

Number 15 Summer 2006

HEALTHY TERRITORY

A NEWSLETTER FOR ACT HEALTHCARE PROVIDERS

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A MAJOR ACHIEVEMENT IN PATCH



A major project that commenced in 2002 has finally come to fruition with the completion of the refurbishment of Paediatrics at The Canberra Hospital (PatCH), taking paediatric medicine well into the 21st century.

Stage 1 of the refurbishment involved the Ambulatory area on Level 5, which includes outpatients and day surgery and was completed in 2003.

Stage 2 involved the consolidation of all inpatients on Level 4 and was completed late last year. The administration and academic area has been relocated to Level 5.

The refurbishment creates an identity for paediatrics within The Canberra Hospital, keeping with

best practice of caring for children in an area specifically designed for their treatment.

At the official opening of PatCH, ACT Health Minister, Simon Corbell gave credit to those who had worked on the project and acknowledged the financial assistance of major sponsors the Construction Forestry Manufacturing & Energy Union, Woolworths and the former Hungarian Australian Club.

Besides the financial support, PatCH has also received support from many associations by way of computers, play stations, and games to complete the required equipment for the refurbishment Unit.

PatCH has always provided the best possible treatment for children in

The refurbishment creates an identity for paediatrics within The Canberra Hospital. Celebrations at the PatCH official opening.

the ACT and surrounding south-eastern NSW, but now the wards are specifically designed with children in mind. Besides the space being used to its full healthcare potential, patients will be able to take advantage of the games and play rooms and keep up to date with their school work in the upgraded primary and high schools areas.

The atmosphere of PatCH has improved considerably, with different themes throughout the area. They include the outback, rainforest, the beach and the unique nautical feel for the reception area when the children arrive in the paediatric foyer.

The planning and construction of PatCH has been professionally carried out with the \$4.75million project coming in on time and on budget.

The completion and opening was just in time for ACT Children's Week (23-30 October), with parents and children taking advantage of guided tours of PatCH.



Dr Tony Sherbon,
Chief Executive
ACT Health

PERFORMANCE MANAGEMENT WITHIN ACT HEALTH

I launched ACT Health's Performance Management Framework in October and am pleased to have an opportunity to spell out the process for ACT health staff.

Performance management has several aims, generally focussing on:

- improving communication between management and staff;
- optimising individual and team performance;
- developing an improved working environment;
- ensuring all ACT Health employees are working toward a common goal; and
- enhancing ACT Health's organisational performance in a competitive and changing environment.

Training sessions have been conducted since the launch to assist staff in translating this performance management policy into a practical administrative process. Staff from a number of work areas have also been trained as change agents to coordinate the implementation of the performance management process within their respective work areas.

The performance management process will be implemented across ACT Health by staff level. For example, executive and senior managers are currently finalising their Performance Management Agreements and they will work with their first line managers to finalise their agreements. This process will then be repeated for each staffing level across the organisation and will result in Performance Management Agreements for all staff employed by ACT Health. These agreements will apply to permanent staff, temporary staff and long-term casual employees.

A number of functional areas of ACT Health will undergo Accreditation reviews over the next two years and a performance management process is a requirement for achieving Accreditation. The timetable for implementing performance management across ACT Health has been designed to align with the Accreditation requirements.

The Coordinator of Performance Management is Lynne Richards. Lynne can be contacted by email or by phone on 6244 2790.

IMPROVING THE PATIENT JOURNEY

ACT Health's Access Improvement Program is a major multi-year change program aimed at redesigning the way we provide health care services. It focuses on the patient journey through the health care system.

An important aspect of the program is the cooperative fashion in which front-line staff and consumers work together to redesign safe, effective clinical services and care delivery systems.

Program participants include Community Health, Mental Health ACT, Aged Care Services, The Canberra Hospital and Calvary Health Care ACT.

The focus of the initial patient journey redesign project includes:

- Emergency and critical care management processes at Canberra and Calvary Hospitals;
- The older person's journey and the integration of pre-hospital, emergency, acute, sub acute, discharge and community care phases;
- The acute mental illness patient journey and the integration of pre-hospital, emergency, acute, sub acute, discharge and community care phases; and
- The implementation of the ACT Health Discharge Planning Policy.

Project team leaders are Jeni Ritchie (Emergency Department, Canberra Hospital), Janet Watts (Emergency Department, Calvary), Felicity Rust (older person's journey), Shane Cumberland (Community Health), and Sheryl Harrison (Mental Health ACT).

Joanne Cross will support the implementation of the ACT Health Discharge Planning Policy throughout each of these journeys.

The project leaders all agree that the 'bottom-up' or 'inside out' approach,



QUALITY FIRST AWARDS 2005

Some of the large crowd at this year's awards

The 2005 Quality First Awards were presented by the Minister for Health, Simon Corbell MLA, and the Chief Executive, Dr Tony Sherbon at a gala dinner in October.

The ACT Quality First Awards aim to recognise leadership and reward innovation in patient safety and quality of care within the ACT health care system. The awards provide an opportunity for health care professionals to share ideas, information, resources and expertise.

The Awards aim to educate and inspire others in the industry to think about, initiate and cooperate in quality and safety endeavours.

Judged by a panel of peers, the awards were open to all people working in ACT health services who had increased standards of health care through innovation and leadership. This year a

new category for students was introduced. 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 was invited to select a team or a 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 implementation.

In presenting the awards Mr Corbell said, "The standard of entries in the 2005 Quality First Awards proves that the public health sector is fully aware of the potential for improving clinical services and is absolutely committed to providing the very best in health care delivery".

The awards were presented according to the categories of safety, appropriateness, accessibility, efficiency and effectiveness.

The Overall Winner and Accessibility Category Winner was Improving Service Delivery of Childhood Immunisations, Community Health. This project instituted a range of interventions to decrease overcrowding and reduce waiting times for mothers with infants and young children at the busy Ngunnawal Immunisation Clinic in Gungahlin.

Other winners:

Safety: Sterilising Services Quality Performance, The Canberra Hospital

Effectiveness: The Fractured Neck of Femur Project, The Canberra Hospital

Efficiency: Access to Dental Services – Best on Record, Community Health

Appropriate: Electronic Discharge Referral, Calvary Health Care ACT

Student Category: Shrinker Protocol for Amputees Post CABG, University of Canberra, Physiotherapy Division.

together with the focus on the patient journey, is what differentiates this program from other change initiatives.

"Consumers are central to the work that we do, but are not the centre of the system," Mental Health ACT project leader Sheryl Harrison says.

"This our chance to stand back with our consumers and look at the whole patient

journey as they experience it and then design and implement ways to improve it."

Pam Boyer from Health Care Consumers ACT (HCCA) has indicated that there is strong interest from local consumers in participating in the program, and welcomes ACT Health's increasing interest in involving them at every level of the health system.

The patient journey projects are now underway with external experts engaged to support the process and facilitate skills transfer across the ACT Health system.

Contact: Brenda Ainsworth, Executive Director, Access Improvement Program 6207 2085

ACT HEALTH COUNCIL REVIEWS THE YEAR

The ACT Health Council has spent a very productive year guiding and reviewing health policies and plans, and advising the Minister and Chief Executive of ACT Health on the delivery of health services.

This culminated in a very successful public forum entitled, *How do we know the Health System is Performing* held at the National Gallery of Australia in early December 2005. This forum was opened by the Chair, Kate Moore, and moderated by Professor Dick Telford (Australian National University). The panel boasted an impressive line up of some of the finest minds in health, including Health Minister Simon Corbell, Professor Michael Reid (author of the Reid Review of Health), Jack Waterford (The Canberra Times), Professor Peter Collignon (The Canberra Hospital), Mr. Mark Cormack

(ACT Health), Janne Graham (Consumer) and Fiona Tito (ANU).

This entertaining forum robustly debated the topic and challenged the thinking of its audience, comprising community organisations, consumers, departmental staff, clinicians, academics, the media and government. The Department's mid-term progress report on the Health Action Plan was formally launched at this function. Copies of this report may be obtained by contacting the ACT Health Council Secretariat on 6205 1100.

The ACT Health Council is committed to maintaining a focus on preventing illness through activities such as immunisation, cancer screening, anti-smoking legislation and quit smoking programs. Other Council priorities for 2006 include:

- improving access to services and improving the quality of care for people with mental illness;
- improving the safety and quality of health care;
- monitoring the provision of aged care facilities to meet the needs of the ACT's ageing population;
- building a sustainable workforce throughout health and community care; and
- improving access to primary health care services.

Further information about the ACT Health Council may be found at by contacting its Secretariat on 6205 1100 or at <http://health.act.gov.au/healthcouncil>

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ACT HEALTH DISCHARGE PLANNING PROJECT

The ACT Health Discharge Planning project presented its draft *Discharge Planning for Better Health Toolkit for Practitioners* to the Clinical Council Executive in November.

