



healthy territory

A Newsletter for people in ACT health care

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Major restructure for ACT Health



*Chief Minister and Minister for Health
Jon Stanhope .*



ACT Health Chief Executive Penny Gregory will act as interim administrator of the Health and Community Care Board until it is abolished.

The administration of the Territory's health system has been significantly restructured to make it more efficient and accountable, after an announcement by Chief Minister, Jon Stanhope, recently.

Mr Stanhope said the restructure was implemented in response to former NSW Health Director-General, Mick Reid's report into the organisational arrangements of ACT health services.

"These major reforms are designed to simplify the administration of the health system.

"They are designed to make the lines of responsibility and accountability clearer, and the delivery of services more efficient.

"But above all, they are designed to ensure the people of Canberra get the high quality health care system they expect, and deserve," Mr Stanhope said.

Major reforms, recommended by the Reid Report that the Government has accepted, include the following:

- Restructuring of the Health portfolio into a simplified departmental model;
- Abolition of the ACT Health and Community Care Service Board and the interim appointment of Dr Penny Gregory as Administrator of the Service;

- Establishment of a new Department of Disability, Housing and Community Services, reporting to its own Minister;
- Phasing out of the purchaser-provider model of service delivery in health; and
- Creation of a consultative mechanism, involving consumers and health professionals.

Health Portfolio

Under the new organisational arrangements, the separation of purchaser from provider no longer exists. The Department joins with Canberra Hospital and ACT Community Care to become one larger organisation under the broad umbrella 'ACT Health'. Community Care becomes part of a Community Health and Mental Health Services group.

ACT Health will be managed through an executive team, chaired by the Chief Executive of the ACT Department of Health and Community Care, Dr Penny Gregory. It includes the Chief Health Officer, the Chief Executives of The Canberra Hospital and Calvary Hospital,

(Photo by Kym Smith, courtesy of the Canberra Times.)

Directors of Health Policy, Planning and Information, Corporate Services, and Community Health and Mental Health Services. The new expanded executive will allow for policy, planning and service delivery to be fully integrated.

There will be one clear line of accountability under the new model, with one clear source of comprehensive advice to the Minister for Health.

Health and Community Care Service Board

Mr Stanhope said it had been obvious for some time that the reporting mechanisms for ACT Community Care and The Canberra Hospital – to the Board, rather than the Minister – confused issues around accountability and efficiency.

The Chief Executive of the Department, Dr Gregory has been appointed administrator of the ACT Health and Community Care Service to exercise the power and functions of the Board, until appropriate changes can be made to the Health and Community Care Services Act to formally abolish the Board. Mr Stanhope made a point of thanking Board members for their contribution.

Disability Services

Earlier this year, concerns raised by the Gallop Report into Disability Services led to the establishment of the Disability Reform Group (DRG).

The Reid Report supported the recommendation made by the DRG that Disability Services be removed from the Health portfolio, and the Government has also accepted that recommendation.

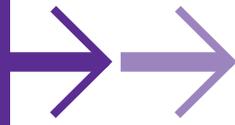
From July 1, the new Department of Disability, Housing and Community Services took over the functions of the Office of Disability and Disability Services.

Ms Sandra Lambert, formerly Deputy Chief Executive (Policy) of the Chief Minister's Department, has been appointed as acting Chief Executive, reporting to the Minister for Disability, Housing and Community Services.

Mr Bill Wood has taken on these new responsibilities in addition to his current portfolios of Arts and Urban Services.

Palliative Care

Mr Stanhope said that as part of the restructure of the portfolio he had also decided to move the management of home-based palliative care, currently in ACT Community Care, to the ACT Hospice, which is operated by Calvary Health Care.



Restructure update

Further refinement to the top structure of the Health portfolio after the restructure has seen a number of functions consolidated and streamlined into a more effective model, better able to meet consumer outcomes.

Unfortunately for Health, Glenys Beauchamp, the former Executive Director of Community Health has taken her extensive housing and community policy background to a position in the new Department of Disability, Housing and Community Services. The Department of Health and Community Care has moved to strengthen all community-health related functions within the portfolio, including service delivery, under a single Executive Director of Community Health and Mental Health Services. Laurann Yen takes up this role in the interim. Reporting to Laurann, a new position - Director of ACT Community Care – takes the running of the remaining operational functions of Community Care. This position is currently being filled by Jenny Brogan.

