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A NEWSLETTER FOR ACT HEALTHCARE PROVIDERS

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Hats off to the hardworking staff at The Canberra Hospital



Accreditation reflects the diligence of The Canberra Hospital's staff

As he released The Canberra
Hospital Accreditation Report and
Action Plan, ACT Health Minister
Simon Corbell said that the two
years of full and unconditional
accreditation awarded to The
Canberra Hospital (TCH) in late
2004 was a great outcome, given
that the hospital was reporting
against new mandatory criteria and
operating in a new portfolio-wide
corporate structure.

The Australian Council on Healthcare Standards (ACHS) report did not identify any areas of the hospital that required high priority attention or were at risk of requiring high priority attention. There were 43 assessment criteria, 19 mandatory and 24 non -mandatory with the hospital meeting all mandatory criteria.

Overall, the hospital was given three extensive achievement ratings, 28 moderate achievement ratings, 11 some achievement ratings, and one little achievement rating.

Of the 19 mandatory criteria, TCH received two extensive achievement ratings, 11 moderate achievement ratings and six some achievement ratings; while of the 24 non-mandatory criteria TCH received one extensive achievement rating, 17 moderate achievement ratings, five some achievement ratings and one little achievement rating.

The little achievement recognition related to the performance management of staff and in no way impacts on the care and treatment of patients.

The hospital received the three extensive achievements in the areas of supply of reference and research material to staff, waste management to support a safe environment, and safe operation of facilities and equipment.

TCH achieved an overall rating of moderate achievement or better against 72 per cent of the criteria.

The TCH accreditation report will inform service improvements across the health portfolio, reflecting ACT Health's commitment to a high-quality health service.

Successful accreditation is an opportunity to congratulate our well-deserved hospital staff who worked long and hard to achieve this result.



Dr Tony Sherbon, Chief Executive

ACT Health

DEVELOPMENT OF AN ACT HEALTH CORPORATE GOVERNANCE FRAMEWORK

Work has recently commenced on a three-month project to develop an ACT Health corporate governance framework that will address issues such as:

- ACT Health's legislative framework;
- its vision, values and objectives;
- the role, responsibilities and powers of the CEO, Executive Directors, managers and employees;
- the role and responsibilities of key operational areas;
- risk management and audit arrangements.

Managers and staff will be encouraged to contribute to the development of the proposed framework, as well as to participate in a formal consultation process.

According to the OECD, corporate governance refers to the processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in an organisation.

We expect the new ACT Health corporate governance framework to be finalised in May of this year, and that an organisation-wide promotion, marketing and implementation campaign will commence at that time.

Dr Tony Sherbon Chief Executive ACT Health

Major Role for the Community and Health Services Complaints Commissioner

CT Health is developing draft legislation to establish a new Human Rights and Service Review Commission.

Once passed by the ACT Legislative Assembly in July 2005, the Human Rights and Service Review Commission Bill will provide an independent, fair and accessible means for dealing with disability, health and discrimination complaints and improve service delivery where needed.

This initiative brings together the existing Community and Health Services Complaints Commissioner's office and the ACT Human Rights Office under one umbrella organisation. This follows the 2003 review — conducted by the Foundation for Effective Markets and Governance (FEMAG) — of statutory oversight and community advocacy agencies within the Australian Capital Territory.

The new Commission will consist of a President, Disability Services Commissioner, Health Services Commissioner and a Human Rights and Discrimination Commissioner. These four pivotal roles are to be supported by specialist staff, including conciliators, investigation officers, legal advisers and administrative support.

The Community and Health Services
Complaints Commissioner, Mr Philip
Moss, and the Human Rights and
Discrimination Commissioner, Dr Helen
Watchirs, are working with a small group
of project staff from the Department of
Justice and Community Safety to finalise
the draft Bill and to establish the new
Commission.

Contact Philip Moss on (02) 6205 2222 or Phil Joyce on (02) 6207 0646



Syringe vending machines now at four **ACT** locations

Syringe Vending Machines Rolled Out Across Canberra

he much-anticipated installation of the ACT's first syringe vending machines took place in January 2005. The syringe vending machines build upon ACT Health's needle and syringe program currently in operation at over 40 locations across the ACT.

The vending machines give 24-hour access to clean injecting equipment. They service not only those people requiring clean injecting equipment outside of regular business hours, but also those people who inject drugs and, for various reasons, make little or no use of the existing outlets.

The machines, which are located outside Belconnen, Civic, Phillip and Tuggeranong Health Centres, will dispense a yellow fit pack similar to the one available at

pharmacies. The fit pack costs \$2 and includes four one ml syringes, a water ampoule, cotton wool, alcohol swabs and a spoon.

Adjacent to each vending machine is a sharps disposal bin to encourage people to dispose of used injecting equipment properly. The trial will be closely monitored and evaluated over a period of 12 months to minimise any potential risks to the community.

Contact Brooke Anderson in the Alcohol & Other Drug Policy Unit on (02) 6205 0863

Flexible Respite Dementia Cluster Pilot

The Flexible Respite Dementia Cluster Pilot project provides a flexible respite option for carers of people with dementia who have high care needs and/or challenging behaviour. The unit located at Ginninderra Gardens Hostel in Page can accommodate 10 respite beds and is located in a separate, secure and homelike environment designed to cater to individual needs.

The pilot, which commenced operations in July 2004, seeks to obtain a higher than usual level of input from GPs and employs the services of a Geriatrician. The pilot project is funded by the Australian Government Department of Health and Ageing and ACT Health.

The period of respite is flexible, short term (2-3 nights/weekends), while longer periods of respite can be negotiated at the pre-admission interview. Ginninderra Gardens provides expertise in dementia care and focuses on developing long-term strategies designed to support both the person with dementia and their families.