This toolkit has been developed as a mechanism to implement the ACT Health Discharge Planning Policy. It has been widely circulated to stakeholders in the discharge planning process – consumers/ carers, general practice, ACT Health staff and community service providers. Their input has been actively sought and their feedback incorporated into the toolkit.

The toolkit is a guide to best practise discharge planning and includes streamlined, consistent and recognisable processes, documentation and consumer information. It will enable health services, general practice, medical staff, residential; aged care facilities, community service providers and others to share a common framework for



discharge planning. Health consumers and carers feature at the centre of the discharge process.

The toolkit is divided into three sections and the practitioner is asked to:

Read the first section to familiarize themselves with the principles underpinning best practice discharge planning;

Use the tools section to ensure a standardised approach to discharge planning across the portfolio; and

Use the third section to connect discharge planning practice with accreditation requirements.

Implementation of the toolkit will be a key component of the Access Improvement Program. The Discharge Planning Project has been incorporated into this program and will use the patient journey model to enhance the use of standardised discharge planning tools across ACT Health.

ACT SURGEONS' WAITING TIMES ON THE WEB

In another move designed to improve the information available to ACT residents and the accountability of our health services, elective surgery waiting times for ACT surgeons were posted on the Internet from last September.

This is the first time that ACT Health has publicly reported waiting times for surgeons. It will allow GPs and consumers to view the waiting times of individual surgeons at both public hospitals.

Consumers, in collaboration with their GP, will then be able to make an informed choice on specialist referrals.

The Auditor-General's Report in 2004 recommended the publication of waiting times by surgeon and this information is already published in NSW and WA.

Waiting times would be based on the previous 12 months data and would be updated monthly.

Surgeons were consulted broadly before the waiting times were published. This included writing to all Visiting Medical Officers who operate in our public hospitals to canvass their opinion. There was no dissent to the move.

The move to publish surgeons' waiting times on Internet was foreshadowed in August when Health Minister Simon Corbell announced the move to quarterly reporting arrangements for elective surgery waiting lists and a number of other health services provided by ACT Health.

You can find the elective surgery waiting list at health.act.gov.au/electivesurgery

NATIONAL ACTION PLAN FOR THE CARE OF OLDER PEOPLE

A National Action Plan for improving the care of older people across the acute-aged care continuum has been developed by the Care of Older Australians Working Group on behalf of the Australian Health Ministers Advisory Council.

The plan has seven key principles for improving care, which include workforce issues, the needs of carers, integrated services, transition care services, and reducing avoidable admissions to hospital and premature admissions to residential aged care. It also addresses the shaping of services around the needs of older people and ensures that older people have access to appropriate health services.

Under the National Action Plan several sets of guidelines have been developed to assist health professionals across the acute-aged care continuum in providing care to older people. These documents include Age-Friendly Principles and Practices – Managing Older People in the Health Service Environment, A Guide for Assessing Older People in Hospital and Best Practice Approaches to Minimise Functional Decline in the Older Person Across the Acute, Sub-Acute and Residential Aged Care Settings.

Under new arrangements at ACT Health, where appropriate, national health agendas such as this action plan will

be disseminated and implemented through a clinical governance unit. ACT Health Policy Division has extra copies of the action plan and the guidelines for distribution to other areas of ACT Health and other interested stakeholders, such as GPs.

For copies of the Action Plan or any of the guidelines please contact Sarah Bellinger in Aged Care Policy on 6205 0917 or sarah.bellinger@act.gov.au

POPULATION HEALTH

AVIAN INFLUENZA AND PANDEMIC FLU

WHAT IS AVIAN INFLUENZA?

Avian influenza is a contagious viral infection that can affect all species of birds, and can cause disease in humans on rare occasions. There are several types of avian influenza that infect wild bird populations without causing symptoms. Outbreaks of avian influenza have been recognised in poultry flocks in most countries of the world for many years. The virus spreads through bird faeces and contaminated water or dust. When avian influenza spreads to poultry it has been noted to cause more severe disease.

More recently there have been several outbreaks in poultry in the South East Asian region with a highly pathogenic strain called H5N1. Millions of poultry have been slaughtered and there have been several outbreaks in other birds worldwide. It was first recognised to cause human infection in 1997 in Hong Kong with eighteen people affected and six deaths. The outbreak was halted by the slaughter of chickens. There were no more human cases identified until 2003. Since then, there have been a number of human cases and deaths in South East Asian countries. To date there is no evidence of human-to-human transmission and most risk is linked to contact with dead or unwell poultry in countries experiencing avian flu outbreaks in birds. There have been no outbreaks in birds or human cases of Avian Influenza in Australia as yet.

AVIAN INFLUENZA AND AN INFLUENZA PANDEMIC.

There are three criteria that need to be fulfilled for a pandemic to occur. These are the need for a novel strain of

influenza virus affecting humans, human-to-human transmission and the need for the virus to be virulent enough to cause disease. The World Health Organisation is worried that the present Avian Influenza strain of H5N1, which is novel to humans, could mix with a human influenza virus forming a new strain of influenza virus that could trigger a pandemic.

TREATMENT/VACCINATION

Antiviral treatment is available and several research and pharmaceutical organisations are working on developing a suitable vaccine against avian influenza. A human trial for a candidate vaccine is currently being conducted in Australia.

NATIONAL AND ACT PLANNING PROCESSES

The National Influenza Pandemic Action Committee (NIPAC), chaired by the Australian Government Chief Medical Officer (CMO), provides scientific and clinical advice on pandemic influenza preparedness and response to all jurisdictions in Australia. NIPAC in conjunction with other relevant national bodies has put together the Australian Management Plan for Pandemic Influenza, which can be found at:

<http://www.health.gov.au/internet/wcms/publishing>

Planning and response in the ACT is based on an intergovernmental/intersectoral approach with the formation of the ACT Influenza Pandemic Action Committee (ACTIPAC). ACTIPAC consists of Health, and other government and non-government agencies that recognise the need for a coordinated response, as the impacts of a pandemic will extend well beyond the health sector and would

include social and economic issues. The Chief Health Officer chairs ACTIPAC and updates representatives as the situation demands.

CURRENT SITUATION WITHIN THE ACT

Human cases of Avian Influenza are notifiable, along with laboratory-confirmed Influenza (of any type), to the Communicable Disease Control Section of ACT Health. ACT Health is concentrating on enhanced vigilance to identify potential cases as soon as possible to ensure containment of infection to the case. The Chief Health Officer recently circulated a nationally agreed case definition for suspected and confirmed cases of Avian Influenza and a management algorithm to all front line service workers.

ACT Health is promoting adherence to standard infection control measures and the use of suitable Personal Protective Equipment (PPE) for minimising respiratory illness. A DVD/CD-ROM released by the Australian Government to train frontline workers on infection control and the correct use of PPE, has also been circulated. This resource can be accessed through the Internet via this link:

<http://www.health.gov.au/internet/wcms/publishing>

The following link provides helpful answers to frequently asked questions:

<http://www.health.gov.au/internet/wcms/publishing>

For further information please contact the Communicable Disease Control section on (02) 6205 2155 or visit www.health.act.gov.au/healthalerts

INCREASE IN WHOOPING COUGH (PERTUSSIS) CASES IN THE ACT

The ACT is currently experiencing increased levels of whooping cough (pertussis). Since the 2003 outbreak of pertussis, levels have remained higher than in previous years, and are now once again reaching outbreak levels. There has been almost two times the number of cases so far this year compared to the whole of 2004, with 47 cases of pertussis notified in October (see Figure 1). Of particular concern is that more than three quarters of the reported cases of whooping cough in the ACT during 2005 have been in adults — most notably those in the 15 to 25 and 40 to 60-year age groups (see Figure 2). Dr Charles Guest, Chief Health Officer, is urging adolescents and adults to ensure that they are fully immunised against whooping cough.

Whooping cough is a highly contagious bacterial disease spread by respiratory droplets produced through coughing or sneezing. The disease is highly infectious, with up to 100% of susceptible household contacts and 80% of susceptible school contacts getting the disease if exposed. Once the cough starts, people are infectious and are capable of passing on the disease for 21 days, unless treatment is sought earlier to reduce this period. The illness usually begins with cold-like symptoms, followed by a persistent cough. Severe coughing bouts may cause breathlessness or vomiting. The cough may persist for up to 3 months and sometimes a high-pitched inspiratory whoop is heard.

Babies under 12 months of age, whether they are immunised or not, and babies under two years of age who are not fully immunised, are most at risk of suffering severe complications of whooping cough such as pneumonia, brain damage or death.

