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HEALTHY TERRITORY

A NEWSLETTER FOR ACT HEALTH CARE PROVIDERS

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Minister launches new Mental Health Strategy

The ACT Minister for Health, Mr Simon Corbell launched the ACT Mental Health Strategy and Action Plan on 19 May, 2004.

The Plan provides the ACT with a comprehensive five-year visionary framework for mental health activity across the ACT.

The plan acknowledges that mental health is the responsibility of the whole community and puts forward a unified direction to achieve a shared vision of mental health for the Canberra community. All mental health service providers, consumers and carers should find it of great value.

The plan uses a population health framework to develop a supportive environment that enhances the capacity of people to achieve and maintain good mental health. The Plan will become a foundation from which to identify and address specific and emerging areas of need within public and community mental health services to improve the mental health and wellbeing of all Canberrans.

The plan aims to facilitate a shift in emphasis away from an acute treatment model towards a proactive well-being model of mental health in the ACT. This



Margaret Morton (President of Carers ACT) speaking at the May launch of the Mental Health Strategy and Action Plan

shift will involve a commitment from clinical and welfare services, accommodation services and other social and economic agencies to this cultural change.

The new initiative includes support for mental health promotion, prevention and early intervention and emphasises access, quality and coordination of services and systems development.

The plan adopts a recovery-orientated focus for mental health care, with improved links with community-based services and enhanced governance of the mental health system. Moreover, it examines consumer and carer participation, transparent

resource allocation and improved data collection, monitoring and planning.

The ACT Mental Health Strategy and Action Plan document is available from ACT Government shopfronts, Carers ACT, the ACT Mental Health Foundation and the ACT Mental Health Consumer Network. A summary brochure gives a brief view of the strategies and actions to be undertaken over the Plan's five-year lifespan.

Contact Cathy King at Mental Health Policy and Planning on (02) 6207 6279 for further information.



Dr Tony Sherbon, Chief Executive
ACT Health

In 2002, the Government released its Health Action Plan, which sets the key strategic directions for ACT Health. In order to effectively implement this objective, a range of management teams within ACT Health are working on more detailed plans including:

- The Clinical Services Plan will chart the course for the development of Clinical services through to 2011. Following on from this plan, ACT Health will then devise a primary care strategy, which will provide a focus for development of innovative models of care for patients with chronic illnesses.
- The Human Resources Strategic Plan will outline key initiatives to develop our workforce.
- The Information Management and Information Technology Strategic Plan will define ways of improving the information available to clinicians to enhance patient care.

Planning is often accompanied by a deal of cynicism over whether or not plans will be implemented. However, each of the plans mentioned will be used to hold managers accountable for outcomes, including myself.

SPECIAL THANKS TO STAFF

Thank you to staff for the dedication and professionalism continuously demonstrated in times of workforce shortages. We continue to receive incredibly positive feedback from patients about care provided by our staff, which is testament to the professionalism of you all.

Dr Tony Sherbon
Chief Executive
ACT Health

THE IMPORTANCE OF GOOD PLANNING

New plan ensures territory can cope with future health demand

The Clinical Services Plan (CSP) — released recently for public comment by ACT Health Minister Simon Corbell — provides a snapshot of what health services will look like in 2011 – 12.

“The CSP provides a strategic framework for the delivery of public hospital and community health services, and underpins master planning activities by The Canberra Hospital, Calvary Hospital and Community Health”, said Mr Corbell.

“The CSP projects future service delivery and infrastructure requirements. Increased demand, evolving models of care, better information and new technology have driven the key changes to the health system and service delivery planned between 2004 and 2011”, he said.

“Increased day separations, outpatient services and emergency department attendances will see a large number of people visiting the hospital as day patients in 2011 – 12. The CSP provides the framework to explore models of ambulatory care, to ensure the efficient management of patients”, said Mr Corbell.

Inpatient services provided by ACT public hospitals are expected to grow at an average rate of 3.3 percent per annum up to 2011 – 12, and Community Health services at an annual rate of 1.5 percent to 3 percent per annum. To meet

these increases in demand and improve patient care, new models of care will be introduced during the life of the plan.

“These changes include the implementation of a cancer stream, which will be one of the fastest growing specialty areas, and an aged care/rehabilitation stream to meet the needs of an ageing population”, said Mr Corbell.

Mr Corbell said the Government has developed the CSP in consultation with various representatives from the hospital and community health sectors, as well as other stakeholders, including the ACT Division of General Practice, the Health Care Consumers Association and the Southern Area Health Service.

The ACT Government identified this goal in the 2004 Canberra Plan and the 2002 Health Action Plan, which articulated broad priorities and strategies for improving the health and well being of the ACT population.

A draft document was circulated for public comment in June and a final document will be published in the coming months.

**For further information contact
Catherine Cross in Policy and Planning
on (02) 6205 1708**



150 minutes of moderate intensity activity, accrued over at least five sessions per week delivers health benefits to older people

Preventing injury in older people: how willing are you to exercise?

In December 2003, the Population Health Research Centre (PHRC) released a report that profiled physical activity among older men and women in the ACT, and the relationship between a fear of falling, physical activity, and a willingness to undertake further physical activity.

Under current public health guidelines, “sufficient” participation in physical activity requires at least 150 minutes of moderate intensity activity, accrued over at least five sessions per week to deliver a health benefit. Our survey of 537 people aged 65 years and over in the ACT, showed only half were undertaking adequate physical activity to confer a health benefit.

