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HEALTHY TERRITORY

A NEWSLETTER FOR ACT HEALTHCARE PROVIDERS

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H1N1 Influenza '09 Vaccination Program

The national roll out of the H1N1 Influenza '09 vaccine began on 30 September 2009. The vaccine, known as Panvax® H1N1, was registered by the Therapeutic Goods Administration (TGA) on 18 September 2009.

Panvax® H1N1 is a one dose vaccine for people aged 10 years and over. As with the seasonal influenza vaccine, Panvax® H1N1 may take up to two weeks to provide individuals with immunity to H1N1 influenza '09.

The ACT has been allocated 315 000 doses of Panvax® H1N1 based on a population of 347 000. In the week starting 28 September, ACT Health took delivery of an initial 8100 doses from the Sydney warehouse. As of mid-October more than 26 000 doses had been delivered to vaccine providers in the ACT.

The vaccine is available to anyone aged ten years and over. It is especially important for those most at risk of poor outcomes to get the vaccine. Health care workers, Aboriginal and Torres Strait Islander peoples, pregnant women, individuals with chronic underlying medical conditions and parents and guardians of children aged



less than 6 months are strongly encouraged to get the vaccine.

Children under ten years will be able to receive the vaccine when clinical trials and paediatric registration are complete. Even those who are fit and well could still be at risk or could infect more vulnerable people. Canberrans are encouraged to protect themselves and their community and stop the spread of pandemic H1N1 influenza by getting the vaccine.

Though the vaccine is free, individuals may have to pay a consultation fee to see their doctor. In the ACT, Panvax®

H1N1 is available to the public through General Practitioners. ACT Health front line health workers can receive the vaccine from the Occupational Medicine Units of the Canberra Hospital and Calvary Hospital.

In addition, ACT Health is running community clinics for those who are unable to see a GP. As Panvax® H1N1 only provides protection against H1N1 influenza '09, individuals will still need to get their annual flu shot in 2010 to get protection against other seasonal influenza strains.



FROM THE CHIEF EXECUTIVE

Mark Cormack,
Chief Executive

FOUR YEAR ACCREDITATION

I'm pleased to announce we have received official confirmation of our four-year accreditation from the *Australian Council on Healthcare Services (ACHS)*. It's a unique achievement to have all our ACT Health corporate, clinical and support services scrutinized in this manner at one time. The results were particularly pleasing:

- Mental Health ACT received an Outstanding Achievement rating for its electronic health record MHAGIC, recognising it as an industry leader. The assessors found Mental Health ACT to be a superior service with enthusiastic senior management and a cohesion that cascades throughout all service areas. The service received seven Excellent Achievement ratings.
- Excellent Achievement ratings were awarded to ACT Health as a whole in the areas of infection control, human resources planning, information and data management, planning and management of information, communications technology, health promotion and strategic planning.
- The assessors found ACT Health to be a place where concern for patients is palpable, and an organisation committed to patient safety, risk management and staff development. ACT Health has also demonstrated its willingness to work with the local community to meet their needs and receive feedback.

The assessors made 68 recommendations designed to build on work already done and to strengthen our focus on identified priorities.

The ACHS Reports of the Organisation

Wide Survey Evaluation and Quality Improvement Program and the Mental Health In-Depth Review will be posted on the intranet tomorrow. The Accreditation Steering Group will continue to facilitate system-wide discussion re: areas for improvement and to monitor the progress of action on the ACHS recommendations.

Congratulations to all of you for contributing to this successful outcome, and making excellence in care and service delivery your goal.

GRADUATE NURSE PROGRAM

Applications for the 2010 ACT Health Graduate Nurse Program closed on 31 August with 265 applications received. This number of applicants represents a 60% increase on what we received last year.

We received applications from every State and Territory in Australia with 26 Australian Universities represented.

The assessment process will follow ACT Public Service merit based selection process, with each application reviewed by panel of three RN representatives from across ACT Health.

Thanks to all staff involved for this magnificent effort.

MEETING THE DEMANDS OF THE WINTER MONTHS

During the winter months, our hospital system experienced extreme pressure due largely to seasonal illnesses and the added burden of Swine Flu. The combined effect resulted in large numbers of presentations to our hospital Emergency Departments, while a number of staff were on sick leave.

In addition to normal winter planning,

ACT Health pursued some additional measures:

- We worked with our colleagues at National Capital Hospital, Calvary John James Hospital and Calvary Hospital to purchase additional bed capacity. We used these private hospital beds to increase public hospital bed capacity.
- We expanded our Hospital in the Home and CAPAC services, which meant some patients were able to receive hospital level care in the home, which is good for patients, good for infection control and will make more beds available in the hospitals.
- Some Canberra Hospital elective surgery patients had their surgery reallocated to Calvary Hospital to free up beds, ICU and theatre capacity for urgent and emergency patients.

Staff were asked to redeploy from usual work areas to other areas of the hospital to meet peaks of demand. In addition we made use of casual, and agency resources to fill unanticipated gaps in rosters. Overtime was offered to part-time or fulltime nurses or to Registered Nurses working in other areas of the portfolio.

Our caring ACT Health staff again rose to this occasion, and I thank our staff for their generous individual contributions to the health of the ACT community.