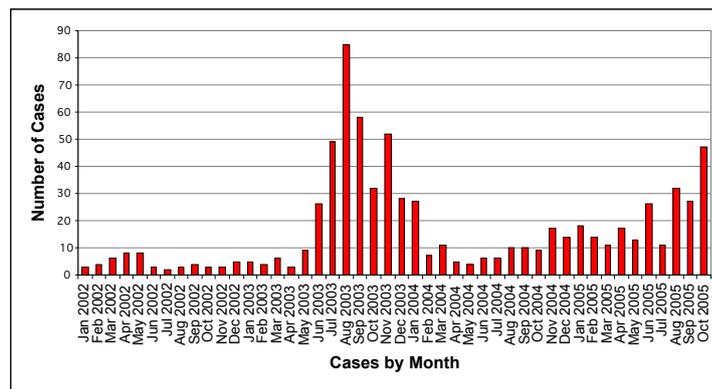


Figure 1: Number of whooping cough cases notified per month during the period 2002-(October) 2005.

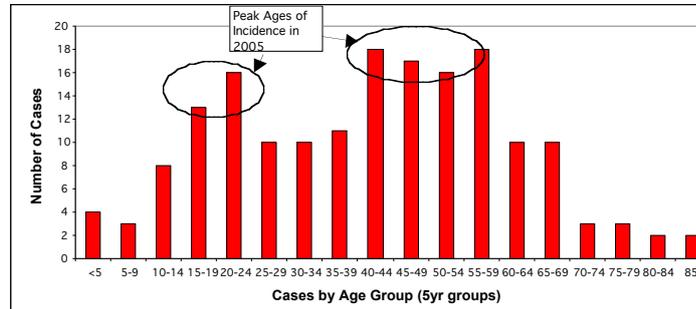


Figure 2: Whooping cough notifications 2005, by age group.

The Health Protection Service actively follows up all notifications of whooping cough. So far this year there has been one case of whooping cough in a child under 12 months. It is important that anyone with a coughing illness avoids contact with babies and young children, and sees their GP for prompt diagnosis and treatment. GP's are being kept informed about the increased incidence of whooping cough.

Vaccination is the most effective means of preventing whooping cough. Protection provided by the vaccine lasts approximately 10 years, and the initial course is usually given in early childhood as part of the Australian Vaccination Schedule. The current Schedule includes doses of the vaccine at 2, 4 and 6 months

of age, as well as a booster dose at 4 years.

A booster dose is available for all 15-17 years olds and a government funded school-based program was introduced in 2004. The booster dose is also recommended for adults who have not received a booster in the last 10 years, especially parents of new born babies, parents planning pregnancy, child-care workers, health care workers and those in close contact with babies and young children. This booster is a combined vaccine that contains pertussis, tetanus and diphtheria and can be given instead of a tetanus booster if required. It is available in Australia, on prescription, from a pharmacy at a cost of approximately \$40.

ALLIED HEALTH

PREPARING THE HEALTH WORKFORCE FOR THE FUTURE

One of the greatest challenges facing all public services is not only developing appropriate models of service delivery, but to secure and retain a purpose built workforce.

ACT Health is currently undertaking an innovative project titled, Inter-professional Learning - Clinical Education Framework Project. The aim of the project is to develop a Clinical Education Framework underpinned by the principles of inter-professional learning.

One aspect of the project is to examine international perspectives on workforce preparation and ACT Health, in collaboration with the University of Canberra, the Australian College of Health Service Executives (ACHSE) and HESTA.

The group recently secured the services of renowned Professor Debra Humphris, Professor of Health Care Development at the UK University of Southampton. Debra presented a thought-provoking seminar entitled, Preparing the Health Workforce for the Future.



Professor Debra Humphris addresses the audience on Preparing the Workforce for the Future

Professor Humphris told the audience of a collaboration between Southampton and Portsmouth Universities, and the Hampshire and Isle of Wight Workforce aptly named The New Generation Project.

This Project is taught and assessed to eleven participating disciplines (audiology, medicine, midwifery, nursing, occupational therapy, physiotherapy, podiatry, pharmacy, diagnostic radiography therapeutic radiography and social work) and has an important role in practice based learning. The project intake is 1500 students per academic year and places students in groups of 10 with health and social care employers across the region.

Professor Humphris outlined the importance of teamwork, good communication, collaboration and the ability to “think outside the square” in providing safe, high-quality, integrated and well-managed care that makes the best use of available resources. She introduced the concept of Interprofessional Learning (IPL) Units, a mandatory requirement of the program where students learn together in small

groups through observation, interaction and completing tasks within a team environment.

Following the main presentation, Professor Jeffrey Braithwaite, Associate Professor and Director of the Centre for Clinical Governance, UNSW, facilitated a discussion session which asked the audience how they might overcome the barriers to successfully implementing the concept of IPL into their own working environments.

Richard Bialkowski, a member of ACHSE thanked Debra for challenging the thinking of the participants, and the audience for their input and goodwill to drive the initiative forward.

A more comprehensive report outlining the details of the session may be found on the ACT Health Website at <http://www.health.act.gov.au>

Contact Karen Murphy, Allied Health Advisor on (02) 6205 1648 or Belinda O'Sullivan, IPL Project Officer: Belinda.O'Sullivan@act.gov.au for information regarding the Inter-Professional Learning Project.

HEALTHY TERRITORY NUMBER 14 SPRING 2005

On page 22 of the Spring 2005 edition of Healthy Territory, a remark in the body of the story of the 'Who was Sir Richard Doll?' story and the photo caption were incorrect.

Sir Richard Doll was British not Australian. He also did not win a Nobel Prize. Thanks to Professor Simon Chapman of the University of Sydney for his contribution to this story.

The Editors.

DIETETIC STUDENTS GAIN COMMUNITY EXPERIENCE

As reported in the last edition of Healthy Territory, the first cohort of post graduate dietetic students from the University of Canberra have recently commenced their professional placements in and around the ACT region. The students have gained valuable work experience in the clinical, community and food service areas, and have been involved in a variety of exciting projects, supervised by ACT Health dietitians.

One of these community projects aimed to improve the awareness and knowledge of ACT parents about introducing solids to their infants. A placemat was developed for parents of infants aged 4-12 months, illustrating the key messages for appropriate infant feeding. The placemat

will be used in conjunction with the more comprehensive booklet "From Milk to More". A placemat was recognised as an ideal mode of communicating key messages in a clear and simple manner, and will be distributed through the Maternal and Child Health (MACH) nurses. Initially undertaken over a six-week period, the project report will serve as a preliminary planning tool for future work in this area and the continuation of the project.

For any enquiries regarding the Post-Graduate courses in Dietetics at the University of Canberra, please contact Jane Kellett on ph: (02) 6201 2507 or email: Jane.Kellett@canberra.edu.au

HEALTH SCIENCES STUDENTS WIN ACT HEALTH QUALITY FIRST AWARD

Congratulations to second year physiotherapy students Leesa Allinson and Hayley Crawford, winners of the 2005 ACT Health Quality First Award Student Category. Bruce Gilmore and Clint Frazer were also nominated in this category – well done. Leesa and Hayley's project examined issues associated with the early recognition of stump breakdown in amputees following coronary artery bypass graft surgery.

The student category is open to all health and medical students undertaking programs in the ACT region. The awards were announced by Dr Tony Sherbon Chief Executive, ACT Health and presented by the Minister for Health Simon Corbell in front of a crowd of a couple of hundred at a ceremony that easily outshone the Logies.

Leesa and Hayley's project forms part of a multidisciplinary learning unit within the Master of Physiotherapy program at the University of Canberra. This unit currently integrates students from across the disciplines of physiotherapy, pharmacy and nutrition with the future aim of extending this interaction across students in psychology, nursing and medicine.

Students undertake the process of recognising issues essential to the delivery of quality health care and then develop a proposal for a modification to current health care practice or potential new interventions.

Congratulations also to the teaching team of Deborah Carrera and Jennie Scarvell who coordinated the interdisciplinary unit Health Professional Practice, where the students developed their award winning Quality and Safety submission.

UC PHYSIO ACCREDITATION IN THE PIPELINE

Setting-up a completely new course was never going to be easy, but Head of Physiotherapy at the University of Canberra, Dr Gordon Waddington said an external assessment of the university's facilities had been reassuring.

The first evaluation by the Australian Council of Physiotherapy Regulating Authorities (ACOPRA) on 29 and 30 June is yet to provide official feedback, but went 'tremendously well', Dr Waddington said.

Four ACOPRA representatives spent the two-day review touring the campus as well as other sites, such as Canberra and Calvary Hospital where practical work is conducted.

The University's four-semester Master of Physiotherapy course, first offered in 2004, does not yet have full ACOPRA accreditation.