Women were much less likely than men to be participating in physical activity at adequate levels to confer a health benefit. Most respondents identified poor health as a barrier to physical activity, and those respondents who had experienced a fall were less likely to be undertaking adequate physical activity, particularly when medical treatment was required following the fall. Respondents with a fear of falling were much more likely to be willing to exercise, independent of their history of falling.¹

The results from this survey indicate that older females participate in physical activity at significantly lower rates than males; experience falls at significantly

higher rates; and more commonly express a fear of falling. A fear of injury may be more important than a history of falling in motivating older people to initiate physical activity.

The findings from this report were presented at the National Physical Activity Conference. You can locate the full report on the ACT Health website at this address:

<http://health.act.gov.au/publications>

¹ Rubenach, S. Freebairn, L. Lees, K. Population Health Research Centre, ACT Health. 2003. Preventing Injury in Older People: Fear of Falling and Physical Activity. Canberra, ACT Health

ACT Health Child Protection Policy

The ACT Health Child Protection Policy meets mandatory reporting requirements under the *Children and Young People Act 1999* by ensuring mandated health workers report suspected non-accidental injury or sexual abuse of children and young people. ACT Health recently developed the Child Protection Policy to fulfil its vital role in the support and protection of children, young people and their families. The policy will be released in the next couple of months.

Under the policy, a range of services will enhance the health and well being of children, young people and their carers in order to reduce the health impacts of abuse and neglect. The aim is to protect children by strengthened prevention,

early intervention and support in health care. The policy is designed to assist ACT Health employees to understand and fulfil their responsibilities in relation to child protection.

The policy establishes guiding principles for the protection of children and young people and explains the legislative basis of child protection responsibilities in the ACT. Non-Government organisations with a contractual relationship to ACT Health will now be required to “support” the policy rather than abide by it. Moreover, it is hoped that other health care providers will benefit from this initiative. A key element of this policy is an education and training program that all ACT health care providers may undertake.

The ACT Health Child Protection Advisory Committee developed the policy and it is subject to annual review as are operational guidelines established under the policy for individual areas of ACT Health. The ACT Health Child Protection Policy complements the *Children and Young People Act 1999*, the ACT Children’s Plan and the Canberra Social Plan. These initiatives underpin the importance of supporting children, young people and families through prevention and early intervention within a community framework.



New policy to manage elective surgery waiting lists

ACT Health is currently developing a new set of waiting list policy guidelines for the ACT. The ACT does not presently have any comparable policy guidelines to guide the management of its Surgical Waiting Lists, and so ACT Health is developing Draft ACT Policy Guidelines based on NSW Guidelines.

The Independent Commission Against Corruption recently investigated alleged misreporting of Hospital Waiting List Data in NSW, which led to the development of technical guidelines for NSW waiting times and booked patient management in September 2003.

The main focus of the new ACT guidelines will be to apply principles of equity, fairness and efficiency to the waiting list. Many changes are purely administrative and will be easily managed with present hospital resources, while others will necessitate changes in practice.

An extensive consultation has commenced with ACT surgeons and the new guidelines will be completed by August 2004. Feedback is invited from interested parties.

Contact: Elaine Men in the Elective Surgery Access Team on (02) 6205 1157

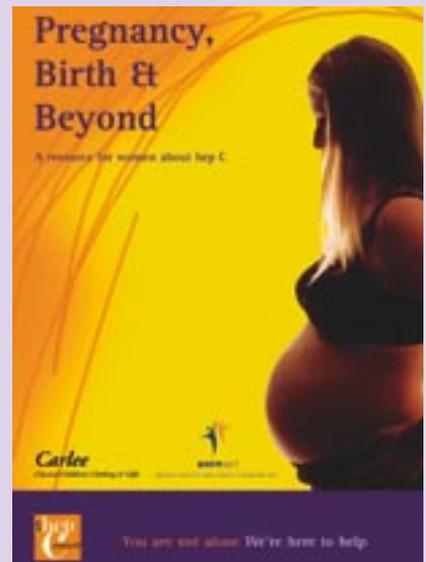
Pregnancy, birth & beyond: the birth of a unique resource

Having a baby is a wonderful time for most couples. It is natural and full of promise. However, to date little information has been available on issues related to pregnancy, birthing options and after birth care — such as breast-feeding — for women with hepatitis C.

The ACT Hepatitis C Council produced the booklet 'Pregnancy, Birth & Beyond' to meet a specifically identified need in the community after trying in vain to locate a comprehensive resource for hepatitis C positive women contemplating pregnancy. Hence, 'Pregnancy, Birth & Beyond' was born!

Professor Frank Fenner — a well-respected virologist — launched 'Pregnancy, Birth & Beyond' during ACT Hepatitis C Awareness Week in March 2004. The resource was made possible with the support of ACT Health, sponsorships and donations.

The ACT Hepatitis C Council has developed the resource for all women with hepatitis C, their families, friends and health care providers. It is hoped that it will be used extensively throughout the Canberra region as an informative and unique resource, and fill a very real gap in resources for women.



There are many questions a woman with hepatitis C has when she falls pregnant, such as what are the risks of transmitting the virus to my baby? Can I breast feed and what are my birthing options?