Epidemiology of H1N1 Influenza '09

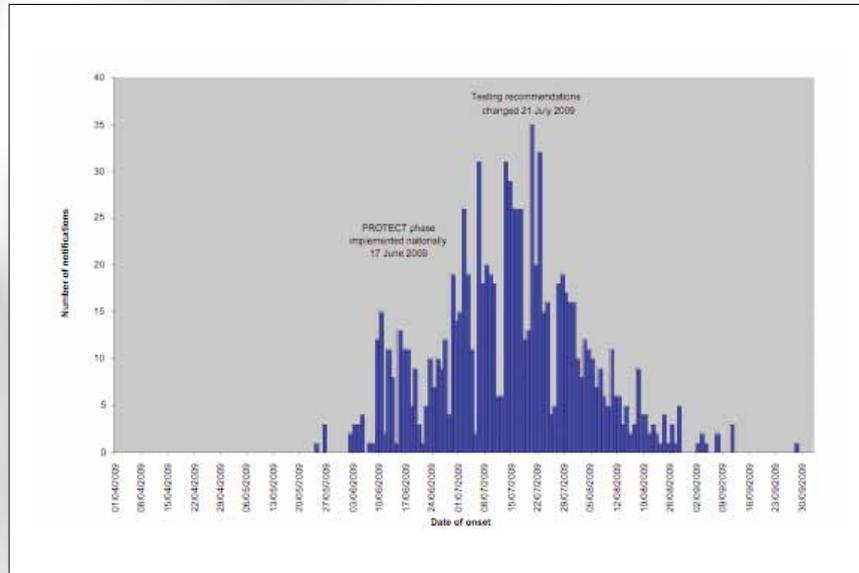
In mid March 2009, Mexican authorities began seeing an increase in influenza-like illness. Eventually a new influenza strain, H1N1 Influenza '09, was identified. The ACT began surveillance for the H1N1 virus on April 25. On 30 April 2009 the World Health Organisation raised the Pandemic alert to phase 5 indicating that the Pandemic was imminent with widespread human infection already present. The ACT Public Health Emergency Operations Centre (PHEOC) was activated on 4 May 2009.

On May 25, the ACT confirmed its first case of H1N1 Influenza '09 in a man who had travelled by airplane from the United States. Other passengers from the same flight were also diagnosed with H1N1 Influenza '09 in their home states. Many of the ACT's early cases of H1N1 appear to have resulted from travel from affected areas rather than community transmission.

Several subsequent cases had travelled on the well publicised cruise ship (numerous cases from this cruise were confirmed in other states). Travel to Melbourne also resulted in many confirmed cases in the ACT. Contact tracing and home isolation was standard procedure at this early phase of the outbreak, to try and contain community spread.

The change from the original 'Contain' phase to the 'Protect' phase of pandemic response was implemented nationally on June 17 as community spread had begun in other states and the benefits of containment were beginning to be outweighed by the disadvantages.

'Protect' meant a change in focus for authorities from all possible cases of H1N1 Influenza '09, to concentrating on those vulnerable to severe outcomes from the virus. This was because new Australian information demonstrated that the virus was not as severe in most people as the initial data from Mexico had indicated.



H1N1 Influenza '09 notifications in the ACT, 2009

In the ACT, 940 H1N1 Influenza '09 notifications were received by the Health Protection Service between 25 April (when surveillance first began) and 20 October 2009. The number of notifications peaked in mid-to-late July (see epidemic curve at Graph 1).

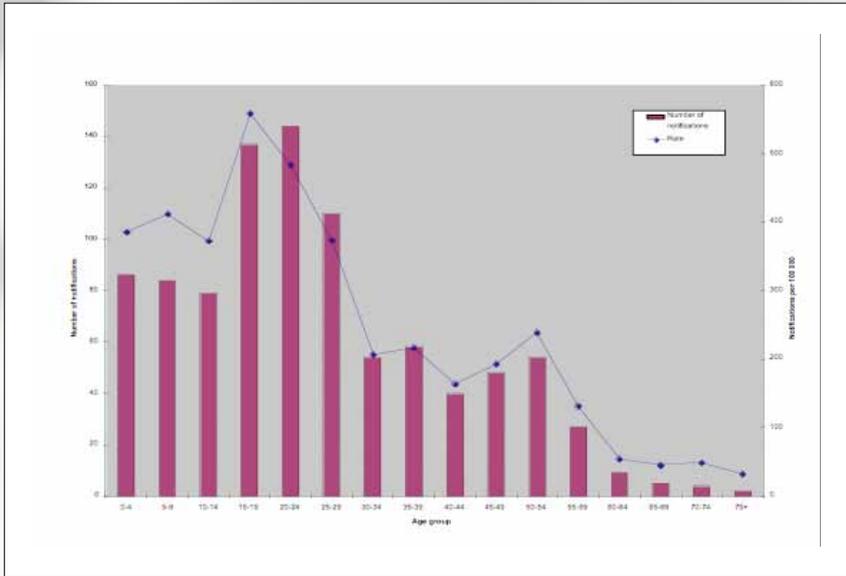
On July 21, testing recommendations changed so that only those whose clinical management may have depended on H1N1 Influenza '09 confirmation were routinely tested.

This meant that there was a sharp decline in confirmed cases that was not necessarily indicative of actual community transmission. This reduction in testing did not change individual treatment, as the antiviral Tamiflu™ was still provided to vulnerable persons even if testing was not conducted. This was because antivirals needed to commence as quickly as possible to be effective and test results would not have been available in time.

The total number of influenza notifications (including H1N1 and other seasonal strains) received in the ACT between 1 January and 20 October 2009 represent an approximate 400% increase in notifications when compared to the same time period in 2008. Compared with 2007, which was considered a peak year in the ACT and nationally, notifications in 2009 represent a more than 200% increase. The high number of influenza notifications in 2009 is likely due to increased testing due to heightened awareness surrounding the pandemic and not necessarily greater transmission. Testing from previous seasons is likely to under represent the true number of influenza cases circulating in the community.

In 2009, H1N1 influenza '09 accounted for 75% of influenza notifications in the ACT. The ACT's median age for cases was 23 years (ranging from 6 weeks to 77 years), which was also consistent with the national median of 21 years. Sixty-eight percent of the ACT's cases were under 30 years of age. As Graph 2 demonstrates,

Epidemiology of H1N1 Influenza '09



H1N1 Influenza '09 notifications in the ACT, 2009



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the greatest number of H1N1 notifications occurred in the 20-24 year age group. The highest notification rate of all groups was observed in males aged 15-19 years, possibly due to lifestyle factors of this group.