However, Dr Waddington said new physiotherapy courses cannot attain this until the first graduates complete a year of professional practice and their employers give ACOPRA workplace feedback.

"It's not a matter of just setting a course up and pushing people out... (accreditation) is literally a four year process," he said.

"(Starting the course) was stressful because we basically had two years of hoping we were doing the right thing."

Dr Waddington said he was pleased when, after all his team's planning, ACOPRA

ALLIED HEALTH



Physiotherapy students at UC going through their paces

VOLUNTEERING FOR CONVERSATION

A group of dedicated and highly enthusiastic volunteers are the heart of the Talkback group, now in its fifth year of operation. The Talkback group is a community-based program that aims to provide opportunities for people with Aphasia to socialise and enjoy conversation, despite their communication difficulties. It is coordinated by Speech Pathologists from ACT Health's Aged Care and Rehabilitation Service.

Aphasia is a breakdown in language skills that may occur after brain damage, most commonly, stroke. People with Aphasia may experience problems with speaking, understanding others, reading and writing. Frequently, whether difficulties are severe or mild, the problems lead to a loss of confidence in the ability to hold a conversation. The Talkback group has created a supportive environment in which people with Aphasia can build their communication skills. Most importantly, the program focuses on the social aspects of communication, with volunteers forming the backbone of the group.

The Talkback program comprises several small conversation groups that are facilitated by volunteers. The volunteers assist clients to participate in conversation, friendly debates and other activities. A variety of strategies and materials are used including maps,

drawing, writing, photos, and gesture - anything that helps get information in or out. Both volunteers and group members have found the program to be a useful and rewarding experience.

Initiated in Canada, the Talkback program was piloted in Adelaide in 1995. In March 2000 the Speech Pathology department gained project money via the ACT Community Care Innovation Fund to pilot a group here in Canberra.

The Talkback group is now seeking further volunteers. The group is run twice a year for two ten-week blocks. Held at Phillip Health Centre, the group is run on Thursdays from 10 am to 12 pm with team meetings held before and after the sessions. Training is provided for all volunteers.

Anyone interested in volunteering should contact Sarah Bourke, Speech Pathologist, on 6244 2230.

told him the facilities were so good the usual second site review would not be necessary.

Although this long accreditation process may seem to disadvantage new schools trying to attract students, Dr Waddington said it was necessary to maintain physiotherapy professional standards.

"Even universities that have been teaching physiotherapy for years have to continuously maintain accreditation, so it's good for keeping everyone up-to-date."

The Master of Physiotherapy course will not see its first graduates until the end of 2006 so it will be at least a year before accreditation is granted.

Dr Waddington said he was not worried about the wait.

"Everything at the moment tells us the accreditation requirements are being met and even exceeded."

REGISTRATION FOR MEDICAL RADIATION SCIENTISTS

The professions associated with Medical Radiation Science (MRS) – Diagnostic Radiographers, Nuclear Medicine Technologists and Radiation Therapists – have received approval from Health Minister Simon Corbell to become registered health professions in the ACT. This will bring the ACT in line with other state and territory jurisdictions who register these professions. Karen Murphy, ACT Allied Health Adviser, said that, “Ministerial approval for registration recognizes the expertise and high level of professionalism that MRS practitioners must attain in order to ensure the safety of the public as they undergo diagnostic tests”.

There are approximately 200 MRS practitioners in the ACT working both in the private and public sector. An initial consultation process, to determine the level of interest among MRS professionals in being registered, began in April, 2005. The response at this time was very positive, and a working group was formed to make a submission to ARWOC, the peak State and Territory Health Minister’s advisory body.

The two MRS professional bodies also supported the process: the Australian Institute of Radiography and the Australian and New Zealand Society of Nuclear Medicine Technologists. Once the submission was approved by ARWOC, it was referred to the ACT Health Minister who also supported the registration of the “radiation” professions.



Calvary CT radiographer
Sophie McKay

A second working party has met to draft a Registration Schedule, which sets out the actual mechanism for the registration process. Issues for consideration include the membership of the registration board, defining the scope of practice for the three branches of the MRS profession, requirements for ongoing professional development, and whether post-graduate practitioners undergoing their Professional Development Year need to be registered.

“The reality for the medical radiation professions is rapid technological innovation,” Ms Murphy said. And the challenge for the working party is to define a scope of practice that is open to the future development of the professions.”

ALLIED HEALTH

MULTI-DISCIPLINARY LEARNING AND COLLABORATION

Presentation by Professor Val Robertson
**Inaugural Allied Health Symposium, 27
October 2005**

ACT Health has twenty-three different professions collectively identified as 'Allied Health'. These range from well-known professions such as Occupational Therapy and Social Work, through to smaller professions such as Radiation Therapy and Prosthetics.

It is imperative health practitioners from such diverse backgrounds can work together effectively in multi-disciplinary teams to provide safe, quality health care.

Professor Val Robertson, Professor of Allied Health, University of Newcastle and Central Coast Health Teaching and Research Unit, spoke of an innovative Allied Health multi-disciplinary educational program she has established. The program aims to address the educational needs of allied health professionals by facilitating inter-disciplinary learning and collaboration. Professor Robertson suggested such programs have the potential to both support practise, and improve efficiencies within the health sector.

Professor Robertson's presentation provided an ideal opportunity for local Allied Health practitioners to discuss innovative ways of implementing collaborative approaches towards education. ACT Health's commitment to continuing professional development for Allied Health professionals is reflected throughout the recently developed Standards of Practice for ACT Allied Health professionals.

Like many other Australian Health Services, ACT Health is experiencing workforce shortages in a number

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ACT HEALTH ALLIED HEALTH SYMPOSIUM

In late October, ACT Health conducted the inaugural Allied Health Symposium, which was hosted by Community Health and Aged Care and Rehabilitation. The symposium theme was 'Multidisciplinary Learning & Collaboration' and was held at the CSIRO Discovery Centre.

The symposium aimed to highlight common Allied Health learning needs and issues; help foster collaborative and team based approaches to client care; and provide an opportunity for interdisciplinary networking.

We were fortunate to secure some fantastic local speakers who covered a very diverse range of issues.

Kate Starick updated us on the developments with the Allied Health Assistant project and Helen Matthews told us how successful the Allied Health Scholarships have been.

Erin O'Connell & Gayle Berthold described their important project: 'Discharge Plans for Co-morbid consumers within the Belconnen Remand Centre'; and Karen Corke presented her crucial study 'Dietetic Advice to Outpatients of The Canberra Hospital Renal Unit with Hypertension'.

Members of the Stroke Unit at TCH dynamically described the work of their successful multidisciplinary Allied Health team.

We were also fascinated to hear from our two interstate speakers, Val Robertson, Professor of Allied Health from NSW who injected some welcome humour into her presentation on Multidisciplinary Continuing Professional Development.

Karen Grimmer, Director of the Centre for Allied Health Evidence (CAHE) in South Australia spoke of de-mystifying Evidence Based Practice.

These last two presentations are discussed in detail elsewhere in this edition of Healthy Territory.

Evaluations following the event were very positive with 96% ranking the day as 'good' or 'excellent'.

Many Allied Health professionals commented on how much they enjoyed the opportunity to get together as a unified group. There was appreciation of the diversity of presentations and keen support for making the symposium a regular event. There were many requests to have the presentations made available on the ACT Health intranet and we are currently organising that.

**Contact: Karen Murphy, Allied Health
Advisor, 6205 1648.**

of health disciplines. ACT Health's provision of, and support for education will also assist the organisation to attract and retain highly skilled health professionals in the ACT. The timing of Professor Robertson's presentation was particularly fortuitous, as ACT Health has just embarked on an Inter-professional learning project. This project aims to develop and implement a clinical education framework that will be underpinned by the principles of inter-professional learning.

For further information on the Inter-professional Learning project please call the office of the Allied Health Advisor, ACT Health on 62051648.

EVIDENCE BASED PRACTICE IN ALLIED HEALTH

Presentation by Dr Karen Grimmer

Inaugural Allied Health Symposium, 27 October 2005.

Dr Karen Grimmer was one of the interstate presenters at the Allied Health Symposium. Karen is the director of the Centre for Allied Health Evidence (CAHE) at the University of South Australia.

The Centre conducts, disseminates and evaluates allied health evidence and identifies barriers to improved allied health clinical practice. Two key themes emerged from her presentation to challenge allied health professionals:

Have you heard: "We know we do a valuable job but we don't have enough

Level 1 evidence to support what we do"?

