

healthy territory



A Newsletter for people in ACT health care

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TCH renal unit upgrades service



The Canberra Hospital has made a major improvement to its renal services with the purchase of 40 new dialysis machines for the Community Dialysis Centre.

Forty dialysis machines were purchased from Fresenius Medical Care for \$11million in an agreement that minimises the cost for the hospital and increases the benefits for the patients.

The new equipment will provide better outcomes for patients, is much safer and more convenient and a significant advance on the way renal patients receive their treatment.

In the latest ANZDATA Registry, the Renal Unit at The Canberra Hospital was ranked number one for patient outcomes in Australasia. The upgrading of equipment at the Community Dialysis Centre will only improve that service.

There has been a 10% annual increase in renal disease, mainly due to the increase in vascular disease and diabetes, and efforts are now focused on further community education about these conditions.

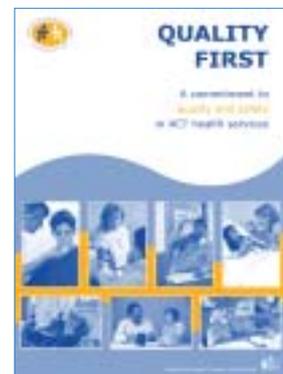
Quality First launching a plan for the future

Patient safety and care in the ACT's health care facilities has been highlighted with the release of *Quality First – a commitment to quality and safety in ACT health services*. This resource will help to position health care in the ACT as among the safest and best in the country.

"It is obvious that people expect, and are entitled to, the safest and best quality health care possible," said Mr Michael Moore when launching the resource.

"In addition to providing guidelines for health care providers in the ACT, this document highlights the message that the ACT is absolutely committed to improving quality and safety in the health system, and is actively developing strategies that result in excellence in care delivery."

Quality First promotes initiatives such as AIMS+ and supports the importance of clinical leadership and cultural change in ensuring a continually improving health care system.



It was produced by the ACT Quality and Safety Forum in consultation with clinicians and representatives from The Canberra Hospital, Calvary Hospital, Health Care Consumers Association of the ACT, ACT Community Care and the ACT Department of Health, Housing and Community Care.

Copies of the document can be obtained by contacting the Clinical Quality Unit of the ACT Department of Health, Housing and Community Care on 6205 1702 or electronically via the Department web site at: www.health.act.gov.au/publications/qualityfirst

From the Chief Executive Penny Gregory

When Health Ministers met in Adelaide on 1 August, the topic that attracted perhaps the greatest energy and concern was the health workforce.

The health system, both locally and nationally, simply has to come up with better ways of planning for, and then attracting and maintaining, appropriate numbers of skilled and experienced staff.

Nationally, Ministers share a concern for the nursing workforce, where the low supply of, and high demand for, nursing services threatens to cripple the hospital system. Urgent work at a national level is underway in the areas of mental health and critical care nursing.

Also of concern are areas of the medical workforce, particularly general practice and the specialities of anaesthesia and radiation oncology. The impact of medical indemnity arrangements on the obstetrics workforce is already being felt across the country. The dental workforce also holds concerns, in particular in recruiting into rural and remote areas, and some areas of the allied health workforce warrant early attention.

Here in the ACT, our goal is to attract and maintain a skilled workforce; one that is supported both professionally and personally. Given the nature of the ACT and its proximity to other major centres, the ACT workforce is relatively mobile. This means that we are often in competition with other jurisdictions for skilled health personnel.

So, while our workforce planning needs to occur in a context of national collaboration, we also need to ensure that we have and maintain a 'competitive edge'. The announcement of the new ANU rural Medical School to be based at The Canberra Hospital will be a key strategy in improving our ability to encourage high quality professionals to the ACT.

A critical part of workforce planning is to ensure that the various health professionals work together well, so that even in a context of workforce shortages, the sum is greater than the parts. With an increasing emphasis on integrated care in the ACT, a key aim is to ensure that there is collaboration to improve patient care outcomes. This means an ability to look beyond the boundaries or silos we like to reside in. A strong and viable workforce is a challenge that we all must respond to.

Opiate dependency partnership with general practice

The ACT Department of Health, Housing and Community Care has entered into an exciting partnership with the ACT Division of General Practice to run a new health program for opiate dependent people.

Opiate dependent people are a population at high risk of premature death and disability as a result of their complex behaviours, medical and social problems.