Between 25 April and 20 October 2009, the ACT had 61 hospitalisations related to H1N1 Influenza '09, a rate of 15 hospitalisations per 100 000 population. This figure is slightly less than the national hospitalisation rate which is 22 per 100 000 population. The median age of hospitalised cases is 24 years. Most

ACT hospitalisations have been in the 0-4 year age group, followed by the 5-9 year age group. Slightly more females than males were hospitalised (54%).

Major risk factors for hospitalisation included pregnancy (18% of hospitalisations, which may account for the higher proportion of females hospitalised) and chronic respiratory disease (26%, mainly asthma). Other reported risk factors have included indigenous background, diabetes, cardiac disease, obesity, lupus and congenital disorders.

In the ACT approximately 3% of residents hospitalised identified as being an Aboriginal or Torres Strait Islander. This correlates with the actual ACT population of Aboriginal and Torres Strait Islanders. Nationally, Aboriginal and Torres Strait Islander Peoples are approximately five times more likely than non-Aboriginal and Torres Strait Islander Peoples to be hospitalised with H1N1 influenza '09. This was not demonstrated in the ACT.

In August 2009 there was a decrease in the number of notifications of H1N1 Influenza '09 and associated hospitalisations. Dedicated Flu Centres at Canberra and Calvary Hospital closed following the drop in notifications due to decreased demand. There was a similar decline in influenza activity nationally as the 2009 influenza season shifted from the Southern to the Northern hemisphere. The World Health Organisation pandemic alert remains at Phase 6 indicating that globally, the H1N1 Influenza '09 Pandemic is still underway.



A HEALTHIER FUTURE for all Australians

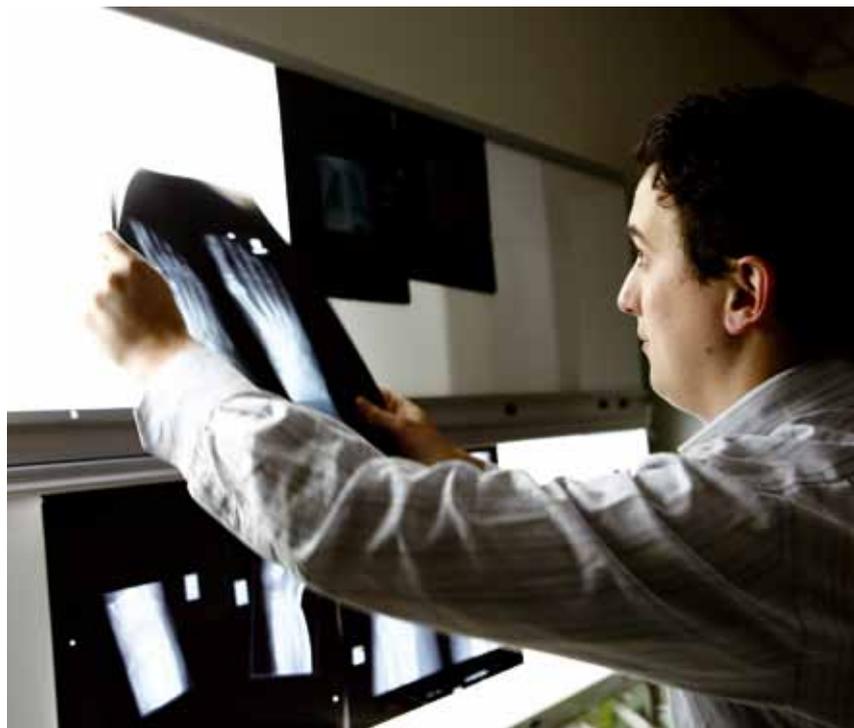
In February 2008 the Australian Government established the National Health & Hospitals Reform Commission. The Commission was asked to provide advice to the government on how to improve the Australian healthcare system. The Commission delivered its final report titled *A Healthier Future for all Australians* on 27 July 2009.

The report notes that Australia has a strong healthcare system that delivers many positive health outcomes. But it finds itself under growing pressure as the health needs of our population change. The report proposes a range of actions to reform the Australian healthcare system, some of which include:

- changing the way the Australian healthcare system is governed and funded;
- expanding Medicare;
- establishing a universal dental scheme called Denticare Australia;
- development of personal electronic health records; and
- creating a number of national bodies such as:
 - a National Clinical Education and Training Agency;
 - an Independent National Health Promotion and Prevention Agency; and
 - a National Aboriginal Health and Torres Strait Islander Health Authority.

Many of these proposed actions are consistent with steps already being progressed through the COAG health reform agenda.

Importantly, the ACT is well positioned to help improve the nation's health system. The ACT proactively works to achieve the best health outcomes for consumers,



and already has in place several strategic plans that could support the report's proposed reforms.

At this stage the Australian Government has not decided which of the reports recommendations it will adopt. To help it decide, it plans to undertake further consultation over the next six months.

If you are interesting in finding out more, or following the progress of the Australian Government's consultation process, please visit:
www.yourhealth.gov.au



PROJECT MANAGEMENT ACHIEVEMENT AWARDS

Congratulations to the two project teams from ACT Health who won three Project Management Achievement Awards at the Annual ACT Australian Institute of Project Management (ACTAIP MA) Awards night.

The Acute Coronary Syndrome (ACS) Project won 2 Project Management Achievement Awards – Organisation / Change Management and ACT Community Benefit.

The project outcomes include:

- The ability to transmit an ECG from an ambulance to both the Canberra Hospital Emergency Department and the on call Cardiologist simultaneously, from anywhere in Canberra.
- Direct transfer from an ambulance to the cardiac catheter laboratory for people experiencing heart attack (Priority Access to Treatment Protocol)
- Introduction of protocols for patient assessment and treatment in the Emergency Departments
- Rapid admission pathway to the Coronary Care Unit from the Emergency Departments
- Improved quality and quantity of information for patients who are discharged from an Emergency Department.

