatomy & Physiology, Clinical Assessment, and Sexual and Reproductive Health

Module 3: Chronic Diseases and Immunisation

Module 4: Documentation and Reporting

The Office of Rural and Remote Health acknowledges that Aboriginal and Torres Strait Islander Health Workers will have a diverse range of experience and qualifications.

Students are able to apply for Recognition of Prior Learning (RPL). If you wish to apply for RPL please discuss this with the Course Coordinator.



Queensland Health

Indigenous Health Worker Isolated Practice Authorisation

Queensland Government,
Health (Drugs & Poisons)
Regulation 1996

INFORMATION BROCHURE 2011



Course Information

The course will prepare Aboriginal and Torres Strait Islander Health Workers for Isolated Practice Authorisation within the specific legislative provisions of the Queensland Government Health (Drugs and Poisons) Regulation, 1996.

The legislation enables Aboriginal and Torres Strait Islander Health Workers in specific situations to administer and supply Schedule 2, 3, 4 and 8 medications in compliance with Health Management Protocols.

The course will also comprise knowledge and skill development in the following areas of practice; primary clinical care, sexual and reproductive health, immunisation and chronic disease management. The course structure reflects a collaborative practice framework.

Students must agree to abide by the course conduct policies set down by the Cunningham Centre, as stated in the client handbook.

Admission Requirements

To enrol in the Indigenous Health Worker Isolated Practice Authorisation Course, Aboriginal and Torres Strait Islander Health Workers must:

1. Have completed a Diploma of Aboriginal and Torres Strait Islander Primary Health Care, and
2. Be currently employed in an Indigenous community within an identified Isolated Practice Area as listed in the Health (Drugs and Poisons) Regulation, 1996, Appendix 9.

The course is structured to take up to 12 months within a self paced learning framework.

General

Contact us:

Course Coordinator,
**Indigenous Health Worker,
Isolated Practice Authorisation,**
c/- Cunningham Centre,
Office of Rural and Remote Health
PO Box 7193,
CAIRNS QLD 4870

Ph: 07 4226 3053

Fax: 07 4226 3040

or visit our website:

<http://www.health.qld.gov.au/cunningham>



How to order Queensland Health

Statewide Health Check and Chronic Disease Careplan forms for the Chronic Disease Guidelines

Health Check forms and Chronic Disease careplans have been developed to assist staff to meet the early detection and disease management components of the Chronic Disease Strategy. All forms meet Medicare billable requirements for Indigenous and non-Indigenous Primary Care Items.

For more information visit http://www.health.qld.gov.au/orrh/html/phc_gov.asp

Ordering the forms

These forms are produced under a Standing Offer Arrangement (SOA) between Queensland Health and Corporate Express Australia Ltd (CEAL) (SOA113-Clinical Forms). The forms can be purchased by sending a purchase order for the desired forms to CEAL.

- **Local (District) guidelines should be followed to determine who should actually place an order for the forms. This is likely to be the Purchasing Officer/Materials Manager for your facility.**
- For each form, include the vendor part number from the list below, the number of packets required, the form title and the form identification number.
- If available, include the appropriate CEAL customer identification number on the purchase order.
- The supplier of the forms is CEAL which is located in Richlands, Brisbane. Purchase orders should be faxed to CEAL on fax number 3365 0899. For matters relating to ordering (but not for actually placing an order), CEAL's phone number is 13 26 44 (Monday – Friday 0800 – 1730).

Form ID Number	Form Title	Medicare Item Number	Material (FAMMIS) Number	Vendor Part Number	Packaging Unit
SW050	Health Check 1 – 6 weeks	715	10219435	18618541	Pkt/50
SW051	Health Check 2 months	715	10219436	18618542	Pkt/50
SW052	Health Check 4 months	715	10219437	18618543	Pkt/50
SW053	Health Check 6 months	715	10219438	18618544	Pkt/50
SW047	Health Check 9 months	715	10219432	18618538	Pkt/50
SW054	Health Check 12 months	715	10219439	18618545	Pkt/50
SW048	Health Check 15 months	715	10219433	18618539	Pkt/50
SW055	Health Check 18 months	715	10219440	18615828	Pkt/50
SW049	Health Check 21 months	715	10219434	18618540	Pkt/50
SW056	Health Check 2 years	715	10219441	18615829	Pkt/50
SW057	Health Check 3 years	715	10219442	18615830	Pkt/50
SW058	Health Check 4 years	715	10219443	18615831	Pkt/50
SW060	Health Check 5 – 14 years	715	10219445	18615833	Pkt/50
SW061	Health Check 15 – 54 years	715	10219446	18615834	Pkt/50
SW062	Health Check 45 – 49 years	701 / 703 / 705 / 707	10219447	18615835	Pkt/50
SW064	Health Check 55+ years	715	10219449	18615837	Pkt/50
SW063	Health Check 75+ years	701 / 703 / 705 / 707	10219448	18615836	Pkt/50
SW046	Care Management Plan / Review	721 / 723	10219431	18615827	Pkt/50

What are the Chronic Disease Guidelines?

The Chronic Disease Guidelines (CDG) are an essential resource for staff to use in planning or delivery of *prevention, detection and management* activities / programs for chronic disease.

Who are the guidelines for?

These guidelines are designed for use by Aboriginal and Torres Strait Islander Health Workers, nurses, allied health practitioners and doctors. All health care service providers working in rural, remote and Indigenous community and primary health care settings are encouraged to utilise the CDG for planning, program design and activities which provide care to clients, their family and communities.

What new in the 3rd edition?

As with previous editions, the CDG is a collation of the current best evidence for the prevention, detection and management of chronic disease in rural and remote areas of Queensland, with a specific focus upon the Indigenous population.

The CDG's have undergone extensive review and user feedback has been taken into consideration into the format of this 3rd edition. The updated format contains a combination of electronic and printed sections. The printed sections include the following:

- child and adult check procedure manuals
- diagnosed condition guidelines
- care plan and screening summaries

The printed materials are housed in an A4 sized folder. Electronic sections and other resources can be accessed, downloaded and printed from:

www.health.qld.gov.au/cdg

The guidelines are also available on CD-ROM (ordered from the Office of Rural and Remote Health) via the above web page or email: cdssupport@health.qld.gov.au

The CDG (3rd edn) contains 8 sections including:

- Section 1. Chronic disease system enablers**
(e version)
- Section 2. Health promotion**
(e version)
- Section 3. Self management**
(e version)
- Section 4. Child health checks**
(e version & hard copy)
- Section 5. Adult health checks**
(e version & hard copy)
- Section 6. Medication safety**
(e version)
- Section 7. Management of diagnosed disease**
(e version & hard copy)
- Section 8. Continuous quality improvement**
(e version)



Health check forms that accompany Child and Adult Health Check Manuals are available in hardcopy and electronically - see www.health.qld.gov.au/cdg