Here is the first paradigm shift raised by Dr Grimmer. Allied Health evidence should be appropriate to the activities and tasks performed. Randomised clinically controlled trials may not provide the evidence for all of the interventions and tasks provided by many allied health disciplines. Experiments are appropriate for providing evidence to support treatment options for specific diagnoses. But take the social worker who is involved in discharge planning or counselling? Expecting that a randomised clinical trial will provide strong evidence to support this type of process intervention is unrealistic. Strong supportive evidence for these types of interventions comes from descriptive studies, qualitative research, practice guidelines and quality improvement activities.

Have you heard: "I can't find a big study in the literature, but I know this treatment is helping"?

The CAHE has developed a Health Outcomes Calculator to compare individual patient outcomes with expected practice. A physiotherapist treating a person with low back pain can use the Health Outcomes Calculator to plot an individual patient's progress against an expected clinical path. This evidence can be used to modify treatments and provide realistic information on frequency and time frames for intervention.

So, we all need to view allied-health evidence in a new way – we do not necessarily fit into the medical evidence paradigm. Best allied-health evidence relates specifically to the discipline, its activities and tasks, its core business and its key research questions.

BECOMING A POSITIVE PARENT

Temper tantrums, the 'terrible twos' and children who refuse to eat their dinner are just some of the challenging behaviours parents face – but where can they turn for help?

According to Dr Angela White, Head of Clinical Psychology at the University of Canberra, where a five-week parenting program is being offered, parents in Canberra are particularly likely to feel isolated when they have to cope with difficult children.

"In Western society, the notion of the extended family is not as well taken up as other societies. This is particularly a problem in Canberra where the population is transient. Many people move here – away from family support – for work or various other reasons," Dr White said

"This group is about dealing with situations where parents may have traditionally gone to family in the past."

The sessions cover five topics: positive parenting, children's development, managing misbehaviour, enhancing strengths and planning ahead, and emphasises the importance of enjoying parenthood.

"It's not about being the 'Perfect Parent' it's about being a positive parent," Dr White said.

"This group offers an opportunity to share personal problems and successes. Parents can feel isolated, and these groups often continue to meet at the end of the program.

"Kids don't need perfect parents, what's important is positive, happy and involved parenting – that's a win-win situation for everyone."

Interested parents should contact the University of Canberra on 6201 2883 for more information.

CALVARY PUBLIC HOSPITAL



PAIN MANAGEMENT IN THE OPIOID DEPENDENT PATIENT

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BACKGROUND

Providing pain management for long term illicit drug users or opioid dependent patients is a challenging task, as little is known about their pain experience, analgesic requirements and tolerance or dependency on the drug. Effective pain management in these patients can be difficult and may require significant deviation from standardized protocols.

Calvary conducted an audit of past patient records to identify any possible illicit drug or opioid users. They examined their length of stay in the Post Anaesthetic Care Unit as well as any associated pain problems.

The findings assisted in implementing an early intervention plan for patients that are opioid dependent prior to their admission for elective surgery to reduce overall post operative pain management complications.

INTERVENTIONS

- A literature search was completed establishing pain protocols and formulation of evidence based management strategies. Information was also gained from the Drug & Alcohol Team and Anaesthetists.
- Education sessions were provided to the Anaesthetic Department and nursing staff.
- All patients admitted for elective surgery and attending the Public and Private PAC were surveyed about any medications they used for pain or any illicit drugs. Patients were not obliged to answer, however information was provided to them on maintaining adequate pain management following surgery.
- Following discussion with each patient, individual pain management requirements were documented in the clinical record and on the PAC Anaesthetic Record. As part of patient

planning a Risk Assessment Form is completed and if the patient is taking any opioids or drugs the APS is then notified.

- Patients were given written information about the importance of maintaining good pain management following surgery. Those patients that would have opioids via Intravenous (IV) Patient Controlled Analgesia (PCA) also received a PCA information booklet.
- If able to, patients would continue on their normal slow release opioid preparations when on IV opioid PCA. If unable to take oral medications due to fasting then PCA's were either set to deliver a higher patient bolus dose or a continuous rate of IV opioid plus a patient bolus dose.
- Credentialing of nursing staff to deliver 'clinician loading doses' of IV opioid PCA in ward areas would facilitate quicker reduction in pain levels for the patient.
- Commencing early oral analgesic routines in the PACU.
- Multi-modal analgesic and adjuvant medication routines encouraged for use.
- The APS nurse to be used as a resource person in PACU when difficult pain issues occurred.

OUTCOMES

- Both audits showed that the type of opioids/drugs used by patients in both audits were similar.
- The data from both audits was combined to identify which types of patients had the most problems with pain outcomes.



PALLIATIVE CARE GIVEN A BOOST

- The length of stay in PACU of patients with well controlled pain in both audits was lower compared to those who had problems with pain.
- There was an increase in the use of multi-modal analgesia, with 92% in audit 2. Compared to the 50% use in audit 1, this pointed to a 42% improvement.
- There was an increase in the number of patients attending PAC in audit 2, with 98%, compared to 78% in audit 1, an improvement of 20%. The one patient in audit 2 that did not attend PAC was an emergency case and admitted through the Emergency Department. Currently 95% of public and 54% of private 'requests for elective surgery' patients are seen at the PAC.
- Anecdotal evidence shows that the nursing staff on the ward areas feel more comfortable giving higher doses of opioids, and calling for APS assistance now is a rarity rather than normal procedure.
- Screening patients in PAC for their use of opioids or illicit drugs is effective, as both pain outcomes and LOS in PACU were improved in the patients that were audited.

FUTURE PLANS

Now that the audits have been completed the focus will be on reducing the LOS of identified opioid/illicit drug dependent patients that develop pain issues in PACU. A reduction in patient LOS in PACU could mean a more efficient use of nursing resources.

Contact: Joy Burdack, RN L3, BaHSc, MaRN, Stomal Therapist, Pain Management & Medication Safety Officer, Acute Pain Service, Calvary Health Care ACT, 6201 6726.

As part of the Australian Government's Caring Communities Project, the ACT Palliative Care Society received a grant from the Department of Health and Ageing to develop several initiatives for palliative care patients.

The Society, based at Clare Holland House, will develop a palliative care resource kit; a clinical fact sheet folder; and introduce four community education seminars.

Elizabeth Bennett was employed as the Project Consultant over a two-year period. "This project involved the use of community focus groups and key stakeholder reference groups. It also drew heavily on the work undertaken by the Society and Health care Consumers

Association in conjunction with Clare Holland House and Home Based palliative Care," Elizabeth said.

The clinical fact sheet folder was developed in conjunction with the palliative care stakeholders in the ACT, as well as other states and territories. The fact sheets will be used by professionals working in palliative care to give to their patients and their carers.

The Society was delighted with the success of the project and looked forward to the community gaining great benefit from the extra information available to it.

For details on the project please phone Shirley Sutton from ACT Palliative Care on 6273 9606.

SMART PUMPS: TAKING PATIENT SAFETY TO A NEW LEVEL

The Pharmacy Departments at both Calvary and Canberra Hospitals have collaborated in a project to decrease medication incidents and patient harm within the hospital environment.

In 2004, ACT Health made the decision to purchase smart pump technology with a goal of reducing I.V. medication errors and improving patient safety. Calvary and Canberra Hospitals were the first in Australia to implement such technology across all hospital wards.

A multidisciplinary working group was formed including pharmacy, nursing and biomedical engineering staff and, with broad consultation, the group spent eight weeks formulating the drug database to be used across the two hospitals.

After a period of nurse training and familiarisation, smart pumps were rolled out across both hospitals in June 2004.

The pumps are alarmed, warning pump users that a pre-set dose limit has been exceeded, according to information in the drug database.

Users may be able to over-ride the alarm, but this depends on whether the limit has been set as a 'soft' or 'hard' limit. The alarm ensures users double check their programming.

The database also ensures standardisation of infusion formulation and assists with dose calculations. Error reports can be run highlighting the types of drugs involved in most interventions, and allowing examination of error-types.

Hospital wide education is ongoing to ensure staff receive feedback and affirmation of the advantages of using the smart pump technology. Minor updates and changes have been made to the drug

Continued on page 17

THE CANBERRA HOSPITAL

STUDENTS FINISH YEAR ON A HIGH NOTE

It was a grand finale for the students of the Post Graduate Nursing and Midwifery course, with the presentation of papers and posters relating to their specialities.

The presentation took place at the "New Knowledge Making a Difference" conference held at The Canberra Hospital.

The Conference offered the students an opportunity to showcase their work in a variety of specialities, including critical care nursing, child, youth and family nursing and midwifery and neonatal nursing.

The conference was the culmination of the theoretical component of their courses. The 39 presentations, including posters, covered a range of topics including professional and/or clinical issues.

Nurses gain experience in holistic care, including theoretical knowledge and clinical experience throughout the course. These graduate courses are an important strategy in the recruitment and retention of nurses and midwives in specialty clinical areas.