A multidisciplinary approach to regular case conferences will assess, develop and implement a plan for the ongoing care management of the person with dementia allowing them to return to the community with the appropriate support.

Contact Carers ACT on (02) 6296 9900

Sobering-Up Facility 12 Month Pilot Project

ACT Health Minister Simon Corbell officially opened a 5-bed sobering-up facility at Ainslie Village last year.

The new facility is an integral part of ACT Health's strategy of harm reduction and provides a safe environment for men and women aged 18 years and over — intoxicated by alcohol and/or other drugs — to sober up.

The service works with alcohol, drug and other support services to ensure relevant information is provided to clients about the availability of services in the ACT. Moreover, it can provide referrals as required. The service is operated by Centacare and opened its doors to clients on 2 December 2004.

The ACT Legislative Assembly passed the Intoxicated Persons (Care and Protection) Amendment Bill in August 2004, which paved the way for the opening of the new sobering-up facility. The Australian Catholic University will evaluate the service using a participatory action research framework over the 12-month period of the pilot.

The sobering-up facility receives clients three days per week on Thursdays, Fridays and Saturdays from 11pm to 11am.

ALLIED

SNoG for all Graduates

Membership of the Social Network of Graduates (SNoG) is open to all graduates working in health professions in the ACT. SNoG is a non-profit organisation established over 10 years ago to provide graduates in Canberra with a central contact point at which to meet with their peers in the ACT.

SNoG aims to connect graduates in Canberra through various activities and events. It is designed to help them — especially those from outside Canberra — to meet new people and familiarise themselves with the ACT, and graduates from all over Canberra are welcome to join. The organisation's members are predominantly interstate graduates who have chosen to begin their careers in the

ACT's vibrant public sector.

SNoG organises activities and events for its members throughout the year. Whether your interest is in sport, arts and culture or sampling Canberra's nightlife, SNoG provides something for everyone. To ensure you have a great graduate experience, SNoG regularly liaises with members, graduate program coordinators and local businesses to keep abreast of what's happening in Canberra.

SNoG organises themed events in Arts and Culture, Sports and Recreation, Social and Nightlife, Public Relations and Marketing, and Ski Trips, Balls, Graduate Orientations and Trivia Nights. Being a graduate starting a new career should be a fun and fulfilling time, and SNoG can help you have a great time in whichever way you choose to be involved.

Contact SNoG via email at email_ snog@yahoo.com.au, Post: PO Box 1096 Canberra ACT 2601 or visit our website: http://www.snog.orac.net.au/index.html

HEALTH

Delivering

Quality Radiation Oncology

Successful diagnosis with x-ray imaging equipment and delivery of treatment in radiation oncology relies on accurately calibrated equipment. This is achieved by routine quality assurance, and the development of policy and protocols in line with the ever-evolving technology in radiology, cardiology and radiation oncology.

Senior medical physicist Abdul Suwayan provides routine quality assurance measurements in the radiology area and consultative responses to queries about radiation doses resulting from exposure to general x-ray, fluoroscopy, CT and nuclear medicine. Medical physicists play a key role by ensuring the high quality of radiation oncology services and by responding to queries related to radiation in the workplace.

Throughout 2005 he will conduct a survey of the typical radiation doses patients receive for clinical radiology procedures, to ensure that ACT Health and The Canberra Hospital fall within international benchmarks. This data will then be used to inform patients and staff prior to clinical procedures in radiology.

In radiation oncology, three medical physicists effectively maintain calibration of the two linear accelerators used for the delivery of therapeutic radiation to cancer patients at The Canberra Hospital. Senior medical physicists are currently assisting radiation therapists and radiation oncologists in a project to optimise the delivery of treatment to patients.

A computerized system plans treatment prior to the delivery of therapy radiation to patients. A new procedure called "forward planning" is scheduled for



implementation in 2005, which aims to further improve the delivery of radiation for breast treatments initially and then more widely.

Optimising the delivery of quality radiation oncology

CALVARY PUBLIC HOSPITAL

Calvary Pneumonia Project



Improving patient care in the management of community acquired pneumonia

Calvary Public Hospital is one of 40 hospitals across Australia to have joined the National Prescribing Service (NPS) project "Community Acquired Pneumonia: Towards Improving Outcomes Nationally (CAPTION)". The project aims to improve patient care in the management of Community Acquired Pneumonia (CAP).

One of the primary objectives of this initiative is to introduce and implement the Therapeutic Guidelines' Antibiotic Guidelines 12th Edition recommendations for the management of CAP in the hospital environment. These guidelines involve more precise assessment of the severity of the illness using the Pneumonia Severity Index (PSI).

The PSI is a scoring system that assigns a numerical value to elements of clinical history and the physical signs that are commonly present in patients with suspected CAP. The NSW Therapeutic Advisory group (TAG) coordinates the 12 NSW/ACT hospitals participating in the project. The NSW TAG aims to simplify the use of PSI and increase physician confidence in the assessment and prescribing of antibiotics for CAP.

As part of phase one of the project, Calvary Hospital reviewed case notes for a particular period of time to gather baseline data, and phase two (Intervention) was implemented in January and February 2005 by Alison Hulse – Calvary Hospital's facilitator for the project.

Alison will conduct education sessions for staff using a range of nationally developed intervention tools, and as part of the campaign she will undertake an audit of the prescribing data and provide feedback to the prescribers.

Andrew Matthews – Director of Pharmacy at Calvary Hospital said, "Calvary's

involvement as a teaching hospital means that we are always keen to be part of innovative research that has the potential of improving clinical practise and providing better outcomes for patients both here at Calvary as well as other Australian hospitals."