Congratulations to the Project Team of Sheryl Harrison, Susan Hayward, Linda Cox, Shane Cumberland, Martin Monaghan and Howard Wren.

Thank you to Steven Do-Quang and Andrew Bailey for their assistance with implementation, monitoring and reporting.

Thank you to the project sponsors Brenda Ainsworth, Rosemary O Donnell and Deborah Cole.

The project commenced across the ACT in late 2007 with the primary objective of improving access to emergency care for people experiencing chest pain and heart attack.



At the Awards Night, (from left) Mark Cormack, Chief Executive, ACT Health; Sheryl Harrison, Senior Program Manager, Access Improvement Program, ACT Health; Ian Thompson, Deputy Chief Executive, ACT Health; Linda Cox, Senior Cardiac Technician, Cardiology, The Canberra Hospital; David Foot, a/g Commissioner, Emergency Services Agency; Narelle Boyd, Retrieval Operations Coordinator, Capital Region Retrieval Service, The Canberra Hospital.

The **ACT Health Medical Retrieval Services** Project on receipt of the Project Management Achievement Award in the Small Projects category.

This project has developed the transition plan for Medical Retrieval Services in the ACT to roll out over 3 years and involved the establishment of:

- A new and separate unit for Retrieval Services in ACT Health, with a Medical Director, Deputy and Operations Coordinator
- Competencies and training specifications
- A trainee program to increase staff levels
- Change to shift patterns to make it more equitable – from the current 24 hour shift to two 12 hour shifts
- Building infrastructure by the ACT Ambulance Service that allows medical and paramedical staff to be situated at the helicopter base
- A doctor, paramedic and flight team

are at the helicopter base during daylight hours (0800-1800hrs), which allows immediate departure for urgent cases

- Includes all modes of transport for retrieval (helicopter, ambulance, fixed wing)
- Already reduced delays to urgent missions by 12%.

In particular congratulations to Rachel Henson, Shane Cumberland for their hard work and the rest of the project team Dr Kelvin Grove, Dr John Ellingham, Dr Greg Hollis, Craig Thomas, Dorothy Hughes and Howard Wren.

Thank you to the project sponsors Brenda Ainsworth, Barbara Reid, David Foot, Ian Thompson and Dr Damian McMahon.

Both of these Projects will now go forward to the National AIPM Project Management Achievement Awards in October – we wish them the very best.

WORKING COLLABORATIVELY WITH CONSUMERS TO MANAGE CHRONIC CONDITIONS



It is estimated that 77% of Australians have a long-term or chronic condition, and this is likely to increase as our population ages (Jordan, et al 2008). In response to this problem the Flinders Human Behaviour and Health Research Unit (FHBHRU) developed a set of generic tools and processes called the "Flinders Model" of Self Management.

Self Management involves [the patient/client] engaged in activities that protect and promote Health; monitor and manage symptoms and signs of illness; manage the impacts of illness on functioning, emotions and interpersonal relationships; and adherence to treatment regimes (Gruman and Von Korff, 1996).

Earlier this year the ACT Division of General Practice and ACT Health organised Flinders model based training for General Practitioners and ACT Health staff.

This training encourages a more integrated approach to team management of patients, through the use of Care Plans. Care Plans are also central to self management as it is a patient-centred technique that complements the concept of self management and coordinated models of care.

The Flinders tools are designed to allow a client's issues and goals to be identified, acknowledged and incorporated into their CarePlan. According to Malcolm Battersby (2007), this approach 'provides a structured, comprehensive plan developed by the patient and their significant others, carers and health professional(s). It defines problems, goals, actions, time frames and accountability of all involved, to prevent complications and deterioration of chronic conditions'.

Flinders-based training enables health professionals to adopt practices that will enhance their ability to support

clients/consumers to self-manage more effectively. It aims to improve the health status of individuals by encouraging, empowering and enabling them to become active health partners, with their health providers in the management of their health (Battersby, et al 2007).

The aim of the Flinders Model of Chronic Condition Self-Management (CCSM) is to provide a consistent, reproducible approach to assessing the key components of self-management that:

- Improve the partnership between the client and health professional(s)
- Collaboratively identifies problems and therefore more successfully targets interventions
- Allows measurement over time and tracks change
- Has predictive ability ie improvements in self management behaviours as measured by the Partners in Health scale, relate to improved health outcomes.

The training is conducted over 2 days. Once the participants have completed 3 care plans and submitted them to Flinders University, they gain a Certificate of Competence to utilise the Flinders tools to complete care plans for their clients. At the completion of the training participants have gained the following:

- Understanding the theory and evidence of CCSM
- Use a self management assessment, including the Partners in Health Scale and Cue and Response interview
- Apply the motivational problem and goals approach
- Develop a self management care plan
- Utilise a range of self-management interventions and strategies
- Enhance your partnerships with clients and strategies

In a recent study utilising the Flinders tools, up to 60% of patients, across diverse medical conditions, and their



A recent community engagement forum where consumers and health professionals identified barriers to self management.

service coordinators rated their main problem as improved, and between 40% and 60% of patients made some progress towards achieving their main goal over a one to two-year-period (Centre for Health Care Evaluation, 2000). A Case Study Using the "Problems and Goals Approach" in a Coordinated Care Trial: SA Health Plus, Malcolm W. Battersby, et al, 2001).

The responses by health professionals who attended the Flinders Model training found that it reinforced their practice when working with clients with chronic disease. It also encourages the client to have ownership of the management process and the care plan. It allows the patient to have a copy of their care plan which can be shared with all the members of his/her health care team.

To utilise the Flinders tools, it requires the clinician to schedule a lengthy appointment or a couple of appointments to complete the care plan. However, the benefit of the model is that it addresses the goals and needs of the client with regular review to provide support.

For details regarding future CDSM training please contact Virginia Rasheed- phone 62051104, virginia.rasheed@act.gov.au or Bev Hayhurst- ACT Division of General Practice 62878099.

