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HEALTHY TERRITORY

A NEWSLETTER FOR ACT HEALTHCARE PROVIDERS

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NO EASY SOLUTION TO OBESITY



Students and volunteers striding out at the Walking School Bus launch at Miles Franklin Primary School Evatt, May 2005

Overweight and obesity affects all age groups and social strata in the Australian community. It is not just a local and national issue, but also a global phenomenon, and there is no easy solution in sight. ACT Health is using health promotion to guide its efforts to address obesity in the ACT community.

Many underlying causes make obesity a complex health and social issue. Advising people to eat better and exercise more is important, but the health sector also needs to understand and be responsive to the factors that contribute to overweight and obesity.

Social determinants such as access to nutritious and affordable food, housing, employment,

transport and recreational spaces are all crucial factors when considering appropriate actions to address the achievement of healthy weight.

Health promotion acknowledges the impact of these determinants and directs its efforts toward changing systems to benefit the whole population. Health promotion approaches are aimed at changing policies, legislation and organisational practices, as well as building partnerships and coalitions, promoting community participation and increasing the skills of individuals and communities.

Addressing the obesity epidemic in the ACT is not just an issue for the health sector. Solutions rely upon

multiple sectors of government and the community working together. Effective partnerships across a range of key agencies are integral to a health promotion approach to obesity.

The Walking School Bus is a good example of a health promotion approach to addressing obesity. This program encourages children and their families to be physically active as part of everyday life by walking safely to school.

The success of the Walking School Bus program is based on strong collaboration between government and community agencies, and participating school communities. Currently, 10 schools are involved in the program and ACT Health is a major supporter.



Dr Tony Sherbon, Chief Executive
ACT Health

In April 2005, iSOFT was announced as the successful tenderer for delivery of a patient administration system (iSOFT iPM) for Community Health and The Canberra Hospital.

The iSOFT iPM product has already been implemented in a large number of sites within Australia, the UK and Asia.

Successful implementation of ACTPAS will provide ACT Health with the foundation to deliver on initiatives outlined in the *Information Management and Information Technology Plan 2004-2009*.

The ACTPAS Project Team is responsible for helping ACT Health replace the existing Caresys Patient Administration System. They are currently developing the "look and feel" of the system, and final workshops with Theatres and HITH will be conducted in the coming weeks.

At the end of a 16-week review period, a final report will be provided to the ACTPAS Steering Committee for endorsement. Once this report has been endorsed, the team will start configuration, training, report specification, interface development and end user training.

Tony Sherbon
Chief Executive
ACT Health

ACT HEALTH PATIENT ADMINISTRATION SYSTEM PROJECT

RENEWAL OF ACT HEALTH'S AND THE ACT DIVISION OF GENERAL PRACTICE'S UNDERSTANDING

ACT Health and the ACTDGP have renewed their Memorandum of Understanding (MOU), which has been in place since July 2002.

The intent of the original MOU was to develop links and working relationships between ACT Health and the ACT Division of General Practice. The main aim of the new MOU is to increase collaboration and communication between the two organisations and to increase integration across the primary care sector.

The renewed MOU builds upon this established relationship by recognising, supporting and promoting the role of general practitioners in the delivery of primary health care for the ACT community; strengthening system-wide collaboration and cooperation; and facilitating general practice input to the planning, development and implementation of primary care health policy and services in the ACT.

"ACT Health and the Division have developed a strong working relationship in recent years," ACT Health Chief Executive Dr Tony Sherbon said.

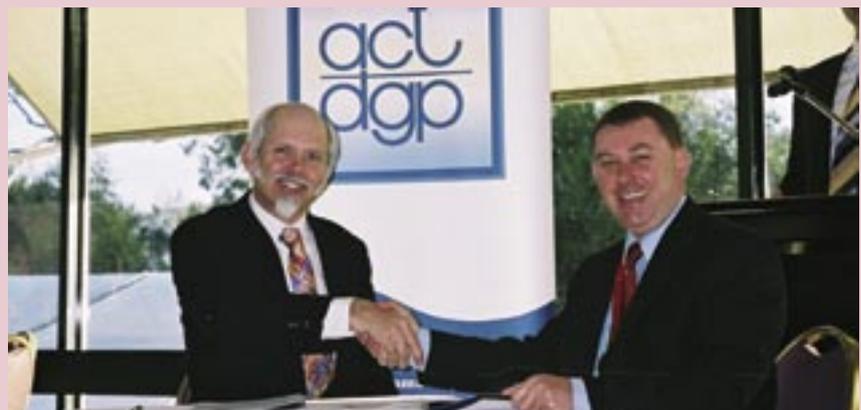
"We now work together on a range of primary health care issues that are important to both our organisations.

"These include the ACT Primary Health Care Strategy, which aims to increase integration, efficiency and effectiveness across the primary health care sector, and working with the Canberra After hours Locum Medical Service (CALMS) to establish a new model of after hours GP service in the ACT," he said.

ACT Health has also worked with the Division and other key players in the primary healthcare field on primary care initiatives such as GP Liaison Units located at TCH and Calvary Hospitals, the Discharge Planning Policy and Guidelines, the Enhanced Primary Care Demonstration Site Project and the Better Health For People With a Mental Illness Project.

"I am proud of our work on all these projects and of our strong collaboration with the Division" Dr Sherbon said.

**Contact Moira Lye in Primary Health Care
Policy on (02) 6207 0848**



President of the ACT Division of General Practice Dr James Cookman and ACT Health Chief Executive Dr Tony Sherbon celebrate the signing of the renewed MOU.



POSITIVE IMPACT ON ABORIGINAL HEALTH

An Aboriginal Health Impact Statement (AHIS) endorsed by ACT Health earlier this year will help ensure mainstream health services are responsive to the needs of the Aboriginal community.

A completed AHIS will state exactly how the needs of Aboriginal people have been taken into account, and that appropriate consultation and negotiation processes have taken place. It will apply to all areas of ACT Health including new strategies, policies and programs.

In cases where a strategy, policy or program will not impact upon Aboriginal health services and health outcomes, completing the *Impact Statement* is a straightforward exercise.

Completing the *Impact Statement* becomes more onerous where the strategy, policy or program will affect Aboriginal health services and health outcomes. In such cases the development of the strategy, policy or program may require:

- consultation with Aboriginal organisations and the Aboriginal and Torres Strait Islander Health Unit;
- establishing links with other strategies, policies, programs or services;
- providing descriptions of how the needs identified through consultations will be addressed, the resources required and an evaluation plan; and

- development of a partnership approach to the implementation and evaluation of the strategy, policy or program.

The implementation phase of the AHIS will commence following the finalisation of the accompanying consultation guidelines.

Contact the Aboriginal and Torres Strait Islander Health Unit on (02) 6205 0569

ALLIED HEALTH

NEW DIETETICS COURSES IN THE ACT



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The University of Canberra (UC) now offers a Graduate Diploma in Dietetics, and a Master of Nutrition and Dietetics, enabling students to train as dietitians in the ACT.

This welcome development will facilitate engagement of dietitians in the prevention and treatment of a wide range of food and diet-related health problems.

The new courses are targeted towards preparing students to become dietitians through the development and practice of clinical, health education, public health and research skills, in line with the development and expansion of local allied health professional education flagged in ACT Health's 2002 *Health Action Plan*.

The ACT now offers unique employment opportunities for dietitians in a variety of areas, including clinical, community, policy, food service and education, at Commonwealth and state level. The ACT

has a diverse range of national health-related agencies engaged in health policy. Research and health services afford many more opportunities to the territory's dietitians.