A small coordination unit for Community Health has been established to provide a range of functions related to community health strategy and coordination, including alcohol and drug policy. Included in this unit is a team negotiating funding arrangements and performance with the non-government sector, including the Home and Community Care Program (HACC). Policy related to aged care and Aboriginal and Torres Strait Islander health now reports to the Health Policy, Planning and Information Group, headed by Susan Killian.

As one of the key health portfolio reforms following the Reid report, ACT public mental health services have been brought together into a single service or 'stream' – Mental Health ACT. There is now a single

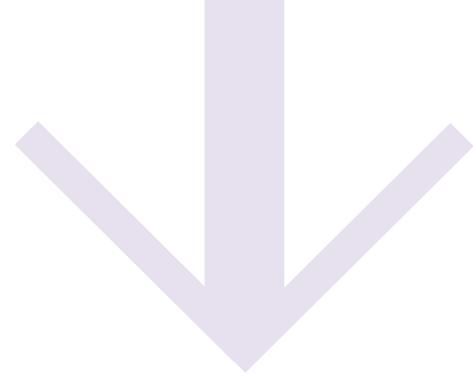
point of accountability for mental health services through a new position of Program Director, currently filled by Brian Jacobs, who is supported by the Chief Psychiatrist/Clinical Director. All existing community mental health teams, territory wide services and hospital psychiatric wards are now part of this new service.

One of the key directions ACT Health is pursuing is clearer role delineation, together with better networking and integration of the two public hospitals, the Southern Area Health Service and the complementary roles of the private hospitals. In a further refinement to the portfolio top structure, the position of territory-wide Medical Director will be soon be advertised and appointed to address these issues.

Another fundamental aspect of the way we work that was challenged by the Reid Review concerned existing processes for consultation with consumers, clinicians and the broader community.

The government has adopted Reid's recommendations in this area and has made it clear it wants the highest possible degree of participation by the community and health professionals in decision-making, in order to achieve equitable outcomes for all members of the ACT community. Added to this principle is a belief that the most powerful and appropriate approach to consultation involves consumers and health professionals working together to discuss and resolve issues.

To apply these principles in practice, the Portfolio will implement and support a new process for enabling consumer and clinician input to the process of policy-making in Health. More details of these new arrangements will be available shortly.



Funding for Canberra Medical School

The ACT Government has confirmed its commitment to medical education in the ACT, by providing more than \$17 million over four years for a new Canberra Medical School located at the ANU.

The 2002-03 ACT Budget will provide \$9.8 million over four years in expenses, and \$7.45 million in capital costs, to establish a Medical School. An additional \$70,000 will be available in 2002-03 for design work on the medical school.

Chief Minister Jon Stanhope said the ACT Government was committed to the development of the medical school as it will bring many benefits to the ACT and surrounding region.

"A Medical School for Canberra will enhance our public health system and improve patient care and outcomes," he said.

"It will also help us overcome difficulties in recruiting and retaining doctors and medical specialists. A supply of locally trained doctors should help resolve problems with the under-supply of general practitioners and overall medical practitioner numbers in the ACT.

"And it adds to Canberra's well deserved reputation as a centre of excellence in training, research and development," Mr Stanhope said.

The Medical School will build on the existing Canberra Clinical School, the teaching and research strengths of the Australian National University and the University of Canberra, and the facilities, staffing and skills of The Canberra Hospital and Calvary Hospital.

Funding of \$500,000 will be made available in 2002-03 for specialist staffing positions to allow both increased research and training and high quality services for patients.

These additional positions will support the teaching program of the Medical School. In addition, the ANU will fund academic positions.

The capital funding will be used to provide an additional extension to the library at The Canberra Hospital, as well as refurbishment of other facilities for teaching and faculty/administrative support.

A new building and a refurbishment of Residence A at Calvary Hospital will also be undertaken to accommodate medical students. Buildings at both The Canberra Hospital and Calvary Hospital will be known as the Health Sciences Education Facility.

The Medical School will take its first students in 2004.

ACT health consumers can look forward to improved systems for providing feedback to our public health services through the establishment, within ACT Health, of the Consumer Feedback Project.