More than 100 people attended, indicating the importance of the course and the work carried out by the students. Most participants were from ACT Health and from the NSW Southern Area Health Service.

Evaluations and informal feedback have highlighted the success of the conference. The graduates were recognised at a ceremony at Parliament House.



RESEARCH INTO MENSTRUAL DISORDERS IN TEENAGERS

Studies from around the world (UK, US, Norway & Australia) have shown that disorders such as endometriosis may take up to 11 years to diagnose.

These statistics prompted the Canberra based Prevalence of Menstrual Disorders in Teenagers (MDOT Study) - the first of its kind in Australia. The study has collected data about menstrual patterns in Australian teenagers in order to get a clearer picture of what is 'normal' menstruation in teenagers, as well as data about the number of teenagers who may require further investigation to rule out menstrual disorder.

Melissa Parker RN received a Research Fellowship from the ACT Health, Health and Medical Research Council 2004/2005 to conduct the MDOT Study.

The research is being conducted because some disorders, such as endometriosis, have been shown to take an average time of 6 -11 years to diagnose from onset of symptoms, and can adversely affect a woman's well-being and fertility in the long-term.

Melissa has conducted her research from The Canberra Hospital and University of Canberra Research Centre for Nursing and Midwifery Practice. She was

supervised by Dr Paul Arbon, Professor of Acute Care Nursing and Director of the Research Centre, and Dr Anne Sneddon, Staff Specialist in obstetrics and gynaecology at TCH and the ANU Medical School.

In March this year, 1054 completed questionnaires (response rate 98%) were collected from 16-18 year old students at four of Canberra's Government secondary schools. The questionnaire collected data about teenagers' periods, symptoms and interference with lifestyle and school attendance.

The data found that only 1% of girls had asymptomatic menstruation, that is periods free of pain or any symptoms. Allowing for the limitations of a self-reporting questionnaire, there was a high proportion of girls who reported moderate to severe dysmenorrhoea (period pain) (72%), PMS symptoms (96%) or mood disturbance (73%) with their periods. Considering these results, the reported school absence rate of 26% is not surprising.

While this study does not assess the true impact of menstrual disturbance on schooling, the results show a significant physical and emotional impact on many



teenagers' lives, which could affect their education, schooling performance and self-concept.

Future research is planned to determine how primary health carers and women might use the questionnaire as a screening tool for the earlier detection of menstrual disorders such as endometriosis.

Ms Parker was recently presented with the 'Best Poster' award at the 9th World Congress on Endometriosis held in Maastricht, The Netherlands, where she spoke about her findings from the MDOT Study.

SMART PUMPS *Cont'd from page 15*

database, and a further download of data was completed in June 2005.

The project team awaits analysis of this data to further strengthen the evidence of the benefits of this technology in preventing I.V. administration errors, and ensuring patient safety.

The Calvary and Canberra Hospitals have been a reference source for other hospitals considering the technology and presentations of the data have been made at national meetings.

TCH GOES 'NO-LIFT'

The Canberra Hospital is moving towards becoming a "No-Lift" Health facility by gradually implementing the O'Shea Manual Handling System.

This is part of ACT Health's commitment to improving workplace safety.

Management has recognised the need to reduce the severity and frequency of manual handling injuries, and is committed to reducing risk in the workplace. The implementation of the manual handling program is one initiative which is a direct result of this commitment.

The Ultimate aim of the program is to reduce the risk of injury to staff & patients, to as low a level as possible, and to improve the quality of patient care.

The program consists of a number of key elements – the trial and purchase of equipment, a change in manual handling techniques and a staff training program.

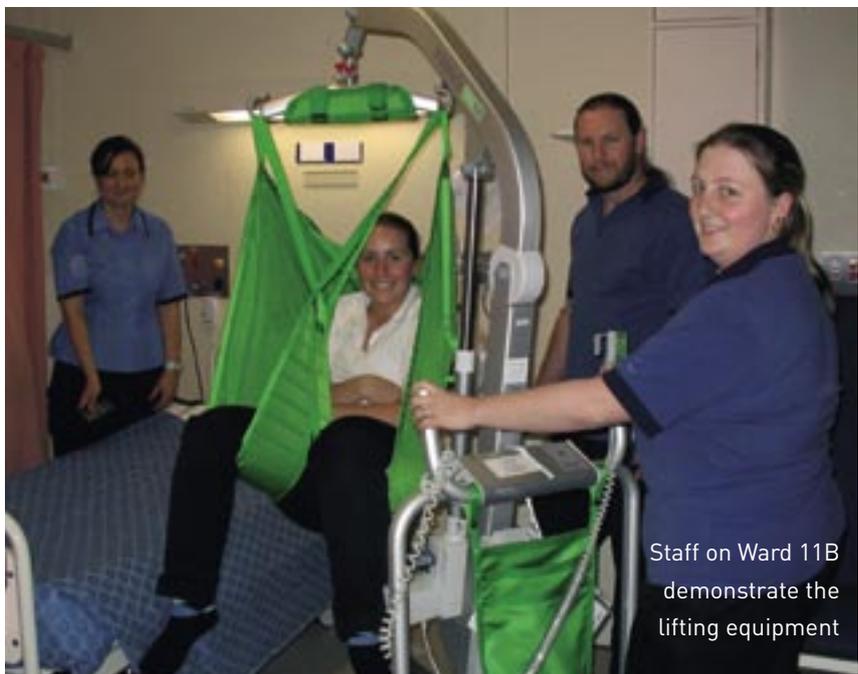
Prior to the actual implementation, a variety of equipment was trialed throughout the hospital. Injury Prevention & Management staff assessed this

equipment and hospital staff provided feedback regarding its actual use.

The implementation process began at the end of April 2005, when the program was introduced into 2 wards – 9B & 11B. It has been systematically been rolled out through the other clinical areas, over the last six or so months. To date, approximately 20 clinical areas have implemented the system and approximately 700 staff have attended the training sessions.

The manual handling team aims to work closely with clinical staff to reduce manual handling risks within their work areas, and improve patient safety. They endeavour to make themselves readily available and to provide assistance as required.

On completion of the implementation process, manual handling advisors follow up with on-site advice and problem-solving sessions. Ward-based education is also provided in the use of the equipment, and the new manual handling techniques.



Staff on Ward 11B demonstrate the lifting equipment

WHAT IS A PSYCHOLOGIST?

During National Psychology Week last November psychologists all over Australia presented public lectures telling of the many ways that psychology can help to make a difference in the quality of our day-to-day life.

There is evidence indicating that over 20% of the Australian population suffer from some kind of psychological problem. Because psychologists study how we think, feel and behave from a scientific viewpoint and apply this knowledge to help people understand, explain and change their behaviour, they can be of much help in most of these cases.

Psychologists provide a variety of evidence based clinical services and research activities. They study personality, brain-behaviour function and dysfunction, neuropsychology, cognition, and interpersonal relationships, as well as ways to provide effective psychological treatment.

Though many places of employment only require an Honours Degree, most places are now requiring psychologist to have a Masters Degree from an accredited university. Many now have a Doctoral degree. These educational requirements are now necessary for membership of the Australian Psychological Association. Psychologists receive considerable supervised training before being ready for independent, unconditional registration.

What kind of psychologists are there?

Like most health professions, there are specialty areas in psychology, including clinical, health, neuropsychology, counselling, forensic, industrial/organisational, academic, educational, sports, social psychologists and many others.

WHERE DO PSYCHOLOGISTS WORK?

Some psychologists work primarily as researchers and faculty at universities and at government and non-government organisations, including hospitals and community clinics. Others work primarily in sports industries, particularly in training elite athletes. Still others work in schools and university clinics, correctional facilities, employee assistance programs and private offices.

WHAT DO PSYCHOLOGISTS DO?

Psychologists provide both assessment/diagnosis and treatment/therapy in a variety of settings. They work in mental health, which includes forensic services, in the community clinics and at the hospitals.

To find out more about psychologists and how they can help you or how you can find a qualified, registered psychologist in your area, you can search the website of the Australian Psychological Association <http://www.psychology.org.au> or contact the Psychology Registration Board in your area.

HISTORIC CONFERENCE FOR NURSE PRACTITIONERS

A historic event occurred in the nation's capital on the 28 and 29 October - the first inaugural national conference for Nurse Practitioners titled, "Nurse Practitioners: The Embodiment of Expert Health Care".

The conference was a defining event that brought together Nurse Practitioners from all over Australia and New Zealand to celebrate their progress in having Nurse Practitioners regarded as an important member of the health care team and to share their vision for the future. The conference attracted over 150 delegates including Nurse Practitioners, aspiring Nurse Practitioners, Chief Nurses, academics, researchers and other health care workers.