In August 2005, the current dietetic student cohort began professional placements in and around the ACT region. These placements involve gaining invaluable work experience in clinical, community and food service areas. Our new dietetic students not only look smart, but also are easy to identify while on placement by their distinctive navy polo shirts bearing the UC symbol.

Contact Jane Kellett on (02) 6201 2507 or email: Jane.Kellett@canberra.edu.au for information regarding postgraduate Dietetics courses at the University of Canberra

ALLIED HEALTH SCHOLARSHIP RECIPIENT

The purpose of Allied Health scholarships offered by the ACT Government since July 2004 are to attract and retain Allied Health professionals within the ACT healthcare sector. The scholarships fund clinical practice, education, research, leadership and management.

Speech Pathologist Cassie Morton is a previous recipient of this award, which provided her with 12 months of financial support for her two-year (part-time) Speech-Language Pathology coursework masters degree.

"As ACT Universities have no Speech Pathology school, I thought that it was important to stay in touch with the latest information via alternative means," Ms Morton said.

"This degree has improved my resourcefulness and ability to perform comprehensive literature searches from home via the Internet.

"As I have already been studying for 18 months, I have found it very beneficial to know I am up to date with the latest information.

"This enables me to provide my clientele with the best possible service through following best practice guidelines.

"I have also found it very beneficial to give feedback to my colleagues on the latest information that can be employed in clinical practice.

"In short, the Allied Health Scholarship has enabled me to further my studies and thus provide better quality of care to my clients. I would therefore wholeheartedly recommend that my colleagues also take the opportunity of applying for a scholarship," Ms Morton said.

Contact Speech Pathologist Cassie Morton on (02) 6244 2230

10th June 2005
Karen Murphy
Allied Health Adviser
ACT Health
GPO Box 825
Canberra City 2601

Dear Karen

The Podiatry Undergraduate Scholarship project has been launched and initial stages of recruitment are now underway. I would like to thank you, firstly for the acknowledgment of the situation Podiatry was in, and then for following this up with your proposal, instigation and delivery of this wonderful project.

Podiatry in ACT Health has been fortunate to maintain a small, dedicated core of experienced Podiatrists for the last few years whilst we have been unable to recruit to vacant positions. We are a service that experiences constant and strong demand and the effects of chronic understaffing do place increased stress on those in the service.

The Podiatry Undergraduate Scholarship has brought hope to the Podiatry team. Hope that we will gain more support to enable us to continue to provide a high level service in a timelier manner to clients and the support to have greater capacity to implement and monitor quality improvement of our activities.

The Undergraduate Scholarship offer, I believe, will provide a good selection of candidates from which we will be able to select the two most outstanding and likely to achieve professional excellence as well as the values and objectives of ACT Health.

It has been a constant frustration that our usual recruitment attempts either fail or manage to attract temporary part time workers whose long-term ambitions lay outside those of this organisation.

Thanks again for acknowledging our dilemma and instigating a likely solution. You and your team are doing a fantastic job; identifying the relevant issues, coming up with appropriate solutions and following through on those. The clients and health professionals of ACT Health will benefit greatly from your work. Well done and thank you very much.

Yours sincerely

Helen Matthews
Lead Professional, Podiatry
Community Health
ACT Health

**THANKS
FOR A JOB
WELL DONE**

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HOSPITAL PLACEMENTS FOR PHARMACY STUDENTS

Sixteen students began their pharmacy studies at the University of Canberra last July and all successfully passed their first semester. In second semester, these students will gain practical pharmacy experience external to the University, which involves weekly community and hospital placements in addition to a weeklong rural pharmacy placement.

ACT Health has pioneered a new Clinical Pharmacist preceptor position manned by ACT Health's Sarah Gillespie who now co-ordinates hospital placements of University of Canberra Masters in Pharmacy students.

The Australian Pharmacy Preceptor Program is a national online education and support program developed for the preceptors of pharmacy students and graduates, with a specific focus on

preceptors in rural and remote Australia. The University of Canberra welcomed the opportunity to provide input to the program.

Hospital placements were held at The Canberra Hospital and Calvary Hospital. Students were divided into four groups and they participated in three-hour sessions that covered topics studied in their applied therapeutics lectures, including Cardiology, Diabetes and Asthma.

The students reported on the results of drug chart and patient interviews conducted on the ward, with particular attention to drug therapy and the importance of lifestyle issues related to the patient's condition. They attended education sessions as part of the TCH Cardiac Rehabilitation Program, and viewed angiography and angioplasty

procedures in the TCH Cardiac Catheterisation Laboratory.

As part of the Diabetes sessions, students were able to accompany diabetes educators, dieticians and podiatrists in their consultations with patients. A highlight for several students was participating in a hands-on learning session involving the various respiratory tests conducted in the TCH Lung Function Laboratory.

First year students will become familiar with pharmacy practice in hospitals and the hospital environment. Students will also focus on the continuing integration of knowledge and the development of relevant clinical skills.

**Contact Clinical Pharmacist Preceptor
Sarah Gillespie on (02) 6201 2084**

CALVARY PUBLIC HOSPITAL



HOT PEPA EXPERIENCE AT CALVARY

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The Program of Experience in a Palliative Approach (PEPA) continues to deliver good outcomes throughout Australia. In the ACT, to date 21 PEPA 1 participants have completed a clinical placement at the ACT hospice Clare Holland House.

Most have come from the aged care sector and post placement visits have demonstrated many outcomes, including:

- The purchase of syringe drivers by participating organisations
- The development of a range of palliative care brochures
- Changes to policies so that they reflect a palliative approach
- Increased palliative care resources to many aged care facilities
- A variety of education presentations for staff
- The hosting of information evenings for families to dispel myths around palliative care

- Inspiring participants to pursue further studies in palliative care
- The renovation of an aged care unit for use by families of palliative care residents

Allied health workshops will be rolled out soon, and Mal McKissock has conducted two very successful workshops for allied health staff and PEPA participants, on loss, grief and bereavement.

PEPA 2 will commence shortly in the ACT and this will provide specialist palliative care nurses with the opportunity of attending a placement at Westmead paediatric palliative care and TCH oncology. A two-day workshop for GPs will be held on 3rd and 4th of March 2006

Contact Sue Wood at ACT PEPA on (02) 6273 0336, email Sue.Wood@calvary-act.com.au or visit the website www.pepaeducation.com

CALVARY IMPROVING COMMUNICATION BETWEEN HEALTHCARE PROVIDERS AND PATIENTS

Calvary Health Care ACT's Medical Education Program (MEP) recently completed a two-year project that has seen over 700 ACT Health Employees attend communication training. A total of sixty workshops were conducted at Calvary Health Care ACT, The Canberra Hospital and Community Health.

The aim of the Calvary MEP Quality and Safety Project was to provide innovative education in communication skills to clinical and non-clinical staff in the ACT health sector, with a view to improving communication between providers and consumers.

In order to evaluate the effectiveness of the project, participants were asked to envisage behaviour change as a result of attending the education sessions. They were surveyed again approximately four weeks later to assess the level of implementation of such changes.

Assessments revealed an overwhelming increase in participant's awareness of the benefits of communicating well with patients. 97% claim to have a better understanding of how they can improve patient satisfaction and 87% claim to understand the importance of checking patient's expectations before responding to their request.

Assessments also reveal that participants believe their ability to communicate effectively increased as a result of attending a workshop, and 90% of those surveyed say they are now more aware of how they interact with patients.

WORLD BREASTFEEDING WEEK

Calvary Health Care ACT celebrated World Breastfeeding Week in August with the launch of the poster 'Working and Breastfeeding: Look At All Your Options.' The poster is a joint venture between Calvary Health Care ACT and the Australian Breastfeeding Association (ABA) for national release.