By supporting General Practice, this new program aims to provide a comprehensive range of health care services, including pharmacotherapy and other drug treatments.

While General Practitioners currently provide some services to drug and alcohol clients in the community (most notably methadone), these services are limited by GP resources.

This new program aims to provide a coordinating link between General Practitioners, pharmacists and government and non-government service providers to ensure:

- consistency of service;
- adequate training and accreditation for General Practitioners; and
- appropriate support for General Practitioners delivering alcohol and drug services.

The program's basic structure was developed collaboratively between Government, consumers and General Practice through the ACT Methadone Advisory Committee, and all groups are encouraged by its possibilities.

The focus is on General Practice rooms with practice nurses providing

coordination and adjunct services – a model that has been successful in supporting HIV/AIDS patients.

Three drug and alcohol nurses will be recruited to the General Practice program and one position will work with the indigenous community through Winnunga Nimmityjah.

The nurses will provide support in the form of assessment, crisis intervention, referral and care planning for patients in collaboration with the GP. Following an initial development stage, the nurses will be made available to all ACT GPs in an outreach capacity.

The project will be overseen by a Drug and Alcohol Advisory Group that includes a GP chair and representatives from other stakeholders including non Government agencies, Winnunga Nimmityjah and the ACT Drug and Alcohol Program.

There will be a full evaluation of the project and a discrete research position will be developed. The Professor of General Practice will work on a sessional basis with the Division to support the evaluation processes for the program.

A formal education program will also be developed for GPs and practice staff on opiate dependency and other drug and alcohol issues, and will address clinical, service delivery and collaboration issues.

Contact: Fran Barry 6205 0909

Public hospital costs – *a matter of comparison*

Since the last *Healthy Territory*, there have been further developments in the ongoing debate about hospital costs and performance measures.

The AIHW's recently published *Hospital Statistics 1999-00* reports that the ACT is the third most expensive jurisdiction in Australia, with a casemix adjusted cost 16 per cent above the national average and 10 per cent above the national teaching (non-psychiatric) hospital average. This is an improvement on previous years where the ACT ranked as the most expensive jurisdiction. However, these findings need to be interpreted cautiously and within the context of a lack of comparability between clinical and data collection practices across jurisdictions.

A good deal of progress has been made in the ACT to further our understanding of these comparisons as well as our hospitals' cost structures and those factors which drive our costs. The importance of this work cannot be overstated. The Department of Health has consistently argued that The Canberra Hospital (TCH) should not be benchmarked against an average of all public hospitals in the country, as it is a teaching hospital that provides many high level specialist services not found in non-teaching hospitals.

Furthermore, a significant proportion of the patients in our hospitals come from the surrounding NSW region.

Understanding the impact of the major referral role TCH plays, and its impact on hospital costs, enables the ACT to mount a more effective case for adequate reimbursement from NSW for services provided to these patients.

It is also crucial that we identify and understand those factors that are systematically contributing to our cost, in order to identify those that lie within and



outside the influence of our hospitals. Identifying these factors will allow us to be more strategic in our approach to realising better value for the health care dollar.

Towards this end, efforts have focused on two main areas. The first is to address the incomplete implementation of 'episode of care' definitions in our hospitals. This issue arises with complex cases where a patient may move through a variety of types of care (eg from acute care to rehabilitation or palliation during a single hospital encounter). In such a case, a patient's record should register a 'statistical discharge and readmission' at the point of care type change, to allow more than one episode of care to be counted.

Failure to do this in the past has led – to our detriment – to the under-reporting of episodes and the resulting over-estimation of our costs per episode.

We urgently need to amend future practices so that we are able to both comply with national definitions, and help redress perceptions of poor financial performance by our hospitals to date. A critical element for success in this endeavour is active clinician support.

Secondly, work is also under way to identify and quantify those factors that contribute to the cost differentials between ACT hospitals and their peers. Preliminary work at the DRG level

It is important that we understand how the ACT's public hospital costs are measured before we can make any conclusions about our relative performance compared to other states

indicates that relative differences in average length of stay between ACT hospitals and their peers are a strong predictor of relative cost differences. We are also looking at the impact of the lack of economies of scale in some of our specialist services, where low volumes of throughput do not allow our hospitals to adequately defray high infrastructure costs. The impact of treating residents from across our borders, as well as those high cost patients whose clinical and cost profiles do not reflect the 'average' costs indicated by national studies, are some of the other areas of work.