Calvary has set up a Therapeutic Advisory Group that includes: Natalie Smith and Janine Rogers from the Quality, Safety and Risk Management Unit; Alison Hulse and Andrew Matthews (Director) from the Pharmacy Department; Dr Marielle Ruigrok (Director) and Michelle Lambert RN from the Emergency Department. Three Physicians Dr Bill Burke, Dr Chris Ashton and Dr Roger Lee will also assist with medical advice and case reviews.

Contact Natalie Smith on (02) 6201 6657 or Alison Hulse on (02) 6201 6265

Patient Flow Collaborative

Stemming from Calvary Hospital's successful participation in the National Medication Safety Breakthrough Collaborative, the Victorian Health Department has invited it to be an observer in a new "Patient Flow Collaborative" project.

The collaborative is the first Victorian initiative to enable a hospital-wide review of patient services, in order to identify and improve patient care. All major metropolitan and large rural health services — as well as three observer organisations — are participating in the 18-month program.

The key aims of the Patient Flow Collaborative are to improve patient access and the quality of care provided to patients. The collaborative will reduce delays to the patient's journey and improve access across key areas of the health service. The Patient Flow Collaborative will help:

- reduce the mean waiting times for emergency admission
- reduce the mean elective waiting times for elective admission
- reduce the number of cancelled operations by health services and patients
- reduce the mean waiting times for diagnostic and therapeutic episodes, and
- increase discharge planning from admission.

In association with the Victorian collaborative, Calvary Hospital will conduct a number of related projects aimed at streamlining allied health referral, nursing assessment and radiology process mapping.



Newborn Hearing Program at Calvary

Significant hearing loss is one of the most common abnormalities present at birth and three out of every 1000 newborns in a normal baby population have this condition. If undetected, such hearing loss will impede speech development, the acquisition of language and cognitive development.

In September 2004, ACT Health Minister Simon Corbell launched Stage 2 of the Universal Newborn Hearing screening program at Calvary Hospital to test the hearing of all newborn babies before they are discharged. The program was first established at The Canberra Hospital (TCH) where screening began over two years ago.

The goal of the program is to detect hearing loss by the age of 3 months and ensure important intervention takes place by 6 months of age, thereby reducing the educational and developmental burden that would otherwise result. Early screening, detection and intervention will improve infant health outcomes and reduce future reliance on disability services.



Detecting hearing loss early reduces educational and developmental burdens

The program aligns with the ACT Government's priority action area outlined in the ACT Health Action Plan of improving child health in the ACT region.

THE CANBERRA HOSPITAL

Falls Clinic Prevents Injuries

One in three adults over the age of 60 years will experience a fall. In the ACT, falls-related injuries account for almost 75% of all injury-related hospitalisations in adults aged 65+. Even for those for whom a fall does not result in injury, fear of falling can mean that they are less likely to engage in physical activity. Falls are rarely the result of a random accident and are largely preventable.

The Canberra Hospital's multidisciplinary falls and balance clinic is a specialist clinic for older adults who have fallen and sustained major injuries or for whom there is no obvious cause for the fall. The clinic is based on the principle that assessment of falls risk and targeted, individualised intervention can result in a reduction in falls and fall-related injury.

The clinic assessment comprises nursing, physiotherapy and medical input but involvement of the patient and his/her general practitioner is vital to the success of the programme. Apart from a comprehensive medical review, and gait and balance assessment, the clinic staff screen for falls risk factors such as depression, cognitive impairment, incontinence and osteoporosis.

Patient education is an important part of the clinic visit, not only in raising awareness about individual falls risk, but also in the interventions most likely to reduce them. Falls clinic co-ordinator, Marianne Bellew, has also been raising awareness about falls prevention throughout TCH, residential care and community settings.

The clinic has become a resource centre for falls information for the ACT community supplying patient fact sheets, information on local falls exercise programmes and hip protectors. Since 2004, the work of falls prevention in the ACT has extended to Outreach falls clinics in the community. These Community Outreach and Assessment Programme (COAP) falls clinics are run from Tuggeranong and Belconnen Health Centres. They have been established to assess less complex fallers.

Collaboration with the ACT Ambulance Service has seen an increase in the number of referrals to all three falls clinics, improving the capture of older adult fallers. Patients eligible for review in the falls clinics are those aged 60+ with a history of prior falls.

Contact Marianne Bellew on (02) 6244 3703

Construction of ANU Medical School Begins

Work has started on the construction of The Australian National University (ANU) Medical School on The Canberra Hospital campus. The work marks an exciting milestone for both the Medical School and The Canberra Hospital.

The ACT Government has committed \$14 million to funding new facilities at The Canberra Hospital and enhancing facilities at Calvary Hospital to ensure students and staff have access to first class facilities. The new Medical School will eventually augment the current ACT medical workforce, as students attracted to the Canberra region elect to remain in the ACT to undertake additional medical training and studies.

The demolition of Building 4 will make way for the Medical School. For safety reasons, several roads surrounding Building 4 and the National Capital Private Hospital will be closed or reduced to one lane. Every effort will be made for road closures to occur at weekends and for a limited time. The construction work involves changing transport and pedestrian arrangements and relocation of some parking but inconvenience to clients and staff will be kept to a minimum.

Some disabled, Community Nurse and Medical Practitioner parking will be relocated and the existing bus-stop west of Building 4 will be moved to the west of the Building 5 Library. There will be no pedestrian access between the Medical School site and the Library during the project so the main pedestrian route

Fractures on the Mend at TCH

A new fracture clinic recently opened at The Canberra Hospital, which facilitates the quick application and removal of plasters for patients recovering from fracture injuries.

The clinical area was formerly one third of the new space. Before the new space was opened the fracture clinic had only two plaster beds and three bays separated by curtains, so there was no privacy when staff had to discuss the management of injuries with patients.