In August 2004, the ABA accredited Calvary Health Care ACT as a Breastfeeding Friendly Workplace. While Calvary complied with all accreditation requirements, a poster was needed to advertise the program within the hospital. The ABA also wanted a poster to promote the initiative nationally, which was the reason for the joint venture.

Accreditation as a Breastfeeding Friendly Workplace requires employers to provide

women going on maternity leave with information to support and encourage them to continue breastfeeding on return from maternity leave.

The main requirements include:

- Lactation breaks — according to International Labour Organisation recommendations — enabling the mother to express her milk or feed her baby
- Facilities including a private room, breast pumps, sink and refrigerator
- Flexible work options on return to work
- Support from employers and colleagues
- Proximity of Child Care



Calvary Health Care ACT sees accreditation as a low cost venture that supports a family friendly culture and the new poster is a great way of promoting this initiative.

Contact Sue Minter at Calvary Health Care ACT or Sally Eldridge at the Australian Breastfeeding Association.

More information online at www.breastfeeding.asn.au

CALVARY ANNOUNCES NEW EXECUTIVE APPOINTMENTS

After an extensive nationwide search, Deborah Cole has been appointed to the position of Chief Executive Officer of Calvary Health Care ACT, effective October 2005.

Deborah comes to Calvary ACT from St Vincent's Health Victoria where she has been Director of Health Support Services since 2002. She has been the CEO of the City of Yarra in Melbourne and has held a number of other senior positions within healthcare.

Ms Cole brings considerable experience in managing major public healthcare organisations, as well as a broad range of strategic planning, operational and public policy skills, which will provide strong leadership to Calvary's public and private hospitals in the ACT.

A new Director of Mission, Ms Susan Sullivan, has also been appointed to the Executive. Ms Sullivan commenced in her new role on 1 August. She will be the first lay Director of Mission for Calvary ACT, and her qualifications in theology and education will ensure the mission and values of the Sisters of the Little Company of Mary continue to be lived out.

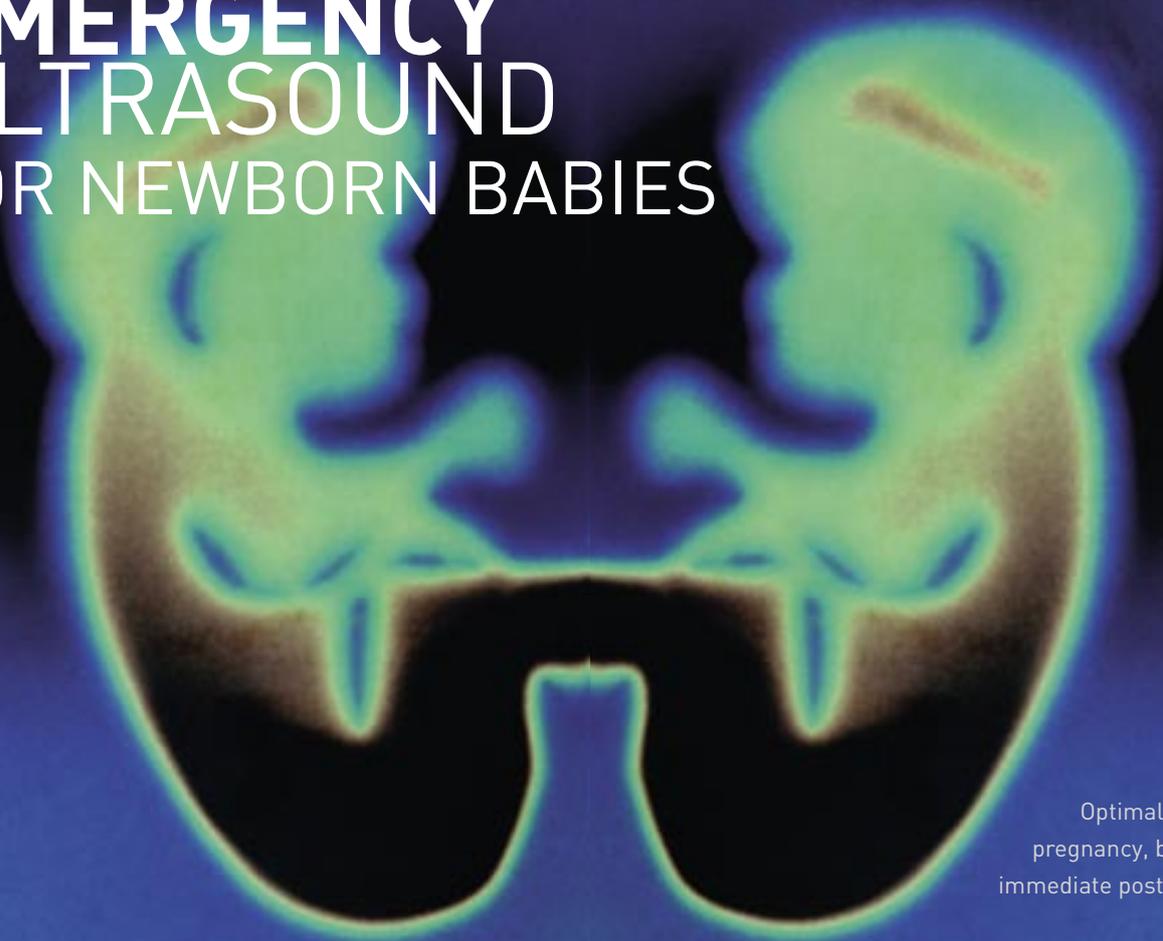
Susan Killion – Director of Performance and Allied Health, has recently taken up a new position in the Executive. Ms Killion was a previous employee of Calvary and has worked for the past several years in the ACT Government — in ACT Health and the Chief Minister's Departments — in policy and planning, contract negotiation and government relations.

These key positions add to the continuing Executive members: Heather Austin – Director of Nursing Services; Vicki Williams – Chief Financial Officer and Dr Elizabeth O'Leary – Acting Director of Medical Services.

"We are pleased to be adding new members to Calvary's leadership team, and the breadth of experience within the entire Executive will ensure that Calvary is well positioned to deliver high quality healthcare services and even stronger links with the ACT Community well into the future," said David Butt – National CEO of Little Company of Mary Health Care.

CALVARY PUBLIC HOSPITAL

EMERGENCY ULTRASOUND FOR NEWBORN BABIES



Optimal care during pregnancy, birth and the immediate postnatal period

Calvary Health Care ACT recently held a successful Trivia Night to raise money for a new emergency ultrasound machine for its Maternity Unit. Generous donations from the public for prizes and auction items ensured the evening's success.

Until now, Calvary had relied on an outdated machine to determine the baby's position in an emergency situation. This machine was slow and cumbersome for practitioners to operate. While this old machine served Calvary well for many years, there was potential for unnecessary delay and increased risk during emergencies.

These problems will now be overcome with the purchase of a new and better machine. The new emergency ultrasound has faster and more accurate detection

capabilities, which will ensure staff remain well prepared to deal with Calvary's climbing birth rate. Since 2000-01, Calvary births have increased steadily from 1518 to 1810 births in 2004-05.

Calvary Health Care's Maternity Unit has experienced an increase in the number of births due to its proximity to Canberra's newer northern suburbs, which have attracted many younger families to the region. Calvary Health Care has catered to this increase by adding to the number of birthing rooms, upgrading existing facilities and purchasing new equipment.

Responding to rising birth rates, Calvary Health Care ACT has embraced the Community Midwives Program, which is being given greater prominence throughout the ACT. Although waiting

lists are large for this midwifery based birthing choice, it continues to grow in popularity throughout the ACT.