The Territory's healthcare system is about the effective and efficient delivery of services to those who need them. Understanding our costs and moving towards appropriate benchmarking is an important means of enabling this to happen. Work in this area should therefore continue to receive support and attention from clinicians, administrators and policy advisers.

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Message from the editor

Welcome to the second edition of Healthy Territory, the ACT Department of Health, Housing and Community Care's official record of what is going on in the ACT's busy health sector. The first edition was well-received and gave us a good indication of the sorts of initiatives and activities you want to hear about.

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. So please don't hesitate to get your ideas, opinions, criticisms or suggestions in print.

We publish quarterly in September, December, March and June and copy deadline is generally a month before the publishing date. We do not accept advertising or advertorial material.

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

Workshop to concentrate on quality clinical practice

The Department of Health, Housing and Community Care will play host to a workshop by world-renowned continuous quality improvement expert Dr Brent James later this month. Dr James is in Australia to speak at the first Asia Pacific Forum on Quality Improvement in Health Care to be held in Sydney.

Brent C James MD, M.Stat, is the Executive Director of Utah's Intermountain Health Care Centre (IHC) Institute for Health Care Delivery Research and Vice President of Medical Research. He also directs the quality improvement education and training programs within the Centre.

IHC has developed an international reputation for its work in the field of continuous quality improvement in clinical practice, and is regarded by many as the USA's leader in health care quality and safety.

Dr James has led the development and deployment of IHC's clinical improvement system that is now in place in 23 hospitals and 75 clinics across three states. He is a member of the USA's National Quality

Forum's Strategic Framework Board, the Board of Trustees of the National Patient Safety Foundation, and has served on the American Institute of Medicine's National Roundtable on Health Care Quality.

Dr James has published widely and his publication *Quality Management for Health Care Delivery* initially described the application of continuous quality improvement in clinical medicine.

The ACT's Chief Officer, Dr Shirley Bowen invites clinicians and health professionals to take advantage of a unique opportunity by attending the morning workshop presented by Dr James on 18 September 2001. A nominal fee of \$55 (GST inclusive) applies.

Contact: Clinical Quality Unit 6205 1561.

New aged transitional care beds

Older Canberrans recovering from acute hospital stays will soon benefit from a transitional care project due to commence at Morling Lodge.

Made possible through a Commonwealth-ACT funding partnership, the 11 new beds will cater for patients who no longer require acute care, but need to regain their independence following an illness or injury.

Patients will be allowed to reach optimum levels of independence in a more relaxed setting than a busy hospital ward, before they are discharged back into the community.

Acute care beds at Canberra and Calvary hospitals will also be freed up as a result of these transitional places.

The project will develop an appropriate referral process for access to the new beds and hopes to improve liaison between the acute care hospitals and community based services.



Contract negotiations with Baptist Community Services, the owners of Morling Lodge, have already commenced and the service is expected to be in place this month.

Contact: Helen Bedford 6207 8734

New transitional care beds at Morling Lodge will free up hospital beds and provide a more appropriate environment for older Canberrans recovering from hospital stays



Health library a valuable resource

Tucked away in Building Five at The Canberra Hospital is a perhaps little-known but very valuable resource for all those working in the Territory's health sector. The ACT Health and Community Care Library offers a range of resources and services from books and electronic journals to online databases and reference training.

Membership of the library is open to ACT health portfolio staff and fee-based services are available for private organisations and individuals. Library staff can assist health professionals with

research and study and library orientation, database training and literature searches are all available.

Inter-Library loans are easily attainable, as is access to online databases such as Medline, CINAHL, EBM, MIMS and more. The library also subscribes to over 550 health-related journal titles and holds a range of audio and video tapes which are available for loan.

You can access the Internet from the library and its website provides links to more health resource sites.

Check it out at tch.anu.edu.au/

Learning from Health Care Incidents

Ensuring a consumer feels safe when receiving care is surely one of the most basic tenets of health care delivery. Incident Monitoring is an important step towards creating consumer confidence, and ensures responsibility for patient safety is shared across the Department and Health Service Providers.

Over the course of this year, a single incident monitoring system will be installed in all ACT public hospitals and Community Care. The Australian Incident Monitoring System (AIMS+) will provide a uniform mechanism for recording details of clinical incidents and adverse events and analysing trends.

