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Contents

February 2014

In focus Education and Training

14 Health training expansion
New Clinical School at The Wesley Hospital

15 Clinical externship
Belmont partners with Griffith University for clinical extern placements and training

16 Targeting melanoma
Healthscope supports higher education with research funding

17 Simulation training
John Flynn take a SIMple approach to high-stake skill practice

18 SMART mentoring
St George’s uses clearly defined goals to create meaningful mentorships

19 Norwest’s education team
The education and training team at Norwest deliver mandatory training to 95% of staff

20 Confident Placements Program
Helping undergraduates deal with patients with mental health issues

22 New graduate program
St Vincent’s creates innovative course for graduate registered nurses

24 Roadtesting skills
Epworth uses simulations to improve patient safety

26 Flexible career paths
Greenslopes offers full career training in nearly all specialties

28 Aspiring Nurse Leaders Program
The Wesley Hospital’s pilot program promotes excellence in nursing

In this issue

30 Unison system
The SAN uses advanced technology in the operating theatre

31 Asthma treatment
St Andrew’s is first in Queensland to offer bronchial thermoplasty

32 Epworth improves IT
Revolutionary Smart Ward

33 Best practice
New research in pre-admission clinics

Regulars

06 Editor’s Letter
With Lisa Ramshaw

08 President’s Report
With Chris Rex

09 As I See It
With Michael Rolf

10 News
From APHA and beyond

34 Since the Last Issue

36 Legal Matters
With Alison Choy Flannigan

38 Policy Perspective
With Lucy Cheetham

40 Quality in Focus
With Christine Gee

42 Pharmacy Focus
With Michael Ryan

46 On The Ground
With Ian McGregor

Unison system

Asthma treatment

Epworth improves IT

Best practice

In this issue

February 2014
A new year and new challenges

The year ahead promises to be busy as APHA prepares for its National Congress and Private Hospitals Week, in addition to addressing the myriad of issues affecting private hospitals.

Someone asked me early in January to tell them what I think 2014 holds for me personally. I’m no clairvoyant so this felt a bit daunting and to be honest, I’ve got no idea. But as I’ve come back to work after the holiday period and got stuck into projects at APHA, I can see it’s going to be a huge year for our organisation.

Responding to the announcements by the new Coalition government on the National Commission of Audit, working to highlight the myriad of issues resulting from private patients in public hospitals, restoration of the private health insurance rebate measures and other policy issues will keep APHA very busy.

We also have our National Congress in Brisbane in March, which will be an excellent opportunity to network with new and existing colleagues from around the country. This year, the Minister of Health, Peter Dutton, will open the proceedings at the Brisbane Convention Centre, and we have a number of great keynote addresses lined up for delegates. Professor Jeffrey Braithwaite from the University of New South Wales will talk on the importance of culture in healthcare settings and Bruce Sullivan will get you thinking about your own leadership style as he talks about modeling leadership to engage with employees. I look forward to seeing you in Brisbane at this highlight of the private hospital and healthcare year.

In 2014 we will mark Private Hospitals Week from 18-24 May and the APHA Secretariat are currently developing a new look and feel for our Private Hospitals campaign materials. This updated and fresh look will be unveiled at the APHA Congress in March and then rolled out to all hospitals who participate in the Valuing Private Hospitals campaign. If your hospital has not signed up to be a part of the campaign but would like to be, please get in touch with me at the APHA Secretariat.

At the end of 2013 I was fortunate enough to travel around the country presenting workshops on social media to APHA members. I do hope 2014 is the year where more of our members develop their digital media presence. APHA has started an information group for those interested in social media in healthcare. If you are interested in learning more about this group, please contact me.

This year is also shaping up to be a big year for education and training of the health workforce. Succession planning is another topic on the agenda at the APHA National Congress and workforce education is looked at in-depth in this edition of Private Hospital. Some of our member facilities are leading the way in education and training opportunities for their staff and I hope you enjoy reading about these initiatives.

Whatever 2014 has in store, I’m sure it will be a great year and it won’t be that long until we are getting ready for Christmas again.
APHA 33rd National Congress

Sunday 23 - Tuesday 25 March 2014 | Brisbane Convention & Exhibition Centre

Registration is now open!

23 - 25 March 2014
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The APHA National Congress will be an excellent way to kick start your professional networking and learning early next year. The program is shaping up to be the not-to-be-missed event of the year.

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The submission
APHA's submission to the National Commission of Audit targets several key issues

APHA recently made a submission to the National Commission of Audit, which was announced by the Coalition in October 2013. The Commission has been established to review and report on the performance of functions and roles of the Commonwealth Government and was scheduled to report to the Prime Minister at the end of January 2014 (first phase) and March 2014 (second phase).

In its submission, APHA targets some key areas, in particular increasing the use of public/private partnerships to build, expand and manage hospital services; outsourcing of public patient services to the private sector; and removing the heavily subsidised growth in the provision of services to private patients in public hospitals. APHA contends that promoting contestability for public hospital services could increase efficiency and effectiveness of government expenditure on acute and sub-acute hospital services. This would thereby enable governments to purchase more efficient services, respond more flexibly to growth in demand, and reduce pressure on capital programs. Our submission points to the Productivity Commission’s own findings which show private hospitals services are more efficient than public hospital counterparts, as well as the experience of the Department of Veterans’ Affairs which demonstrates government is able to contract comparable services to those provided by the public sector from the private sector at below public hospital cost-recovery prices.

Private patients treated in public hospitals receive treatment that is heavily subsidised by both Commonwealth and state governments. APHA estimates that Commonwealth subsidisation exceeds $1.3 billion. Often these patients could have been treated in the private hospital system at significantly less cost to both the Commonwealth and the state.

There are several measures that could be considered by government to curb the heavily subsidised growth in provision of services to private patients in public hospitals. A carefully targeted set of incentives could reduce the massive cost-shift to the Commonwealth budget, free up valuable resources in our overstretched public system and lead to more efficient use of our hospital capacity in both the public and private sectors.

There are other elements and recommendations in the APHA submission to the Commission including the rationalisation of regulation and reporting requirements in the health and hospitals sector and promoting national consistency in private hospital regulation, licencing and reporting, reducing the need for investment in separate Commonwealth and state/territory frameworks and infrastructures to support these activities.

We look forward to the outcome of this audit and further discussions with the Coalition on these issues.
The future of healthcare

To ensure the healthcare system is sustainable, we need to ignore overreactions from the left and have a serious debate on health spending.

A funny thing happened this summer. Instead of just talking about the cricket and the tennis, people started to discuss the sustainability of health spending in Australia.

The catalyst was a paper written by Terry Barnes for the Australian Centre for Health Research that was submitted to the government’s Commission of Audit. Essentially, the paper proposed a modest $6 co-payment for bulk-billed GP services to save $750 million over four years.

The reaction was swift. A range of groups including the AMA, Doctors Reform Society, unions, Consumers Health Forum, the Greens and the ALP jumped on the proposal describing it as “dismantling Medicare” and “a tax on the sick.”

When the government refused to rule in or rule out anything contained in any of the hundreds of submissions to the Commission of Audit (which was still writing its report), a submission from a little-known think tank suddenly became a “secret government plan.”

The cries of opposition became more shrill and “save Medicare” rallies were organised and attended by a handful of green/left rent-a-crowders expressing their righteous indignation against a heartless government.