The fracture clinic expansion has increased capacity to three plaster beds and six individual consulting rooms to replace the three bays. This also reduces the waiting times experienced in the old fracture clinic.

The expansion of the plaster room allows three nurses to apply plaster simultaneously, which hastens patient throughput in the clinic and reduces waiting times for patients. One of the individual consulting rooms has a "child friendly" design through the use of bright posters and entertainment facilities that can play music that kids appreciate.

between Building 5 and the Hospital Main Entry will be between Buildings 5 and 6.

Any interruptions, including road closures, will be pre-planned and coordinated so that clients and staff can be informed. The project will be completed for the intake of medical students in January 2006.



Role of the Organ and Tissue Donation Service

The role of the ACT Organ and Tissue Donation Service, in the first instance, is to facilitate organ and tissue donation at the time when a death has occurred. Ms Northam and Ms Gorecki are critical care trained nurses who respect the wishes of the deceased and ensure that family and staff are cared for sensitively and ethically.

The emotion and stress involved in donation mean that no effort is spared in ensuring that sound decisions are made that the family of the donor can live with comfortably for the rest of their lives. It is vital in the process that the donor, their family and all the staff involved are treated with dignity.

The coordinators act as advocates for these individuals throughout the donation process, which at times can be prolonged due to the complexities of the matter.

Organ donation is a national imperative due to the urgent status of an increasing number of people awaiting an organ or tissue transplant.

Australia rates as one of the world's lowest donating countries in the world. In 2004, there were 218 organ donors across

all of Australia. This remains a very small number, but was an improvement from the preceding year in which there were only 179.

The tragic death of David Hookes and his generous donation of his organs to save lives had a marked effect on community attitudes towards donation in Australia. This improvement needs to be encouraged with continuing education in healthcare and the community. Each donor can help up to ten people through their generosity.

Many people are unaware that approximately every two and a half days, someone dies waiting for a transplant in Australia. In the ACT alone there are approximately 76 people waiting for kidney transplants, while many others wait for heart, lung, liver and pancreas transplants.

THE CANBERRA HOSPITAL

ACT Organ and Tissue Donation Service

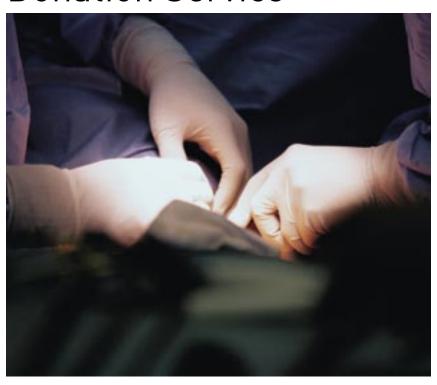
The twin issues of organ and tissue donation are increasingly hot topics in general community discussion. The ACT Organ and Tissue Donation Service at The Canberra Hospital assists the community by providing easy access for people facing the difficult issues of death and donation.

The service gives individuals clear information about the realities of organ and tissue donation by helping them make sound decisions regarding their wishes following death. Many people are unaware they can donate, and every situation is reviewed separately. Even people over 100 years of age have helped others by providing the gift of sight.

Organ and tissue donor coordinators
Holly Northam and Erika Goreki staff
the Service under the direction of
the Director of Intensive Care at The
Canberra Hospital Dr Imogen Mitchell.
The ACT Organ Donation Task Force,
chaired by the Chief Health Officer Dr
Paul Dugdale, oversees work performed
while examining ways of improving the
ACT donation rate.

The coordinators work closely with hospital staff in all ACT hospitals, and increasingly provide services to individuals in the community wishing to become tissue donors (corneal tissue and heart valve tissue) following their deaths at home. They are also receiving many requests from the regional area for information and education.

The Service maintains national links and works in association with Australian Red Cross Blood Service Organ Donation Service NSW, The Queensland Heart Valve Bank, The NSW Lions Eye Bank, The NSW Brain Bank and many other associated organisations.



Many individuals in the community have helped as volunteers promoting the life saving and health improving benefits of organ and tissue donation. Many of these people have experienced the death of a loved one first hand and wanted to help others by donating their tissues and or organs following death.

Other volunteers have experienced for themselves the importance of transplantation as they or their relative have awaited or received a transplant. Other people have seen the importance of this life-saving gift and wanted to assist the community in recognising the benefits of donation and in honouring the people who have donated.

Promoting the life saving benefits of organ and tissue donation

NURSES LOOKING FORWARD

New Look Organ Donor Register

This year the ACT Organ and Tissue
Donation Service is supporting
a national initiative – a 'New Look'
Australian Organ Donor Register.
This improved database gives greater
legal strength to ensure the wishes of
individuals are considered and respected
following their death.

Over the last four years since the commencement of the Australian Organ Donor Register, ACT registrations of those willing to donate have gone from zero to 34,407 (10.62% of the ACT population) at the end of 2004. Much of the increase in the registrations has come as a result of the effort of the ACT Organ and Tissue Donation Service and many volunteers.

That percentage should increase greatly over the next few years, and the ACT should continue to maintain its position amongst the donating States or Territories with the highest consent rate.

Contact the ACT Organ and Tissue Donation Service on (02) 6244 3071 during business hours. For urgent matters call The Canberra Hospital switchboard on (02) 6244 2222 and request the on-call organ donor coordinator.



More Enrolled Nurses are now authorised to administer approved medications

Enrolled Nurses Administer Medication

With the introduction of the Enrolled Nurse (EN) Medication Practice Course provided through CIT, the ACT will increasingly have more ENs authorised by the Nurses Board of the ACT to administer approved medications.

This is consistent with trends in other states and territories, and provides an opportunity for ENs interested in completing additional education, to enhance their scope of practice in work settings where this role is introduced.