AIMS+ will become an important tool in improving our understanding of clinical incidents and will assist in developing strategies to reduce their incidence.

Developed by the Australian Patient Safety Foundation, the system is widely used throughout Australia. The AIMS+ coding system has been designed to categorise and report incident details so trends can be identified at a local, state and national level.

The national database (over 50,000 incidents) is particularly useful for identifying patterns in rare and dangerous events. It can also be used for generating benchmark reports and for research.

Installing AIMS+ will allow the ACT to benefit from lessons learned in larger jurisdictions, while shaping a nationally consistent approach to the reduction of adverse events in health care.

Locally, the system will:

- Provide consistency in reporting and data entry across all three ACT public health care services;
- Allow aggregation and analysis to identify ACT trends, patterns of incidents and contributing factors;
- Facilitate identification of ACT baseline incident rates;
- Support the development and evaluation of ACT wide initiatives to prevent and reduce the severity of such incidents;
- Allow for benchmarking to improve our understanding of system problems which increase the risk of incidents occurring; and
- Guide incident research activities.

The implementation of AIMS+ commenced in March 2001 in a collaborative project between The Canberra Hospital, Calvary Public Hospital, ACT Community Care and The ACT Department of Health, Housing and Community Care. Funding has been provided by the Australian Healthcare Agreement Quality Allocation.

Contact: Ellen O’Keeffe 6205 1966

Calvary scales Everest without leaving building

Calvary hospital confirmed its active commitment to the Healthy Hospitals program when staff took part last month in the Heart Foundation's Climb to the Top campaign.

Able assisted by Calvary nurse Tanya Blyart, who was recently part of the Tenix Everest Expedition, staff in groups of 10 climbed the equivalent number of stairs it would take to reach Everest's summit.

"Calvary was very supportive of my expedition and I was happy to share my experience and provide encouragement to the stair climbers in their quest," said Tanya.

Climb to the Top encouraged people to promote health in the workplace and use the stairs at work for the month of August. Over 100 Calvary staff participated and it was the only organisation in the ACT to conduct the climb.

Calvary Healthy Hospital's Manager, Jeff Brooks said, "Climb to the Top was a fun, team building campaign that encouraged staff to exercise while working, without the expense of going to the gym".

Note from the Editor: Calvary's cardiovascular efforts are only topped by Department of Health, Housing and Community Care staff who work in the North Building in the city. Due to repairs to the building's only lift, they will all climb two flights of stairs every day for three months.

A message from the Chief Health Officer

The primary responsibilities of the Chief Health Officer are to protect the public's health at the population level. The areas that fall under the *Public Health Act 1997* range from issues of immunisation and the transmission of communicable diseases to the protection of drinking water and swimming pools.

The latest area to come under the review of the Chief Health Officer are Canberra's health care facilities. *The ACT Health Care Facilities Code of Practice 2001* (the Code) has been developed to assist in protecting the community from the health risks associated with prescribed medical procedures such as the administration of anaesthetic. Under the Code, minimum standards must be met for infection control, nutrition, equipment standards, emergency procedures, records management and security. It also aims to encourage the use of external assessment systems to improve the facility and the delivery of health services. The objective of the Code is to protect and promote health in our health facilities.

Of course, the safety processes already in place in the Territory's health facilities are very good and people can undergo medical procedures with a great deal of confidence. The introduction of the Code will simply move the standards of public health to a higher level and ensure each patient is as safe as they possibly can be when undergoing a procedure. The Code will also provide standards for public reporting, including a requirement for an annual report from each facility.

Facilities to be licensed under the Code include those providing anaesthetic procedures, endoscopy, dialysis, haemofiltration or haemoperfusion, prolonged intravenous infusion of cytotoxic agents or cardiac



catheterisation. The Code took effect from 1 July 2001 and will be enforceable in all health care facilities by 30 September 2001.

On a more traditional public health note we are in the late winter season which brings with it the threat of meningococcal disease. The Territory has seen two cases of meningococcal infection over the last month, so it is timely to remind all medical practitioners that early diagnosis and treatment is the key to a good outcome. Of course it is also Flu season across Australia. Current trends suggest that we have now perhaps passed the peak of the season, with Influenza A being predominant. It is also relevant to note that the flu vaccine was well received this year with a record demand and uptake. (see page 8)

A handwritten signature in black ink that reads "Shirley Ffrench". The signature is fluid and cursive, with a long horizontal stroke at the end.