The 'Pregnancy, Birth & Beyond' booklet offers practical information and local contacts for women in the Canberra region. Free copies are available from the ACT Hepatitis C Council and these may be posted or delivered free of charge throughout the region.

Contact the ACT Hepatitis C Council for further information on (02) 6253 9999 or visit their website: www.acthepc.org

High quality care for all older
Canberrans



ACT aged care in transition

Maintaining high quality care for all older Canberrans including those waiting for residential aged care placements is a high priority for the ACT Government. The ACT Government has recently funded a number of transitional care initiatives.

The ACT Transitional Care Program (TCP) at Morling Lodge was established as a 12-month pilot project jointly funded by the ACT Government and the Australian Government. This was part of a nation-wide project to look at innovative ways to improve the interface between hospital and home for older people. The TCP opened with 11 beds in early November 2001, and will run until June 2005.

In early 2003, the ACT Government agreed to match Commonwealth funding to expand the program to include eight Transitional Care community packages. The ACT packages will run until June 2005 in line with similar pilots around the country. Overall the TCP provides transitional and rehabilitative services for older people from Calvary Public and The Canberra Hospital, who would benefit from up to 12 weeks of restorative care in a residential setting or on a supported package within their home.

TRANSITIONAL SUPPORT PROGRAM

The Community Options Transitional Support Program (the Program) was introduced in 2002 as a pilot program and has been refunded for 2004 – 2005. The Program is not age restricted, and provides a maximum of 12 weeks integrated support services to people in need of assistance following discharge from hospital. The aim is to help people to return home safely, to provide support services in the home and reduce unnecessary lengths of stay in hospital.

RESIDENTIAL AGED CARE LIAISON NURSE

ACT Health has employed a Residential Aged Care Liaison Nurse to improve system wide management of people waiting in hospital for nursing home placement. The nurse commenced in this position in February 2003, is located in the Aged Care Assessment Team and has begun to manage a waiting list for high-level care. Permanent funding was allocated for the position in the announcement of the 2004 – 2005 ACT Budget.

The issues identified by the nurse regarding the quality and accuracy of the waiting list include:

- not all people needing high level care are registered on the waiting list;
- the database does not include people waiting for low level care or people ageing in place;

- people moving from interstate for placement in the ACT are not included on the list;
- there is no process for notification of placement or death; and
- there are no criteria for being placed on the list (i.e. those people ready to be placed immediately and those people registering an interest).

The nurse has recently begun emailing bed managers of the residential aged care facilities weekly to seek information on who has applied for placement, and who has been transferred, received a placement or no longer needs a place. All of the information is collated into a single list and returned to the bed managers to allow them to update their information. This process assists with the administrative load that comes with managing waiting lists.

TRANSITIONAL CARE BEDS

The ACT Government has secured an agreement with the Australian Government to use 50 provisional high care places to provide transitional care for people waiting in ACT hospitals for aged care placement. ACT Health, in conjunction with the Australian Government, hosted a discussion forum on 2 March 2004 to explore and develop this concept with providers, and to progress toward the establishment of these places. ACT Health continues to work with the Australian Government and aged care providers to establish these places.

ALLIED HEALTH

New UC masters for allied health



New masters programs at the University of Canberra integrate coursework with clinical placement

The University of Canberra's School of Health Sciences has introduced a suite of new masters programs in Physiotherapy, Pharmacy, Dietetics/Nutrition and Clinical Psychology, in recognition of the need for additional health and aged care provision in the ACT and surrounding region.

The development of the new masters degrees has involved extensive consultation between the University, industry and the government. The programs focus on working within a health care team, and integrate coursework with clinical placement.

The University has received a high level of cooperation from the community for the clinical placements necessary to teach the masters programs. The places will be limited in the first intake and interest in the programs has been very high. The ACT Government Treasury has lent its support with a large grant for new facilities to house and equip the students and staff, and ACT Health has

given intellectual support and practical guidance.

Academic teaching staff are also practitioners in their chosen professions. They are encouraged to remain in practice, ensuring students receive the highest level of contemporary professional experience. The University of Canberra, with ACT Health is currently investigating a best practice framework for learning and practice in clinical health.

It is hoped to expand this learning environment to all areas in Allied Health. From the first student intake in Physiotherapy, Pharmacy and Dietetics the students will examine Health Professional Practice as a team to facilitate the interaction between the professions.

Chronic health risks for obese children

A new study presented recently at the Dietitians Association of Australia (DAA) National Conference reveals the dire health risks faced by the one in five Australian children who are overweight or obese.

The study, an Australian first, looked at a group of overweight and obese 6-9 year olds in which 21 percent of children were overweight, 74 percent obese and 5 percent severely obese. Over half of the children had high blood pressure and almost half had elevated cholesterol levels.

"We are very concerned about the large number of children in our study that

have risk factors for heart disease. Our results show how early in life overweight and obesity cause health problems", said study author and accredited practising dietitian Rebecca Gehling.

"We need to work with children and families to prevent obesity. Overweight and obese children need better access to dietitians to reduce these health problems before they reach adulthood", she said.

"Dietitians and the DAA are committed to being part of the solution to childhood obesity in Australia. We need to adopt a 'whole of community' approach where governments, health professionals,

schools, families and the food industry work together", said DAA President Professor Sandra Capra.

"The work presented at this conference demonstrates effective ways dietitians can work with other sectors to improve well-being and reduce the health costs of obesity, particularly in childhood", she said.