Based at The Canberra Hospital, the program is supported by Calvary and gives women the choice of a midwifery model of care to assist them throughout their pregnancy and birth. Women on the Community Midwives Program may choose to give birth at Calvary. Such services will become even more popular as the North Canberra birth rate rises further and the hospital continues to support the program.

New models of care and the purchase of new equipment are part of Calvary Health Care ACT Maternity Unit's continuing commitment to providing optimal care and support for women and their families during pregnancy, birth and the immediate postnatal period.

THE CANBERRA HOSPITAL

STROKE UNIT AT TCH

The Canberra Hospital Stroke Unit comprises four high dependency beds and six step down beds on the Neurology/ Infectious Diseases Ward 7A, which opened last year.

220 patients have been treated by the stroke service over the past 9 months ranging in age from 23 to 93 years. Patients from Calvary Hospital and Greater Southern Area Health Service have also been treated in the Unit depending upon bed availability. The establishment of the stroke service has significantly reduced the length of stay for stroke patients.

In Australia stroke affects 48,000 people each year. 70% of these are first time strokes and stroke risk factor modification significantly reduces the risk of stroke.

Signs and symptoms of stroke include sudden onset of any or several of the following: weakness, numbness or paralysis of face, arm, leg on one or both sides of the body; difficulty speaking or understanding; dizziness, loss of balance or an unexplained fall; loss of vision, sudden or blurred vision or decreased vision in one or both eyes; severe headache; difficulty swallowing. Anyone experiencing the symptoms of stroke should call an ambulance.

Thrombolysis in acute ischaemic stroke has been used on nine occasions in the ACT with Calvary Hospital administering

thrombolysis on two occasions. Prior to the establishment of the stroke service the use of thrombolysis was very much ad hoc.

Early presentation to hospital for assessment will determine whether the patient is eligible to receive thrombolysis. Even if the patient does not meet the eligibility criteria for thrombolysis, early presentation to hospital will decrease the risk of stroke complications.

A recent success story was a 51-year-old male patient who presented to TCH at 3am with right-sided weakness and facial droop. He received an urgent CT scan to rule out haemorrhagic stroke.

Thrombolysis was administered within 90 minutes of stroke onset. The patient made a near complete recovery with the only residual deficit being some parasthesia in the fingers.

TCH is currently part of a multi-centred, international trial examining the risks and benefits of extending the three-hour timeframe for thrombolysis to six hours from stroke onset. The trial will also examine the safety of thrombolysis in over 80 year olds.

Contact Isabel Harvey in the TCH Stroke Unit on (02) 6244 4141



Stroke Liaison nurse, Isabel Harvey, with Danny Phungbun, a former patient of the Stroke Unit at The Canberra Hospital

THE CANBERRA HOSPITAL

ACT UNIVERSAL NEWBORN HEARING SCREENING PROGRAM

Hearing loss can be invisible. But with new technology it is possible to detect hearing loss in the early days of a baby's life. The ACT Universal Newborn Hearing Screening program launched in 2002 at The Canberra Hospital is proving to be very successful by meeting key goals set three years ago.

Seven screeners cover three hospitals with around 400 babies being screened per month. On average two babies screened per month are found to have some form of hearing loss. The first months and years of a child's life are very important for developing communication skills. By the time children say their first word they have been listening to language and the world around them for a year.

There is evidence to show that children with a hearing loss who are diagnosed and commence intervention before six months of age have significantly better speech and language development, than those diagnosed after six months of age. Poor language skills have long been associated with reduced academic achievement, fewer job opportunities, limited financial independence and poor psychosocial development.

Stage 1 of the Newborn Hearing Screening Program commenced at The Canberra Hospital in February 2002, with the Stage 2 "roll-out" to Calvary and John James Memorial Hospitals in September/October 2004. The key goals of the programme were to screen 95% or more of the babies born and admitted to Hospitals within the ACT, to diagnose any babies with a hearing loss by three months of age and to refer for intervention by six months of age.



The Program is meeting each of these goals in the 10 months since rollout, proving that the program has been very successful in testing for hearing loss in the first couple of months of the baby's life. Hearing Screening is now being offered to all babies born, admitted or referred to The Canberra Hospital, Calvary and John James Memorial Hospitals through the ACT Universal Newborn Hearing Screening Program.

The first months and years of a child's life are very important for developing communication skills

PARENTS SUPPORT PAEDIATRIC CONSUMER FORUM

Overwhelmingly positive parental reaction to the first meetings of parents of former, and present paediatric patients at the Canberra Hospital (PatCH) has given the Director of Paediatrics, Associate Professor Graham Reynolds the support to call for more parents to be part of a Consumer Forum Network.

"Medical treatment in hospitals has changed over the years and, especially with their children, parents have their own thoughts on how their children's visits to hospital could be improved or even made more enjoyable," Professor Reynolds said.

"This network is the best arena for them to voice their opinions along with the children's thoughts.

"The Consumer Forum Network for PatCH will meet on a regular basis, have access to the management and staff of PatCH, and be able to discuss the service with other parents with similar thoughts about the Unit.

"I was extremely pleased with the suggestions put forward at the first meetings. This is definitely the forum for parents to voice their opinions of the service and treatment they are receiving," Prof Reynolds said.

At the initial meeting the consumers indicated a few areas they felt could be improved, from the décor of the wards to communication with doctors and nurses.

"I would be very happy to have around 30 or 40 people forming the network; the more people the better, and the wider the range of suggestions we receive the more we will be able to improve our service," Professor Reynolds said.

"Those who attended the first meetings of the paediatrics Consumer Forum Network have been asked to speak with friends who have used the services in PatCH, to gather their suggestions on how to improve the service, and to encourage them to attend the next meeting to be held in about two months.

Further meetings will be scheduled by PatCH around October which will allow parents who attended the first meetings to discuss the network with their friends.

If you wish to attend the next meeting, please contact PatCH through The Canberra Hospital switchboard, as all parents of patients, both present and past, are welcome at the next meetings.

NURSES & MIDWIVES LOOKING FORWARD

LAYING THE FOUNDATIONS FOR NURSE PRACTITIONERS IN THE ACT

ACT Health recently launched the document '*Nurse Practitioners in the ACT- The Framework*,' that sets the foundation for the introduction of Nurse Practitioners into the ACT Health system.

A Nurse Practitioner is an experienced Registered Nurse who has additional educational qualifications (Master of Nurse Practitioner) that enable them to function in an expert clinical role as a senior member of the healthcare team. This may include, but is not limited to, direct referral to other health professionals, prescribing a limited range of medications, and ordering diagnostic investigations.

The Nurse Practitioner role enables the development of new and innovative models of care for service delivery that aim to enhance continuity and timely consumer access to appropriate healthcare. The role also provides a valuable addition to the clinical career pathways for the nursing and midwifery professions.

The document is the vital and final stage in establishing the necessary legislative and regulatory frameworks to ensure a safe and conducive environment for both the protection of the public and the success of Nurse Practitioners in the ACT.

The framework document provides guidelines and practical information for the community, those wishing to become Nurse Practitioners and those seeking to employ a Nurse Practitioner.



The ACT Government has committed \$250,000 for the establishment of Nurse Practitioner positions in the 2005/06 Budget. Discussions are presently underway across ACT health services to facilitate the development of these positions. ACT Health expects that NP positions will be established late 2005 and early 2006 across the ACT health system.

The document "Nurse Practitioners in the Australian Capital Territory - The Framework" is available from the ACT Health web site www.health.act.gov.au under 'publications'.