Busy immunisation



Communicable Disease Control's Louise Carter and Kylie Dyke tend the immunisation marquee at this year's Prime Minister's II versus ATSIC Chairman's II cricket match at Manuka Oval. The display was a joint health promotion between the ACT Department of Health, Housing and Community Care, the Office of Aboriginal and Torres Strait Islander Health and Winnunga Nimmityjah Aboriginal Health Service. The marquee hosted hundreds of visitors throughout the day including the Secretary of the Commonwealth Department of Health and Aged Care, Mr Andrew Podger, the Minister for Immigration and Reconciliation, Mr Philip Ruddock, Australian Test cricket captain Steve Waugh and Olympic sprinters Nova Peris and Patrick Johnson.

programs

A revamped adult measles awareness campaign heads the list of the ACT Department of Health, Housing and Community Care's 2001 immunisation activities. Last year's awareness campaign, directed at 18 to 30 year-olds, was reasonably successful but a new hard-hitting strategy should significantly boost the MMR take-up rate this year. Extensive evaluation of the 2000 campaign revealed considerable ignorance of the dangers of measles and this year's message will be custom designed to combat indifference among this notoriously difficult to reach age group.

Free influenza vaccine has again been available since early autumn for the ACT's over 65's. In 2000, over 80% of people in this age group were immunised against influenza, with many heeding advice about receiving the vaccine early in preparation for winter outbreaks.

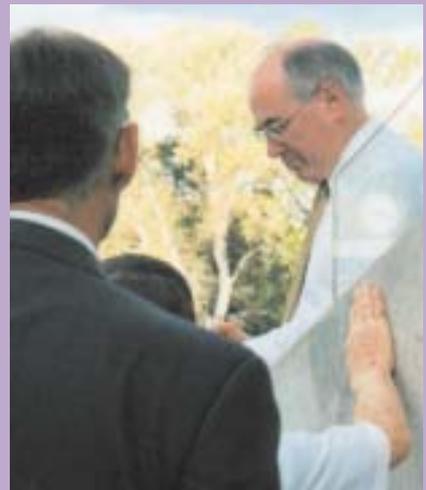
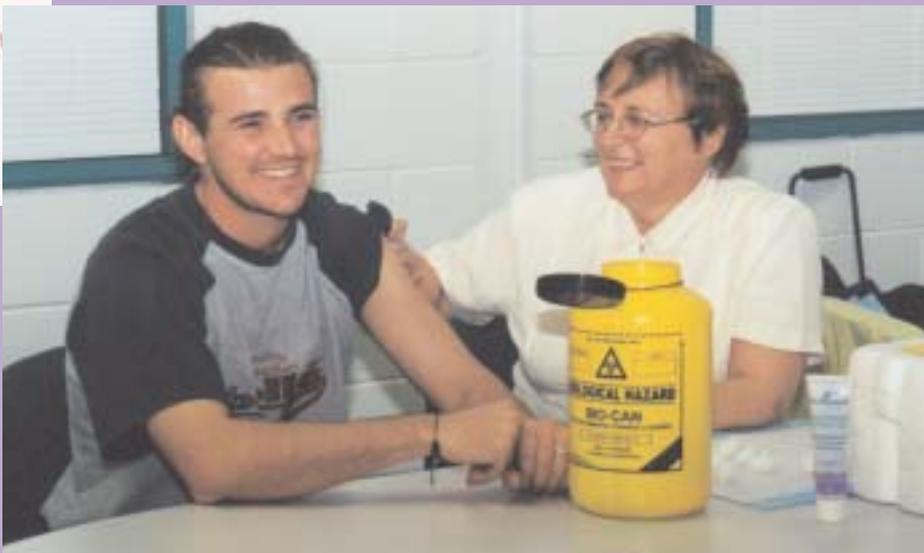
Reports to date indicate another high coverage rate this year, due mainly to effective promotional activities and the positive reputation of the vaccine.

Pneumococcal and influenza vaccines are also being offered free to Aboriginal and Torres Strait Islander people aged over 50 years and Indigenous people aged 15 to 50 years with a chronic medical condition. Also new this year is the introduction of a pneumococcal vaccine for Aboriginal and Torres Strait Islander children under two years old.

The Territory's childhood immunisation rates are again high, with 91.51% of children in the 12 to 15 month age group fully immunised. This drops to 89.66% among two-year-olds.