Also at the conference, accredited practising dietitian Sharon Laurence demonstrated how effective partnerships between health professionals, local councils, fruit and vegetable wholesalers and primary schools can be.

Overweight and obesity – the ACT response

Levels of overweight and obesity in Australia have increased rapidly over the last 20 years, and now affect more than half of the population. This epidemic is common at all ages, in all parts of Australia and throughout all population groups.

It reflects a worldwide problem observed over the last 20 years in most, if not all, countries.¹ In 2001, about 9 million Australians over 18 years were estimated to be overweight or obese, (i.e. Body Mass Index BMI* > 25) with 3.3 million in the high-risk obese group (BMI > 30).²

This trend of increasing weight gain is of enormous health, social and economic concern because it causes a wide range of debilitating and life-threatening conditions, many of which are preventable including cardiovascular disease, Type 2 diabetes, stroke, cancers, osteo-arthritis, kidney and gall bladder disease, and respiratory and musculo-skeletal problems. Moreover, obesity can destroy self-esteem, lead to social discrimination and contribute towards mental illness.

Australian Health Ministers have endorsed the final report of the National Obesity Taskforce: Healthy Weight 2008 - Australia's Future: The National Action Agenda for Children and Young People, and their Families <http://www.healthyandactive.health.gov.au>

The ACT response reflects the national action plan for tackling overweight and obesity, and the ACT has the following infrastructure in place to deal with both physical inactivity and poor nutrition – two leading causes of obesity:

NUTRITION:

The ACT Nutrition Advisory Group (NAG) aims to address ACT public health nutrition issues and identify opportunities for developing effective and innovative public health nutrition strategies.

Eat Well ACT is a public health nutrition plan that sets priorities and direction for public nutrition, articulates a shared vision for nutrition and the promotion of healthy eating; and applies Eat Well Australia at the ACT level.

The ACT School Canteen Coalition — under the auspices of the National Heart Foundation — ACT Division is developing a voluntary accreditation scheme regarding the sale of healthy food in primary school canteens.

The ACT Health Nutrition Leadership Group has the aim of providing leadership and coordination on nutrition issues and policy pertinent to ACT Health

Healthpact provides funds to community organisations to undertake health promotion projects such as the promotion of healthy eating and physical activity.

PHYSICAL ACTIVITY:

Supportive Environments for Physical Activity committee (SEPA) aims to facilitate the creation of supportive environments for physical activity and to support and promote a coordinated approach to physical activity across government and the community.

Physical activity coordination and planning: The Health Promotion Unit is developing a comprehensive physical activity planning process for the ACT encompassing an ACT Health specific response to the National PA for Health Action Plan, and a broader ACT Physical Activity Coordination Framework that “harmonises” the plans of all ACT government departments

OBESITY:

The ACT Health, Health Promotion Unit is coordinating a whole of government response to the final report of the National Obesity Taskforce (NOT) Healthy Weight 2008 - Australia's Future: The National Action Agenda for Children and Young People and their Families that encompasses both physical activity and nutrition.

For more information contact Chris Stanilewicz at the Health Promotion Unit on 6207 2499 or chris.stanilewicz@act.gov.au

Eat Well ACT includes limited nutrition monitoring data for the ACT community, and identifies opportunities for Government and NGO's to build capacity through partnerships. A consultation draft of Eat Well ACT was recently sent out to ACT organisations and government departments. Following the current consultation round the document will be widely distributed.

For further information contact Lyn Brown (02) 6244 2211 or Natalie Jones (02) 6205 2738

¹ Healthy Weight 2008 - Australia's Future: The National Action Agenda for Children and Young People and their Families <http://www.healthyandactive.health.gov.au/>

² Ibid

Community groups receive \$1.37 million in funding for a healthier ACT

ACT community organisations and groups have recently received \$1.37 million in ACT Government funding from Healthpact for health promotion projects in 2004 - 2005.

Healthpact's annual funding round is for community and government organisations that deliver health-promoting projects that influence the social determinants of health, promote protective factors, reduce risk factors and influence healthy public policy.

ACT Health Minister Simon Corbell announced the grants, which range from \$1,000 to \$61,095 with an average grant of \$16,000.

Major projects to be funded include:

- the Cancer Council Smoking Cessation nicotine replacement therapy and support to quit smoking project for \$61,095;
- the Karinya House Home for Mothers & Babies Inc "Healthy Mums Change Generations" funded over three years for \$90,000; and
- the Aboriginal Council for Sport and Recreational Activities (ACSRA) for a Sports Development Officer funded over two years for \$78,600.

The Healthpact Community Funding Round covers the 2004 - 2005 financial year and funding will go to 88

organisations, including 64 new projects and ongoing funding to 24 multi-year funded projects.

Successful organisations include schools, church and community groups whose wide range of projects focus on healthy choices for individuals; foster a community development approach to strengthen and enhance community support networks; or promote physical environments that are safe and supportive of health.

For a complete list of projects, visit www.health.act.gov.au/healthpact or contact the Healthpact Secretariat on (02) 6205 1213

\$400,000 for health and medical research

ACT Health Minister Simon Corbell recently announced \$400,000 in grants to foster the talents of health and medical researchers, and to promote increased research activity in the ACT.

"The ACT Health and Medical Research Support Program grants aim to increase the ACT health and medical research community's national and international research contributions", said Mr Corbell.