Email ACT Health's Nursing & Midwifery Office at n&mo@act.gov.au for further information

NURSES & MIDWIVES LOOKING FORWARD

NURSE PRACTITIONERS: EXTENDING NURSING BOUNDARIES TO ENHANCE BOTH PATIENT CARE AND TEAMWORK

A *Healthy Territory* report on the role of Nurse Practitioners in the ACT from our first registered Nurse Practitioner Elissa O'Keefe of the Canberra Sexual Health Centre, The Canberra Hospital:

"On the 26th of May this year I celebrated having been a nurse for 20 years.

"Ten of these have been spent with just one career goal in mind: to become a Nurse Practitioner (NP) in sexual health. In late 2004, I achieved this goal and was the first authorised nurse practitioner in the ACT and the first authorised sexual health nurse practitioner in Australia.

"Whilst I am academically prepared, I am not currently working in a position as an NP. I am currently working at Canberra Sexual Health Centre in an extended, transitional role under the supervision of a senior nurse and a medical officer.

"Nurse Practitioners are registered nurses whose role includes autonomous assessment and management of clients using nursing knowledge and skills gained through advanced education and clinical experience in a specific area of nursing practice.

"The role includes but is not limited to prescribing medications, ordering designated diagnostic investigations and the direct referral of patients to other healthcare professionals. The NP role substantially extends the career path for clinical nurses, and recognises and values clinical nursing skills.

"This new type and level of health service promotes the use of a nursing model of care, demonstrates a high level of autonomy, and utilises expert nursing skills in the diagnosis and treatment of complex problems in the patient, the carer and the family.

"Working as a transitional nurse practitioner, under the direct supervision of a senior specialist, I have extended my advanced nursing practice to encompass a higher level of patient care. For example, I am able to assess patients with symptoms of a sexually transmitted infection and make recommendations about medications to be prescribed, the ordering of diagnostic pathology and any need for referral to other health practitioners.

"I believe that the role of the Nurse Practitioner is one of the most exciting and innovative developments for the nursing profession in Australia for hundreds of years.

"I am also a firm believer that the creation of this position will help recruit and retain nurses in the healthcare system in the future. I strongly encourage all nurses or those contemplating a career in nursing to consider the NP role as a worthwhile and achievable long-term career goal.

"In the future, I am looking forward to the evolution of a

critical mass of NPs in Australia to progress the role and enhance both patient care and the profession. This evolution is well underway with the newly founded Australian Nurse Practitioner Association, which has approximately 40 members already.

"I am looking forward to the implementation of a robust, valid framework for NPs in the ACT that works for all specialties. I anticipate that NPs will be an accepted and highly respected part of the healthcare systems of the future," Ms O'Keefe said.



CANBERRA MIDWIFERY PROGRAM LEADS THE WAY

Nathalie Zammit, a Maternity Manager at a large teaching hospital in the Mediterranean island of Malta arrived in Canberra in July this year to learn about the ACT Health Canberra Midwifery Programme (CMP).

Maternity services in the ACT range from providing for high risk complicated births, to a birth centre and the Canberra Midwifery Program (CMP), where midwives work in partnership with women and their immediate support group.

The CMP is a community-based, continuity of care model, which provides one to one midwifery care in partnership with women and their immediate support group. It focuses on health promotion, disease prevention and views pregnancy as a normal life event.

Nathalie was impressed. Pregnancy and birth can be a time of intense change and psychological vulnerability. The ACT CMP is unique, evolving out of the alternative birthing service pilot program, which was a response to women's requests for more control, continuity and choice in birthing. A number of women want a community-based, continuity of care environment that fosters the natural process of childbirth –one that is responsive to the needs of women, their babies and families.

The CMP is offered to women from 14-16 weeks of pregnancy, through to after the baby is delivered. It's unique because a therapeutic relationship is established with a small team of midwives early in the pregnancy and lasts through until after the birth. This fosters trust, empowerment and choice.

Nathalie found the environment that the CMP creates to be very positive. The unit is furnished to provide a home-like environment and this helps women to be more relaxed throughout childbirth.

Nathalie observed that this midwifery model compliments a different midwifery focus when compared with a normal tertiary maternity hospital. She is now returning to Malta with the aim of setting up a unit similar to Canberra's CMP.

It was an extremely positive experience to have Nathalie visit ACT Health, and to share information and different experiences about Midwifery Practice. Well-done CMP!

Email elaine.jefford@act.gov.au at the Community Midwifery Program



COMMUNITY HEALTH

NURSING IN THE COMMUNITY – A HEALTHY TERRITORY INTERVIEW

WITH COMMUNITY HEALTH PRINCIPAL NURSE GRANT CAREY-IDE

HT: What's Community Health all about?

Community Health provides a comprehensive range of community-based public healthcare services to all ACT residents across the full life span.

HT: Why is community-based healthcare provision important?

The Whitlam Government introduced a comprehensive community-based healthcare service in 1974, building on a much smaller service that was often hospital based, as an alternative healthcare service that would build capacity. It aimed to address not only healthcare needs, but also the health of the general population and influence the social factors that underpin good health – in short, a really good public healthcare service.

HT: How does the 'wellness' concept fit within the general philosophy service of Community Health?

All of the services we provide have wellness and maintenance of health status as their goal – it's about quality of life. Wellness is about working with individuals and communities within a primary health framework to identify their health risks and to find strategies that will address those risks before they result in illness.

HT: How does Community Health achieve that?

It really differs from program to program. Lets take nursing in the community as an example:

A core part of nursing in the community is to holistically assess every client with whom we're involved, not just focussing on the reason that person presented to our service.



We do that by taking into account all of the needs and supports that a client might have, which goes back to the core premise of nursing of addressing the individual's physical, social, psychological, emotional and spiritual needs – that's the core of good nursing practice.

The thing that's unique about nursing in the community is that we get to see individuals in their community setting, which allows us to better assess clients holistically by taking into account all aspects of their life, including their environment. You can't do that as effectively in an acute hospital setting.

Clients often feel more vulnerable in hospital as they're governed by hospital routines, equipment, meal times, which are all necessary and predetermined. Good research has determined that clients will have a better quality of care and faster recovery if they're in an environment of their choice.

That's not to dismiss the benefits of acute care, as many of the services provided in acute settings cannot be provided in the community. It's just to say that community based healthcare takes pressure off our acute healthcare system and offers a supportive environment that facilitates recovery.

Community nursing services include maternal and child health; women's health; corrections health; alcohol and drug services, including counselling and inpatient/outpatient withdrawal; palliative care nursing; generalist community health services; continence; specialised wound care; diabetes nursing and case management.

Qualified and experienced nurses provide nursing services in the community, working in team environments and often provide services in conjunction with other health care providers. Their practice is evidence-based, and changes from time to time as we learn new things about how to provide better health care.

Our Community Health Intake phone service allows people to talk directly to a nurse with clinical expertise who can direct you to the appropriate Community Health service and assess the priority of your need.

We also provide a 24 hour / 7 days a week post-acute service, which provides short-term intensive nursing support for people who've had a recent hospitalisation.

HT: Are all of these services provided at the Community Health building at 1 Moore Street in the city?

No. All of the Community Health Centres across the ACT provide these services. There are four major Community Health

COMMUNITY HEALTH – ON THE QI TRACK

Centres located in the City, Belconnen, Woden and Tuggeranong; an inpatient unit at the Canberra Hospital providing Alcohol & Drug Services, as well as a number of smaller centres and a large number of maternal and child health clinics. We also provide services at detention centres.

HT: Can anyone access these services?

Yes. But for the services to be provided free you must be eligible for a Medicare Card.

Anyone, including healthcare professionals, can refer clients to Community Health services. Individuals can also self-refer.

HT: Is community nursing achieving the community recognition it deserves?