The Federal Government has also recently announced funding for a three-year Q Fever Management Program. There are over 600 cases of this serious disease notified in Australia every year, with vaccination the only prevention against it. Funding will be provided for pre-screening and the vaccine and is available to all workers associated with the meat processing industry, including sheep shearers, abattoir workers, hide and pelt tanners, professional shooters and vets.

Contact: Louise Carter 6205 2052



One of the hosts himself signs autographs for enthusiastic young fans at the PM's 11 at Manuka Oval.

He's got protection! Health Protection Service's Radimir Krsteski looks very pleased to have gained immunity against influenza this year. He was one of 90 health staff members to take advantage of a free flu vaccination program provided by the Department this winter.

Action stations for medical indemnity reform

The May edition of *Healthy Territory* highlighted the work of the ACT Government in the area of medical indemnity. Since then the ACT has been leading a national effort, making substantial progress in forming strategies to control the costs associated with medical indemnity and health care litigation.

A Commonwealth/States Medical Indemnity Working Party, chaired by the Chief Executive of the Department of Health, Housing and Community Care, identified four main areas for attention and the following is a summary of the progress against each of these areas.

A. Sustainable solutions for long term care costs

Structured settlements: The tax treatment of structured settlements remains an important issue, with work progressing on a number of fronts. The Structured Settlements Group recently met with the Assistant Treasurer who confirmed Commonwealth Government support for amending taxation to encourage structured settlements. While this may not produce lots of cost savings, partly because its use will be optional, there is strong evidence that such periodic income streams provide benefits in a manner more appropriate to the needs of people with high levels of disability, and a long term inability to work.

Care provision option: The payment of lump sum damages for future care costs to people with high levels of disabilities raises many problems. These include significant delays in obtaining necessary assistance while waiting for the case to conclude - a particular issue in medical negligence litigation; problems of over and under compensation because of the need to estimate life expectancy;

investment problems; service availability issues and cost recovery issues for mainstream disability services.

The Subcommittee has been looking at options which involve direct care provision for all people who have severe disabilities arising from their health care, as well as how this fits into broader arrangements for those who have severe disabilities whatever the cause.

B. National standards for Medical Defence Organisations

The general view of the Working Party is that, in the end, the MDO industry should be brought under the regulatory oversight of the Australian Prudential Regulatory Authority (APRA). At some point, this is likely to require their transition to providing a contract of insurance for their members professional indemnity, rather than offering discretionary cover.

The main question is whether or not the industry requires a transition period to achieve this outcome, or whether the last financial readjustments in the industry are sufficient to allow this to occur sooner rather than later. The Subcommittee will look at these issues, and has had discussion with APRA about what they would require to regulate the industry. Other collateral issues, such as compulsory cover and/or cover by various liability will be examined as well.

A consultation be held on 12 September 2001 to focus on this area which will include representatives from the medical defence and insurance industry, Australian Prudential Regulation Authority, Australian Medical Association, Committee of Presidents of Medical Colleges, and consumer representatives.

C. National data on health care litigation

There is an acceptance that there is a need for a two stage approach. In the immediate term, a set of key definitions would be developed and desirable data would be outlined. The sort of information which this initial collection would seek would include the numbers, types and amounts of claims.

The second stage of the data collection process involves a national data collection on adverse events and patient harm. This is being developed by the Australian Council for Quality and Safety in Health Care. The Working Party has undertaken to work with the Council to ensure that any data collection processes set up in Stage 1, will complement the Stage 2 initiatives.

D. Reforms to contain legal and administrative costs

There are a multitude of reform options in this area. Some of those, which were raised in the recent Working Party meeting, include:

- Improving the use and availability of expert evidence;
- Looking at ways of determining early the issues in dispute, and encouraging early settlement of cases through pre-litigation notification and cost penalties if reasonable offers of settlement are rejected;
- Using conciliation and other alternative dispute resolution processes either through the court system or through independent health complaints mechanisms;
- Using more inquisitorial and informal processes, as used by some Tribunals;
- Simplifying proof of liability and reducing the occasions where causation has to be proved - eg 'accelerated compensable events', strict liability in some situations; and
- No-fault options