The program provides funding to researchers for the development of large projects, the hosting of research meetings and short-term Fellowships. This support will assist the ACT to enhance its status and prestige as a centre for scientific excellence in health and medical research.

The recently established ACT Health and Medical Research Council assessed the applications, and Council Chair Professor Scott Henderson was impressed by the calibre and scope of the applications.

The 20 applications received for this round demonstrated the strength and diversity of the ACT health and medical researcher community. To assist in the development of major research

proposals, the Council awarded funding to twelve projects including:

- \$50,000 to the National Centre for Epidemiology and Population Health at the ANU to evaluate the success of the Australian Research Alliance for Children and Youth in developing collaborations between researchers, policy makers, practitioners and child, youth and family representatives.
- \$42,492 to the National Centre for Epidemiology and Population Health at the ANU to assist in the development of a Territory-wide obesity-prevention demonstration project - a national first in obesity research.
- \$45,520 granted to the Department of Neurology at The Canberra Hospital to help create a Neurovision Centre in the ACT as part of the Australian Neurovision Network.
- \$29,500 granted to the Research Centre for Nursing Practice at The Canberra Hospital to research menstrual disorders affecting young females in the ACT.
- \$50,000 to the Research Centre for the Neurosciences of Ageing at the ANU Medical School to advance knowledge of Parkinson's Disease, its impact on patients and their families and better inform the treatment of and provision of care for those suffering with Parkinson's Disease.
- \$50,000 to the University of Canberra to test the effects of wobble board training on the falls history, discrimination of different extents of ankle inversion movements (a balance related index), and the bone activity markers in elderly people.
- \$50,000 to help diabetes professionals implement strategies to effectively deal with the mental health impact of food choice restrictions on people with diabetes.

The funding for these and other projects will encourage and develop the ACT's health and medical researchers as an important part of ensuring that this wealth of knowledge and expertise remains within the Territory.

CALVARY PUBLIC HOSPITAL

Hands on experience for UC students at Calvary

Calvary Health Care is working together with the University of Canberra (UC) to offer second, third and fourth year nursing students an opportunity to spend a semester learning in one clinical environment.

Following the success of Calvary Private Hospital's participation in the pilot program of a Dedicated Education Unit (DEU) last year, this model has now been expanded to include a ward in both the private and public hospital.

"I am committed to this program as it allows students to become part of our health care team. The students are here two days per week for a whole semester. It allows them to work with the same staff and care for the same patients over a period of time", said Calvary Clinical Nurse Consultant Denise Sharp.



"This program offers students greater continuity and stability in their learning environment by working with the same clinical staff over a whole semester. It also has the added benefit of enabling students to learn from their peers", said UC DEU Principal Academic Rebecca Vanderheide.

UC Nursing student Eva Bednarz, currently in her fourth year of studies, loves the experience the program offers: "My placement at Calvary has been very hands on and the DEU makes me realise how much Calvary is teaching me. The staff are very friendly and doing their best

to look after me. I feel as though I am part of the Calvary team."

One of the major benefits resulting from the DEU is that many of the nursing students are returning to Calvary in their graduate year for full time work. Eva has already secured a position at Calvary following the completion of her degree.

Calvary has allocated Sue Ramsey as the DEU Liaison Nurse for the students. "Students are enjoying practicing and developing skills, as are the nursing staff who are enjoying teaching them," said Sue.

Calvary offers community midwifery program

The Community Midwifery Program (CMP) has expanded to the north side of Canberra with the first Calvary Public Hospital CMP baby born in April.

The Canberra Hospital has offered the program since the mid 1990's, and Calvary Public will now also provide the program for the first time.

Community Midwife Cathy Spencer, who was the attending midwife of Calvary's first CMP baby, was excited to be able to

offer this service at Calvary: "Women on the north side can now access this very popular program without having to travel to The Canberra Hospital".

"The program offers antenatal home visits in the early stages of labour to encourage and reassure them before hospital admission. The program is very popular and women need to book in as soon as they know they are pregnant", said Cathy.

To find out more about the program, contact Calvary Birth Suite Clinical Nurse Consultant Jeanne McLauchlan on (02) 6201 6394 or the CMP Co-ordinator, Alison Chandra on (02) 6244 3145

Sub and non-acute inpatient facility

ACT Health will design and construct a new sub/non-acute inpatient facility at Calvary Hospital, which will include 40 rehabilitation/convalescent beds and 20 psycho-geriatric beds. People aged 65 years and over — the primary users of rehabilitation and convalescent services in the ACT — will predominantly use the service.

The ACT Government has committed \$9.75 million to the project. Under the 2003 – 08 Australian Health Care Agreements (AHCA), the Australian Government has contributed \$5.2 million in funding under the Pathways Home Program initiative. This money will partly finance the 60-bed facility for rehabilitation, and address older person's special needs in the ACT and surrounding region.

Planning for its development has already commenced. Rehabilitation and psycho-geriatric services will be collocated in the facility, which will allow synergies in the facility's operation. The psycho-geriatric beds will be used to provide acute assessment, as well as medium to longer-term management of people aged 65 years and over who have significant behavioural or psychiatric disturbances secondary to a functional mental illness or a dementing illness.

The rehabilitation/convalescent care service will provide level 3 rehabilitation services. Lower level convalescent care will also be available for those people

who no longer require acute care but are in need of some short term support, which may include the restoration of daily living skills, general support, personal care and discharge planning.