COMMUNITY HEALTH

DR DAVID GRIFFITHS

ACT Community Health is pleased to announce the Permanent Recruitment of the Principal Dental Officer Dr David Griffiths. He is widely known as not only a compassionate, accommodating and caring public dentist, but also as a world leader in many forensic odontology rapid response teams and Disaster Victim Identification techniques.

Dr Griffiths was born in Edinborough, Scotland and graduated from the University of Sydney in 1979 with a Bachelor of Dental Surgery. Dr Griffiths' achievements throughout his dentistry career, has seen him actively chair and participate on many Boards as well as tutoring and training of University and CIT students.

In 1991, Dr Griffiths completed training in Forensic Odontology and Disaster Victim Identification which ignited a passion for Forensic work. In this same year, Dr Griffiths became the inaugural president of the ACT Forensic Society and in 1996 progressed to become the President of the Australian and New Zealand Forensic Society until 2002.

Dr Griffiths is responsible for the creation of the ACT Forensic Dental Unit in 1991 where his involvement with the Australian Federal Police (AFP) increased and in 2002 Dr Griffiths became a sworn member of the AFP.

Dr Griffiths was a member of the Forensic Odontology response team with the AFP with the tragic Bali bombing in 2002 and later in 2005 was a leader of the Forensic Odontology response team with the AFP in the Thailand Tsunami. Dr Griffiths expertise, leadership and empathy was highlighted during his association with the AFP and proceeded to be a leader in several local and worldwide tragedies where unfortunate Australians were casualties.



These include the 2003 Canberra Bushfires, the 2006 second Bali bombing, the 2007 Garuda Air crash in Yogyakarta, the 2008 Lukla air crash in Nepal and more recently in 2009 with the Victorian Bushfires and the air crash near Kokoda in Papua New Guinea. Dr Griffiths is required to work with little notice in dangerous and unsafe environments but conveys the importance of this work not only for the deceased victims, but also closure for the grieving families.

Dr Griffiths is an inspiration and continues to be highly sought to lecture both nationally and internationally (including associations with the Royal Thai Police) and also co-authored "The Practice of Crime Scene Investigation" in 2002. Dr Griffiths is an honorary Chief Forensic Odontologist for the Republic of Vanuatu and in 2005 was awarded the Humanitarian Overseas Service Medal for Humanitarian work in hazardous conditions.

Dr Griffiths continues to give back to the community by treating clients who are in real need of Dental treatment and does so with compassion, empathy and the determination to improve the health and wellbeing of public Dental clients.

His pride and commitment to ensuring quality dental services to the community is reflected by his peers and colleagues who are inspired and motivated by Dr Griffiths service to his local community and the Nation.

The Dental Health Program is proud to have Dr Griffiths as part of our team. Proud of a professional who puts the life and death of other humans as a priority and in turn receives great satisfaction from giving back to the community.

CANBERRA HOSPITAL

FAREWELL TO ISABEL HARVEY

Isabel Harvey, Stroke Liaison Nurse at the Canberra Hospital, was recently farewelled after a distinguished career spanning forty years.

Isabel started training in nursing at the Royal Canberra Hospital in 1969. A few years later she took time out to have her children and, after this, she returned to nursing, working on night duty on ICU and CCU. As a charge nurse at that time, Isabel was the first responder to all cardiac arrests on night shift throughout the hospital.

Isabel became the clinical co-ordinator for a new graduate program in 1990, looking after some 60 new graduates! She subsequently completed her midwifery training and then returned to a post as CNC on the ICU at the Royal Canberra Hospital. Following the amalgamation of the Royal Canberra Hospital with Woden Valley Hospital, she was for a short time CNC on the short stay medical/surgical ward and then on the renal ward.

In 1993 she took on the role of CNC in the Emergency department where she worked for the next 11 years. In her "spare" time, she ran a burns clinic in the ED. She was awarded a Public Service Medal for her services to nursing and nursing leadership during the 2003 ED bushfire response.

In 2004, Isabel was appointed project officer to develop a new Stroke Unit at the Canberra Hospital. During the six month period, she consulted widely, travelling to other units, scouring the literature and talking to as many experts as she could in order to design a world-class unit.

She set the unit up with state-of-the-art lifting and monitoring equipment, first class nurses and, of course, top-quality evidence-based protocols. Isabel took on the task of publicising the unit to

the community and has continued to give regular talks to groups such as the Stroke Society, and Rotary and Lions Clubs.

Thanks to her activities she has been able to raise considerable sums of money to provide equipment, furniture and furnishings to improve the quality of life of stroke patients and their relatives at the hospital. Not surprisingly, Isabel took on the role of Stroke Liaison Nurse (SLN) in the Unit she had created, and she has filled this position until today, almost exactly five years later.

During her time as SLN, Isabel has led a unit which has become the envy of many other hospitals across Australia. It performed extremely well in the National Stroke Unit audit in 2007, and is frequently held up as a model of care at National Round table Discussions. Thanks to her, it won an award for Team Clinical Excellence in 2008.

In her role as SLN, Isabel has been tireless. She is a brilliant clinician, both diagnostically and in performing practical procedures, and never hesitates to roll up her sleeves and do whatever needs doing. She is always keen to pass on her knowledge and over the years she has won many awards for her teaching. She is a superb team player and is highly respected by all the doctors, nurses and allied health workers with whom she comes into contact every day.

Over the years, Isabel has also been very active in research. She published two papers in the Australian Emergency Nursing Journal and has presented at several clinical meetings. She has more recently been very active with the



neurology staff in looking at research questions in relation to stroke: a few years ago, The Canberra Hospital was the top recruiter to the Third International Stroke Trial thanks to her efforts.

Isabel has co-authored several collaborative publications which are due to come out in various medical journals over the next few months. In her capacity as SLN, Isabel has regularly attended the SmartStroke meetings and the Annual Scientific Meeting of the Stroke Society of Australasia, flying the flag for the Canberra Hospital wherever possible.

