

healthy territory

A Newsletter for people in ACT health care

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HEALTH SYSTEM responds to bushfires

The ACT's health system was put to the test during the recent bushfire emergency, and passed with flying colours.

Every element of the health system, both public and private, played a role in responding to the disaster and the level of cooperation and commitment across the system was commendable.

Sadly, more than 530 homes were destroyed, countless others damaged and four people killed in the fires.

On top of this, many more people were injured, some severely, and the headquarters of the ACT Health Protection Service at Holder was badly damaged.

When the State of Emergency was declared, the Acting Chief Health Officer, Dr Charles Guest, took on the mantle of Territory Health Controller. He coordinated the health response in the first acute phases of the emergency, handing over the reins to the chief Health Officer, Dr Paul Dugdale, on 24 January 2003.

New Minister for ACT Health

The ACT has a new Minister for Health. The introduction of a fifth minister into the Stanhope Cabinet saw Simon Corbell take over the health portfolio, previously held by Chief Minister Jon Stanhope. *(See page 2)*



Health Protection Service's offices in Holder were partially destroyed in the recent fires. Environmental Health, Communicable Disease Control and Pharmaceutical Services have been relocated to 255 Canberra Avenue, Fyshwick (Totalcare Building). Please contact:

- **6205 1700** for enquiries and information about public and environmental health matters including food poisoning complaints, licensing and general public health information;
- **6205 2155** for enquiries and information about communicable diseases and infection control; and
- **6205 2300** for enquiries and information about immunisation.

For all other services please contact **6205 1700**.

Both The Canberra Hospital and Calvary Hospital were extremely busy throughout the period. The Canberra Hospital dealt with up to 312 presentations and 69 admissions during the emergency, not including those patients transferred to Sydney. Calvary had 95 presentations and 9 admissions in total over the period, and responded admirably even while discussing evacuation.

The private hospital system also played a vital role, taking on patients evacuated from nursing homes.

The staff of the Health Protection Service deserve a particular commendation for maintaining high quality services even after their headquarters were effectively destroyed. During that time, staff were able to effectively monitor potential risks to public health, including those relating

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New Minister welcomes health portfolio

As the new Minister for Health I welcome the challenges of the health portfolio and look forward to working with health and community care staff across the health system.

Health is central to the quality of our lives and an equitable and efficient public health system is a top priority. I look forward to the challenge of delivering a responsive and effective public health system to the people of Canberra.

Reforms to the health portfolio are already well underway. They fundamentally change the way we organise the health portfolio and the reform process is focussing on building stronger relationships across the public, private and community sector and on the more strategic involvement of consumers, clinicians and allied health professionals in all aspects of health planning and service delivery.

As Minister I will be paying personal attention to encouraging this process and I particularly look forward to the establishment of the Health Council.

My other priorities will focus on addressing the many areas highlighted in the Health Action Plan, including health promotion, alcohol and drug services, child and family health, mental health, Aboriginal and Torres Strait Islander health and services to older people.

I am also strongly committed to building and sustaining the health workforce – the backbone of the health system.

Simon Corbell, MLA
Minister for Health

Chief Minister launches new Plan for health in the ACT

The Government's strategic plan for health, the Health Action Plan, was launched by Chief Minister Jon Stanhope during the reconvened Health Summit late in November.

Mr Stanhope also announced the creation of a new ACT Health Council to enhance consumer and clinician involvement in the planning and monitoring of public health and community care services.

"My Government's vision for health is of healthy individuals, participating in a healthy community. The members of our community should be able to:

- Access appropriate, high quality services which meet their needs
- Make and implement health lifestyle choices
- Achieve equitable healthy outcomes; and
- Act as partners with their health care professionals in their own health care.

"This vision is founded on the principles of equity, wellbeing, consumer participation, compassion and mutual respect.

"We have already made significant progress in achieving this vision and the Health Action Plan provides a blueprint for further translating the vision to reality," Mr Stanhope said at the launch.

The Plan grew out of the previous ACT Health Summit held in February last year. That summit brought together people from across the health system and community to identify major issues facing public health in the ACT and key strategies to address those issues.

Those issues and strategies were then incorporated into a draft Plan that was submitted for broad public consultation.