Leanne Bryant — a nurse from our Alcohol and Drug service who works in the community — recently won this year's ACT Nurse of the Year award. As well, Erica Wright – the manager of the Diabetes Service was awarded the 2005 ACT Nursing Award for Excellence in Research. We also actively participate nationally with representation on the Australian Council of Community Nursing Services and other national bodies. We've also presented papers at numerous national conferences.

Contact the Community Health Intake phone service on (02) 6207 9977 Monday to Friday, 8am to 6pm except public holidays



Delegates at a recent QI workshop

Community Health (CH) takes its organisational commitment to quality improvement seriously. To further this end, CH has initiated comprehensive training in Quality Improvement (QI) processes, documentation and simplified reporting processes.

CH has made a Quality Improvement Toolkit available to all staff. Greater support is available from the Quality and Safety Unit to assist staff undertaking QI activities. CH has undertaken a wide variety of Quality Improvement Projects this year, which has resulted in six nominations across the organisation for the 2005 ACT Quality First Awards.

The Quality First nominations have come from the Child Youth & Women's Health Program, Dental Program, Alcohol & Drug Program, Acute Support Program, and from the two new Streamed Care units – the Cancer Stream and the Aged Care and Rehabilitation Stream. A nomination has also been put forward for the ACHS Quality Awards for a project on falls undertaken by the Aged Care and Rehabilitation Stream in conjunction with the ACT Ambulance Service.

Community Health Executive's support for staff to attend the Continuous Practice Improvement Training has

resulted in eight projects — ranging from clinical care to communication — that involved staff from all programs within Community Health and the Aged Care and Rehabilitation Stream. The formal training concluded in August with a presentation of all projects accompanied by poster displays.

Posters have also been a big feature of Conferences this year with five being exhibited at the RCNA National Conference "Leadership, Image and Culture," and four at the 3rd Australasian Conference on Safety and Quality In Health Care "Evolution or Revolution", both held in Adelaide in July.

The topics covered Infection Control, Accreditation, Communication, Consumer Participation and Quality Improvement. These posters are currently on view at Level 3, 1 Moore St, and will be circulated across the organisation through events such as Quality Week in late October, and Community Health's Nurses and Allied Health Symposia also in October.

Contact Bev Gow-Wilson on (02) 62050854 or Paula Elliott in the Quality & Safety Unit on (02) 62051164

COMMUNITY HEALTH

TOWARDS A HEALTH PROMOTING WORKPLACE

A healthy workforce is increasingly viewed as an investment in reducing sick leave and other associated costs of ill health, leading to improved productivity, higher workplace morale, better working relationships, and improved staff retention and commitment to the organisation.

Towards a Health Promoting Workplace commenced in January 2005 as a collaborative project in Community Health, Mental Health ACT and Aged Care & Rehabilitation Service, with the support of the ACT Health Promotion Unit.

Initially, site visits were made to a number of work units to gain a better awareness of the complexity and diversity of the ACT Health workforce. In March, Dr Andrew Noblet from Deakin University shared his expertise in an interactive presentation, which defined the characteristics of a healthy organisation and examined strategies that organisations can employ to create healthier workplaces.

To raise interest in the project, weekly health promoting messages have been circulated via email and on posters in workplaces. Staff contributed to a 'Words of Wisdom' competition, with the winning selection adding to the impact of the weekly messages.

Staff were asked what would make them happier and healthier in the workplace. Their responses highlighted the extent of staff interest in becoming involved in health promoting workgroups at their particular locations. Cell groups will



Flexing and strengthening at lunchtime pilates

be established at each health facility to engage more staff in the project and contribute to its sustainability.

Simultaneously, expressions of interest were sought from a variety of activity providers (from belly dancing to meditation). Currently, yoga and Pilates classes are held in the Community Health building in the city, with more groups planned, as staff needs and interests are matched with provider availability.

As with all health promoting activities, a comprehensive approach is most effective when it includes topics such as smoking cessation, weight loss management, healthy eating habits, exercise, managing stress and building resilience.

Contact Stephanie Leishman in the Quality & Safety Unit on (02) 6205 0678

ORGANON YOUNG PSYCHIATRIST AWARD

ACT staff psychiatrist Dr Rajeev Kumar was recently awarded the Organon Young Psychiatrist Award presented each year at the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Annual Congress. The award won by Dr Kumar is one of a number of awards presented at the RANZCP Congress held in May this year in Sydney.

The Organon Young Psychiatrist Award encourages young psychiatrists by recognising excellence in research in Australia and New Zealand, and is presented to young psychiatrists within five years of graduation who are actively involved in research.

Part of Dr Kumar's time is spent working for ACT Health in a clinical consultation liaison position in psychiatry and for ANU in an academic role. He is currently Acting Head of the Academic Unit of Psychological Medicine, and has also been acting Director of the Research Centre for the Neurosciences of Ageing at ANU (RESCENA).



Organon's Medical Director, Dr David Woodhouse, presents Dr Rajeev Kumar with a cheque to further his research activities while RANZCP President, Professor Philip Boyce looks on.

MENTAL HEALTH

BETTER GENERAL HEALTH FOR PEOPLE WITH MENTAL ILLNESS

The Better General Health for People with Mental Illness project — funded by ACT Health and Mental Health ACT — aims to reduce barriers to healthcare for consumers of the service with an enduring and serious mental illness. The pilot project is based at The City Mental Health Service (CMHS) and a Project Primary Care Nurse (PPCN) is implementing the project.

In January 2005, Mental Health ACT approached the local general practice community to take on new referrals from CMHS with no identified GP, and to offer bulk billing with the project's support. Current consumers of the health service, who had difficulties with GP attendance but had a nominated GP, could also be supported if the project engaged their GP.

The support of the general practice community was outstanding, with 16 local practices joining the project. This has given consumers a greater ability to find a GP in their local area, overcoming transport barriers and improving access to general practice for individual consumers.

By the end of last financial year, 34 people have actively taken up this support. The percentage of consumers at CMHS with no documented GP has reduced from 50% in 2001 to 8% in June 2005. One of the benefits of this is the improved liaison that has resulted between GPs and Mental Health ACT.



There have been many good news stories from this project, with several mental health consumers now being treated for physical health conditions not previously even diagnosed. One person had not seen a GP since 1973. Another 59-year-old man stated he had never seen a GP! Both of these people are now linked into their local practice for regular physical healthcare.

About a quarter of consented consumers never eat fruit and vegetables, and rates of smoking are four times that of the general population. CMHS Rehabilitation Officer Rebecca Dawson is offering a range of services to consumers of the CMHS to address some of these issues, including a QUIT smoking group later this year.

Steering Committee for the Better General Health in People With Mental Illness project

Whilst there are many physical health issues still facing mental health consumers, this Mental Health ACT project demonstrates that true collaboration can make a huge difference to healthcare delivery.

Contact Fiona DeLacy at City Mental Health Service on (02) 6205 1338

MENTAL HEALTH

MINDMATTERS – A MENTAL HEALTH PROMOTION RESOURCE FOR SECONDARY SCHOOLS

MindMatters — a federally coordinated Australia-wide program for secondary schools — aims to promote mental health by building the capacity of schools to enhance resilience in students and staff. As part of their commitment to mental health promotion, ACT Health jointly funds ACT MindMatters with the Federal Department of Health and Ageing.

Libby Porter, the ACT MindMatters Project Officer based in the Woden offices of the Child and Adolescent Mental Health Service, conducts training workshops for teachers, while providing ongoing support regarding wellbeing issues to ACT schools.

The MindMatters Drama Festival is a non-competitive event where students develop a short piece on a mental health issue with a positive focus. In 2005, the numbers of participating schools more than doubled. Thirteen schools from all sectors took part in this event at Lake Ginninderra College.