But above all it is her interaction with patients and their relatives which shows just what a special person she is. Nothing is ever too much trouble, making sure that patients are fully informed of what is happening to them, and that their friends, family and carers are all completely in the picture. She is a tireless champion and advocate for patients in every possible capacity.

Quite appropriately Isabel was nominated as "Australia's most remarkable nurse" in Hesta Australian Nursing Awards in 2008.

Isabel represents the essence of the Stroke Unit and will be sorely missed.. She has been a magnificent colleague. Thank you, Isabel, for everything you have done.

CANBERRA HOSPITAL

Dr Jay Govind – In Memorium

Dr Jay Govind commenced as Director and Staff Specialist at the Pain Management Unit on the 20th June 2006.

From the very beginning Jay gently moulded the Canberra Pain Management Unit towards his vision of a centre of excellence in the management of chronic pain.

Jay was unpretentious about his aspirations and achievements.

He has written many book chapters and publications, edited articles for others, delivered conference presentations, and developed protocols and procedures for diagnostic blocks for our patients at the Canberra Hospital. All of this was done with very little fan fare.

Through all of his activities, Jay raised the profile of the Pain Management Unit within the ACT, Australia and internationally. His untimely death is rendered more poignant because Jay was waiting on two significant publications. He was waiting on the galley proofs of a review invited by The Lancet on cervicogenic headache, which was one of Jay's adopted academic children; and Jay was a co-author on the lumbar radiofrequency review.

The Pain Management Unit became revitalized under his leadership and was very soon regarded as a popular placement for anaesthetic registrars, medical students and psychology students. Jay welcomed the opportunity to provide education to GPs, medical students and hospital staff at Grand Rounds.

He also contributed to the work of the unit in trialling a new innovative assessment protocol for evaluating patient outcomes. This won a quality in health care award in ACT Health last year.

Jay was a gifted doctor, a strong leader and a compassionate human being who had a wonderfully dry sense of humour. He was given enormous respect from his patients, many reporting that Jay really listened to them, believed what they were going through and was non-judgemental.

Since Jay's death the Pain Management Unit has received a great deal of correspondence expressing the esteem that Jay was held in by his patients.

For the staff at the pain unit, there is a chasm left by Jay's death. He achieved so much in the three years he was with the unit but still had so much more to achieve.

He is much loved and respected by all of us. We are proud to be able to say that we worked along side such an extraordinary man.

Jay is survived by his wife – Valerie, son – Paul, daughter – Natalie, daughter – Jacinta, and three grandchildren.



CANBERRA HOSPITAL

TCH Donates Equipment to Fiji

The Canberra Hospital recently donated a suite of used medical equipment to hospitals in Fiji. The A/g High Commissioner for the Fiji High Commission, Kamlesh Arya, accepted the donation from A/g General Manager for Canberra Hospital, Anna Thornton.

This donation has been possible through the involvement of the Sai Medical Unit of which Dr K Nadanachandran, visiting neurosurgeon at The Canberra Hospital, is the national coordinator.

The Sai Medical Unit of Australia has been involved in providing neurosurgical team visits and also visits by medical teams into Fiji to provide voluntary health services over the last few years.

Being aware of the need of the hospitals in the Islands of Fiji, the above donation was negotiated and has been kindly allowed by ACT Health and The Canberra Hospital.

The suite of donated items included:

- Nine humidicribs/incubators that will be used to contain sick neonatal intensive care babies to keep them warm and protected from infection
- Five Ulco Anaesthetic Machines with Ulco Absorbers and Ventilators with two Datex monitoring systems. The anaesthetic machines keep patients anaesthetised throughout operations. The ventilators ensure that the patient continues to breath whilst being operated on, and the monitors monitor vital signs such as ECG, pulse oximetry and oxygen saturation.
- Three CPAP Drivers used to assist with ventilating patients.

The donated equipment will be distributed between the Colonial War Memorial Hospital in Suva, General Hospital in Lautoka and also the General Hospital in Lambasa.



The Acting High Commissioner for the Fiji High Commission, accepts the donation from Acting General Manager for Canberra Hospital, Anna Thornton

Pennies for PatCH

Pennies for PatCH was launched on July 2 2009 at the Westpac Petric Plaza branch in Canberra. The ACT Minister for Health Katy Gallagher donated the first coins. The ACT Community was invited to donate loose change - donations started from as little as 5 cents. Local businesses also hosted collection containers and fundraising events.

On 10 September Ms Gallagher, and staff at Canberra Hospital, accepted a cheque for \$33 000 in the PatCH playroom.

Businesses across Canberra, together with schools and the general public, combined to raise the money. Major participants included Westpac, WIN TV, MIX 106.3 FM, NECA (National Electrical Contractors Association), Kambah Markets, ACTEW AGL, Sportsmans Warehouse, The Coffee Club, DFO, and the India/Australia Association.

The promotion was a great success and will become an annual event.



Caption: (from left) Greg Kempton (NECA), Grant Shaw (NECA), Helen Watson (Westpac), ACT Minister for Health Katy Gallagher, Brenda Gower (Kambah Markets), Alanna Magee (Sportsmans Warehouse), Mrs Madhu Kalia (India/ Australia Association)

YOUR HEALTH- OUR PRIORITY

Prime Minister opens Canberra Hospital Enhanced Operating Theatre Complex

At the launch of the new Enhanced Operating Theatre Complex (from left) Professor of Surgery Guan Chong, Acting Director of Nursing Toni Gwynn-Jones, RN Project Manager Rhonda Branz, and Prime Minister of Australia Mr Kevin Rudd.



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Recent editions of *Healthy Territory* have informed readers about the ACT Government's commitment of over \$1 billion over 10 years on a Capital Asset Development Program known as *Your health — our priority*.