The result is a clear, action-oriented strategic Plan that will set the direction of public health and community care services in the ACT for the next three to five years. The Plan includes the values that underpin our state of health and acknowledges the many factors that impact on health outcomes.

The establishment of an ACT Health Council, also announced at the reconvened Summit, aims to improve access to top-level decision-making by the community and by consumers.

"For too long, clinician involvement in policy making has been sporadic or worse," Mr Stanhope said.

"Real change in the health sector will not be achieved without the active involvement of clinicians in the management and organisation of the health system, or without the active involvement of consumers in pointing out how things could work better or more smoothly.

"An ACT Health Council will serve as an enduring mechanism to ensure consumers, the community and clinicians have access to real decision-making power in the Health portfolio," said Mr Stanhope.

The Council will be comprised of equal numbers of health professionals, consumers and the community. Details of its membership will be available in the next edition of *Healthy Territory*.

Copies of the Health Action Plan are available at www.health.act.gov.au

ACT Health and Division of GPs sign important MOU

A new agreement between ACT Health and the ACT Division of General Practice which will pave the way for stronger relationships within the health sector was signed late last year.

The inaugural Memorandum of Understanding (MOU) between the two bodies will form the foundation for a work plan to meet areas of common concern to both organisations.

The MOU has three main aims:

- To recognise and build on the good foundations that are already in place between ACT Health and the Division;
- To acknowledge that general practice has a significant contribution to make in planning, developing and implementing health care services in the ACT; and

- To provide a written statement of agreement about the way ACT Health and the Division will work together.

There is currently a range of projects that actively involve general practitioners with other health care providers in addressing the needs of the elderly, youth, drug affected and people suffering from mental illness.

This work in areas of shared concern and need has built up the channels of communication, leading to the signing of the MOU.

The agreement itself will run for three years, but the relationships and projects it underpins are anticipated to last for many years to come.

It has been developed at a time when general practitioners are facing a variety of challenges including those relating to a shrinking GP workforce, and signals the willingness of ACT Health to cooperate in building solutions to this and other areas of concern to GPs.



ACT Health Chief Executive Dr Penny Gregory signs the MOU with ACT Division of General Practice President Dr Glynn Kelly

HEALTH RESPONDS *(Cont from page 1)*

to air and water quality, communicable diseases and food safety.

Mental Health ACT performed extremely well, assisting with counselling and providing expert advice on post-traumatic stress support and counselling.

ACT Community Care also supported many additional clients throughout the emergency, whilst maintaining normal services.

General practitioners across the Territory responded promptly, helping out at the hospitals and evacuation centres as well as dealing with an increase in patient presentations.

Private psychologists, pharmacists and other allied health professionals all did their bit, ensuring the total health system response was coordinated, efficient and effective.

The Health Sub-Committee of the ACT's Emergency Management Committee, regularly met to review the health service response, and to plan for the next stage.

They are already planning an assessment of the response, and will develop and implement recommendations for improvement.

Overall, however, it is safe to say that the response across the health system as a whole was outstanding, and a very positive reflection on the dedication and professionalism of all those involved.

General Manager appointed to Mental Health ACT

Mr Brian Jacobs has been appointed to the position of General Manager, Mental Health ACT.

Brian has acted in the job since the creation of Mental Health ACT in August last year and brings a wealth of experience and expertise to the role of General Manager.

He has an extensive background in mental health nursing, holds a Master of Business Degree and is an Associate Fellow of the Australian College of Health Service Executives.

Brian was awarded the Public Service Medal for services to mental health in 1996.

Prior to this appointment he was Director of Corporate Services and Professional Head of Nursing for ACT Mental Health Services. He has had extensive involvement with budgetary initiatives

within ACT Mental Health Services and The Canberra Hospital.

He established a Women's Mental Health program in Bendigo which was a first for Victoria, and piloted the use of Telepsychiatry in that state. Brian has also worked with the Olympic Road and Transport Authority in establishing the ORTA Accreditation Program.

To this excellent record of professional achievement, Brian brings an ironclad commitment to consultation with consumers of mental health services, carers, community groups and other stakeholders. He supported the establishment of the Consumer Consultancy Program within Mental Health ACT.

Building and sustaining links with these individuals and organisations will be a key aspect of his role as General Manager.