To ensure appropriate guidelines are in place to support this advanced role and ensure consistency in practice for ENs administering medications across

the ACT, representatives from across ACT Health, the Aged Care and Private Sectors recently met to develop an ACT-wide Policy for EN Administration of Medications.

As a result, two small working groups will develop an ACT-wide policy in consultation with key players, and a communication strategy to support implementation of the policy.

The policy will provide a professional framework that facilitates a consistent approach for medication administration by authorised ENs in the ACT. Once finalised the policy will be made widely available to all.

NURSES LOOKING FORWARD

Nursing and Midwifery in Iraq

The professions of nursing and midwifery provide wide-ranging opportunities to work around the world. Employment as a nursing officer in the Australian Defence Force is just one example of the range of career pathways available.

In September 2004, a number of ADF Nursing Officers were deployed to Iraq where they are working with Coalition Forces providing healthcare. They are helping to staff a twelve-bed intensive care unit, which provides care both to coalition forces and the local population.

Here's some insight into the experiences of one of those ADF Nursing Officers in the field:

"Well, we have all finally settled safely into our new home only for a while in Iraq. So what is our temporary home like you might be interested to inquire? We are housed within a large base with heavily guarded gates and large reinforced cement structures and barbed wire. Very similar to the high school I went to!

"There is a lot of dirt and dust around and if you look across the horizon just outside the fence line you can see the only bit of green foliage which looks a lot like palm trees and some crude mud type houses of some of the near by villages.

"We live in trailer accommodation close to our work area, which is quite convenient, and we're privileged to have deployed with a great bunch who are very supportive of each other. We have all managed to overcome the cultural differences and the many complicated and conflicting issues that arise when caring for patients in this type of environment.

"There have been many challenges and the overall experience has been very valuable for future deployments. Many have compared the experience to those depicted in the television series MASH or China Beach. Much of the trauma has eventuated because of IED's, GSW and blasts or those who — in attempting to harm our troops — have been harmed themselves.

"Many are purely the innocent victims of a tragic war. We hope our efforts and integration with the US Air Force have will help alleviate the extent of some of these tragedies" Nursing Officer Newsletter from Iraq-2004."

And a message from the Officer In Charge:

"It is a great privilege to lead the ADF Medical team here at Balad. The nurses, specialists and our great medical assistants have been hard at work as an integrated element of the 332nd Expeditionary Medical Group.

"Our 'office' is a Level 3 trauma receiving Air Force Theatre Hospital in central Iraq and we work side by side with our US colleagues in the Emergency Department, Operating theatres and ICUs. We are fully integrated – 'smashed' into their roster is probably the best way of putting it.

"The clinical and general deployment experience here is extensive. From the injuries we see and treat, there is no doubt that we are in a combat environment. The Aussies — as our ADF Health colleagues have done on many deployments before — have responded well to the challenge, demonstrating

expertise, determination, leadership and unique Aussie humour under, at times, difficult conditions. Tri-service/ reserve /regulars are one team giving it a red-hot go.

"As for my role, I pretty much stay in the background and support the fantastic work of my colleagues. As well as administering the MED Detachment and acting as the ADF/USAF interface, I have responsibility for all ADF on Balad – permanent or visiting, for force protection and administrative control.

"I am the day nursing supervisor for the hospital, and even get to do some nursing occasionally, mainly in the ER. Life is busy and that's a good thing...time is passing and the separation from our families and friends is, at least in part, compensated by the work we do in this place." Nursing Officer Newsletter from Iraq, 2004.

This may give you some insight into Nursing Officers of the ADF, who aim to uphold the fine traditions and service of those who have gone before and continue to serve their nation with pride. Nursing Officers in the ADF warmly welcome engagement with their civilian colleagues whenever possible, and look forward to our ongoing collegial relationships which enhance the profession of nursing both in civilian and military settings.

The Nursing & Midwifery Office would like to acknowledge and thank Colonel Beverley Wright, Director Defence Force Nursing for her contribution to this article.

ACT Health WelcomesNew Executive Director for Nursing and Midwifery to the ACT

Before relocating to the ACT, Joy Vickerstaff was Executive Director of Nursing Services at Princess Alexandra Hospital in Brisbane, with nursing leadership responsibility for the southern zone of Queensland Health. She's been a nurse all her working life.

In this interview with *Healthy Territory* we began by asking her what attracted her to Canberra?

"I was attracted by all the fantastic opportunities available in this environment. It's an exciting jurisdiction in which there are many ways I can make a difference. We've got lots of constructive changes planned and I'm eager to be involved in their implementation."

HT: Have you settled in to life in Canberra?

"I've been made to feel very welcome in Canberra. People have invited me to understand what they're doing, and they've been very generous in sharing their time and energy with me."

HT: What do you see as the main challenges over the next 12 months?

"My job is to help make The Canberra Hospital a truly great place to work because, in the literature, high levels of nursing staff satisfaction are linked to patient satisfaction and improved patient outcomes. We have to work hard to stabilise the nursing workforce by making The Canberra Hospital a great place to work."



Joy Vickerstaff, Executive Director of Nursing and Midwifery

HT: What's your vision for Nursing and Midwifery at The Canberra Hospital?

"It's about being a highly skilled, highly satisfied, well educated contemporary workforce who feel valued because of the great contribution they make to the population of the ACT and its environs. We want to optimise the conditions outlined in the nurse's Enterprise Bargaining Agreement, and to work with the Chief Nurse and other nursing leaders to achieve the very best for the nursing and midwifery professions and the people we serve."

HT: What's the most memorable experience of your nursing career so far?

"My most memorable experience is of leading the nursing service at Princess Alexandra Hospital to gain Magnet status. This entailed achieving standards of excellence across the whole range of nursing indicators, particularly working as valued professionals in multidisciplinary teams. Magnet principles, which are about excellence in all aspects of nursing and midwifery practice, have been shown to be applicable and valuable in a number of nations and health service models. I believe that these are core principles for leading a nursing and midwifery service."