Funded by the ACT Health Quality and Safety Forum, the project encourages feedback through a number of mediums including comments, suggestions, compliments and complaints.

The Project has been established in response to an increased emphasis in recent years on improving the quality and safety of health care, and the growing awareness of the role that consumers can play in this process.

It also highlights ACT Health's commitment to ensure involvement of consumers at all levels of health care and goes some way to addressing long

held concern of consumers that nobody is listening to what they have to say.

A Project Manager, an advisory group and several part-time Project Liaison Officers have joined the project and are located at The Canberra Hospital, Calvary Hospital, other community health facilities, with the Health Care Consumers and in the Office of the Community and Health Services Complaints Commissioner.

The team will work in collaboration with a wide range of stakeholders including consumers, health professionals and managers to develop and implement ACT wide standards for consumer feedback, including guidelines for the management of complaints.

listening
to our
consumers

The Consumer Feedback Project represents an exciting challenge and opportunity to ensure that consumers' voices are heard. Commitment and support from consumers, managers and health professionals will be vital in ensuring its success - the true measure of which will be a consumer friendly system that contributes to positive change.

For further information please contact the Project Manager, Leonie Harrison on 6207 9135.



*Chief Health Officer
Dr Paul Dugdale and AFP Chief
John Murray seal the signing
of the MOU*



Quality First Awards
Recognising Quality and Safety in Health Care in the ACT

Awards to recognise health quality and safety

In a bid to boost quality and safety in public health care, ACT Chief Minister Jon Stanhope has launched the Quality First Awards.

The Awards, a key strategy of the *Quality First* framework and operational plan for quality improvement in ACT health services, aim to recognise leadership and reward innovation in patient safety and quality of care. While our health professionals generally excel at healing people who are sick or injured, hospitals and other health facilities can sometimes be dangerous places.

A 1995 study into quality in Australian health care suggested there may be as many as 250,000 preventable adverse events in the Australian health care system every year. Although the number of adverse events that occur in ACT health is uncertain, it is believed that approximately 2,600 occur every year.

The Quality First Awards are open to all people working in public health care who have, through a quality improvement initiative, contributed to a higher standard of health care. Entries will be accepted

based on one of the five categories that define quality: Safety, Appropriateness, Accessibility, Efficiency, and Effectiveness. Winners in each category will receive a trophy at an Awards Presentation dinner, a conference poster based on their project, and will feature in a commemorative magazine.

The ACT Department of Health and Community Care urges all ACT health professionals to consider entering their completed project in the 2002 Quality First Awards.

Entries close 26 August 2002.

**Have a look at
www.health.act.gov.au/qualityfirstawards
or contact your CHIP Manager, the
Clinical Quality Unit on 6205 1561, or
email: qualityfirstawards@act.gov.au**

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MOU to help police, courts

ACT Chief Health Officer Dr Paul Dugdale and the ACT's Chief Police Officer John Murray signed a Memorandum of Understanding between the Health Protection Service (HPS) and the AFP recently. The MOU will formalise arrangements for the analysis and certification of illicit drugs brought to the HPS's laboratories by investigating police officers. It will ensure better turn-around times for the drug certifications essential to court prosecutions, and has the scope to improve effectiveness in a number of other areas, including screening for alleged sexual assault. The HPS's Peter Smith says the MOU is ultimately about providing a better service for the ACT justice system.

A survey of older people in the ACT shows most people in the community aged over 64 feel happy and healthy.

The *ACT Older People's Health Survey 1999*, commissioned by the ACT Department of Health and Community Care, surveyed over 500 community based Canberrans aged over 64 years.

The survey dispels the myths of a frail old age plagued by ill health and instead highlights many positive aspects of ageing in the ACT.

Most older adults report living independently in the community and most have access to the types of care they need.

Nearly one half of all older people said they believed their health to be very good or excellent and the majority were able to carry out daily activities independently and with a good deal of ease.

The report also highlighted areas of concern regarding the health of older people living independently in the community and these included falls, physical activity, hearing and oral health.

ACT Health has moved to address these concerns with the establishment of a falls clinic at The Canberra Hospital and enhancements to dental care, that have reduced waiting times and eliminated the waiting list for dentures.