Mental Health ACT was established in response to recommendations from the Reid Report into ACT health services. It brings together under the one administrative umbrella all ACT mental health services, creating a single point of accountability and a more strategic approach to service delivery.

The establishment of Mental Health ACT is one outcome of the Mental Health Strategy and Action Plan for the ACT. The Strategy is being developed for the period 2003-2008 and aims to address areas of unmet need, workforce issues, and the epidemiology of mental health in the ACT.

Brian said he looked forward to what will undoubtedly be a challenging role in a new and evolving direction and structure within ACT Health as a whole.

New horizons for head of the Canberra Hospital

The head of The Canberra Hospital, Ted Rayment, is heading south to take up the position of Chief Executive Officer, Royal Hobart Hospital.

The Chief Minister, Jon Stanhope, accepted Mr Rayment's resignation with regret.

"Ted has broken quite a few records for longevity as the head of TCH. His contribution to ACT Health, particularly in his role at TCH, has been invaluable.

"He has steered TCH through some difficult times and provided a strong sense of calmness and stability. This is testimony to his ability to build and sustain relationships with his staff and colleagues.

"Ted's particular skills and experience in industrial relations are acknowledged and have delivered a welcome period of relative harmony in the workplace.

"I wish him well in his new endeavours," Mr Stanhope said.

Dr Penny Gregory, Chief Executive of ACT Health, joined Mr Stanhope in paying tribute to Mr Rayment's contribution and the respect in which he is held by colleagues in the portfolio and across government.

Mr Rayment said "I will miss the staff of TCH and my colleagues and friends in ACT Health and others in Canberra who have provided me with both support and friendship. The emails that are still arriving are testimony to the enormous

development and achievements of our hospital and helps to prepare for the challenges ahead.

"My wife Wendy and I have enjoyed visiting Hobart and when we were walking through the Salamanca markets last August she said, "why don't you get a job here?" My last working day at TCH will be Friday 7 March and I will be taking some leave before commencing duties as CEO of Royal Hobart Hospital."

Mr Rayment is expected to take up his new position in March. Dr Wayne Ramsey, currently Deputy General Manager Clinical Services at TCH, will take on the role of managing the hospital after Mr Rayment leaves. A recruitment process will be commenced shortly.

New post hospitalisation programs



ACT Convalescent Service

Post hospitalisation services were extended in the ACT following the official opening of the Convalescent Care Service by the Chief Minister, Jon Stanhope, late last year.

The Convalescent Service is funded by the ACT Government and is part of the Government's commitment to improving health services for Canberrans.

The interim 9 bed unit, located within Calvary Hospital, began taking client referrals in September 2002.

"Post hospitalisation is an important care option for patients who have suffered serious illness or injury and have been admitted to an acute hospital for specialist care and treatment," said Mr Stanhope at the launch.

"As the acute phase of the illness passes, appropriateness of care becomes an issue.

"The Service will provide the opportunity for individuals to regain daily living skills and through improved physical functioning, be able to return home.

"Programs will be developed for each patient that address their individual

Patient Margaret Haylock chats with ACT Chief Minister Jon Stanhope at the new convalescent care unit at Calvary Hospital.

(Printed with permission of The Canberra Times)

needs ensuring a patient focus within the service," Mr Stanhope said.

Three beds are dedicated to Calvary patients, with the remaining six beds to patients of The Canberra Hospital.

A total of 53 clients had received care in the unit as at 31 December 2002. Of these, 35 clients came from The Canberra Hospital and the remaining 18 from Calvary.

The average length of stay in the unit has been 8 days, and the average age of clients 76 years. Most of the clients are older people who are being discharged home to an empty house following a surgical procedure.

The Service has been very well received by clients. Client satisfaction surveys have yielded very positive results with regards to the provision of information about the Service, the provision of care, treatment by staff, discharge

arrangements, the benefit of the Service to the individual and their family, and the overall satisfaction with the Service.

The Service is available to suitably assessed patients aged 18 years and upwards. Clients may spend up to two weeks in the unit before returning to their home.

For more information on the referral process, and accessing the Service please contact Sandra Linsley, Project Manager on 6201 6683.

Community Options Transitional Support Program

Two vital new programs have been established as part of the post hospitalisation budget initiative announced this year. The Community Options Transitional Support Program provides integrated support services to people following discharge from hospital or as a result of illness. Assistance under the Program may include: personal care; overnight support; assistance with meal preparation; assistance with shopping; domestic assistance; transport; provision of equipment; service coordination; and outreach support.