ACT Health commissioned a consultant to conduct an Environmental Scan as a preliminary step in preparing the design of the new facility. This environmental scan formed the basis of the brief provided to the Bligh Voller Nield architectural firm undertaking the master planning for the Calvary hospital campus and the design of the sub/non-acute inpatient facility.

Once architectural plans have been approved, a builder will be appointed to begin construction of the facility. Bligh Voller Nield has had extensive involvement with Australian hospitals and it is anticipated that the plans will be finalised by late 2004, with tenders called for construction in early 2005.

For further information, or to comment on this initiative, contact Mark Kendall, Capital Planning Risk and Procurement on (02) 6205 0867

Improved access to joint replacement

The Primary Joint Replacement Program team at The Canberra Hospital has successfully reduced length of hospital stay for people having joint replacement surgery through a multidisciplinary approach focussed on total patient management.

Allied Health professionals have contributed significantly to this achievement during preadmission through occupational therapy assessment, providing education and advice within the home environment, and post discharge with physiotherapy in a home environment for up to four weeks.

Moreover, Allied Health professionals — as part of this multidisciplinary team — now provide patient and carer education sessions to inform patients of what care they can expect to receive before and after their surgery. Feedback from participants has been very positive.

As the demand for hip and knee elective surgery continues to increase in the ACT region, these new innovations have freed up more hospital beds and reduced waiting lists for elective surgery.

Contact Bev Lang in the Department of Occupational Therapy at TCH on (02) 6244 3286



CANBERRA HOSPITAL

Specialist surgeon urologist appointed to ANU as Professor of Surgery

Professor Mohamed Khadra has joined The Canberra Hospital and the Australian National University Medical School as Professor of Surgery and member of the Department of Surgery. He will take part in clinical work at The Canberra Hospital as a Staff Specialist in Urology.

Welcoming Professor Khadra, the ACT Minister for Health, Simon Corbell, said his contribution to ACT Health would be invaluable.

"His expertise will prove a great asset to both students and staff at the Medical School," Mr Corbell said.

Professor Khadra received his medical degree from the University of Newcastle. He was the Gordon Craig Fellow in Urology and was subsequently appointed as urologist at the Royal Prince Alfred Hospital and Concord Repatriation General Hospital.

"Professor Khadra has a PhD and several major research articles to his name in the fields of urology and education," Mr Corbell said.



"He has been awarded several prizes for research teaching and scholarship and has recently held academic appointments as Pro Vice-Chancellor at the University of Canberra and Professor of Surgery, University of New South Wales.

"He has also held academic positions at the University of Newcastle upon Tyne in the UK and at the University of Sydney."

Professor Khadra is a member of several international organizations and has been a representative on the State Committee and Committees of the National Council of the Royal Australasian College of Surgeons.

His publications include a textbook in Urology, entitled "Principles of Urology", published as a CD ROM, which has been distributed internationally. He has authored several chapters and papers in journals of high standing in the field of urology.

As well as serving on Committee of the National Council of the Royal Australasian College of Surgeons, Professor Khadra has formal qualifications in management, education, computing and administration and is fluent in several languages.



Professor Mohamed Khadra

The Canberra Hospital's Primary Joint Replacement Program team: Back - Left: Corinne Stacey (Physiotherapist), Right: Jenny Strong (Social Worker) Front - Left: Vicki Bowyer-Smith (Occupational Therapist), Right: Hanna Lawler (Registered Nurse)

THE CANBERRA HOSPITAL



Professor Paul Arbon receives Order of Australia

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ACT Health Minister Simon Corbell, on behalf of the Government, congratulated Professor Paul Arbon - Director of the University of Canberra and The Canberra Hospital's Research Centre for Nursing Practice - for his recent admittance as a Member of the Order of Australia. "The Order of Australia award recognizes Professor Arbon's outstanding service to the Australian community, particularly in the role of Chief Commissioner of St John Ambulance Australia and in Nursing Education and Research.

The award is testament to the breadth of Professor Arbon's achievements in the field of Nursing Practice and his exemplary contribution to the community", said Mr Corbell.

" Professor Arbon was an academic and researcher at the University of South Australia's School of Nursing and Midwifery involved in research in pre-hospital and emergency nursing.

He was also the Program Director for undergraduate studies before moving to Canberra", he said. "Professor Arbon joined the University of South Australia's precursor in 1986 and began his work at The Canberra Hospital and University of Canberra at the beginning of January 2004", he said.

"Professor Arbon is currently Professor of Acute Care Nursing and Director of the Research Centre for Nursing Practice at The University of Canberra and The Canberra Hospital. He began his career as a registered nurse in 1983, and today he is internationally recognized for his contribution to his profession", said Mr Corbell. Professor Arbon performs a number of important roles as the honorary Chief Commissioner of St John Ambulance Australia appointed by the Governor General; member of the Nursing Consultative Group for the Australian Defence Force; member of the Clinical Governance Committee at The Canberra Hospital; member of the Nursing and Midwifery leaders Forum at ACT Health; and a member and University of Canberra representative of the Organising committee of the ACT Annual Scientific Meeting. Moreover, he holds a PhD in Clinical Nursing from the University of Sydney, has an extensive background in clinical research and an impressive set of publications to his name.

Professor Arbon is a fellow of the Royal College of Nursing Australia, a member of the Australian Institute of Emergency Services, and of the World Association for Disaster and Emergency Medicine.