Topics chosen by students this year include reducing the stigma of mental illness, the mental health of same-sex attracted young people and the power of positive thinking.

Unique in Australia, 100% of ACT government, catholic and independent schools have had some involvement with MindMatters since it began in 2000.

This has occurred through regular 2-day workshops, support meetings, in-school support or the Drama Festival.

Contact Libby Porter at the ACT MindMatters project on (02) 62051469 or email libby.porter@act.gov.au

BETTER OUTCOMES FOR YOUNG CANBERRANS

Mental Health ACT funds the Child and Adolescent Mental Health Service (CAMHS), to develop support networks for Children of Parents affected by a Mental Illness (COPMI). The aim of the project is to improve mental health outcomes for children and young people in the ACT with parents affected by a diagnosed mental illness.

The project examines the social determinants of poor mental health outcomes and the protective factors that can help alleviate them. Critical factors include the impact of social isolation, stigma, poverty and access to appropriate services. COPMI promotes the early (non-discriminatory) identification of these families to ensure the provision of appropriate support to prevent or minimise poor psychosocial outcomes.

A priority project objective is to bring together a diverse range of agencies to better identify and understand the needs of these children, and develop better ways of addressing them. A Steering Committee comprising nine Government and Community organisations drives the project.

The ACT COPMI Community Network will meet in October 2005 with a focus on young people, carers and consumer participation. A Mental Health Internal Steering Committee provides guidance and consultation on COPMI issues with a strong advocacy role.

This project has a strong educational focus and this year alone COMPI training has been provided to non-government organisations, ACT Colleges, other ACT Government Departments and GPs. A November mental health symposium also involves the Department of Education and Training.

The COPMI project, in collaboration with the mental health sector, will continue to heighten awareness of issues affecting COPMI families, the need to develop appropriate services and supports, enhanced by organisational and workforce development.

Contact Therese Foster on (02) 6205 1469 or email therese.foster@act.gov.au for more information

HEALTH PROMOTION

PROJECT ORIENTATED 'MAGICAL' SCHOOL MENTORING



Project Orientated School Mentoring (POSM) is about creating alternative early pathways of acknowledgement, transition and opportunity for at risk boys. Through an early identification/strength based approach to project based mentoring, these boys enhance their school environment through practical contributions such as building a garden, leading to greater inclusion, ownership and reflective learning.

'About A Boy' placed the boys in an interactive relationship with their environment, school property, peers, mentors and teachers. The project targets boys in a non-stigmatising way. They are part of a larger group of volunteers and given the real responsibility of contributing to their school environment by building a highly valued "Magical Garden".

Mentors working in the garden were generally male, though female mentors also enjoyed strong support. The mentors engaged, cajoled, encouraged and worked with the children in the garden to plant and build things. By the end

of the project, they had transformed a large patch of grass into garden beds for every class, a chicken shed replete with composting and a worm farm.

In just 12 months, the children, mentors and school community created a sustainable feature that contributed positively to the personal and educational development of children in so many ways. At the same time they were engaged in healthy activities – being active, and learning about various foods, occupational health and safety, and how to use various garden tools.

Menslink has enjoyed three consecutive years of funding support for the About the Boy project. The project model was the recent winner of the special merit category at the recent ACT Health Promotion awards. The project team recently received a sizeable grant from the Attorney General's Department to expand the "About the Boy" Mentoring Boys In Schools (MBIS) project.

10KADAY – A STEP IN THE RIGHT DIRECTION

Increased daily physical activity levels, an improvement in short-term health and wellbeing, and more active work colleagues and family members are the major results that have emerged from an evaluation of the 10kaday physical activity program recently conducted in ACT Health.

For six weeks in early 2005, more than 400 ACT Health staff stepped up to participate in the 10kaday program. This voluntary workplace health promotion program aimed to improve the health and wellbeing of staff by promoting the benefits of increased physical activity. Participants used pedometers to count steps towards or in excess of a minimum of 10,000 steps each day.

The evaluation indicated that the 10kaday program was a great success and has led to the consideration of plans to further develop the program in the future. The 10kaday program was conducted under the Vitality framework, which promotes the health and wellbeing messages of Eat Well, Be Active, Feel Good About Yourself to the people of the ACT.

Contact the Health Promotion Unit on (02) 6207 9527 for more information about the 10kaday program

HEALTH PROMOTION

FALLS PREVENTION COMMUNITY OUTREACH



The Aged Care and Rehabilitation Service fared well at this year's ACT 2005 Health Promotion Awards.

Falls in older adults are a major cause of injury, disability and death. People who have fallen once are at high risk of falling again, with subsequent falls increasing the risk of major injuries. If these people can be identified and

provided with multi factorial falls risk screening and targeted interventions, their risk of falling again can be significantly reduced.

The Aged Care and Rehabilitation Service, Falls Prevention 'Community Outreach Assessment Program (COAP) – Ambulance Referral Service' recently received an ACT Health Promotion 2005 Award for excellence in partnerships for health promotion. Representatives from the ACT Ambulance service, ACT Health and The Australian Government's Department of Health and Ageing, celebrated the award at a recent morning tea hosted by Bill Stone – Director of the Age Care & Rehabilitation Service.

The COAP – ACT Ambulance Service referral service is a new collaboration between the ACT Ambulance Service, Falls Prevention, COAP and the Australian Government that was developed to identify potential high-risk fallers and provide appropriate follow up, including referrals to Falls Prevention Clinics. Since the implementation of the COAP Ambulance Referral Service's in late April 2004, 150 clients have consented to follow-ups by the program.

The COAP – ACT Ambulance Service referral service is believed to be the first of its kind in Australia, providing a cross sectoral approach that links a traditionally reactive acute-care service, with a preventative community-health initiative. The program is being considered for implementation in four other Australian states.

The health promotion award — sponsored jointly by ACT Health Promotion Board (Healthpact) and ACT Health's Health Promotion Unit — provides encouragement and recognition for the hard work that has gone into developing and implementing the program.

Contact the COAP Team on (02) 6205 5161 or Jennie.Yaxley@act.gov.au

GO FOR 2 & 5™ CAMPAIGN HELPING TO ADDRESS CHILDHOOD OBESITY



ACT Health's Go for 2 & 5™ campaign aims to increase fruit and vegetable consumption in the ACT over the next three years. The campaign currently targets adults, as parents mainly determine what families eat. The goal is to increase awareness about the need for children to eat more fruit and vegetables in order to mitigate risks associated with childhood overweight and obesity.

The ACT Department of Education and Training in partnership with ACT Health's Health Promotion Unit (HPU) is building on opportunities to reach both primary and secondary students. The HPU is providing resources and support for Health and PE Week, which will be held in the ACT from 12-16 September 2005.

Highlights of that week include 'The Big Day Off' — a gala day of fun through health and physical activity — and the Great School Canteen Expo 2005.

Other initiatives, such as the recent Australian Science Festival and the Kids Caper Expo to be held in October, have also been supported by the HPU as part of the Go for 2 & 5™ campaign.

Contact the Health Promotion Unit on (02) 6207 9527 or visit the ACT Health Promotion website at www.healthpromotion.act.gov.au for more information about the Go for 2 & 5™ campaign in the ACT

POPULATION HEALTH

ACT FIRST IN COUNTRY WITH 95 PER CENT IMMUNISATION

Immunisation is one of the most cost effective public health interventions against the morbidity and mortality of vaccine preventable disease. When coverage rates are high enough, immunisation protects not just the individual, but also the wider community by preventing vaccine preventable diseases getting a foothold.