The primary focus of the program are those individuals who may be vulnerable following discharge from hospital, and those who cannot be discharged until appropriate home based support services are in place. It is also valuable for patients who would require hospitalisation without in home support services. The program provides support services for a maximum of twelve weeks.

For more information contact Robyn Culver at Community Options on 6230 1733.

Health awards recognise leadership and innovation

The inaugural Quality First Awards for quality and safety in health care, have been run and won, with entries representing the cutting edge of best health care practice.

Judged by a panel of peers, the awards were open to all people working in ACT public health care who had increased standards of patient care through innovation and leadership.

Nearly 30 entries were received for the awards, which stand to become an important annual event in the ACT's public health sector calendar.

Speaking at the awards Chief Minister and Minister for Health, Jon Stanhope said the entries in the inaugural awards reflected a willingness to change and

explore possibilities, and showed that the public health system was committed to providing the very best in health care delivery.

"Health care consumers have the right to expect nothing less than the very best that we can deliver, and the high quality projects entered in these awards are evidence that consumers will receive exactly that when accessing health services in the ACT," Mr Stanhope said.

The awards were presented in a gala ceremony at University House according to the categories of safety, appropriateness, accessibility, efficiency and effectiveness.

Accessibility and overall winner: *The Gynaecology Assessment Unit,*

Antenatal/Gynaecology Ward, The Canberra Hospital.

Safety: *Medication Practice within the Disability Services, Disability Program, ACT Community Care.*

Appropriateness: *Thrombolysis – Improving Door to Needle Time, Emergency Department, Calvary Hospital.*

Efficiency: *Referral Management – A Consumer Focused Approach, Tuggeranong Mental Health Service, ACT Community Care.*

Effectiveness: *Pulmonary Embolism and Deep Vein Thrombosis, Medical/Surgical Service Management Teams, The Canberra Hospital.*

2002 QUALITY FIRST AWARD winners

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TCH's Gynaecological Assessment Unit celebrates its overall win in the inaugural Quality First Awards. Back from left, Professor David Ellwood, Rosemary O'Donnell, Rosemary Kennedy, Jane Thompson. Front: Stella Tham, Anne Sneddon, Judy Lindgren.

Category - **Accessibility:** The Gynaecology Assessment Unit TCH (Overall Winner)

This project aimed to improve the management and continuity of care of women with confirmed pregnancy with early pregnancy loss and/or complications and some postnatal complications. This was achieved by establishing a facility, separate from the Accident and Emergency Department, appropriately staffed and where waiting time would be reduced. Establishment of the facility also aimed to provide a learning opportunity for Junior Medical Officers and Registrars by increasing their exposure to early pregnancy loss.

Data has show that there are clear benefits in terms of reduction in waiting times for women attending the Gynaecology Assessment Unit (GAU) compared with waiting time in the A&ED. A review of the cost of nursing hours assessed in May 2002 showed that the GAU operates efficiently in the ward nursing budget. Costs for managing the GAU were contained within the current ward budget.

Category - Appropriateness: Thrombolysis – Improving Door to Needle Time

The aim of the project was to achieve a level of at least 84% compliance for Thrombolytic therapy administration within one hour of presentation to the Emergency Department (Calvary Hospital) following a myocardial infarction (MI), and to develop system changes to ensure sustainability of results. Actions to reach this level included:

- Medical and Nursing staff education
- Development of clinical pathways for treatment of MI
- Updating of the hospital Thrombolytic Therapy Administration.

The formalisation of the system changes has ensured the gains were sustainable, with an improvement on 90% compliance in the July – December 2001 study period. Additional outcomes include a greater awareness of the needs of a cardiac patient. This is shown by the improved compliance in the recognition, and appropriate triage category allocation.

Category - Safety: Medication Practice within Disability Services

Medication error is the second highest identified error within the ACT Community Care Disability Program. The medication audit examined the total spectrum of medication practice, including ordering, dispensing, storage, administration documentation and polypharmacy. An analysis of the audit generated eight recommendations for change. Two of the changes; the implementation of the Australian Incident Monitoring System and the education of all Disability Service Officers have been implemented. The remaining recommendations that include major changes to the documentation used to support medication practice have been developed and will be trailed in the near future.