While not supporting the co-payment proposal, Ian McAuley from the University of Canberra neatly summed up the overreaction:

“If we had a completely free health care system, the indignation of lobby groups and the Opposition would be understandable, because it would indeed be a wedge into our system. But we already pay 19 per cent of our health care outlays from our own pockets (about the OECD average of 20 percent). We may have the luck to find a “bulk billing” GP, but if we have to fill a pharmaceutical prescription scrip we have to pay up to $36.10, or $5.90 if we hold a concession card, and if the suggested medication is not on the Pharmaceutical Benefits Scheme, it’s whatever the pharmacist charges. If we cannot find a bulk-billing GP (only 81 per cent of GP services are bulk-billed, and they would be disproportionately for card holders), then we are paying on average $29 from our own pockets.”

In other words, the noisy reaction of these left-leaning groups ignored all the facts, refused to acknowledge there was any problem and merely served as an ideological rallying point.

While the mainstream media loved the colour and movement created by conflict and protest, a more serious debate emerged about whether growth in health spending was sustainable and how it should be managed.

Regardless of your views on the specifics of his proposal, Mr Barnes is to be congratulated for sticking his head up, knowing full well he would take some kicks. The reaction to his proposal demonstrates the difficult job facing the government in responding to the Commission of Audit report, particularly in relation to any changes in health spending.

To ensure our healthcare system is sustainable into the future, we need to ignore the confected protests. This is an important debate, so of course it should be vigorous, and it starts with an acknowledgement that health expenditure as a proportion of GDP continues to rise, which means we face difficult choices. Those with their head in the sand – who think the status quo can remain – have already dealt themselves out of this debate.
New chemotherapy funding to support fight against cancer

Prime Minister Tony Abbott and the Minister for Health Peter Dutton announced more than $82 million in additional funding to ensure 150,000 cancer patients can access safe and effective treatment each year.

The funding is being delivered under the Pharmaceutical Benefits Scheme (PBS) to assist patients with essential chemotherapy drug infusions.

Patients undergoing cancer treatment and their families will have certainty that timely access to safe and effective treatment will be available through their hospital or pharmacy.

The government will also improve patient safety and care by removing unnecessary red tape for clinicians prescribing, processing and claiming for PBS medicines.

Clinicians in public and private hospitals will now be able to use a patient’s medication chart to dispense and claim PBS medicines.

These changes will enable clinicians to spend more time with their patients and less time completing duplicate paperwork.

The new funding will be delivered from 1 January 2014 and will provide $152.66 per infusion to meet the higher costs of providing chemotherapy treatment.

The new funding and simpler administration will deliver real benefits for patients, their families and friends, hospitals, pharmacies and health professionals in the fight against cancer.

APHA welcomed this announcement in response to representation by APHA and other key stakeholders.

For information on the new fee arrangements please visit: www.pbs.gov.au.

First regional hospital in Australia to invest in robotic surgery

St Andrew’s Toowoomba Hospital is the first regional hospital in Australia to invest in robotic surgery.

The hospital recently purchased the daVinci Surgical System, the Si Third Generation model which surpasses its predecessors with advancements that will enable surgeons to view the operative field superior to any other surgical approach.

The robotic surgical system will initially be used on urological procedures including radical prostatectomy, however more and more procedures are being performed with this technology, expanding into gynaecological, colorectal, upper gastrointestinal and ENT specialities.

According to Chief Executive Officer Ray Fairweather the hospital’s vision is to provide first class medical care to patients from the Darling Downs and South west Queensland region, in Toowoomba and minimise unnecessary travel to Brisbane for healthcare.

“Robotic surgical procedures are the way of the future. We have made this significant investment in robotic technology on the grounds that patients in our region deserve the very best available treatment,” Mr Fairweather said.
Making history in ICU

The prestigious New England Journal of Medicine recently recognised St George Private Hospital Intensive Care specialist Professor John Myburgh for his ground-breaking research into fluid resuscitation.

Myburgh’s multi-centre trial of 7000 patients, randomised to either saline or hydroxyethyl starch, resulted in no increased risk of death after 90 days on either regime.

However, there was a significant increased risk of renal replacement therapy in the hydroxyethyl patients compared with those patients who received saline.

The results are expected to change practice in ICUs around the world.

As a result of the research, synthetic starch colloids, commonly used in intravenous resuscitation globally may be used far less and already some Australian states have sought to withdraw the use of hydroxyethyl starch.

Saline is also a considerably cheaper option, resulting in big savings for hospitals.

Brisbane doctor wins prestigious rugby award

Brisbane Private Hospital orthopaedic surgeon, Dr Peter Myers, was presented with the Joe French Award at the John Eales Medal Ceremony in Sydney.

The Joe French Award recognises those who have made significant contributions to Rugby Union over a long period of time, and in the past has been awarded to legends including David Campese, George Pappos and Peter Crichtle.

As the orthopaedic surgeon for the Queensland Reds since the late 1980s, Dr Myers has operated on some of rugby’s biggest names and still provides sideline services for all Reds and Wallabies’ matches in Brisbane.

One of the standout cases of Dr Myers career was treating former Red and Wallaby centre, now commentator, Tim Horan, who suffered a crushing knee injury in 1993, but was back in 1995 for the World Cup and then in 1999 was named the World Cup player of the tournament.
More than 50 Australian private hospital CEOs have helped shape the results of exciting research into the impact of Reliable Excellence in Care on hospital performance. The findings will be revealed at next month’s APHA National Congress.

The research aims to help to create capacity and improve performance in the private healthcare sector. Intelog Healthcare Performance Group will outline their research’s findings and explore what they might mean for your hospital at a breakfast session. The results offer clear themes for healthcare leaders to ponder, and give an insight into what their peers see as the keys to excellence.

Intelog Healthcare Performance Group’s MD Bernie Kelly explains the partnership with Eisenhower Fellow Debbie Gordon at the heart of this research. “This collaboration brings together a national survey of Australian private hospital leaders with Debbie’s 2013 research tour of Australia, New Zealand and Singapore. The support the survey got from Australian private hospital CEOs and other leaders shows how interested the industry is in exploring this topic. Meanwhile, Debbie had a unique opportunity to meet key figures from government, hospitals, health plans, media, business, and academia, giving the research a valuable international perspective.”

Doctors at Gold Coast’s Pindara Private Hospital have become a YouTube sensation with more than 100,000 people watching their video online.

The doctors revealed their hidden talents and sense of humour by making their own video clip to the best-selling song from Maroon 5 and Christina Aguilera “Moves Like Jagger”. A plastic surgeon, orthopaedic surgeon, oral and maxillofacial surgeon, emergency room physician, respiratory specialist, obstetrician and oncologist put their dance moves to the test for the spoof video, which premiered at their staff Christmas party.

In the clip, the doctors wore torn scrubs as they emulated the distinctive strutting of Rolling Stones’ lead singer Mick Jagger, dancing through the hospital’s corridors and surgical theatres.

Hospital CEO Trish Hogan who plays the part of pop princess Ms Aguilera, said the group took dance lessons in the lead up to the shoot.

“We were quite terrible to begin with,” she said.

She said staff and members of the public had been very supportive of the video.

“The response has been amazing.

“In fact, one patient was about to go into surgery and turned to our director of clinical surgery and said, ‘I hope you’ve got the moves like Jagger in there.’”

Ms Hogan added, “It was a celebration of the end of the year. We can’t be serious all the time. It’s good to make fun of yourself sometimes.”
Invaluable palliative care resource released

The Palliative Care Handbook is now available in Australia. Published to support Hammond-Care’s community palliative care service across much of NSW, The Palliative Care Handbook will be provided free of charge to doctors, nurses, health professionals, care workers, people facing end-of-life and their carers connected with this service.