HT: What's your most memorable achievement?

"In addition to attaining Magnet accreditation, my most memorable achievements are establishing an undergraduate school of nursing with the University of Queensland, and implementing the recommendations of the Shearman Report into birthing at King George the Fifth Hospital in Sydney."

HT: What's the best learning experience you've ever had?

"I think it's what I've learnt from patients when they're at their most vulnerable. It's about sharing their experience of dying, giving birth, and conquering pain and fear."

HT: What's the best advice you've ever received?

"Always to seek and see the possibilities in every person, and every situation."

COMMUNITY HEALTH

Extension of Dental Health Program to all Under 14 Year Olds

This year the Dental Health Program will make a major change for Canberra's young people, by extending the service to include all children and youth under the age of 14 years.

Oral health is an integral part of general health. While children and youth overall enjoy high levels of dental health and access to dental care, the incidence of caries in this age group is increasing. Services need to address both the needs and culture of the adolescent age group, and equip them with the skills and motivation to maintain oral health as they move into adulthood.

In the past ten years there have been significant changes made to the focus and delivery of public dental services to children and young people in the ACT.

These developments have resulted in service delivery efficiencies, increased accountability, continuous quality improvement and governance relating to standards of care.

Families now have increased access to services, and the targeting of services means that children and youth with high dental needs receive priority access. Health Promotion has become an increasing focus in schools and in the community, and dental services are now better integrated with other ACT Health Services.

In the past, eligibility for children and young people seeking access to clinical services provided by the Dental Health Program was limited to preschool and primary school children. The only young

people eligible to access these services were those covered by a Centrelink Concession Card.



Continence Physiotherapy Solves Hidden Problem

There is a common misconception that incontinence problems only affect the very old and women who have had a difficult delivery giving birth. While these are groups where incontinence is very common, young people and men also may suffer from this hidden problem.

One in three women who have had a baby, and one in eight men find that their bladder doesn't behave as they would like it to. Problems range from weak pelvic floor muscles through to having sudden and severe urgency. Bowel problems can also occur at any age. These range from constipation to uncontrollable wind or soiling.

Effective continence assessment and targeted treatment improve people's lives. The impact of incontinence on daily living is often hidden, but affects

socialising, ability to exercise and general health.

A multidisciplinary continence team is able to assess, treat and manage all aspects of continence problems. Physiotherapists who specialise in this field provide pelvic floor re-education and guided exercise programmes that increase muscle strength and improve bladder control. Bowels can be retrained and advice on toilet posture, abdominal massage and biofeedback are all given to improve constipation and faecal incontinence.

Continence Physiotherapy has been building on Dr Kegel's pelvic floor exercises for the last decade or so. Gone are the 500+ exercises women were expected to do, replaced by individualised programs of exercise that aim to improve pelvic floor function.

Men and women have found that this exercise program can be incorporated in their daily lives and helps them achieve the goals they have set. Research is continuing to guide the development of treatment guidelines and studies have shown that fewer people need surgery for stress incontinence.

The ACT Health Continence Promotion Centre aims to increase the awareness of the issues around incontinence and educate health professionals, nurses and doctors on how to identify, assess and manage patients with bladder and bowel problems.

Contact Irmina Nahon at the Continence Promotion Centre on (02) 6207 9977

Eligibility for the Dental Health Program

The eligibility criteria have now been extended, entitling many year 7 and 8 students in secondary school to access clinical services provided by the Dental Health Program. However, young people aged 14 years or older will still need to be a beneficiary of a Centrelink Concession Card to utilise the service.

This significant change has been achieved without additional resources, but through efficiencies gains and improved clinical practices. The change in eligibility has been driven by consumer feedback and in response to recommendations outlined in Australia's National Oral Health Plan 2004-2013 (NOHP).

The Plan states that oral health declines sharply for many young people in adolescence, and that service provision needs to address the particular needs of the adolescent age group. During adolescence, young people become more independent and exercise a greater degree of decision-making. Often there are changes to their diet, eating patterns and lifestyle that affect oral health.

Reports indicate a four-fold increase in dental decay among young people in Australia between the ages of 12 and 21 years (AIHW 2002). In the ACT alone, only 31 percent of 15 year olds have no decay or fillings in their teeth compared to 57 percent of 12 year olds. Many children currently leaving the Dental Health Program aged 12 are not immediately picked up by private dentists for regular dental check-ups.

Extending the eligibility criteria for the Dental Health Program to include a greater number of young people will help improve the dental health of many young people in the ACT.

Apart from the immediate health benefits for this age group, this investment in dental services will help young people to



transfer good dental health practices into adulthood. It will also bring the ACT more in line with the NOHP, and with public dental services provided elsewhere in Australia.

Under the Dental Health Program, dental therapists and dentists provide a range of dental assessment and treatment services from four community health centres - Belconnen, Civic, Phillip and Tuggeranong. Families without a

Centrelink Concession Card are charged a small annual membership fee.

Schools will be notified of the extended eligibility criteria, and provide 12 and 13 year-old students and their families with details of how to contact the Dental Health Program to continue to access services.

Contact the Dental Health Program on (02) 6205 1088

MENTAL HEALTH

Educating ACT Youth on Mental Illness



ental Health ACT funds the Mental Illness Education ACT (MIEACT) community organisation to provide educational sessions to government and non-government schools and community agencies.

The aim of these sessions is to increase general knowledge of mental health issues, reduce stigma towards people with a mental illness and encourage people to seek help early during the onset of a mental illness.

MIEACT recruits, trains and supports presenters with a lived experience of mental illness to conduct these educational presentations. The personal stories of the presenters highlight that people with mental illness can recover and are ordinary people with a health condition that can be treated effectively.