Category - Efficiency: Mental Health Service, Referral Management, A Consumer Focused Approach

The project aimed to establish a preferred point of entry into Tuggeranong Mental Health service, to ensure a consistent, high quality approach to assessing consumers needs, and to inform decisions around allocation of resources and treatment options.

Observed outcomes since implementation of the project include: Establishment of a point of entry - Referral Manager accepts and manages referrals to the service; reduction in the number of clinicians a consumer has contact with in the time between entry and allocation of the client to a clinical manager or referral to another service. Reduction in disruption to caseloads and clinical managers, and a reduction in the waiting time for assessment appointments.

Category - Effectiveness: Pulmonary Embolism and Deep Vein Thrombosis

The project aimed to measure the incidence of Pulmonary Embolism and Deep Vein Thrombosis at The Canberra Hospital, to measure the use of recommended prophylactic measures, to design and implement clinical practice improvements and to measure the effectiveness of interventions.

The outcomes of the project include: the development and maintenance of a comprehensive knowledge of the incidence of PE and DVT, design and implementation of a clinical practice improvement module, continuous measurement of PE and DVT, increased use of recommended prophylaxis and a trend toward decreased incidence of PE and DVT as a result of hospitalisation.

Endoscopy unit for Calvary

Calvary Public Hospitals new Endoscopy Unit was officially opened by Chief Minister, Jon Stanhope on 3rd October 2002.

The Endoscopy Unit was funded by the ACT Government at a cost of \$1.2 million and is part of the \$27 million dollar redevelopment that has occurred at Calvary Public Hospital over the last few years.

The unit includes two procedure theatres, a patient waiting room, an eight-bed recovery area, including new hydraulic beds, and new state-of-the-art endoscopes and disinfecting machines.

Advancements in technical equipment, including the endoscope, allow physicians to use less invasive techniques – which in turn allows the patient to spend less time in hospital.

Calvary expects to perform over 2,500 endoscopy procedures over the next year. Three gastroenterologists, seven nurses and two administrative staff will be on hand to make sure all these procedures run smoothly.

Under the guidance of Clinical Nurse Consultant Rosie Hartigan, the Unit has introduced several new initiatives including staggered admissions that have reduced patient waiting times to less than one hour from check-in to procedure. Previously, the wait was anywhere from two to four hours.

These measures have been recognised in the most recent *Press Ganey Health Care Patient Satisfaction Survey*. Patients from thirty-four other hospitals, both public and private, were surveyed, with an average satisfaction rate of 87%.

The Calvary Endoscopic Unit scored 92.1%, placing it at the very top of all Australian hospitals surveyed, and obviously providing great benefit to the Canberra community.

New centre a fillip for the professional lives of ACT physiotherapists



The Canberra Research Annexe of the University of Sydney's School of Physiotherapy at was opened recently at The Canberra Hospital.

The new research facility will be responsible for developing and sustaining physiotherapy research and education programs within a clinical environment.

It will offer locally based research infrastructure and support to ACT and NSW Southern Region physiotherapists.

There are more than 240 registered physiotherapists in the ACT and a significant number of these are undertaking some form of post graduate study with institutions that are not locally based.

The new research annexe represents a significant commitment by the University of Sydney, School of Physiotherapy to the

The ACT's 240 registered physiotherapists will benefit from the new centre's resources.

'professional life' of physiotherapists in the Canberra region.

It will allow them to undertake postgraduate programs to further develop career path options and will assist in the retention of the physiotherapy workforce within the ACT.

Founded on evidence based practice, the new centre will help to reinforce Australia's reputation as a world leader in physiotherapy services.

Q Fever awareness

ACT farm workers, abattoir workers, shearers and people working with livestock are being encouraged to have free screening and vaccination against the potentially debilitating bacterial disease, Q Fever.

ACT Health, in conjunction with the Cattle Council of Australia (CCA), kicked off the Territory leg of a national awareness campaign with immunity checks and vaccinations for CCA staff last month.

Q Fever is a flu-like illness caused by a microorganism carried by livestock and native animals and its symptoms can sometimes be quite severe, resulting in complications such as pneumonia and liver problems.

Three children of National Party Leader and farmer John Anderson have recently been infected by the disease. It is estimated that approximately 500 Australians fall victim to Q Fever each year.