As well it will be sold through the HammondPress online shops (including Amazon) with proceeds going to support palliative care research through HammondCare’s Learning and Research Centre at Greenwich Hospital.

The Palliative Care Handbook was first written in Bath, England 1994 as a pocket book for health professionals by authors Palliative Care Specialist Professor Rod MacLeod and Clinical Pharmacist Jane Vella-Brincat. The handbook, which is an invaluable resource for people involved with palliative care, includes a thorough revision for this edition.

The first section of the book gives an explanation of palliative care as well as guidelines for alleviation of the symptoms commonly encountered in palliative care. The second section contains a comprehensive listing of drug information including unlicensed uses and interactions.

Australia’s medical workforce continues to grow

The medical workforce is continuing to grow, with increased supply across all regions of Australia, according to a report released by the Australian Institute of Health and Welfare (AIHW).

The report, Medical workforce 2012, provides information on the demographic and employment characteristics of medical practitioners who were registered in Australia in 2012. It shows that in 2012, there were 91,504 medical practitioners registered in Australia.

"Between 2008 and 2012, the number of medical practitioners employed in medicine rose by just over 16% from 68,455 to 79,653," said AIHW spokesperson Teresa Dickinson.

About two thirds (66%) of medical practitioners gained their initial medical qualification in Australia. The supply of medical practitioners was not uniform across the country, with supply generally being greater in major cities than in remote areas. However, the supply of general practitioners was highest in remote areas, at 134 full-time equivalent GPs per 100,000 people.

About 94% (75,258) of employed medical practitioners were working as clinicians, of whom 35% were specialists and 35% were general practitioners. ‘Physician’, which includes general medicine, cardiology and haematology, was the largest main speciality of practice (5,918). ‘Surgery’ was the second largest (4,275). Of employed non-clinicians, more than half were researchers (27.8%) or administrators (24.5%).

‘Women are increasingly represented in the medical practitioner workforce, with the proportion of female medical practitioners up from 35% to 38% between 2008 and 2012,’ Ms Dickinson said.

The average age of medical practitioners is 46.
Training expansion

More medicine, nursing and allied health students will be able to complete a key part of their clinical training following the expansion of the UnitingCare Clinical School at The Wesley Hospital in Brisbane.

UNITINGCARE HEALTH received a $2.79 million federal government capital and establishment funding boost to help create one of the largest private hospital clinical training schools in Queensland.

UnitingCare Health Executive Director Richard Royle said the new education facilities would assist in meeting the needs of providing state-of-the-art medical, nursing and allied health clinical training places in Queensland.

The newly named UnitingCare Health Clinical School encompasses all clinical training at the group’s three South-East Queensland hospitals: The Wesley Hospital; St Andrew’s War Memorial Hospital; and The Sunshine Coast Private Hospital.

Federal Minister for Health Peter Dutton officially launched two newly created training facilities for medical students and nursing and allied health students both located at The Wesley Hospital in Auchenflower, Brisbane.

"These new facilities were made possible due to funding from Health Workforce Australia (HWA), as an Australian government initiative. A grant of $1.45 million for the medical training facility and $1.34 million for the nursing and allied health centre has been provided as part of HWA's Clinical Training Funding program," said Mr Royle.

The UnitingCare Health Clinical School further cements UnitingCare Health’s commitment to meeting the shortage of medical, nursing and allied health clinical training places in Queensland, he added.

"Since 2008, and starting with just six students, The Wesley Hospital has provided medical clinical training for Bond University and Griffith University students. In 2012, a new partnership between The University of Queensland (UQ) and the Wesley and St Andrew’s hospitals was formed creating a further 150 medical student clinical training placements for UQ medical students, taking the total of medical students we train to 270 a year," Mr Royle said.

"These medical students are given one-on-one tuition from over 280 highly experienced medical consultants across the three hospitals," he said.

UnitingCare Health has also been providing clinical training for nurses for over 20 years and as a direct result of this new Health Workforce Australia grant was able to increase its nursing training capacity by 35,000 hours per year taking the total of nursing placement hours to 70,000 per year for more than 450 nursing students.

At the launch event Mr Dutton also announced the naming of The Wesley Hospital’s operating theatres, which are currently undergoing a $20 million expansion and upgrade. They will be called the Dr Russell Stitz Theatre Complex.

Adjunct Professor Stitz is one of Australia’s most prominent clinicians, and has had a long and close relationship with UnitingCare Health as a surgeon and board member of The Wesley Research Institute.

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Symbiotic relationship

**Belmont Private Hospital partners with Griffith University for clinical extern placement and training**

Four years ago, Belmont Private Hospital’s Adjunct Associate Professor Sandy Sacre met with Alison Marland, clinical externship co-ordinator from Griffith University’s School of Applied Psychology in Brisbane, to explore opportunities on how Belmont could extend its training to provisionally registered psychologists requiring placement and practicum hours, while allowing them the opportunity to actively engage with Belmont therapy programs and the overall hospital services.

Belmont Private Hospital became involved with Griffith University’s Clinical Externship program from the start of 2011, as part of its Post Graduate Clinical Psychology program, where the goal is superior academic performance, matched by personal attributes and skills. There are 20 places offered in the postgraduate Griffith Clinical Psychology program each year and these are chosen from around 200 applications received from Honours graduates around the world.

Through the Clinical Externship program, students are placed throughout the greater Brisbane, Gold Coast and Sunshine Coast areas.

The program allows externs, all provisionally registered psychologists, to complete their required placement and practicum hours consisting of two days per week over 20 weeks, after a one-year intensive training internship at the Griffith University Clinic.

Around 10 externs from Griffith University (as well as externs from QUT) are placed at Belmont Private Hospital each year.

According to Ms Marland, the work of Ms Sacre and the Belmont Private Hospital team is “exceptional”.

“It is a structured and supportive placement with very clear guidelines. Further, it provides learning and breadth across many mental health presentations.

“Ours is a lovely symbiotic relationship that provides externs with a multi-disciplinary clinical role, while also enabling Belmont to offer more individual therapy for patients provided by our externs”

- from anxiety and depression to the more complex end including postnatal depression, trauma and dissociative disorders and intensive care in the hospital’s Special Care Unit.

“Belmont is one of the preferred placements for our students due to the breadth of learning and field experience it provides. Students are truly valued as part of the multidisciplinary team, allowing them to grow as professionals,” she added.

From day one, externs are actively encouraged to engage with patients through the Belmont therapy programs, managed by a multidisciplinary team who offer a wide range of day therapy programs, inpatient groups and other services throughout the hospital.

The majority of time is spent working within Cognitive Behavioural Therapy (CBT) group programs, delivering care for patients experiencing mood and anxiety disorders, following which externs progress to work in other areas of particular interest.

“Ours is a lovely symbiotic relationship that provides externs with a multidisciplinary clinical role, while also enabling Belmont to offer more individual therapy for patients provided by our externs,” Ms Marland said.

Emma Sanders, an extern who recently completed her placement at Belmont Private Hospital, speaks glowingly of her experience.

“Exposure to the volume and diversity of clinical presentations and severity levels was invaluable. It provided a lot more experience than I would have gained elsewhere. Further, being able to competently engage with, and run groups and individual sessions with a range of people has given me far greater self-confidence as a therapist.”