The program involves the overhaul and expansion of every aspect of the health system and will ensure that our patient centred health services are supported by; innovative models of care; an enhanced and sustainable workforce; state-of-the-art information and e-health technologies; and new and refurbished facilities.

To date the ACT Government has allocated \$450 million to begin work on *Your health — our priority*.

**Find out more at:
www.health.act.gov.au/yhop or email
yourhealthourpriority@act.gov.au**

On Wednesday, 16 September ACT Minister for Health, Katy Gallagher MLA, joined the Prime Minister, Kevin Rudd, and the Federal Minister for Health and Ageing, Nicola Roxon, to officially open the new Canberra Hospital Enhanced Operating Theatre Complex.

The TCH Enhanced Operating Theatre Complex includes two operating theatres, two anaesthetic rooms, a pump room, a sterile supply room and a scrub area.

\$6.6 million of Commonwealth funding provided through the Australian Government's Elective Surgery Waiting List Reduction Plan allowed for the construction of the TCH Enhanced Operating Theatre Complex, as well as a new operating theatre at Calvary Hospital which opened earlier this year.

The two new theatres – numbers 11 and 12 – will complement Canberra Hospital's ten existing theatres. Theatre 11 will be a general operating theatre for procedures such as vascular surgery, bypass surgery, plastics, orthopaedics and general surgery, while Theatre 12

will be a cardiac/thoracic operating theatre for procedures such as coronary artery grafts, valve replacements, aortic dissections, chest trauma, thoracotomy, lung resections and cancer surgery.

The two new operating theatres at the Canberra Hospital will assist in meeting the rising demand for surgery. Opening of the theatre complex follows recent figures showing ACT Health provided a record number of elective surgery operations in 2008-09, with more than 10,000 people removed from the public hospital waiting lists during the financial year.

Following final testing, commissioning and sterilisation, the new theatres began taking patients in October.

ALLIED HEALTH

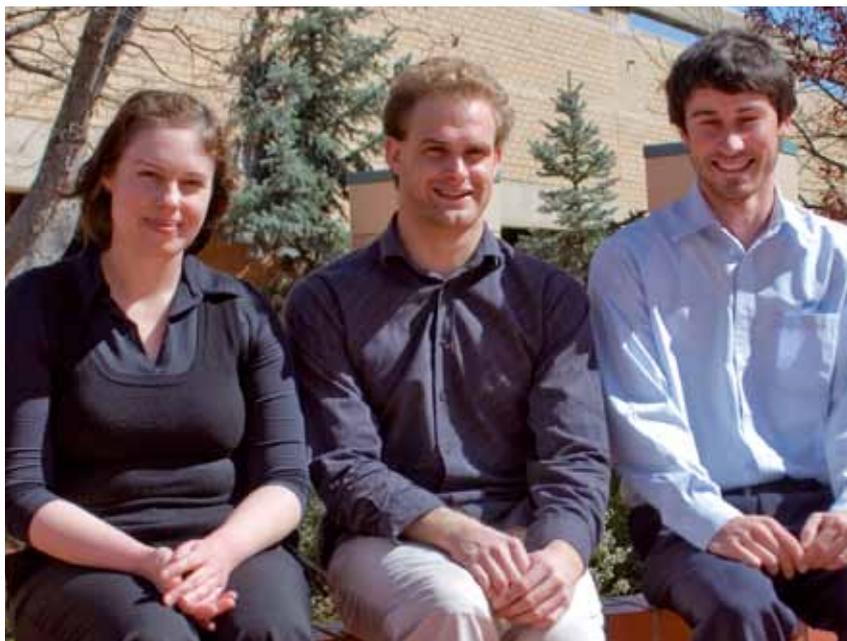
ACT Health Allied Health Undergraduate Scholarship Scheme

The Allied Health Undergraduate Scholarship Scheme commenced in 2005 in response to recruitment and retention difficulties identified by smaller allied health professional groups with no training facility in the ACT. Enticing new graduate staff to relocate to Canberra when competing against larger interstate services and then providing enough development opportunities to retain them was proving difficult.

To assist these groups a small number of scholarships have been offered each year since 2005 to undergraduate allied health students in their final year of study. Students who meet the scholarship criteria undergo the usual recruitment process, and if successful are offered a position with ACT Health which commences when they have completed their studies. A one or two-year scholarship is attached to the position, with payments spread over the scholarship period.

Allied Health Undergraduate Scholarship eligibility is based on vacancy rates over the preceding 12 months as indicated by ACT Health Workforce data. To date, scholarships have been awarded in the professions of Podiatry, Radiation Therapy, and Prosthetics and Orthotics. These areas report that offering a scholarship has increased both the number and quality of applicants they receive for new graduate positions.

The two-year scholarships have allowed retention of new graduates with ACT Health for a longer period, thus facilitating the development of social networks and a commitment to



Canberra. For the small professional groups, ensuring a new graduate position is filled has enabled full staffing and a consequent drastic reduction in waiting time for clients.

In each area, new graduate staff are also offered mentoring or supervision to support them in their transition from student to professional, to help consolidate their knowledge and enhance their professional skills. For Podiatry, combining the Allied Health Undergraduate Scholarship with a structured graduate program meant they were able to attract a record number of applicants for their new graduate position in 2009.

Allied Health Undergraduate scholarships are advertised each year on the ACT Health internet site and in conjunction with recruitment advertising.

2009 Allied Health Scholarship Holders
(from left) Sarah Marshall (Podiatrist),
Nigel Freeman (Prosthetist Orthotist),
Ben Newmann (Radiation Therapist).

INTERPROFESSIONAL LEARNING

Interprofessional Collaborative Practice

Interprofessional collaborative practice grew wings and flew when an ex-RAAF Wing Commander test pilot, with a background in aviation and health care team skills training, arrived in the capital to facilitate a couple of workshops in Communication and Situational Awareness at the Canberra Hospital.

Robyn Clay-Williams explained that Crew Resource Management training is transferable to the health care field, resulting in improvements to patient safety. Robyn introduced some useful tools such as 'graded assertiveness', briefing skills, 'call outs' and 'check backs'.