The Federally funded campaign encourages farm and related workers to visit their doctor or Health Services Australia for Q Fever screening and vaccination.

Contact: Communicable Disease Control, 6205 2155.

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Editor's message

Welcome to the fifth edition of *Healthy Territory*, ACT Health's official record of what is going on in the ACT's busy health sector.

Contributions are gratefully accepted from anyone working within the health sector and we would like to hear from as wide a range of stakeholders as possible.

Healthy Territory is starting to receive regular feedback now, so it is definitely being noticed. Don't hesitate to get your ideas, opinions, criticisms or suggestions in print.

To enquire about contributing please contact the editor, Kath Denmead on 6205 2105 or by email to kath.denmead@act.gov.au.

ACT Nurse Practitioner trial update

The Final Report from the Steering Committee of the ACT Nurse Practitioner Project was launched by Health Minister, Jon Stanhope on the 2nd of December 2002. This project took two years of planning and research by a team lead by Professor Glenn Gardner, and documents the processes, outcomes and recommendations of the four models of the ACT Nurse Practitioner Project.

A nurse practitioner is a registered nurse who works within a multidisciplinary team. The role includes extended practice in the autonomous assessment and management of clients. Nurse Practitioners use nursing knowledge and skills gained through postgraduate education and clinical experience in a specific area of nursing practice. The role may include direct referral of patients to other health care professionals, prescribing from a designated list of medications, and ordering designated diagnostic investigations.

ACT Health commenced planning for the Trial in 1999 and it was eventually initiated and funded by ACT Health and the Nurses Board of the ACT. After a selection process, four models were chosen that met a list of strict criteria including: support from the host organisation; evidence of unmet clinical need; collaboration and sustainability; benefits to the community; and applicability to other Australian settings.

The models chosen were an Outreach Sexual Health Nurse Practitioner, a Wound Care Nurse Practitioner, a Mental Health Consultation-Liaison Nurse Practitioner and a Military Nurse Practitioner.

The Outreach Sexual Health nurse practitioner model was based at the Canberra Sexual Health Clinic. As well as providing sexual health screening and education at the clinic, the nurse practitioner conducted a sexual health outreach program for sex workers, intravenous drug users and men who

have sex with men. The service was supported by a variety of health and community agencies, and provided specialist health care in community settings for these at-risk groups.

The Wound Care Nurse Practitioner model was based at The Canberra Hospital. In this service the nurse practitioner provided expert wound management care and advice to patients, as well as post discharge advice in consultation with medical practitioners and community nurses. The nurse practitioner also established and conducted a nurse-led wound clinic.

The Mental Health Consultation-Liaison nurse practitioner was based at Calvary Private Health Care, including Calvary Private Hospital. In this role, the nurse practitioner offered a consultative role to staff and patients in the general ward and units, in addition to providing a clinical service in the emergency department. This position established a service to identify the mental health needs of those patients who have poor access to established mental health services.

The Military nurse practitioner model was based at the Canberra Area Medical Unit - Fairbairn as part of the Area Health Service for the Australian Defence Force. This was a primary health care model with a focus on health screening and health promotion for service personnel. Military nurses have traditionally been called upon to practice in an extended capacity and this model was designed to collect data on this extended practice.

Each model had a well-defined area of service, was strongly supported by a multi-disciplinary clinical support team and included a nurse practitioner candidate who had the relevant education and experience in a specialist area of nursing practice. This framework supported nurse practitioners as they extended the boundaries of legitimised

nursing practice. In essence, each model in the trial was a process of testing extended nursing practice and collecting relevant data.

The Trial built on projects in NSW, Victorian and South Australian and contributes new knowledge on the educational requirements for the nurse practitioner. It has developed clinical protocols and medication formulary to inform other nurse practitioner models, and a Masters Program which is currently being developed by the University of Canberra and is expected to commence mid next year.

The Ministers' endorsement and launch of the Final Report of the Steering Committee represents a new beginning for ACT Health and the ACT Nurses Board. After the celebrations a new committee of key stakeholders will form to oversee the implementation phase of nurse practitioner roles in the ACT.