Emma Sanders, extern psychologist
Allamanda Private Hospital has invested in the Griffith Health and Knowledge Precinct in anticipation of its move to the new Gold Coast Private Hospital (GCPH) in late 2015.

The investment will see the healthcare provider support higher education as it co-funds a PhD scholarship at Griffith University to find improved drug treatments to target melanoma.

The PhD program will take a ‘designer’ approach that has already proven successful in the discovery of the world’s first flu drug Relenza, which has been approved for the treatment of influenza worldwide.

Griffith University Institute of Glycomics Director Professor Mark von Itzstein, who oversaw that discovery, will also head the melanoma research.

The program will involve the screening of patient tissue samples, collected from consenting Allamanda cancer patients, to identify new drug targets.

“It will enable us to accelerate our efforts in the discovery of new drug candidates for the treatment of melanoma,” said Professor von Itzstein.

“The institute will appoint a tissue bank curator who will develop cell lines from these samples for testing, to see if we can find a weakness in the melanoma cell which could make it more vulnerable to treatment.

“We will draw on the institute’s unique screening library of 350 mammalianglycans in this search for new ‘carbohydrate specific’ drug targets.”

Allamanda Private Hospital General Manager David Harper said the healthcare provider wanted to be an active partner in education, research and the Griffith Health and Knowledge Precinct.

“We will be providing leading edge healthcare at the new Gold Coast Private Hospital, but we also want to contribute to the wider precinct and the pioneering medical work and education being undertaken there,” he said.

“Griffith University produces the doctors and nurses of tomorrow and is home to respected scientists like Professor von Itzstein, who has already made internationally influential medical advancements.

“To have the opportunity to assist in helping the university complete this work and potentially save countless lives is a privilege for us.”

By Karla Simpson
The education team at John Flynn Private Hospital faced a challenge that is commonplace in the healthcare training arena. Best practice teaching standards and contemporary education literature call for the use of simulation training as an innovative and effective strategy for healthcare staff. However, many hospitals face resource barriers in implementing simulation training.

“For many hospitals this form of simulation is unobtainable as the purchase price for high fidelity simulators can amount to hundreds of thousands of dollars. Given these high costs both in money and manpower, our hospital – like many others – had been limited in its ability to offer simulation training on site,” explained Anna Davey, staff development manager at John Flynn Private Hospital.

The education team at John Flynn Private looked at how to address this problem and the answer was SIMple.

The SIMple (SIMULATION Practice Learning Experience) Program was developed by the team to meet the needs of nurses in the acute care hospital environment.

The program uses the educational tenants of simulation theory. According to Ms Davey, the SIMple Program allows the best of both worlds. “SIMple gives staff the benefits of participating in simulation such as high stake skill practice and clinical decision-making,” she said.

“However, we have designed our program so that it does not require large amounts of financial resources, technical equipment or time away from the clinical area.”

Breaking it down

The SIMple Program works like this:

• Sessions are “insitu” simulation, which means they are held within a ward environment using existing clinical equipment.

• The simulation scenario is coordinated by an educator who guides a small group of staff through a clinical scenario.

• Staff members are immersed into the realistic scene that is presented and each undertake their own role in the scenario.

• The scenario focuses on developing clinical assessment skills, escalating concerns of deterioration and communication within the healthcare team.

• Rather than using an expensive mannequin, the role of the patient is simulated by an educator.

• The process takes a maximum of 45 minutes and has been utilised with staff across a wide range of clinical areas including medical, surgical and critical care units.

• The SIMple session concludes with a debrief where staff are guided by the educator to analyse their performance and identify areas of improvement for themselves and their team.

Feedback from participants in the SIMple program has been overwhelmingly positive with staff finding it realistic and relevant for their needs. Participant evaluations have shown that 100% of staff involved in the program believe the SIMple session gave them more confidence in their clinical ability and positively impacts on their current practice.

“The SIMple program has made it possible for us to present education in a unique and powerful way to staff. Compared to high tech laboratory simulation it may look simple, but for the staff at John Flynn Private Hospital it has been simply great,” Ms Davey said.

Main image: John Flynn Private Hospital nurse in a simulated role during a SIMple session. Inset: John Flynn Private Hospital nurses analysing and learning about the patient scenario presented in the SIMple session.
Mentoring with meaning

St George Private Hospital’s Nurse Educator Rhonda Luby and the hospital’s national award-winning student Mara Sousa offer their advice on the mentor/mentee relationship

When it comes to effective leadership, mentorship plays a significant role in the career development and productivity of health care institutions.

In what is believed to be the largest qualitative study on mentoring ever undertaken in a healthcare setting, the “chemistry” of what is needed to make a mentor-mentee relationship has now been formally defined.

The St Michael’s Hospital study, based on two large academic health centres in the US, found that good mentors were honest, trustworthy and “active” listeners, while mentees needed to take their mentor’s advice seriously, accepting at least most of their mentor’s advice.

“Good mentor/mentee relationship means both parties must actively listen. The relationship also ideally needs to have a win/win outcome,” said Rhonda Luby, nurse educator at St George Private Hospital.

Study outcomes

Here are some of the characteristics that make for good and poor outcomes, according to the largest study ever undertaken on mentorship.

<table>
<thead>
<tr>
<th>GOOD OUTCOMES</th>
<th>POOR OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reciprocity</td>
<td>Lack of commitment</td>
</tr>
<tr>
<td>Accepting mentor’s advice</td>
<td>Not on time, going overtime</td>
</tr>
<tr>
<td>Personal connections</td>
<td>Personality differences</td>
</tr>
<tr>
<td>Shared values</td>
<td>Perceived or real competition</td>
</tr>
<tr>
<td>Mutual respect</td>
<td>Poor communication</td>
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<tr>
<td>Clear expectations</td>
<td>Conflicts of interest (in mentor’s perception)</td>
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“At St George Private we have a school-based traineeship where all work experience counts towards the HSC. In return, we teach some wonderfully talented students who often come back to work for us and are a valued part of the team.”

According to Ms Luby, setting clearly defined SMART (smart, measurable, attainable, relevant and timely) goals for mentees improves outcomes of the mentor/mentee relationship.

“Mentors also need to be accessible and let mentees know they’re in their corner. Age differences need to be considered as well,” she said.

“Millennials particularly, grew up in an unprecedented age of positive reinforcement (compared to Gen X-ers, or boomers who were told to fend for themselves.) ”

“For them, mentoring is even more important. This means reinforcing when they do well and very matter-of-factly showing, rather than telling them what to do when they make a mistake.

“We always tell our students to ask more questions than they answer; never be afraid to ask something and to look for new ways to reinvent success … usually this is sifting through their failures to find out how to do it better the next time.”

Mara Sousa was just 16 when she started her school-based traineeship with St George Private Hospital four years ago.

Since then, Ms Sousa has gone on to win the regional school-based Training Apprentice of The Year and in 2013 was awarded the Australian Student Vocational Prize national award, which recognises training achievements in secondary education.

Ms Sousa plans to complete her speech pathology degree next year and then come back to work at SGPH as an endorsed, enrolled nurse (EEN).
Team effort

Norwest Private Hospital’s education and training team helps ensure patients receive high quality care

"Norwest is a patient centred care hospital. ‘Everybody, Everyday, Always’. At Norwest, we care with concern, safety and privacy. We are a team nursing site."

Wound management workshop at Norwest

The continued education and training of staff is a major priority for Norwest Private Hospital and with 850 employees, the education and training team have a big job on their hands.

The team of nine deliver training support and learning activities across Norwest. With a focus on safety including the reduction of risk, staff support and maintain high quality care to patients.