The Australian Capital Territory has become the first State or Territory in Australia to achieve 95 per cent immunisation coverage in any group. The figures were revealed in the immunisation coverage rates released recently by the

Australian Childhood Immunisation Register (ACIR), which collects data from immunisation providers on immunisation given to children up to seven years of age.

Immunisation coverage rates are measured at three milestones – 12 to 15 months of age, 24 to 27 months of age and 72 to 75 months of age. No other State or Territory in Australia has achieved above 95 per cent immunisation coverage for any cohort.

ACT Health has implemented a number of initiatives to increase coverage rates in all age groups, including following up unimmunised and under-immunised

children; capturing data that may have been lost; and transcribing overseas immunisation records.

This achievement has been a collaborative effort between immunisation providers, ACT Health, the Australian Childhood Immunisation Register, and the ACT Community and parents.

CLINICAL GOVERNANCE - QUALITY AND SAFETY AGENDA

The ACT Health Quality and Safety Plan 2004-2008 and the ACT Health Clinical Governance framework underpin quality and safety in the ACT. ACT Health has established reference groups to provide quality and safety leadership in five identified patient safety priority areas: Quality Use of Medicines, Appropriate Use of Blood, Patient Falls, Health Care Associated Infections and Pressure Ulcers

In 2004, the Australian Health Ministers agreed to take a uniform set of steps across the country to improve patient safety in public hospitals. A policy on Mandatory Reporting of Sentinel Events

has been introduced and preparation for contribution to the national report is underway.

The five Step correct patient, correct site, correct procedure policy has been introduced to all public hospitals in the ACT, verifying the site of surgery and other procedures to reduce the risk of wrong site procedures. An evaluation plan and audit tools are being developed.

The 10 Tips for Safer Health Care consumer booklets have been widely promoted throughout ACT Health. Information has been included in previous editions of Healthy Territory, published on the ACT Health Quality and Safety website and distributed to General Practitioners and Visiting Medical Officers.

The Canberra Hospital and Calvary Health Care ACT have participated in the National Inpatient Medication Chart Pilot with plans to introduce the final chart in the next 12 months.

Catherine Shands in the Clinical Governance Unit on (02) 6205 0718

POPULATION HEALTH

HEALTH PROTECTION SERVICE SEIZES THE DAY

In late June, information was received about a potentially serious public health risk from the consumption of Lye Water.

Lye Water is used in traditional Asian cooking, food processing, rice dumpling and noodle making and is usually added as part of a recipe in small amounts. The product can also be used in domestic soap production and as a cleaning agent.

There had been three cases within a few weeks in different states where two children and an adult had accidentally swallowed Lye Water. The children suffered serious injury and needed hospital treatment for mouth, throat and stomach burns.

In response to this information, Public Health Officers from ACT Health's Health Protection conducted a survey of food premises selling this product. Samples of the product were purchased and analysed. Tests showed that the product was extremely alkaline (with a pH greater than 14) and would be equivalent to dissolving caustic soda in water or a liquid drain cleaner.

After receiving the results of the analysis, a decision was made that it was in the public interest to remove the product from sale because of its toxicity. If swallowed, the product could cause serious damage to the mouth, throat, and stomach. Public Health Officers then seized the product under the Food Act 2001.

The presentation of this product to consumers was very misleading, as it could easily be mistaken as a food fit for consumption. The product bore the names and addresses of their Australian distributors and officers from the Health Protection Services contacted the states where the distributors were based.

Poisons Inspectors in those states have now spoken with the distributors and advised them that if they wish to continue to distribute the product they will need to ensure the products are clearly labelled as poisons (not foods) with the appropriate warnings.



Australia's Nobel Prize Winning Sir Richard Doll

WHO WAS SIR RICHARD DOLL?

Everyone has heard of Christian Barnard and Victor Chang, but how many know about Sir Richard Doll?

Doll died recently aged 92. His work turned the tide of what the World Health Organisation called the "brown plague" of the twentieth century and on top of that he was Australian.

In 1950, with Austin Bradford Hill, Doll authored the first significant study showing the relationship of smoking to lung cancer. Four years later he commenced the most famous longitudinal study in medical history: the British doctors study with 34,439 participants.

Every 10 years he published what had happened to doctors in the group who smoked. In 1994, one in two had died from a smoking caused disease. By 2004, at the 50-year follow-up, two in three had died, losing an average of 10 years off normal life expectancy.

When Doll first published his findings in 1950, about 80% of men smoked. Today in Australia, 17% of men smoke each day. Among doctors it's down to 3%. Today there are about three million smokers in Australia. Had Doll never started tobacco's downhill ride, the figure may well have been five times that. Many things we take for granted today like smoke free planes and restaurants can be traced back to his work.

The impact of Doll's research compares with the discovery of vaccination by Edward Jenner. After he published his findings, hundreds of millions of people who could have been expected to take up smoking didn't, and there are now far more ex-smokers than smokers.

A more fitting recipient for a posthumous Nobel Prize in Medicine is hard to imagine.

IMPROVED HEPATITIS C TREATMENT



Hepatitis C continues to be one of the most commonly reported notifiable diseases in Australia

The first National Hepatitis C Treatment Awareness Week was held in May with the aim of raising awareness of recent improvements in pharmaceutical treatment for people with hepatitis C.

Hepatitis C continues to be one of the most commonly reported notifiable diseases in Australia. There are around 3200 to 3800 people living with hepatitis C in the ACT and approximately 250,000 people living with hepatitis C in Australia, with about 16,000 new infections occurring each year.

Combination treatment using pegylated interferon and ribavirin therapy is achieving an overall sustained viral

clearance rate of 60% averaged over the various genotypes of the virus, and up to 80% clearance rate for people with genotype 3. There have also been significant improvements in the management of treatment side effects.

A community forum hosted recently by the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases gave participants the opportunity to discuss critical issues regarding hepatitis C in the Canberra Community.

The information and insights provided will assist in the development of a local hepatitis C strategy, and identify ways to improve the provision of support and services to people living with hepatitis C.

The ACT Hepatitis C Council provides confidential non-judgmental support, up to date information and referrals for people living with Hepatitis C, their families and friends. It also runs a phone support service called HepLine which can be contacted during office hours Monday to Friday on 1300 301 383.

Contact the ACT Hepatitis C Council on (02) 6253 9999 or visit <http://www.acthepc.org/> for more information on hepatitis C

CONFERENCE DIARY

<p>2nd International Congress on Innovations in Nursing</p> <p>Innovation and Leadership in Clinical Practice, Research and Education</p> <p>8-11 November 2005, Fremantle Esplanade Hotel, Western Australia</p>	<p>In today's healthcare system, innovation is one of the greatest single factors that set nursing apart. Change is constant in all aspects of healthcare and, with the many challenges to existing practices, innovation and leadership are needed more than ever. This congress will be innovative, informative and exciting. The program is built around a group of outstanding internationally renowned keynote speakers and supported by more than 100 other papers. This Congress will provide many insights into these challenges. Visit www.promaco.com.au/conference/2005/icin</p> <p>Promaco Conventions on (08) 9332 2900</p>	<p>Contact:</p> <p>AAG National Conference Secretariat on (08) 8201 7559</p>
<p>4th Health Services and Policy Research Conference</p> <p>Health Systems, Services and Strife</p> <p>13-16 November 2005 National Convention Centre, Canberra</p>	<p>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 an 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.</p>	<p>Contact:</p> <p>Consec Conference Management on (02) 6251 0675</p>
<p>6th National Conference of the Australian Wound Management Association</p> <p>The Matrix of Wound Care</p> <p>15 - 18 March 2006 National Convention Centre, Canberra</p>	<p>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.</p>	<p>Contact:</p> <p>Conference Logistics on (02) 6281 6624</p>

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
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