Eighteen different Acts will need amendment to enable the role to function. And the Nurses Board will need to develop guidelines for scope of practice for each nurse practitioner model, and establish protocols for mutual recognition of nurse practitioners from other States and Territories. An ongoing review process is also required to ensure nurse practitioners remain current and competent.

The success of the ACT Nurse Practitioner Trial demonstrates that our community supports diverse options in health care and appreciates the improved service access and increased flexibility in different health care delivery models. The nurse practitioner role in the ACT is an exciting, innovative development and its implementation is highly anticipated.

ACT Health Promotion staff helped out interested members of the Health Promotion community at the launch of the website

Health promotion hits the Net

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Health promotion took a leap into cyberspace recently with the launch of the ACT Health Promotion website.

The site's development team describe it as an exciting new professional support, resource and communication tool that stands to benefit a range of government and non-government workers.

A varied audience including nurses, GPs, nutritionists, occupational therapists, teachers, youth workers and policy workers will be able to take advantage of the site to easily access information on a broad range of health promotion issues and programs.

The website will include up to date information on health promotion activities happening across the ACT, links to key publications, improved access to best practice information, and a calendar of local events.

It is the latest in a range of activities and resources ACT Health is involved in to build capacity for quality health promotion practice across the ACT, and represents a new benchmark for the sector in the Territory and nationally.

Over the next few months training and information sessions will be conducted for health and community workers to encourage the target audience to make the most of this new resource.

The ACT Health Promotion website can be found at www.healthpromotion.act.gov.au

Little Company of Mary to manage Goulburn facility

The Little Company of Mary Health Care, through Calvary Health Care in the ACT, has taken over the management of St John of God Health Care Goulburn.

National CEO of St John of God Health Care (SJGHC), Dr Michael Stanford, said the decision to contract the management of SJGHC Goulburn with Little Company of Mary Health Care (LCMHC) marked an important point in the relationship between the two organisations.

"We see this as both a logical management initiative and an important contribution to the development of strategic alliances in the Catholic health care sector," Dr Stanford said.

"Given the hospital's geographical location, its relationship with NSW Health, its health services profile, and our desire to actively collaborate with other Catholic health care providers, it makes good sense to enter into a management contract with LCMHC".

National CEO for Little Company of Mary Health Care, Mr David Butt, also welcomed the agreement between the two organisations.

"St John of God Health Care Goulburn is conveniently located in the catchment area of our public and private health care services in the ACT, and that means we can provide the health care service with substantial support from Canberra," Mr Butt said.

"It also has a service profile much like Calvary Health Care at Kogarah in Sydney, in that it provides palliative care, aged and rehabilitation services which provides another opportunity for support and integration," Mr Butt said.

Mr Butt said the decision to contract the management of SJGHC Goulburn to LCMHC contributed to the overall objective of Catholic health care organisations working together to sustain and grow the ministry in the best interests of the communities they served.

From the **Chief Health Officer**

Air monitoring in smoke-exempt premises

The ACT Government has responded to concerns about workers' exposure to environmental tobacco smoke (ETS) in smoke-exempt premises by commencing air quality monitoring at a number of facilities, including restaurants, hotels, bars and taverns, nightclubs and licensed clubs.

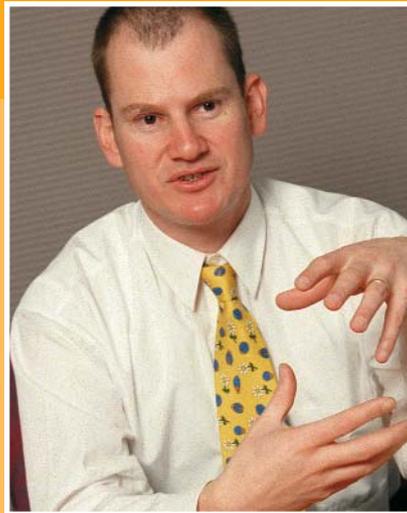
Recent studies have found that many non-smoking hospitality industry workers – who may be exposed to ETS for seven hours a day or more – suffer from frequent coughing, sore throats, sore eyes and wheezing as a result of this exposure, as well as experiencing an increased risk of lung cancer and heart disease.

The National Occupational Health and Safety Commission has recently confirmed its position that all workplaces should be working towards a non-smoking environment to protect workers from potential risk, and the ACT Government has also adopted this stance.