NURSES LOOKING FORWARD

Nursing and midwifery best practice

ACT Health has recently established the Nursing and Midwifery Office (N&MO). The N&MO provides high-level policy advice to Government, develops and implements policy relating to nursing and midwifery, and provides leadership to the nursing and midwifery workforce.

The N&MO is a focal point for communication and professional leadership in relation to contemporary nursing and midwifery practice, and supports innovation and best practice. The N&MO team work with key stakeholders to develop data sources that inform policy to create a viable nursing workforce responsive to individual and population health care needs.

The N&MO team consists of the ACT Chief Nurse, Nursing Policy Officer, Nursing Information Analyst and an Executive Assistant.

NURSING AND MIDWIFERY SCHOLARSHIP SCHEME

One of the key roles of N&MO is administration of the nursing and midwifery scholarship scheme. The nursing and midwifery workforce in the ACT is a vital resource that is experiencing shortages in some speciality areas, including mental health.

These shortages are being experienced locally, nationally and internationally. To compete in this climate and to help address the local workforce shortages, since November 2000 the ACT Government has offered nursing and midwifery scholarships to attract and retain nurses and midwives as part of a recruitment and retention strategy.

Funding for this initiative provides nursing and midwifery scholarships in specialist nursing and midwifery fields where workforce shortages have been identified. It also offers support to nurses wishing to re-enter the workforce. Previously, scholarships were only available to Registered Nurses.

From July 2004, the expanded scheme will include enrolled nurses and studies in areas of education, research and leadership. To account for the expansion of the scheme, the application process and forms underwent considerable review and updating in time for semester two studies.

In early June, the Nursing and Midwifery Office invited applications for semester 2

scholarships. Applications for this current round will close in early July.

For further information regarding the scholarship scheme, details on eligibility and the application process visit the ACT Health Internet site: www.health.act.gov.au

Contact Paul Gladigau at the Nursing & Midwifery Office on (02) 6205 1417



June signing ceremony for the new Nurse's agreement: Seated - Left: ACT Chief Nurse Jenny Beutel, Centre: ACT Health Chief Executive Dr Tony Sherbon, Right: Chairperson of the Nurse's Board of the ACT Mary Kirk

New memorandum

On 4 June, ACT Health Chief Executive Tony Sherbon, Chief Nurse Jenny Beutel, and Chairperson of the Nurses Board of the ACT Mary Kirk formally signed a new memorandum of collaboration between the nurse's board and ACT Health.

"The new memorandum stipulates that each organisation has an obligation to the ACT community and the nursing and midwifery professions. It outlines the scope for discussion, debate and policy development; and that the professions and the ACT community will derive benefit from a collaborative relationship", said Tony Sherbon.

"The Board and ACT Health have agreed to collaborate on nursing and midwifery education and standards; professional practice, competence and

responsibilities; sharing advice with the professions and the public about matters relevant to the professions, and developing supportive relationships with individuals or entities with a shared interest in public protection and health professional regulation", he said.

The ACT Chief Nurse will be the Board's contact point in ACT Health. The Board Chairperson (or delegate) and the Chief Nurse will meet monthly, and this memorandum will be jointly reviewed in 12 months.

Contact ACT Chief Nurse Jenny Beutel on (02) 6205 5128

COMMUNITY HEALTH

Free or low cost dental program for youngsters

Dental caries is the most prevalent health problem in Australia accounting for 19 million existing and 11 million newly decayed teeth each year. Nearly 40 percent of 6 year-old children in Australia experience decay in their deciduous teeth, 60 percent of which goes untreated. Children in the lowest socio-economic quartile experience almost twice as many caries as those children in the highest socio-economic quartile.

ACT Health's Dental Health Program offers a free or low cost dental health scheme, and oral health promotion programs for children and young people under the age of 18. The Child and Youth Dental Membership Scheme gives children and young people dental care from community based clinics.

The aim of the scheme is to encourage families to learn about caring for children's teeth from an early age, in order to prevent problems from developing later.

A wide range of dental services and membership provides children and young people under the age of 18 with a comprehensive oral health assessment, general preventative and restorative treatment, emergency treatment, and an oral health plan tailored to individual needs.

Experienced dental therapists and dentists conduct x-rays using the latest in diagnostic technology including the Diagnodent (Laser Fluorescence System). The scheme takes a preventative approach through offering extensive oral health promotion programs.



Nearly 40 percent of 6 year-old children in Australia experience tooth decay

The scheme also has a "First Smiles Program" where children under the age of 5 living in the ACT are eligible for a free check-up, and given advice on treatment and care. Should the child require treatment following their check-up, the parent has the option of becoming a full financial member of the scheme.

Children and young people covered by a current ACT Centrelink Concession Card are eligible for free membership to the scheme.

For further information, contact Ros Garrity, the Health Promotion Officer, Dental Health Program on (02) 6205 1384

Reference: Australian Health Ministers' Advisory Council, Steering Committee for National Planning for Oral Health. Oral Health of Australians: national planning for oral health improvement: final report. 2001.

New child and family centres

As part of its commitment to the Canberra Social Plan, ACT Health will establish two Child and Family Centres to provide integrated early intervention and support services to the ACT community. The service received funding of \$1.5m in the 2004 - 5 budget. The first Centre will open in Gungahlin in 2004 and the second in Tuggeranong. These Centres will provide specialised services for children, families and young children, and strengthen local communities.