“The role of the education team is certainly diverse. We work very closely with the other departments to ensure they are undertaking the mandatory training requirements, but that they also have continued educational and training opportunities,” said Lyndell Eckert, hospital education coordinator.

A key part of Ms Eckert’s role is to oversee the team of educators, including an operating theatre (OT) educator, whose job it is to oversee all staff training in OT and coordinate the direct entry OT RN/EN programs. In addition, Ms Eckert coordinates the New Graduate Nurse Program, Student Placement Program, Learn Connect (e-learning) site administration and projects such as the Norwest Nursing Career Pathway and Patient Centred Care.

The nurse educator and clinical nurse educators in the ICU department run the mentor program for ICU recruitment and retention of the new graduates who have a passion for ICU.

The clinical nurse educator for coronary care not only oversees the education of Norwest’s coronary care staff but also assists in the coordination of the mandatory training and orientation programs.

The wards and emergency department have four clinical nurse educators who, given the incredibly busy nature of their areas, always achieve fantastic training outcomes.

The education team has had a number of successes in the past year, none more so than delivering mandatory training to 95% of staff. With 850 employees this is no easy feat.

By Lyndell Eckert and Megan Edwards
The Confident Placements Program is a Mental Health Commission funded educational initiative, which enables undergraduate healthcare professionals in nursing, midwifery, occupational therapy, para-medicine and psychology to feel more confident in their practical placements.

The program also caters for postgraduate nurses from a range of general healthcare settings, with the aim of complementing their current professional knowledge by incorporating mental health awareness and best practice approaches.

The program provides both groups of participants the opportunity to develop fundamental knowledge, skills and attitudes relevant to their current or future patients experiencing mental health issues and is facilitated by a mental health clinical nurse specialist and a mental health occupational therapist.

Topics covered in each session include mental health issues and concerns; related stigma; communication styles and techniques including verbal de-escalation; psychological and pharmacological treatments incorporating ECT; risk assessments; the Mental Health Act and recovery, using the Tidal Model as the main focus point. The program is delivered onsite at the Marian Centre, using tools such as Power Point presentations, role plays, videos, games and discussions that promote an interactive learning experience.

Since the initial intake of students in March 2011, 536 participants have attended the program and their participation and feedback have been the driving force of the success and continued development of the program.

All participants are encouraged to provide feedback through a structured questionnaire and the results are evaluated closely. The feedback highlights:

- 82% of participants would consider a future career in mental health following the completion of the program.
- 98% of participants highlighted that the program increased their confidence in working in a mental health setting.
- 100% of participants stated that the program has increased their awareness of health and safety in a mental health setting.

The program has received overwhelming support from many educational providers and healthcare industries throughout WA. The initial collaboration and participation of all five WA universities and external organisations such as ARAFMI, remain firmly in place.

In addition, the program was host to six international nursing students in August 2013 following recommendation from the University of Western Australia. This visit was the students’ first exposure to mental health and the Marian Centre.
was proud to have facilitated this learning opportunity.

The ongoing success of the program led to the facilitators being nominated for the category of Excellence in Clinical Facilitation at the Inaugural WA Clinical Supervision Awards held in September 2013.

All involved in the program strive to continue this hugely successful and beneficial experience for many more healthcare professionals, with endless possibilities to expand into further directions in the future.

By Shelly Dunne

“The ongoing success of the program led to the facilitators being nominated for the category of Excellence in Clinical Facilitation at the Inaugural WA Clinical Supervision Awards held in September 2013”
St Vincent’s has partnered with the University of Tasmania’s School of Nursing and Midwifery to create an innovative hybrid course, specifically designed for graduate registered nurses.

St Vincent’s Private Hospital, Sydney (SVPHS) has a well-established new graduate program that aims to educate and support new graduate nurses to develop confidence, professionalism, expertise and excellent clinical skills. It provides experience in a diverse and challenging range of specialty nursing environments and has a strong commitment to excellence, a culture of enquiry, research and best practice.

The program is structured to provide new graduate nurses with 12 months clinical experience on either the patient care levels of the hospital or surgical services with six-month rotations within the two clinical areas. For the duration of each of their two ‘rotations,’ graduates buddy with a preceptor, as well as being supported by a clinical nurse educator on the unit.

Structured, yet flexible, the course is built on an enabling framework to support transition. This is achieved through orientation, study days, assessment of core and specialty competencies, ongoing support and a variety of clinical experiences. The program provides graduates with a comprehensive orientation to the hospital and clinical areas during an initial supernumerary period.

All graduates are assigned a preceptor to facilitate their orientation and competency development. Graduates are also provided with after-hours educational support for a period of time in the evenings and on their night duty rotation.

In order to complete the competency based graduate program successfully, the new graduate nurses must complete a set of 18 core competencies as well as specialty competencies specific to the relevant clinical area; set performance objectives for each rotation; written reflections on their performance; participate in a mandatory set of study days; present a viva voce case study; and document all of their evidence in a professional portfolio.

The Bachelor of Nursing Clinical Honours (Transition to Practice) Program is offered by the University of Tasmania’s School of Nursing and Midwifery (UTas SNM), in collaboration with healthcare partners including St Vincent’s Private Hospital Sydney. Existing aspects of the hospital’s graduate programs are embedded into the overall structure, content and assessment, and then extended to reach the appropriate level of a tertiary award. SVPHS was the first organisation to partner with UTas SNM to progress this innovative hybrid course, specifically designed for graduate registered nurses.

To this end, the program fully incorporates and enhances the SVPHS New Graduate Competency Based program. Unlike the traditional honours which, through the provision of research training, sets the graduate on a research pathway, the Clinical Honours is focused on the development of clinical excellence, patient safety and retaining graduate nurses in practice. Quality and safety patient care, building graduate support, strengthening and extending the use of evidence-based practice are the key
“In order to complete the competency based graduate program successfully, the new graduate nurses must complete a set of 18 core competencies”

priorities of the program with the production of a substantial evidence-based professional portfolio as the major cumulative piece of work. The course is consistent with the requirements of the Australian Qualifications Framework Level 8 honours specifications. Graduates must apply knowledge and skills to demonstrate autonomy, well-developed judgement, adaptability and responsibility within the professional practice framework of the registered nurse in Australia.

By SVPHS Nursing Education Department
At Epworth, the benefits of clinical education and simulation are not simply counted in numbers of procedures taught or teams trained in communication and non-technical skills. Simulation sessions are proving to be an effective way to analyse environmental hazards or operational defects, which in turn leads to improved patient safety.

Two recent examples for staff across all Epworth sites include interprofessional team training for paediatric resuscitation and the massive blood transfusion protocol rollout.

**Paediatric resuscitation**

Paediatric emergencies are a rare event so road testing the resources, people and equipment in a simulated event helps identify system and environment issues that may be individual to each site.

Fifty-five nursing and medical staff have so far participated in immersion-based team simulation sessions as: a means of training each team in paediatric emergencies; developing awareness of team resources, and importantly, to establish safety net/emergency protocols that will enhance patient safety for paediatric resuscitation. Epworth Paediatric Educator Sally Wilcox said that staff feedback highlighted the important interprofessional learnings from working together, as well as their satisfaction in relation to an individual professional development session.

The all-important debriefing that follows simulation scenarios was recognised by participants as key to what they will take back to their specific work environments.