Many Australians unfortunately find it difficult to correctly recognise the signs of someone experiencing a mental illness. To fill this information gap, MIEACT provides an engaging educational forum and presents an effective pathway for conveying information, including written materials about available services and resources.

The November edition of *The International Journal of Mental Health Promotion* profiles research carried out by the School of Health Sciences at the University of Canberra about the MIEACT School Education Program. The results show that the Program is very effective in reducing stigma and increasing mental health knowledge.

The child and adolescent component of the National Survey of Mental Health and Wellbeing found that only 29% of Australian children and adolescents with a mental disorder had attended a service to receive mental health intervention.

Overall, the MIEACT Program contributes to the well being of people with mental illness by promoting more positive attitudes and less discriminatory behaviour towards them, thereby having a positive impact on the public's understanding of mental illness.

Contact Margy Wylde-Browne on (02) 6257 1195 to find out more about MIEACT educational services, to obtain mental health information or a copy of The International Journal of Mental Heath Promotion.

Measuring Mental Health Outcomes

A two-year project is underway to assess the efficiency and effectiveness of mental health treatment across the service within the ACT.

It involves recording and assessing outcomes data with the aim of assisting clinicians in their treatment of clients, facilitating planning by management and contributing to the policy development process. Clinicians compile and use statistical reports in management planning, training, and across service and treatment regimes.

Mark Brown of Mental Health ACT is undertaking the project, and his primary role is to examine existing Outcomes
Data and how it may be used to improve services in line with National Mental
Health Standards. Another objective is to fulfil the requirements of Quality Through Outcomes Funding agreement, and report progress to the Australian Government.

Mark will also work on other current initiatives, including ways consumers can complete self-assessments to see how effective Mental Health ACT is in service provision. Moreover, he will also collate results in regard to sub-projects involving Mental Health ACT and make progress reports in line with the Quality Through Outcomes agreement.

Mark is the Mental Health ACT representative on the Information Strategy Committee for the National Mental Health Working Group. His position is funded from the Commonwealth Own Purpose Outlays budget.

Contact Mark Brown at Mental Health ACT on (02) 6205 5218

HEALTH PROMOTION

Go for 2 & 5: Increasing Consumption Of Fruit and Veg in the ACT



Poor fruit and vegetable consumption is a major risk factor that contributes to the overall burden of disease in Australia and around the world. In 2003, The World Health Organisation (WHO) and the Food and Agriculture Organisation (FAO) called for nations to increase consumption of fruit and vegetables through targeted campaigns and social marketing programs.

In Australia, the Strategic Intergovernmental Nutrition Alliance (a subcommittee of the National Public Health Partnership), the Australian Fruit and Vegetable Coalition (a partnership of government and non-government organisations), and the fruit and

vegetable industry are leading a national strategy to increase fruit and vegetable consumption.

The aim is to increase the fruit and vegetable consumption of the Australian population, over five years, by at least one serve per day. To achieve this goal, the Australian Government Department of Health and Ageing, all state and territory governments, and the fruit and vegetable industry are adopting Western Australia's successful Go for 2 and 5 campaign (www. gofor2and5.com.au). The ACT will be one of the first jurisdictions outside Western Australia to do this.

In the ACT, the campaign is being led by ACT Health's Health Promotion

Unit, supported by the ACT Fruit and Vegetable Coalition. Coalition members include Community Health community nutritionists, the Department of Education and Training, the National Heart Foundation and Diabetes Australia. The campaign will consist of radio advertising, mass distribution of brochures and posters, and food demonstrations in supermarkets promoting simple ways to increase fruit and vegetable consumption.

Contact Ian White in the Health Promotion Unit on (02) 6207 1258

Health Promotion Network – Keeping You Informed about Current Issues

The Health Promotion Network is an information and networking forum coordinated by ACT Health's Health Promotion Unit. The Health Promotion Network provides a regular opportunity for professionals working in health promotion and related fields across the ACT region to keep abreast of local and national health promotion issues.

Network sessions cover national and local perspectives on particular themes, with opportunities for discussion, information sharing and networking. Themes previously covered include Overweight and obesity; Community development; World Health Promotion Conference feedback; Mental health

in the mainstream; Transport and your health, and the social determinants of health in the ACT.

Session details for 2005:

Time: 2.00pm - 4.30pm

Tue 17 May: Workplace Health Promotion Thu 21 July: Community Development and

Health Promotion

Tue 11 October: National and

International Perspectives on Health

Promotion

Venue: Multipurpose room, Centre for Teaching and Learning Technologies,

Fremantle Drive, Stirling

To receive regular updates about Health Promotion Network sessions, and other news and information about health promotion in the ACT, join the ACT Health Promotion email list via the online subscription form to be found at www. healthpromotion.act.gov.au

Contact the Health Promotion Network on (02) 6205 3338

POPULATION HEALTH

Quality First Awards 2005

The Quality First Awards has taken a new direction for 2005. The ACT Quality First Awards aim to recognise leadership and reward innovation in patient safety and quality of care within the ACT healthcare system. The Quality First Awards educate and inspire others in the industry to think about, initiate and cooperate in quality and safety endeavours.

The awards are an excellent opportunity for healthcare professionals to share ideas, information, resources and expertise. Entry to the Award is open to all people working in healthcare who have contributed to improved patient care through quality improvement. Entries are based upon one of the five dimensions defined in Quality First: Safety, Appropriateness, Accessibility, Efficiency and Effectiveness. Awards are presented to the healthcare project judged best in regard to one of these criteria.

ACT Health is pleased to announce that the 2005 Quality First Awards will contain a new category for students this year. This category has been introduced to demonstrate ACT Health's commitment to valuing the work of ACT university students in health-related disciplines.