The Centres will trial an integrated human service delivery model to provide a range of child and family support services including on site and outreach service delivery targeted to those most in need. This community development approach includes community education and partnerships. Client case management underpins this integrated management model and applies many of the lessons learnt from the Canberra bushfires. A service manager with operational authority for service delivery will be located at each Centre.

The ACT Government has established a Whole-of-Government Steering Committee to focus on evaluation and service delivery reform. ACT Health will oversee the development of the Child and Family Centres. The official opening of the Gungahlin Centre will take place later this calendar year and ACT Health has planned a range of health promotion and community development projects.

MENTAL HEALTH

One phone number to connect with community health services

The Community Health Intake (CHI) contact centre enables ACT Health customers to call one convenient telephone number to connect with most Community Health services, rather than going from pillar to post before they reach their destination.

The CHI went live on 7 October, 2003 and includes intake of clients for alcohol and drug, child health, child immunisation, new parent groups, audiometry, aged care, occupational therapy, podiatry, diabetes services, post natal services, nutrition, physiotherapy, community nursing and some rehabilitation services. Other Community Health programs are also planned to merge with CHI.

The CHI also accepts referrals for Community Health services by facsimile, and hospital discharge nurses and General Practitioners often use this system rather than calling. The facsimile number for referrals is (02) 6205 2611.

Community Health Intake
phone (02) 6207 9977
or fax (02) 6205 2611

New therapy benchmark

Mental Health ACT is currently implementing a new program that aims to improve quality of life for those affected by mental illness. The program, entitled "Collaborative Therapy: Relapse Prevention" involves greater co-ordination of care for mental health consumers in the ACT.

The program, implemented in March 2003, is a benchmark in this area of mental health care and one of the largest mental health pilot studies of its kind. Central to the idea of "Collaborative Therapy" is co-operation and mutual information sharing.

The program focuses on balancing a person's vulnerability to illness, their stressors and coping strategies, and maintaining wellness. Collaborative therapy takes place in an individual or group setting. It provides consumers with an 8 – 12 week training program designed to help identify their individual health needs.

Consumers identify collaborative partners who assist them to stay well. These partners may include their GP, clinical manager, psychiatrist, and family members. This program has been designed so that a consumer can go to their GP when they recognise early warning signs of their illness.

The GP and consumer will use a collaborative therapy journal to record symptoms, medications and further appointments. This approach is designed to empower the consumer and reduce the level of stress in their life. Collaborative therapy has been trialed in Belconnen and will be expanded to incorporate Woden.

For any further information about Collaborative Therapy please contact David Bullivant, Project Coordinator, Belconnen Mental Health Team on (02) 6205 1110

The Alcohol and Drug Service can be contacted after hours seven days a week through Interactive Voice Recordings (IVR) or by leaving a message for the CHI team. The CHI does not use IVR during normal business hours. If all telephone consultants are busy, the call routes to a queuing system.

The CHI phone lines operate from Monday to Friday, 8:00am to 6:00pm with the exception of public holidays. The CHI contact number is (02) 6207 9977. CHI processes up to 600 calls per day on average and over 90% of all calls are answered within 20 seconds.

CONFERENCE DIARY

Honey!! There's a bug in my wound

A one-day seminar presented by the ACT Wound Management and Infection Control Association

13 August 2004, Hellenic Club, Woden, Canberra

The aim of the day is to ensure all clinicians have access to latest techniques in surveillance and management of infections and wounds. The day will also enhance clinician's ability to produce guidelines, protocols and research for practice. Many trades will be on hand to demonstrate new products and new equipment to aid health care workers with infection control and wound management.

Contact:

Wendy Beckingham
and Di Dreimanis
(02) 6244 2512

Health Outcomes 2004

Perspectives on Population Health,
10th Annual National Conference

**15 – 16 September 2004,
Rydges Lakeside, Canberra**

This year's conference focuses on evaluation issues and challenges in planning, developing and implementing population health initiatives aimed at improving health outcomes, both for the general population and for particular population groups. Using research on global and national burdens of disease to provide a context, presenters will identify health needs against a backdrop of changing demographic patterns, clinical improvements and health differentials, examining the evidence required to support policy development and service provision to improve population health outcomes.

Contact:

Lorna Tilley
(02) 6205 0869

15th Casemix Conference

Dimensions in Health Care – Information, Integration,
Innovation

**10–13 October 2004,
Sydney Convention & Exhibition Centre, Sydney**

How can we successfully use health information to improve service delivery or policy development? How can we use casemix or other data linkages to improve effectiveness, efficiency, appropriateness and equity of access and outcomes? What are the gaps in current health information? What should be the priorities for investment in health information management and information technology? How can we turn data into information into knowledge and subsequently into practice changes? What are the success stories?

Contact:

The Casemix
Conference
Secretariat in the
Commonwealth
Department of
Health and Ageing
on (02) 6289 6896

Feedback

Healthy Territory is ACT Health's newsletter for people providing health care and health related services across the ACT. Healthy Territory tells what is happening at the policy and planning level, and shares information about key issues, directions and events within the ACT health system.

Contributions, comments and any feedback are gratefully accepted from anyone working in our health sector. Healthy Territory is for all ACT healthcare providers, so have your say and voice your ideas, opinions and criticisms.

Contact: Mark Pace
phone (02) 6205 2105
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