Team work and collaboration are essential to delivering a health service which meets the needs of Australian communities. The interprofessional collaborative practice team would like to endorse and celebrate ACT Health's value of collaboration as one of the four values recently launched across the organisation.

Together with the ACT Health interprofessional policy, this provides strong leadership and support for interprofessional collaborative practice within all services and departments. The policy offers some simple suggestions for implementing interprofessional collaboration in any work setting:

- Start writing a statement such as "must demonstrate interprofessional collaborative practice and a patient-centred approach" into Duty Statements.
- Start writing interprofessional collaborative practice intentions into Performance Management documentation.

- Encourage and support one another to attend interprofessional education sessions, workshops and seminars, then record these attendances.
- Nominate a named champion and leader of interprofessional collaborative practice within each service area.
- Encourage and support quality improvement activities which develop interprofessional collaboration.
- Start writing interprofessional collaborative practice intentions into business plans for the year.

This project sees the merging of expertise from Community Health, Aged Care and Rehabilitation Service, consumer organisations, the Division of General Practice, the University of New South Wales, the Australian National University and various interprofessional practitioners.

Over 30 ACT Health and Calvary Health Care participants gave very positive feedback, indicating that the courses were interesting, enjoyable and potentially useful for their work.

A new branch of the ACT Health Interprofessional Learning Project has opened up, with fresh research funding, into the use of interprofessional collaboration in Primary Health Care to encourage active patient self-management of chronic conditions.

This project will integrate primary health care providers and patients-as-professionals in an interprofessional collaborative practice initiative aimed at encouraging active patient self-management of chronic conditions.



Robyn Clay-Williams, PhD student with UNSW currently researching the effectiveness of Crew Resource Management in health care education.

The objectives of the project are:

1. To design an interprofessional education package, for community organisations, to support patient self-management of chronic conditions,
2. To resource a self-sustaining interprofessional self-management of chronic conditions network.

The project strategies present multiple opportunities to improve the coordination of services for people with chronic conditions. Simultaneously, the project offers primary health care providers multiple reinforcing experiences of interprofessional collaborative practice. Look out for invitations to become involved.

For further information, contact

Judy Stone
Interprofessional Learning Coordinator
for ACT Health

Contact: Ph (02) 6205 3058 or
e-mail judy.stone@act.gov.au

CONFERENCE DIARY

Title	6TH HEALTH SERVICES & POLICY RESEARCH CONFERENCE
Description	This Conference continues the spirit of past Conferences. It is where we come together to share, to discuss and to debate, and through such exchange to improve the quality of research, and increase its policy relevance and impact. This year's theme is 'Health Services Research – Reforming, Responding, Rewarding'. In Australia, the Health and Hospitals Reform Commission is considering options for restructuring the Australian Health System. And in New Zealand, while there is a sense of reform fatigue, many incremental changes and innovations in health services are continually being introduced. How can health service researchers respond to these current needs for health care and health system reform? Rewarding good performance necessitates performance measurement and monitoring. What is being done in Australia and New Zealand? And what can we learn from other countries? We look forward to seeing you in Brisbane in November.
Where	Brisbane Convention and Exhibition Centre
When	8:00AM-1:00PM Wednesday, 25 November 2009 to Friday, 27 November 2009
Contact	Ms Renae Shepherd, HSRAANZ, Ph: 0262816624 Email: conference@conlog.com.au
Web address	For more information go to: www.healthservicesconference.com.au
Update?	If you posted this event or conference, click here to edit the details

TITLE	ABORIGINAL & TORRES STRAIT ISLANDER HEALTH CARE 2009
Description	Real steps are called for to improve health outcomes & "Close the Gap" at a national level. The Council of Australian Governments (COAG) endorses the National Integrated Strategy for "Closing the Gap in Indigenous Disadvantage" & highlights the effective implementation of the existing National Partnership Agreements as vital to drive the successful delivery of improved outcomes. Specific action has been taken by the federal government & complementary action by state & territory governments to address the gap, however governments need to develop & implement clear strategies across jurisdictions in order to see a sustainable change & restore equality of health. To achieve this, effective partnerships between governments & Aboriginal & Torres Strait Islander communities & health services need to be developed & sustained. At a time when partnerships, communication & consolidation is called for to improve health outcomes, this conference will provide a platform for consultation & negotiation to foster & nurture strong partnerships to meet objectives, improve outcomes & deliver outputs to "Close the Gap" in health disadvantage.
Where	Rydges World Square
When	8:30AM-9:00AM Wednesday, 25 November 2009 to Thursday, 26 November 2009
Contact	Mr John Burgher Criterion Conferences Ph: 02 9239 5703 Email: john.burgher@criterionconferences.com
Web address	For more information go to: http://www.indigenoushealthcare.com
Cost	Cost: \$2,499.00
Concession Cost	Cost: \$1,499.00

CONFERENCE DIARY

TITLE	42ND AUSTRALIAN ASSOCIATION OF GERONTOLOGY NATIONAL CONFERENCE
Description	3-day national conference with theme of 'Translation & Transformation - Connecting what we know and what we do.' The Association welcome practitioners, researchers, educators, service providers, policy makers and members of the community who have an interest in ageing and aged care.
Where	National Convention Centre, Canberra ACT
When	9:00AM-5:00PM Wednesday, 25 November 2009 to Friday, 27 November 2009
Contact	Ms Jane Howorth AAG National Conference Managers, c/ East Coast Conferences Ph: 02 6650 9800 Email: aag@eastcoastconferences.com.au
Web address	For more information go to: www.aagconference.com

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: Ross Buchanan
phone (02) 6244 3126 or
email ross.buchanan@act.gov.au



Authorised by Natalie Driver
Communications and Marketing
for ACT Health

ACT Health
GPO Box 825
Canberra City ACT 2601

web: www.health.act.gov.au

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