Donna Diers, Professor of Nursing Emerita at the Yale University School of Nursing and Senior Clinical Coordinator, Decision Support, Yale - New Haven Hospital gave the inspiring keynote address. Donna, who also holds adjunct professor appointments in Australia, presented six lessons from stories of Nurse Practitioners. She talked about how and why primary health care has evolved the way it has and provided guidance on how to forge a path forward.

The conference provided an opportunity for delegates to update their knowledge on current issues related to Nurse Practitioners in Australia, and to hear from experts and advocates in nursing, pharmacy, medicine and academia on many topics of interest to the nursing profession in general.

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

NURSES & MIDWIVES LOOKING FORWARD

NURSING & MIDWIFERY REFRESHER PROGRAMS

ACT Health is embarking on a new program to encourage Registered Nurses, Enrolled Nurses and Midwives who have been out of the nursing and midwifery workforce for up to 10 years, to return to the professions. Many Nurses and Midwives have not worked in the professions for some time due to a variety of reasons, including carer and other family responsibilities.

The program provides learning and professional development to support those interested in reviewing, updating and further developing their skills and to assist individuals to catch up on the changes that have occurred during their absence.

There are two types of programs available:

1. Calvary Health Care provides structured lecture programs for several groups per year. This requires full time attendance.
2. Modular programs across some areas of ACT Health offer the flexibility of working three to five day shifts per week for three months. These include Community Health, Mental Health and Acute Care at The Canberra Hospital. Theoretical education is provided through self-directed learning packages.

Both programs recognise prior learning and clinical experience.

The paid clinical placement is rostered Monday to Friday and is well supported by clinical development nurses/midwives, clinical nurse/midwife consultants, educators, preceptors and the refresher coordinator.

Contact the Refresher Coordinator, Donna McKenny on 6205 0231.

ENROLLED NURSE SCOPE OF PRACTICE PROJECT 2005

ACT Health and the ACT Branch of the Australian Nursing Federation are working together to progress a number of reviews and special projects which aim to enhance career pathway opportunities and promote a healthy work environment for ACT Health Nurses and Midwives.

One of the exciting special projects currently underway is the Enrolled Nurse Scope of Practice Project. This project is examining where Enrolled Nursing currently sits within ACT Health and exploring the potential for enhancing Enrolled Nurse practice in some areas.

As part of the project, a discussion paper was distributed to all ACT Health Enrolled Nurses and made available to other staff. The paper provided background information about where Enrolled Nurse practice is now nationally and locally.

To assist ACT Health staff to have their say on the project, wide consultation occurred with 20 focus groups and forums across ACT Health services and there was an opportunity to provide written submissions or fill in a questionnaire about the project.

The next step will involve collating the information and recommending potential areas for enhanced Enrolled Nurse practice across the service, with the ultimate aim of providing a high quality service to the community into the future.

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

ENROLLED NURSE MEDICATION ADMINISTRATION

Enrolled Nurses (ENs) who have completed an approved Medication Administration Course and received authorisation by the Nurses Board of the ACT, are now able to administer certain medications in many work areas across the health sector.

To promote a consistent approach across the ACT, a policy for EN Medication Administration has been developed in broad consultation with both the private and public sectors. Areas consulted included public and private hospitals, pharmacy, General Practice, education, Nurses Board, Aged Care Residential and other professional bodies.

EN Medication Administration in the ACT is consistent with trends in other States and Territories and provides an opportunity for interested ENs to enhance their scope of practice in work places where the role is introduced.

Although this is an ACT Health policy, it is closely aligned and consistent with the Nurses Board of the ACT Medication Policy and ACT registration/enrolment requirements. As a result it is relevant to all ACT Registered/Enrolled Nurses and Midwives and their employers. As usual, client and patient safety is central to the policy.

The policy and other useful information including Frequently Asked Questions is available on the ACT Health website at www.health@act.gov.au under "Health Professionals".

Contact the Nursing & Midwifery Office at n&mo@act.gov.au

COMMUNITY HEALTH

COMMUNITY HEALTH NURSES' SYMPOSIUM

Almost 200 nurses from Canberra and the surrounding region attended the 2005 Community Health nurses' symposium titled 'Supporting health in the community: What was, what is, and what will be!'

Principal Nurse, Grant Carey-Ide, delivered the keynote address on the symposium theme and announced the Community Nurse of the Year. ACT Health Chief Executive, Dr Tony Sherbon, presented the award to Sue Byrnes in recognition of her leadership, professionalism and enhancement of Nursing in the Community.

Nurses from Community Health contributed interesting papers relating to client care and service delivery initiatives. Gayle Berthold, Jenny Kuzek & Jan Davies outlined changes and growth in the Corrections Health Program. Vivienne Van Dissel & Vera Van De Veld provided a reflective discourse on the home-based

management of neurogenic bowel.

Sue Byrnes spoke about improving the service delivery of childhood immunisations, a project which won the ACT Health Quality and Safety Award for Accessibility and the overall 2005 ACT Health Quality and Safety Award. Liz Obersteller, Erica Wright & Terri Berenguer related the results of their study into the effectiveness of diabetes self-management education.

In her presentation "Can we get there from here", Dr Christina Bobrowski, Director of Nursing Research, ACT Health, recommended strategies for approaching the future as nurses in the community. The ACT Chief Nurse, Jenny Beutel, contributed additional strategies in her closing address, and presented the poster award to Gayle Westman and Erica Wright for their "Footstep Program" display.

COMMUNITY HEALTH REWARDS ITS OWN

Congratulations to Dr Sue Packer of the Child at Risk Assessment Unit (CARAU) for her special Children's Week Award which acknowledges her continued and outstanding commitment to children in the ACT. Dr Packer has been the Community Paediatrician and Paediatrician to the CARAU since 1990. Some of Sue's work includes court work, consulting with schools, police and counsellors, foster care and child protection services, as well as children's health services.

Congratulations as well to Sue Byrnes from the Child, Youth and Women's Health Program (CY&WHP) for her ACT Community Nurse of the Year Award. Sue has been a nurse for 30 years and was nominated by for the award by her peers. Recently, Sue has been instrumental in supporting staff to implement changes to the immunisation service delivery model within the CY&WHP. Sue also played an integral role in the development of the new Clinical Development Nurse positions within the program.

ACT Health Chief Nurse, Adj Professor Jenny Beutel; ACT Health Chief Executive, Tony Sherbon; Community Health Acting General Manager, Jenelle Reading, Community Health Nurse of the Year 2005, Sue Byrnes and Community Health Principal Nurse, Grant Carey-Ide at the symposium.



NEW LOOK FOR DICKSON HEALTH CENTRE

Dickson Health Centre refurbishments commenced mid-August 2005 in a 3-stage process, the first being the refurbishment and expansion of Child, Youth & Women's area.

A new rehabilitation and shared therapy area for the Aged Care & Rehabilitation Service and Continuing Care Program formed stage two of the refurbishment and will allow a variety of allied health services to be provided from this centre, including physiotherapy and podiatry. A number of staff employed in the Intermittent Care Service (ICS) will also

be housed within the new facility. The ICS is an innovative, multi-disciplinary service providing home-based rehabilitation service for older people.

The last stage involved the refurbishment of administrative facilities, including a new client waiting room and conference/meeting room. Throughout the project, there was a strong emphasis on improving both patient and staff safety, concluding with the installation of a ceiling-mounted harness system to assist clients to walk and perform transfers, and a new duress alarm system.

AUCTION FUNDS TO ASSIST IN REHABILITATION

Some months ago Mental Health ACT was approached by the Waltoovy Charity Fund to lodge a submission for Brian Hennessy Rehabilitation Centre (BHRC) to be the recipient of the proceeds of a Charity Auction.

The Auction was held on 22 November and was attended by about 240 people. Through raffles, auctions and attendance, approximately \$23,500 was raised. The funds will go to a number of programs to be run at BHRC. They will include the following -

1. Cognitive Remediation

A large percentage of consumers at BHRC have been assessed as having cognitive deficits and would benefit from a cognitive remediation program. This involves the use of computers and programs such as "Where in the world is Carmen San Diego", Scrabble and other word games. Three computers, Broadband installation and cognitive software programs will be purchased for the remediation project.

2. Programming by each Villa Team

Villa Teams identified a range of activities and programs that would assist consumers in achieving their goals of rehabilitation. These included programs to:

- promote good health and wellbeing through the use of exercise equipment and use of facilities like the National Aquatic Centre;
- encourage socialisation and normalisation within the community, for example subsidised use of local restaurants for dinner on a monthly basis, or visits to places of special interest;



MENTAL HEALTH

- enhance self esteem – by teaching the use of toiletries and cosmetics and encouraging hygiene; and
- develop planning, budgeting and cooking skills like meal preparation.