Results from the monitoring will assist the Government when it considers phasing out the system of exemptions from smoke-free legislation, which currently allows smoking in certain enclosed public spaces such as bars and restaurants.

Around 60 premises will be tested for ETS by inspectors from the ACT Health Protection Service with support from ACT WorkCover.

A report is due in the Legislative Assembly by February.



*Dr Paul Dugdale,
ACT Chief Health Officer*

Pharmacists and police target pseudoephedrine sales

The ACT Government has joined forces with ACT Policing, the ACT Pharmacy Board and the peak pharmacy organisations to combat the growing incidence of sales of pseudoephedrine products which may be used for illegal purposes.

Unlike other illicit drugs which are imported into Australia, illicit amphetamines can be made locally using everyday cold and hay fever medicines bought from pharmacies.

All states and territories have been targeted by organised crime rings in recent years who use all types of people – young and old, male and female – to purchase pseudoephedrine products for conversion into illicit amphetamines.

In some cases, interstate pharmacies have been the target of ram raids, burglaries and armed hold-ups in order to obtain the tablets.

Pharmacists are being advised to keep their shelf stocks of pseudoephedrine products to a minimum and reminded to exercise professional judgement in the supply of these products.

Pharmacists are not obliged to supply these sorts of products on demand and are being asked to restrict sales to one packet at a time. They are also being encouraged to alert ACT Policing's Chemical Diversion Desk to any suspicious sales or requests.

Posters reminding pharmacy staff of these measures and advising the public of the newly restricted nature of pseudoephedrine sales have been distributed to all ACT pharmacies.

Campaign launched

to increase Chlamydia awareness

A public campaign to increase young people's awareness of Chlamydia and to highlight the ease of testing and treatment for the infection was recently launched by the ACT Chief Minister, Jon Stanhope.

Chlamydia is a sexually transmissible infection caused by the bacteria *Chlamydia trachomatis*. It has reached epidemic proportions among Australians of child-bearing age, with a 500 per cent increase in notifications over the last decade.

The ACT has also seen a steady increase in the number of cases reported, particularly amongst young people.

"Chlamydia is the most common bacterial sexually transmissible disease in Australia. It affects both men and women and is often called the silent sexually transmissible infection because it rarely causes symptoms," Mr Stanhope told students at the University of Canberra launch.

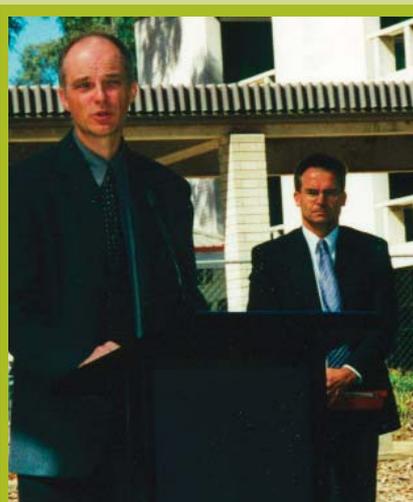
"If left untreated, chlamydia can cause infertility and other major health problems. It is easily cured with a single dose of antibiotics," Mr Stanhope said.

There were 298 cases of Chlamydia reported in the ACT during 2001, up from 93 in 1994. Public health officials say there are many infections in the community that continue to go undetected.

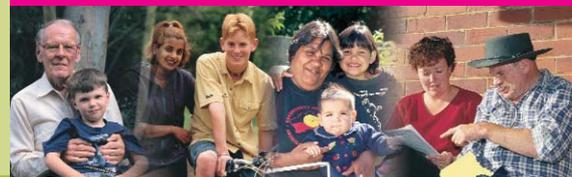
One of the great ironies of Chlamydia is that many young women who have unprotected sex worry most about an unwanted pregnancy when, in reality, they may be unwittingly risking their chances of ever becoming pregnant.

The theme of the campaign is *Life, Love, Laughter; they're all infectious...so is Chlamydia*. Campaign materials include colourful postcards, brochures and posters that were market-tested by selected groups of young Canberrans.

A website, featuring a 'Chlamydia notification' e-card, can be found at www.health.act.gov.au/chlamydia



Director of Canberra Sexual Health Centre, Dr Frank Bowden and Chief Minister Jon Stanhope at the launch of the chlamydia campaign at the University of Canberra



healthy territory



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