The information contained in the survey will be used to help those involved in planning and service delivery ensure that older people have ready access to services that meet their needs.

It will also assist the recently announced ACT Ministerial Advisory Council on the Ageing with its deliberations

The *ACT Older People's Health Survey 1999* can be found at www.health.act.au/publications



Most older people in the ACT happy and healthy

A recent survey dispels the myth of an older ACT population plagued by ill health

Health professional regulations revised

As previously reported in *Healthy Territory*, the ACT Government is reviewing the regulation of health professionals.

The ACT's health professional laws play an important part in the ACT's statutory approach to consumer protection. Health professionals are regulated in order to protect the public from incompetent or otherwise unsafe providers. While the existing health professional laws continue to deliver consumer protection, the review to date has identified opportunities to enhance the regulatory approach.

The process so far has involved the release of two discussion documents and broad consultation with stakeholders. The review has also incorporated research into national and international approaches to the regulation of health professionals.

The next step is the release of a draft legislative package comprising the draft *Health Professionals Bill 2002* and the draft *Health Professionals Regulation 2002*. The ACT Department of Health and Community Care will shortly be circulating the package to health professionals, associations and registration bodies for comment.

The principle aim of the revised draft legislation is to afford higher levels of consumer protection through improving the capacity and accountability of those who are charged with administering the Act. The revised legislation retains the fundamentals of a professional self-regulatory approach, however the draft Bill provides for improved community representation and enhanced linkages with the Community and Health Services Complaints Commissioner.

The draft legislation also proposes the establishment of an independent health



tribunal to assess the most serious reports about a registered health professional's standard of practice.

The Government intends that the draft Bill and Regulation replace the existing Acts which regulate the health professions. Currently each profession's regulation is covered by a separate Act and these would be repealed and replaced by the proposed consolidated Health Professions Bill and Regulation.

The draft legislation provides for the establishment of councils to administer the Act in respect of particular professions. It is intended that all currently regulated professions will continue to be regulated under the revised legislation.

The draft legislation will soon be accessible via the Internet. A hard copy can be obtained from the project officer, Rhys Ollerenshaw on ph 6205 0912. Comment or inquiry can be forwarded by mail at GPO Box 825 Canberra ACT 2601 or emailed to health.legislation@act.gov.au

The consultation period is scheduled to close on 30 August 2002.



Moves to improve medication safety

Patient safety in the ACT is being improved through a range of programs designed to reduce adverse incidents with medication.

The new measures follow the release by the Australian Council for Safety and Quality in Health Care of the Second National report on Patient Safety *Improving Medication Safety*.

The report showed that across Australia each year between two and three percent of hospital admissions – approximately 140,000 – are related to problems with medicines.

Problems range from patients experiencing adverse reactions to correctly prescribed medicines to errors in prescribing and dispensing medicine. Problems can also arise with confusion over complex instructions or when taking multiple drugs, or through communication breakdowns between specialists and general practitioners when people leave hospital.

Obviously reducing patient harm associated with medication use is a major priority for the Australian health system, as well as in the ACT, where medication error is a commonly occurring health care incident in public health facilities.

As well as a range of specific medication safety initiatives, broader portfolio-wide directions have been introduced under the auspices of the ACT Quality and Safety Forum, a body which provides strategic direction for quality and safety and endorses initiatives for improvement. The Forum is guided in its work by *Quality First* – a strategic framework for quality and safety in the ACT.

The Australian Incident Monitoring System (AIMS), a software-based tool that provides reporting and incident monitoring services to health care services has also been implemented in ACT public hospitals and community health settings. The reports generated by AIMS help health care service providers to identify and manage risk, thereby reducing the potential for medical accidents or adverse incidents.

An adverse drug event project which will identify possible preventable serious drug events in the ACT and introduce strategies to reduce them has also been funded.

This particular initiative is a collaborative project across the ACT, headed by Associate Professor Nick Buckley of The Canberra Clinical School and includes pharmacists, nurses and specialists from Calvary and The Canberra Hospitals, consumers and general practitioners.

There are also strategies being developed to enhance communication between practitioners when people are discharged from hospital and examining options for the computerised prescribing of medication. One measure under these strategies is the introduction of General Practice Liaison nurses.