3. Resource Library for Consumers

Consumers at BHRC utilise local public libraries for reading material. However, one of the key strategies at BHRC is to develop consumer's knowledge and understanding of their mental illness along with developing strategies to deal with day to day issues. This sort of information could be housed in a BHRC resource library.

4. Trust Fund for Training & Education

On occasion, consumers at BHRC identify vocational and/or educational needs that will assist in their transition back into the community. These consumers are usually restricted in undertaking courses because of their limited financial resources.

Their needs vary significantly in range and will largely depend upon the individual's level of cognitive function and the specific training available. Some examples of the individual training that would assist consumers include:

- study at TAFE;
- further vocational training;
- completion of study or a course at university;
- other courses which may develop special talents like art; and
- individual tutoring or mentoring to assist with specific training needs for individual consumers.

Thanks to everyone who contributed to this very valuable cause. As you can see, your efforts will go a long way in helping to smooth the transition back to the community for BHRC consumers.

Contact: Ms Amanda Urbanc, Director, Rehabilitation and Older Persons Mental Health Services 6205 1222.

SUICIDE PREVENTION – MANAGING THE RISK

ACT Minister for Health, Simon Corbell has released the ACT Suicide Prevention Strategy, a plan that acknowledges the work that is already being done in the Territory, and to provides a coordinated approach to suicide prevention for the whole of the community.

The Suicide Prevention: Managing the Risk of Suicide in the ACT 2005 – 2008 strategy has been developed in consultation with a wide range of key stakeholders. It provides information on at-risk population groups and risk factors and proposes a range of early intervention, prevention and care initiatives.

It also proposes measures to increase resilience in the population, increase community understanding and reduce the stigma associated with mental illness.

"The suicide of any person is a tragic event. The pain touches not only the immediate family, but also friends and acquaintances, and very often the wider community," said Mr Corbell.

"The statistics for completed suicides in the ACT have ranged from between 27 to 46 per annum over the last ten years. ACT rates were lower than national rates in nine of the past 11 years.

"Individuals, consumers, carers, clinicians, allied health workers, community organisations connected to specialist mental health services are constantly striving to improve the quality of care provided to people with a mental illness.

"This strategy aims to support and strengthen community partnerships within current services and recognises the value of a whole of Government approach to reducing the risk of suicide," Mr Corbell said.

While there are currently numerous suicide prevention activities and policies in the ACT, the strategy will bring ACT into line with other jurisdictions in having a coordinated approach to suicide prevention.

To obtain a copy of the strategy please contact Alisa De Angelis on 62055218 or alisa.deangelis@act.gov.au

HEALTH PROMOTION

RESEARCH CENTRE AN INVESTMENT IN THE HEALTH OF OUR CITY

Chief Minister Jon Stanhope recently launched the Healthpact Research Centre for Health Promotion and Wellbeing. The Centre is a partnership between the ACT Government's Health Promotion Board and the University of Canberra and will provide much-needed data regarding the success of health promotion activities.

The Government is supporting the centre with \$610,000 over three years.

At the launch, Mr Stanhope said most Canberrans knew, on an individual level, how much better they felt when they made the effort to exercise regularly, drink moderately, reduce stress, stop smoking and eat better. But putting a value on these things, in terms of extra months or years of life, or the reduced burden on the health dollar, was harder. Knowing how to best share healthy messages and give the community the help it needs to put those messages into practice was also difficult.

"The Research Centre is an Australian first which will help us spend our health promotion dollars more effectively and develop evidence-based health policies and programs," Mr Stanhope said.

"We have long known that health promotion and preventive health care can have a revolutionary impact on the health of a community. Humanity has almost managed to eradicate diseases such as polio, through simple vaccination programs. Screening programs are saving the lives of many women who would once have had their lives shockingly shortened by cervical or breast cancer."

"But preventive programs and health promotion can be a complex business. Prevention and promotion often involve multiple players. The effects sometimes cannot be observed for years, or even decades.

"This is a difficulty for governments. The political temptation is to look only for quick fixes — greater numbers of hospital beds, greater numbers of people getting elective surgery, shorter waiting lists and shorter waiting times. And while these things are crucial, they are only a partial solution.

"They must be accompanied by measures that tackle some of the underlying causes of morbidity and mortality. Yet there is little political incentive to invest in things that won't deliver results this year or this electoral cycle," Mr Stanhope said.

The centre will be a source of information that will reach out to those who most need guidance and assistance. For, while Canberrans enjoy generally good health, with an enviable life expectancy and the lowest rate of infant mortality, there are still groups that are particularly vulnerable and individuals who are at heightened risk.

The Healthpact Research Centre for Health Promotion and Wellbeing will gather critical evidence about the impact of the social factors that most affect health outcomes and will allow us to better develop measures to address health inequalities.



GO FOR 2&5® IN THE ACT

The Go for 2&5® campaign encourages adults to eat two serves of fruit and five serves of vegetables per day. As a social marketing campaign, Go for 2&5® is an example of a primary prevention strategy. The campaign encourages people to increase consumption of fruit and vegetables in order to gain health benefits and reduce the risk of chronic disease.

The Go for 2&5® campaign is being coordinated in the ACT by the Health Promotion Unit (HPU), ACT Health over the next three years. It will complement and build on activities undertaken nationally.

GET INVOLVED WITH GO FOR 2&5®

Have you thought about how to get involved with promoting Go for 2&5®? The HPU have a range of free campaign materials that you can use to promote the Go for 2&5® message.

For more information or to request campaign materials, visit the Go for 2&5® page on the ACT Health Promotion website www.healthpromotion.act.gov.au/act/campaigns/2&5.htm or contact the HPU by email healthpromotion@act.gov.au or phone (02) 6205 5241.

CONFERENCE DIARY

Sexual and Reproductive Health Part 1 20-24 February 2006 Part 2 3-7 April 2006 Family Planning, Box Hill, Victoria	Family Planning Victoria's Certificate in Sexual and Reproductive Health (Nursing) course aims to increase participant's awareness of the diversity of human sexual experience and the many issues associated with sexual and reproductive health. Nurses work in a variety of advanced practice roles in a community of individuals and families whose knowledge and understanding of their sexual health is greatly affected by their cultural background, their education, and their religious beliefs. Nurses may find themselves personally challenged as they work with these divergent individuals.	Contact: Ph: (03) 9257 0133 Email: registrar@fpv.org.au Visit: www.fpv.org.au
Australian Wound Management Association - 6th National Conference The Matrix of Wound Care 15 - 18 March 2006 National Convention Centre, Canberra	All health professionals are invited to attend 6th National Conference of the Australian Wound Management Association, The Matrix of Wound Care. Speakers include: Prof Sue Bale, A/Director of Nursing (R&D); Gwent Healthcare NHS Trust, UK Mr Paul Banwell, FRCS, Department of Plastic and Reconstructive Surgery, The Radcliffe Infirmary, Oxford, UK Dr Fiona Wood, Head, Royal Perth Hospital's Burns Unit and Director, Western Australia Burns Service Dr Keryln Carville, Clinical Nurse Consultant for Silver Chain, WA and A/Professor of Domiciliary Nursing, School of Nursing and Midwifery, Curtin University of Technology Ms Susan Morris, Vice President, Reimbursement Policy & Compliance, KCI, USA Professor Keith Harding, Professor, Rehabilitation (Wound Healing), Cardiff University, UK Dr Gerit Mulder, Director, Wound Treatment & Research Centre; A/Prof of Surgery and Orthopaedics, University of California, USA A national meeting of this calibre comes around only every two years - make sure you don't miss out!	Contact: Conference Logistics (02) 6281 6624 Online registration available at www.awma.com.au
7th International Mental Health Conference Schizophrenia and Related Psychoses 4 - 5 August 2006, Holiday Inn, Gold Coast	Review of recent developments in the understanding and treatment of schizophrenia and related psychoses and the impact of substance use in these conditions. Meeting to review the areas of aetiology of schizophrenia, the effect of early recognition, intervention and treatment on the course of these conditions, the role of substance abuse (esp. cannabis and amphetamines) in causing schizophrenia and complicating its course. Also investigating the impact of new classes of anti-psychotic medications on treatment, the role of psychological therapies in treatment of psychotic symptoms and in more general psychosocial rehabilitation. Also looking at new trends in the vocational rehabilitation of schizophrenia, the treatment of comorbid substance abuse (esp. alcohol, tobacco, cannabis, amphetamines) in schizophrenia, prevention of schizophrenia and related psychoses. Conference workshops and presentations by national and international speakers, will be complemented at this year's conference by refereed papers and posters of registrants.	Contact: Visit the conference web site: www.gcimh.com.au/conference

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.

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