**Massive blood transfusion protocol**

On the rare occasion that a patient is bleeding critically, an urgent, expertly-coordinated and collaborative response is needed. Massive blood transfusion protocols are present in major hospitals and relate mainly to major trauma cases. Anaesthetics and PACU Nurse Unit Manager Pauline Fogarty devoted her scholarship to the establishment of an over-arching protocol for Epworth and to the rollout of training for staff across all
Her three key messages to staff are:
1. Call it early.
2. Ensure there is a dedicated phone line for clear communication between the haematologist and key medical and nursing staff.
3. Utilise a massive blood transfusion pack as a guideline for delivery.

Tess Vawser, director of Clinical Education and Simulation, said an education package was developed which included the production of a short trigger film to show the protocol being activated in a simulated setting.

“This provided a vital lesson. Staff included anaesthetic VMOs, hospital co-ordinators, ICU staff, anaesthetic staff, theatre technicians, midwives and PACU staff who participated in the simulation scenarios, firstly as part of their training, but secondly to identify their hospital’s issues that may not have been identified at the paper based scenario level. For example, not all locations have pathology services onsite, so specific flow charts were needed for each one. It was also recognised that the massive blood transfusion packs needed modifying for a critically bleeding patient to receive expert prompt care.

Overall, Epworth patients will continue to receive direct benefits from the thorough testing of protocols for each site and training of staff teams from those sites.

Graduate Midwife Program
At Epworth Freemasons, Education Manager Catherine McKellar reports that the 12-month graduate program for midwives at the 52-bed maternity unit has provided over 35 midwives since 2008, retaining 76% of the graduates at the end of their program.

Recruits for this program are those finishing either an undergraduate or postgraduate course, some of whom have undertaken their course at Epworth Freemasons in conjunction with a Melbourne-based university.

The program includes face-to-face teaching, simulation, online learning and clinical support across the delivery suite, postnatal ward and the Level 2 Special Care Nursery. Preceptors, who have undertaken in-house training, are allocated to graduates providing support at the bedside on a day-to-day basis, as they rotate through the different clinical areas. Lactation consultants and childbirth educators are generous with advice and support. Above all the message to all staff caring for Epworth mothers, babies and their families is one of care and compassion, and this is reflected in patient feedback and mothers returning for their subsequent births.
Greenslopes Private Hospital as part of Ramsay Health Care has taken the opportunity to create flexible career paths for doctors from entry as medical students to fully trained specialists, with an aim to achieve this across all disciplines and locations.

Traditionally, private hospitals have not matched the public sector with medical teaching and training. But now through well-targeted federal funding incentives the private sector can offer full career training in nearly all specialties.

The increase in training numbers was initially accommodated in an opportunistic manner by the private hospitals. Medical schools were given access to the hospitals and Specialist Training Program (STP) funding initiated for advanced specialty training.

Now the private sector is in a position to offer the full range and progression of medical training. This progression isn’t to compete with the public sector nor to be independent from it, but rather to demonstrate that the training is across all aspects of the healthcare sector. The training imperative is no longer an opportunistic pursuit nor merely dabbling in the area – it is a major commitment to comprehensive training.

Initially, training was a form of late recruitment for hospitals encouraging the involvement of fellows who would soon be productive specialists working in the hospitals.

When Ramsay Health Care took over the running of the two large former Department of Veterans’ Affairs (DVA) hospitals they maintained the comprehensive junior doctor compliment in both Hollywood Private and Greenslopes Private Hospitals. At the time, the intention was to phase this out so the hospitals would revert to a more standard private hospital’s profile of medical cover. However, the teaching profile in these hospitals has persisted and expanded.

Ramsay Health Care has also shown its commitment to medical training with the public contract hospitals. Joondalup has a full range of junior training positions including clinical school teaching with the universities. The commitment in Ramsay is now mirrored by other private hospital providers such as Epworth in Melbourne, The SAN in Sydney, the Mater Group in Queensland and others. This broader commitment demonstrates that medical training in private is good for business as well as fulfilling the private sector’s duty to train.

This commitment within the private sector is now maturing to offer career progression in the private sector through the entire spectrum of training from medical students to advanced trainees. And the training is provided in networks including the public hospitals, different private hospitals groups and rural placements.

Rural placements
The latest innovation has been the private hospitals’ accommodation to expanded internship placements. In 2014, there will be 3,556 graduating medical students from Australian universities seeking internships to gain their medical registration. While all Australian residents are well placed for position, there are more than 160 foreign students with Australian medical degrees looking for positions in Australia. The Commonwealth has agreed to fund these internships provided the students agree at graduation to return service in rural areas within Australia. As there are insufficient accredited positions in rural areas, the private hospitals have created new positions for these interns. Working with the provincial public hospitals in Queensland and Western Australia, 100 positions are now funded for the “Rural
Pipeline”. Greenslopes Private is working with a network of rural placements in Kingaroy, Noosa, Bundaberg, Mt Isa and Mackay.

This is to maximise the placements to ensure all the interns have an opportunity to gain their registration as well as maintain their exposure and commitment to the rural placements. Greenslopes has accepted 33 new interns to spend at least a third of their year in rural positions. In WA, the Ramsay hospitals of Hollywood and Peel Campus at Mandurah have offered positions to 20 more interns.

This intern group will then be accommodated in the expanded rural position for their subsequent years. Greenslopes has started rotating the later year Junior Medical Officers (JMOs) to Kingaroy, Noosa, Royal Flying Doctor Service at Charleville and Longreach, Warwick, Barcaldine and other great training positions in rural Queensland. The initiative by the Commonwealth to fund intern placements in private hospitals will result in rural hospitals and communities being served by graduates from Australian medical schools with a genuine interest in rural medicine and rural life with the support of the private hospitals.

By Dr Jim Houston
Developing nurse leaders

An Aspiring Nurse Leaders Program at The Wesley Hospital in Brisbane begins this year, with 20 registered nurses selected from first-round applications to pilot the new program.

Wendy Zernike, director of clinical education at The Wesley, said the program had been designed to provide tailored education, training and mentorship to develop the hospital’s nurse leadership capacity and it would provide opportunities for 250 registered nurses to participate over the next five years.

“This is a practical and clinical project-focused program within our hospital to promote excellence in nursing, enhance the skills and capabilities of our nurses, and in turn continue to improve delivery of the highest quality care to our patients,” Ms Zernike said.

“The program will involve a core education and training series, with skills workshops and industry leaders and professionals invited to give lectures.

“Nurses will also conduct a clinical project of their choice. These clinical projects will centre on leading at the bedside and grassroots delivery of care. Participants will look at an aspect of clinical care delivery in their speciality areas, make evaluations and identify ways to improve delivery, and then engage others to assist in the project to achieve targeted outcomes.

“Through this program we are developing critical thinking and decision-making skills, encouraging nurses to examine how they provide care to our patients and identify ways to improve care.”

A generous donation last year from former patient Noel Kahler enabled the development and implementation of the Aspiring Nurse Leaders Program. Mr Kahler spent several months in The Wesley Hospital in 2006 undergoing treatment for non-Hodgkin lymphoma and expressed a wish through his gift to support nurses and nurse education and to contribute to caring for others.

Ms Zernike said a nurse mentor in each specialty area would guide participants through the program.

At the end of the year an annual symposium and awards ceremony will be held, at which program participants will present their project results. A special award, the Noel Kahler Prize, will be presented for commitment and innovative care.