Of further interest in this area is the research being carried out on the resistance of organisms to bacteria, through the Bacteremia Site and Surgical Site Infection Projects. The study is aims to ensure the safe use of antibiotics in accordance with international guidelines.

To ensure that best practice is followed in all these programs, and to keep up with the latest developments from the other states, the ACT has also become a member of the National Medications Safety Taskforce.

Health Action Plan for the ACT

The Health Action Plan will shortly be released for public consultation. The Plan will guide public health policy development and planning for the next three to five years.

The draft has been developed following the ACT Health Summit and the review of health structures and governance conducted by Mr Mick Reid. The scope of the Plan is quite comprehensive, covering the Government vision for health, the influence of social factors on health, our health status, new collaborative structures for Government health services, health promotion, improving mental health, meeting the health needs of an ageing population, and working with the Aboriginal and Torres Strait Islander community for better health outcomes.

It also canvasses other issues such as alcohol and drug misuse, improving the health of detainees, building a sustainable workforce, strengthening acute care, expanding primary and community care, integrating health and community care services, boosting research and development, and improving health care through improved information management and technology.

Copies of the draft will be placed on the ACT Health website, and sent to Health Summit participants and other stakeholders for comment. Public meetings will also be held to further facilitate community and consumer input to the Plan.

Editor's message

Welcome to the fourth 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.

editor

Research aids behaviour in trauma patients

Canberra Hospital patients who have suffered Traumatic Brain Injury (TBI) are benefiting from recent research carried out by neuroscience nurses at the hospital.

TBI is generally the result of a sudden, unexpected and frequently catastrophic incident - usually a motor vehicle accident - and recovery can be a long, demanding and frustrating process for the sufferer, their family and the health professionals who care for them.

One of the most significant problems in the recovery and rehabilitation of patients suffering TBI is the management of aggressive behaviour that can manifest as a result of the injury.

Patients with TBI who exhibit aggressive behaviour require a high level of nursing care. They can present a danger to themselves, to other patients and to nursing and medical staff, which can be highly distressing for members of the patient's family who are often a vitally important part of the recovery process.

The Canberra Hospital's research team of Robert Cook, Tania Lawrence and Cameron Mayne spent eight months developing a Neuroscience Unit-specific policy to manage aggressive behaviour in TBI survivors.

Researcher Robert Cook says the time devoted to the project was well-spent, with almost immediate results once the policy was implemented.

"The project used an action research approach where nurses examined their own practice and gathered evidence of best practice. From this they developed a unit-specific policy that is having an immediate benefit for the patient," says Mr Cook.

"Prior to this research, there was very little information available in nursing and medical literature to guide specific policy development in this area," he says.

Overseas requests for further information on the policy have already been received by the research team.

The NRMA-ACT Road Safety Trust funded the TBI project, while The Canberra Hospital collaborated with the University of Canberra's Research Centre for Nursing Practice on the research, highlighting the benefits of working with industry partners as well as clinical and academic nursing staff.

Integrated indemnity reform for the ACT

While past *Healthy Territory* medical indemnity articles have examined work progressing at a national level, this article focuses on the development of an integrated reform package for the ACT.

The ACT Department of Health and Community Care is currently discussing reform options with a wide range of stakeholders. The Department will submit the outcome of these discussions to Government for further consideration.

The options under consideration are founded on the following principles:

- minimising the incidence of harm to patients arising from health care;
- reducing the consequences of harm that does arise through early access to rehabilitation and related assistance;
- directing compensation resources to those people who suffer the highest levels of disability and so have the greatest long term need;
- encouraging a less adversarial process for resolving compensation cases;
- reducing the transaction costs associated with providing compensation; and
- creating an environment where the health system learns from its mistakes.

It is also important that an integrated reform package balances the interests of consumers, doctors, hospitals, and the broader community.

The proposals under discussion, which range across the health, legal and care systems, are outlined below.

Patient safety strategy - the continued implementation of an active patient safety strategy across the ACT, building on the recently introduced public sector incident monitoring and health care risk management systems. Also, to work cooperatively with private health care facilities to spread the culture of "learning from mistakes" to these organisations.