Each university is invited to select a team or student who has demonstrated learning through their course work, their academic and practical endeavours within the health environment, and a commitment and enthusiasm for quality and safety and its practical



Recognising leadership and rewarding innovation in patient safety and quality of care

implementation. The team selected by each university will be awarded a \$500 cash prize and will be in the running for a winner's trophy in the Quality First Awards Student Category.

Applications close in August 2005.

Contact Vicki Crispe in the Office of the Chief Health Officer on (02) 6025 1561

Immunisation Agreement

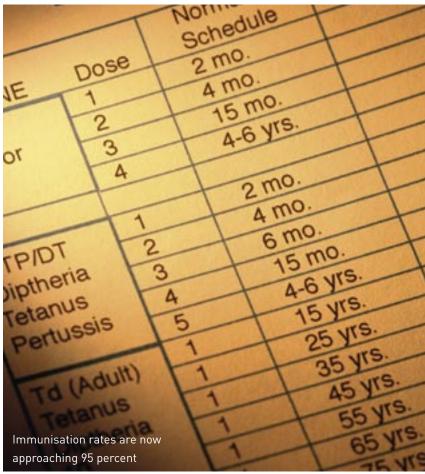
Australian Government funding of vaccines under the National Immunisation Program now falls under the new Australian Immunisation Agreement (AIA) 2004–05 to 2008 – 09.

The AIA, signed in December 2004, is based on the previous Public Health Outcomes Funding Agreement (PHOFA) but has been expanded to include more detail in relation to immunisation outcomes, mutual, Commonwealth and Territory obligations and reporting requirements. Funding Performance indicators have also been revised.

The Public Health Outcomes Funding Agreement (PHOFA) is a set of bilateral funding agreements between the Commonwealth, and each State and Territory, which have provided broadbanded and special purpose funding for a range of public health programs since 1997.

The new AIA includes provisions covering a "supplied vaccine". This accommodates arrangements made under the new Childhood Pneumococcal Immunisation Program that commenced on 1 January 2005. The Federal Government purchased a two-year supply of Prevenar vaccine direct from Wyeth in an effort to achieve a good price and sufficient supply following a worldwide shortage of the vaccine.

Under the AIA, the Federal Government will provide the ACT with \$8.7 million over the 5 years of the agreement for the purchase of vaccines. Funding is provided for vaccines listed under the National Immunisation Program, including vaccines for the childhood immunisation program, and influenza and pneumococcal vaccines for people aged 65 years and over.



Vaccine funding is based on Australian Bureau of Statistics (ABS) ACT population data for each age cohort. As a result of funding being based on ACT population data some cross border issues arise; Approximately 6% of children immunised in the ACT live outside the ACT.

Immunisation of NSW residents in the ACT has not been an issue of concern in the past as immunisation coverage has been below the level funded. However as immunisation rates are now approaching 95%, funding pressures may arise and this issue is now being pursued with the Federal Government.

Funding under the draft AIA is calculated using the same formula as the previous PHOFA. Projected ABS ACT population data indicate that numbers for birth and one to five year olds are decreasing, while numbers of 65-year-old adults are increasing.

The Commonwealth will review this data yearly and base future funding on the latest ABS population estimates.

CONFERENCE DIARY

Infection Control and Neurosciences Symposium

Striving together for Excellence

27th May 2005 Hellenic Club, Woden The aim of the symposium is to increase knowledge of and interest in infection control and care of the patient with neurological/neurosurgical conditions. Topics include: MRSA and Adult Immunisation updates, stroke management, discitis, meningitis, and bacteraemia associated with intravascular devices. This conference will be of immense interest to nursing and allied health staff in acute and aged care facilities, Community Health Nurses and Office Practice Nurses. Keynote speakers are Professor Peter Collignon of TCH speaking on bactereaemia and Sharon Ericksson speaking on silver coated indwelling catheters and related infections. The symposium has been jointly organised by the ACT branches of the Infection Control Association and the Australasian Neurosciences Nurses' Association.

Contact:

The conference coordinators on [02] 6244 2512

Health Outcomes 2005: Making A Difference

11th Annual National Health Outcomes Conference

17 - 18 August 2005 Rydge's Lakeside, Canberra Health Outcomes 2005 will examine ways of dealing with the challenges confronting health policy makers, practitioners and researchers in evaluating health outcomes. In particular, it will focus on new approaches to evaluating outcomes in a health care environment which is facing major changes in public health policy, in clinical practice and in the profile of health consumers; using information and communication technologies to manage the collection, storage, analysis, interpretation and comparison of an ever-increasing quantity of outcomes data for both research and clinical application; gathering, interpreting and using outcomes data to plan and implement effective health care, with particular emphasis on initiatives in the National Health Priority Areas and in relation to specific population groups (eg. Indigenous people, children and adolescents, people from a non-English speaking background, women's and men's health and people with disabilities); and projects which have made a real difference to the health outcomes of their target groups. Further information at: www.uow.edu.au/commerce/ahoc

Contact.

Jan Sansoni or Lorna Tilley on (02) 6205 0869 or (02) 6291 7271

4th Health Services and Policy Research Conference

Health Systems, Services and Strife

13-16 November 2005 National Convention Centre, Canberra The four major themes of the conference include health system comparisons; health outcomes from health services and systems; improving value from health services and systems; and regulation and risk. The conference will provide opportunity for health researchers, policy-makers, clinicians and professionals to meet and share their knowledge and experiences and collaborate on future directions for health services research and policy in Australia, New Zealand and internationally.

Contact:

Consec Conference Management on (02) 6251 0675

Feedback

Healthy Territory is ACT Health's newsletter for people providing healthcare 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 fax (02) 6207 5775 email mark.pace@act.gov.au



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