Brisbane’s Wesley Hospital begins its Aspiring Nurse Leaders Program in 2014. From left, staff members Rachael Kulhanek; Liz McGowan; Director of Nursing Callan Battley; Karen Arrold; Director of Clinical Education Wendy Zernike; and Beth Gill.
Hospira
your partner driving safety, efficiency and cost savings throughout the hospital.

Hospira is the world’s leading provider of injectable drugs and infusion technologies. Through its broad, integrated portfolio, Hospira is uniquely positioned to Advance Wellness by improving patient and caregiver safety while reducing healthcare costs.
Building on its commitment to patient care and the early adoption of technology, the Sydney Adventist Hospital, known as the San, has invested more than $180 million on its major redevelopment with the aim to help make its operating theatres among the most efficient and advanced in Australia.

“The San is the first hospital in Australia to introduce a technology platform known as Unison that streamlines surgical processes to deliver efficiencies previously not possible,” said Margaret Duffy, general manager of Sydney Adventist Hospital.

“We now offer data and theatre management systems that seamlessly sync with the surgeon’s theatre devices, meaning surgeons can capture images and videos during surgery and immediately edit, save and send information to other secure devices such as a laptop, iPad or smartphone.

“The Unison system has allowed us to create an environment where surgeons and theatre staff have more time to focus on the patient because the technology is looking after other aspects of the procedure. This really is the future of surgery,” Ms Duffy added.

Unison utilises a cloud-based web portal system with the latest 1080p HD cameras and an intuitive tablet interface. It allows surgeons to capture crystal clear images and video, develop post-operative reports with annotated images, including rehabilitation instructions, and instantly and securely send them to the patient or referring doctor.

“Effective communication with patients is a critical component of today’s healthcare. Our investment provides the tools to optimise surgeon and operating theatre efficiencies which can increase patient satisfaction and help reduce rapidly rising infrastructure costs,” said Ms Duffy.

“The Unison system incorporates the Arthrex Synergy HD3 camera system and is a state-of-the-art evolution in imaging that provides excellent picture quality and interconnectivity opportunities designed to improve patient outcomes, meet technology advances and provide education and training opportunities,” said Dr Philip Middleton, who has a particular interest in endocrine and laparoscopic surgery.

“Excellent quality images with high resolution, depth of field and dynamic range, maximise our ability to undertake procedures laparoscopically – resulting in less trauma and complications, faster recovery and rehabilitation, and a better patient experience. This is particularly relevant for the gall bladder, hernia repair and thorascopic and abdominal endoscopic procedures I do, but equally applies to orthopaedic, urological or colorectal procedures undertaken by my medical colleagues.

“With a particular interest in surgical training, Dr Middleton also understands the systems’ future potential.

“The technology provides an exciting ability to broadcast, rebroadcast and retain procedures for review and training, providing students with unprecedented access to learning scenarios. It also offers the ability to file imagery from the procedures as part of the medical record. Synergy HD3 Imaging is improving current standards while also ensuring that we are equipped to meet the challenges and the opportunities of the future.”

By Corporate Communications, Adventist HealthCare

Dr Lawrence Giutronich, Chairman of the Medical Advisory Committee at Sydney Adventist Hospital and Deborah Carter, Operating Theatre Manager with the new imaging system.
People with chronic asthma will benefit from an innovative new treatment available at St Andrew’s War Memorial Hospital which has been shown in clinical trials to substantially reduce severe asthma attacks and hospital emergency visits.

St Andrew’s is the first hospital in Queensland to offer the treatment, known as bronchial thermoplasty. It is a minimally invasive procedure, performed under light anaesthesia, which delivers controlled radiofrequency (RF) energy to a patient’s lung airways to gently heat and shrink the smooth muscle in the airway wall.

St Andrew’s thoracic specialist, Dr Samuel Kim, said people with severe asthma have abnormally thick smooth muscle circling their airways and this smooth muscle contracts during an asthma attack, squeezing the airways and constricting breathing.

“Radiofrequency energy has been used for medical applications for many years,” Dr Kim said. “With bronchial thermoplasty it is the underlying smooth muscle, and not the airway lining itself, that is sensitive to the low frequency radio waves – so this is a gentle, non-surgical outpatient procedure.

“Once we decrease the smooth muscle to about 20 per cent, there is less narrowing of the airways during an asthma attack and less likelihood of a severe attack.

“The procedure is indicated for adults with moderate to severe asthma, who are on heavy doses of steroids and preventers, who have persistent asthma symptoms, and who find they have to go to hospital emergency several times a year because of difficulty in breathing. Asthma severely affects these patients’ quality of life.”

Deputy Chief Medical Officer for UnitingCare Health and Director of Medical Services at St Andrew’s War Memorial Hospital, Dr Christian Rowan, said: “St Andrew’s is at the forefront of clinical practice and committed to providing first-class treatment and results. Bronchial thermoplasty is another example of how we deliver innovative and technologically-advanced healthcare solutions.”

In international Asthma Intervention Research 2 (AIR2) clinical trials, 79 per cent of severe asthma patients who received bronchial thermoplasty reported significant improvements in their quality of life following treatment.

The latest trial data published in September 2013 in The Journal of Allergy and Clinical Immunology in the US showed that five years after treatment, patients had an average 48 per cent decrease in severe asthma attacks and an average 88 per cent decrease in visits to hospital emergency rooms.

Dr Kim has participated in dedicated bronchial thermoplasty training with Associate Professor Pyng Lee from the National University of Singapore School of Medicine, and Professor of Respiratory Medicine at Perth’s Sir Charles Gairdner Hospital, Dr Martin Phillips, who was involved in the AIR2 clinical trials.

Bronchial thermoplasty involves three separate treatments several weeks apart - one for each lung’s lower lobe, and the third for the upper lobes of both lungs. The RF energy is delivered via an expanding catheter inserted into a standard flexible bronchoscope, which is introduced into the lung via the patient’s nose or mouth. Each treatment usually takes about an hour and is performed in the St Andrew’s Endoscopy Centre.
What’s not to like about a streamlined IT system that’s easy to use; provides accurate patient data; lessens the risk of medical errors on wards; and gives nurses more time at each bedside?

Systems Architect Matt Darling has designed such a system and it’s already been trialled at two Melbourne hospitals - Epworth Eastern and Eastern Health - with enthusiastic response from staff and promising indicators for future implementation in hospitals.

The Smart Ward project is a tribute to the life of Jem Darling, Matt and wife Beth’s beloved baby daughter, whose time in hospital with a terminal brain tumour left the family devastated. But, it also gave them a lasting sympathy for medical staff who were run off their feet working in such difficult conditions.

Observing that nurses spent a lot of time filling out paperwork and being called away from their patients, Matt decided to map out a normal work shift and create a time-and-motion study of movements around their workplace.

The computerised system involves touch screens at each patient’s bedside, a smart chip in the nurse’s lanyard and in patients’ wristbands so that patient information can be quickly updated in real-time.

“There is an enormous volume of paperwork that nurses fill out on every shift – for example they might write a weight on one chart and then manually transcribe it to four other charts,” says Louise O’Connor, Epworth’s Executive Director of Clinical Services.

“In an era of rising health costs and greater scrutiny of risk to patients in relation to hospital-acquired infections, pressure injuries and falls, the Smart Ward system has potential quality and safety improvements that can be embedded for better patient care.”

Initial results from the trials show the amount of time nurses spend away from patients filling in and following up paper work is being reduced substantially, improving the sense of job satisfaction of users, who want to focus on patients, not paperwork.

Mari Botti, professor of nursing, Deakin University in partnership with Epworth, is leading the clinical trials of Smart Ward at Epworth.