Case management - the implementation of case management reforms designed to avoid the need for litigation as much as possible and to deal fairly and expeditiously with claims that do arise.

Rehabilitation - early access to rehabilitation assistance where someone suffers harm in a public health facility.

Statute of Limitations - a shortened Statute of Limitations where the occurrence of an adverse event is disclosed to a consumer. Special provisions will apply in relation to children, with the aim of getting them access to assistance at an early stage.

Expression of regret - legislation to make it clear that an expression of regret following an adverse event cannot be used as evidence of liability. Also that provision of assistance either of rehabilitation, medical, pharmaceutical or other costs directly associated with the harm, will not be able to be used as evidence of an admission of liability.

Adverse event analysis - when an adverse event results in significant harm to someone in any ACT health facility, a root cause analysis or similar process to be undertaken to minimise the likelihood of recurrence of the event. Assessment to be made of what aspects of the analysis process will be protected from use in litigation.

Good Samaritan legislation - the introduction of good Samaritan legislation to protect health professionals and others who assist someone in an emergency from inappropriate litigation.

Limitation of damages - limitation of damages and legal costs for non-economic loss to those who have permanent disabilities. People who suffer temporary harm will still be able to recover their actual costs eg loss of earnings, short-term care costs etc.

Statutory system of entitlements - the replacement of damages for long term care costs, which apply to a small number of cases in the ACT, by a statutory system of entitlements.

Conciliation - the greater use of conciliation processes to resolve matters at an early stage.

Claim notification - a requirement to notify a defendant 90 days before filing a claim, with a detailed outline of the facts which are to be relied upon and what the claimant is seeking from the defendant. For example, an explanation and an apology, and the level of compensation.

Streamlined claim management - refinements to court processes to streamline the management of these claims and to clarify matters in dispute at an early stage.

Notification to registration board - requirements on registered health professionals to notify the registration board of any payments made against them in relation to medical negligence, whether or not there is an admission of liability (similar to S. 70 of the *South Australian Medical Practitioners Act*).

Expert evidence - better and more appropriate use of expert evidence.

The Department welcomes further comment on the draft reform package, which can be directed to Rhys Ollerenshaw at rhys.ollerenshaw@act.gov.au or on 6205 0912.

Health staff feature in **Public Service awards**

Congratulations are due for several ACT Health staff who were recognised recently for their dedication and service in the inaugural Commissioner for Public Administration Awards.

The awards formally acknowledge staff who have made significant contributions to the improvement and well-being of the ACT Public Service and reward such attributes as long and meritorious service, service to others, community understanding and relationship management.

Recipients were presented with a medallion and certificate in recognition of their efforts, and eight of them came from ACT Health. They are:

Susan Alexander - Canberra Hospital

For the energy, commitment and professional skills and knowledge she has contributed to the hospital, her staff and the community, spanning more than 25 years of service to the hospital

Margaret Campbell - Canberra Hospital

For her unique skills, professional manner, enthusiasm and genuine dedication to patient care, spanning more than 30 years of service to the hospital.

Janice Holdsworth - Canberra Hospital

For her leadership excellence, both professionally and personally, and her caring attitude in developing, motivating and supporting her team, spanning more than 30 years of service to the hospital.

Maree Trehwella - Canberra Hospital

For excellence in customer service to the hospital and the community and her 'nothing is too much trouble' philosophy when it comes to assisting staff and patients, spanning more than 30 years of service to the hospital.

Margaret Keaney - Calvary Health Care ACT

For outstanding contribution to patient care, clinical excellence, compassion and devotion to Calvary Health Care ACT and the ACT community and region.

Gerda Caunt - ACT Community Care

For leadership in promoting a primary health care approach in health services.

Lynette Brown - ACT Community Care

For strongly advocating for nutritional professional standards and public health nutrition over the past 28 years.

Dennis Pianca - Department of Health and Community Care

For excellence in service and in recognition of his role in the attainment of NATA Accreditation in the Field of Forensic Science.

Raiders help out with Heart Week



Canberra Raiders Luke Davico and Todd Payten and the Heart Foundation's Healthy Heart come to grips with preparing healthy food during The Canberra Hospital's Heart Week activities

Budgetary improvements for health

The ACT Budget delivers \$428.4 million to health and community care in 2002-03, with initiatives ranging across all areas of community based and acute care. This figure includes \$7 million for new initiatives, \$6.3 million for increased indemnity costs and \$23 million for nursing, SACS and The Canberra Hospital.