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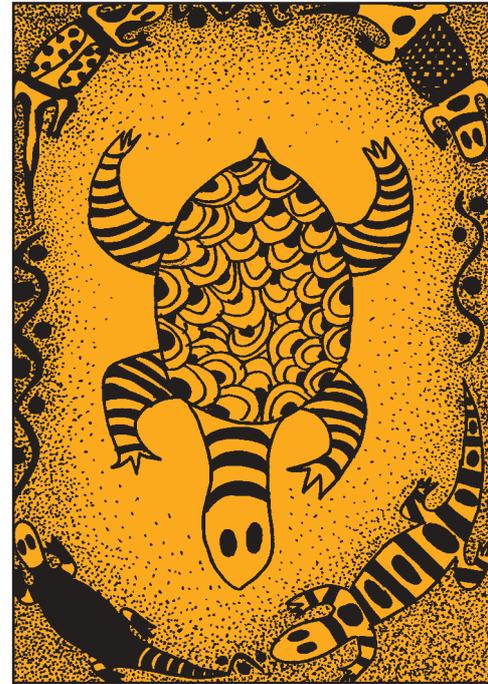
Indigenous Cultural Awareness Training

Staff from across the health portfolio have recently been trained by a cultural awareness facilitator in a bid to increase their understanding of Indigenous issues and culture.

Identified as a priority in the *ACT Aboriginal and Torres Strait Islander Regional Health Plan 2000-2004*, cultural awareness is seen as an important element in responding to the health needs of Indigenous communities. The Regional Health Plan was released in October 2000 and is supported by the ACT Aboriginal and Torres Strait Islander Health Forum. It was developed following significant consultation with local Indigenous communities and is underpinned by several important principles, including:

- A primary health care approach;
- Strengthening Community and Early Intervention;
- Community Control;
- Culturally Appropriate Health Services;
- Appropriate and Relevant Distribution of Resources;
- Recognising the Role of Indigenous Health Care Workers; and
- Improving Data Collection and Evaluation

The training was conducted by Tracey Whetnall Consultancy and developed in consultation with the Department. Outcomes of the program will be followed up in six months time and any additional training identified.



The artwork used on the front cover of the ACT Aboriginal and Torres Strait Islander Regional Health Plan 2000-2004 was created by Cheyenne Greenwood, an Aboriginal student from Queanbeyan High School. Cheyenne's design was selected from a school drawing competition demonstrating the meaning of health for Aboriginal students in the ACT and surrounding region.



healthy territory

Farewell from Michael Moore

My vision and the vision of the ACT Government for a healthy capital was first outlined in *Setting the Agenda: Directions for Health and Community Care*. This document marked the beginning of a new era for health in our local community. The healthy capital vision was further enhanced when the government adopted 'social capital' as a keystone for budget deliberations.

With the impending election it is important for the health community to look back on what has been achieved in the last three and half years and what the challenges are for the future.

Twelve goals were laid down in *Setting the Agenda* and all have either been achieved or are very close to being achieved. I want to use this opportunity to say thank you to all of the people who have been part of this achievement. I would like to extend a particular thanks to the two CEOs of the Department of Health and Community Care during my time as Minister, David Butt and Penny Gregory, and to the Executive team and Staff within the Department. They have worked with me in a tireless way to improve health outcomes in the Territory.

Having backed the philosophy set out in The Ottawa Charter it was clear that we would need to work with a wide range of other people to achieve a healthier community. It has been heart warming for me to see how willing other departments, particular public servants and workers within the health community, have been to drive an agenda for better health outcomes.

From specific health practices including the hospitals, non-government services and Community Care through to other settings such as the schools and the universities, there has been a willingness to go that extra step to achieve a healthier community. Thanks to this sort of co-operation success has often been achieved in spite of attempts to derail healthy policy by economic luddites or moral crusaders.

However, as always, there are still many challenges. As I depart from political life, for a personally healthier life, I wish you all the very best in meeting those challenges.

Michael Moore

The ACT Department of Health, Housing and Community Care is responsible for health and housing policy development and planning and for purchasing health and housing services to best meet the needs of the ACT community



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contents	Renal Unit upgrades	1
	Quality First launch	1
	Opiate dependency partnership	2
	From the Chief Executive	2
	Public hospital costs	3
	Message from the Editor	4
	Clinical practice workshop	4
	Transitional care beds	5
	Health library	5
	Learning from incidents	6
	Calvary climbs Everest	7
	A message from Chief Health Officer	7
Busy Immunisation Program	8	
Medical indemnity reform	10	
Cultural Awareness Training	11	
Farewell from Michael Moore	12	