A focus on the priority areas of health and community care is a feature of this budget with millions of dollars set aside for mental health, respite care and disability services.

There are also additional resources for both public hospitals and to support people making the transition from hospital to home.

As well as money for the Canberra Medical School there is also funding for increased child birth options, protecting the quality and safety of the blood supply and increasing the capacity of the hospice to provide flexible palliative care.

The following is a detailed break down of the 2002-03 Budget initiatives.

\$428.4M

Alcohol and drug initiatives

Indigenous youth alcohol and drug project	\$170,000 in 2002-03
Pharmacotherapy subsidy to community pharmacists	\$130,000 in 2002-03

Mental health initiatives

Child and Adolescent Mental Health Services Enhancement Package	\$466,000 in 2002-03
CALCAM Adolescent Mental Health Day Program	\$500,000 in 2002-03
Mental Illness Education ACT youth mental health literacy and education program	\$85,000 in 2002-03
Expansion of Older Persons' Mental Health Service	\$322,000 in 2002-03

Cancer care

Growth in radiotherapy support services	\$330,000 in 2002-03
Expanded haematology services	\$250,000 in 2002-03
Psychosocial support services for cancer clients	\$155,000 in 2002-03

Respite care	\$1,000,000 in 2002-03
Convalescent care	\$600,000 in 2002-03
Home and Community Care Program matching funds	\$629,000 in 2002-03
Additional services and support in disability services	\$2,500,000 in 2002-03
Synthetic blood products	\$450,000 in 2002-03
Psychogeriatric Care	\$300,000 in 2002-03
Establishment of the Canberra Medical School	\$500,000 in 2002-03
Finalisation of nursing pay rise	\$11,791,000 in 2002-03 (second appropriation)
Increases in the Social and Community Services Award 2000 and Community Service (Home Care Act) Award 1998	\$2,800,000 in 2002-03 (second appropriation)
Relieving funding pressures at The Canberra Hospital	\$8,700,000 in 2002-03 (second appropriation)
Extension of Canberra midwifery program	\$100,000 in 2002-03
Expansion of hospice services	\$76,000 in 2002-03
Growth in demand at Calvary Emergency Department	\$300,000 in 2002-03
Growth in throughput at The Canberra Hospital and Calvary Public Hospital	\$1,264,000 in 2002-03

Accreditation to keep Canberra skies clean

The ACT Government Analytical Laboratory (ACTGAL) has recently received National Association of Testing Authorities (NATA) accreditation for its Air Quality Monitoring Program, ensuring that clients can have the utmost confidence in the accuracy of the Laboratory's tests.

ACTGAL is part of the Scientific Services section of the ACT Health Protection Service and conducts tests in a number of areas, including forensic chemistry, toxicology, environmental chemistry and microbiology.

The laboratory conducts analysis in murders and apparent suicides, performs blood alcohol and drug identification, carries out bacteriological testing of food and water and tests for Legionella in cooling tower waters, among many other services.

NATA is a peak Australian authority for the accreditation of inspection bodies and a leading international supplier of specialised training, information and support services for laboratories.

One of its aims is to improve the

business efficiency and competitiveness of Australian industry in international and national markets.

Gaining this accreditation means ACTGAL's testing methods and procedures for monitoring the ACT's air quality comply with all the relevant Australian Standards and confirms that calibration, data capture and data correction are top notch.

It is a rigorous process to complete and gain the prestigious accreditation. Methodologies for measuring diverse pollutants such as carbon monoxide, ozone, nitrogen dioxide and lead must all comply with Australian Standards. Getting there was a two-year journey that involved a review of all methods, procedures, calibrations, training, instruments, and documentation involved in air quality testing at the laboratory.

As much as the ACT has some of the best air and clearest skies in the country, the community can rest assured that it now has an internationally recognised testing program that will protect this quality atmosphere.



healthy territory

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



Authorised by Penny Farnsworth, Communications and Marketing for the ACT Department of Health and Community Care

If you would like more information about this newsletter or would like to contribute articles please contact:

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