“The imposition of new technology on wards can make nurses a little nervous; because in the past this has increased the number of tasks they had to perform, and not helped them much at all. What this system can do is prompt nurses in relation to care pathways, and where necessary, it can activate emergency responses,” Professor Botti said.

To date, Smart Ward has been funded by private investors and government grants, but Mr Darling and his partner Lindsay Bevage are seeking hospital contracts for the long-term.

Mr Darling is an ACT finalist for Australian of the Year 2014.

Compiled by Colleen Coghlan

Smart Ward was featured on ABC Forums on 24 December 2013 (Reporter: Amy Bainbridge) and a story about its creation featured in The Age Good Weekend Magazine on 8 June 2013 (Writer: Jane Cadzow).

www.radioaustralia.net.au
Macquarie University Hospital, in partnership with Macquarie University has received research funding to investigate best practice in pre-admission clinics. The grant has been awarded by the HCF Health and Medical Research Foundation, an Australian-based not-for-profit charitable trust established to support health service research.

Commencing this year, nursing researchers will look at pre-admission clinics throughout the world and identify the key assessment criteria that efficiently screens patients prior to admission for their procedures with the aim of avoiding preventable adverse events and better planning for discharge.

Carmel Kennedy, director of clinical services at Macquarie University Hospital believes this research will play an important role in improving hospital processes.

“As a result of this research, we hope to develop a new screening tool that will assist in capturing more accurate information; this will facilitate timely admissions which will ultimately improve patient care,” Ms Kennedy explained.

What makes this study unique is that its focus will be purely on nursing – highlighting the important role played by nurses in both the pre-admission and discharge stages of a patient’s hospital stay.

“We’re excited as it is our first dedicated nursing research project and we hope it marks the beginning of a very long journey into nursing research at Macquarie University Hospital,” Ms Kennedy explained.

“After submitting an expression of interest in the middle of last year, we were selected for a full submission,” said Ms Kennedy. “It has been a three or four-month process working collaboratively with the Australia School of Advanced Medicine at Macquarie University, and we are delighted to have received funding for the full research project.”

The HCF Foundation supports health services research that examines how people get access to healthcare, how much healthcare costs, and what happens to patients as a result of this care. The foundation considers the main goals of health services research are to identify the most effective ways to organise, manage, finance, deliver high-quality care, reduce preventable adverse events and improve patient safety.

By Andrea Lewis

The role of nurses

Improving processes – from pre-admission to discharge
**Since the last issue**

**Focus on members**

*APHA members are encouraged to clear their calendars for upcoming events*

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**APHA National Congress – Register Now**
The 33rd APHA National Congress will be held on the 23-25 March 2014 at the Brisbane Convention Centre and will feature a mix of plenary and concurrent sessions as well as a fantastic trade exhibition and excellent networking opportunities. Join us at what will prove to be the highlight of your networking and healthcare conferencing year! Register now at: aphacongress.com.au.

**Medibank Private Scoping Study - Meeting Request**
APHA was approached by the Commonwealth Department of Finance (Finance) who are conducting the scoping study into the sale of Medibank Private and are seeking input from a range of stakeholders.

Michael Roff, CEO of APHA, met with Finance during January to discuss the potential sale of Medibank and the impact the sale would have on the private hospital industry.

**The National Health Performance Authority’s Advisory Committee for Private Hospitals**
Michael Roff, CEO of APHA, has been appointed to the National Health Performance Authority’s Advisory Committee for Private Hospitals which will:

- review and provide early comment on drafts of the Performance Authority’s plans for engagement with the private hospital sector, including providing advice on data submission issues, privacy issues and public reporting issues
- provide advice to the Performance Authority in relation to private hospitals and their relationship to public hospitals and Medicare Locals
- provide advice to the Performance Authority on contextual issues that may arise in meeting its obligations under the National Health Reform Agreement, National Health Reform Act 2011 and the Performance and Accountability Framework to report on the performance of private hospitals
- serve as a designated and informal point of communications between the private hospital sector and the Performance Authority.

**Rehabilitation Certificates**
APHA is working with health fund representatives to undertake a review of Rehabilitation Certificates. The aim of the review is to reduce the variation in requirements and to ensure the information requested is consistent with the current Guidelines for Recognition of Private Hospital-Based Rehabilitation Services (The Guidelines). We are aware that for a variety of reasons, there is a great variation in practice.

Members are invited to assist the review process by providing copies of certificate formats currently in use and identifying issues or improvements that they would like to see addressed by this review. Please send your comments and certificate formats to Lucy Cheetham, Director, Policy and Research, via lucy.cheetham@apha.org.au or 02 6273 9000.

**PHIAC Data – Detailed Analysis from September Quarter 2013**
The Private Health Insurance Administration Council (PHIAC) released their data for the September 2013 quarter. Key findings in September were:

- The level of membership remained flat – with 47% of the population having private health insurance. This was up 0.1 percentage point on the preceding quarter.
- The total number of hospital episodes (public and private) increased by 6% over the quarter – to 1,038,300 episodes.
- Health insurance funds paid $3,128 million for hospital treatment benefits – up 6.9% compared to the previous quarter.

A detailed analysis of the September quarter statistics from PHIAC are now available from the members area of the APHA website.

This paper has been prepared by Meke Kamps, Research and Data Manager. Please direct any queries you may have to Meke on 02 62739000 or at research@apha.org.au.

**APHA Member Forum: Social Media**
APHA, HESTA and ME Bank have teamed up to provide APHA members with the opportunity to participate in a number of hands-on workshops on social media for staff working at APHA member hospitals and day surgeries.

**Save the Date: Private Hospitals Week 2014**
Private Hospitals Week will be held on the 19-25 May 2014.
At NAB, we have a team of dedicated specialists who understand the unique challenges and the highly complex nature of the healthcare industry. Their industry background, knowledge and expertise can help you set up, grow and maintain your business.

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Opportunities and issues
Legal considerations that arise during collaborations between hospitals and universities and other educators

Alison Choy Flannigan
Partner
Holman Webb, Lawyers
Health, aged care & life sciences
E: alison.choyflannigan@holmanwebb.com.au
P: 02 9390 8338

Coalition Policy
In August 2013, the Coalition announced in *The Coalition’s Policy to Support Australia’s Health System*¹, amongst other matters, that the Coalition government will:
1. commit $40 million over the forward estimates to support up to 100 additional intern places each year in private hospitals and non-traditional settings during the period of growth in student numbers … Priority will be given to positions and rotations outside major metropolitan centres to bolster the medical workforce in rural and regional areas. As part of this initiative, the Coalition will work with states and territories, universities, private hospitals and other relevant stakeholders to improve national coordination of intern positions. This includes prioritising a coordinated application and allocation system for intern places;
2. invest $52.5 million to expand existing general practices for teaching and supervision;
3. invest $119 million to double the practice incentive payment for teaching in general practice; and
4. provide 500 additional nursing and allied health scholarships for students and health professionals in areas of need.

Common arrangements
There are obvious benefits for hospitals to engage in the training of clinical staff (provided that the training is adequately funded). These include attracting students as future staff of the hospital, attracting quality teaching/specialist clinical talent to the hospital, profiling the hospital in relevant clinical specialities and attracting research funding. For example, the Mayo Clinic in the US has built its reputation on its academic association². Engaging in workforce development programs for existing staff will also improve staffing qualifications and therefore clinical care as well as enable hospitals to attract and maintain staff with opportunities for progression. Universities have become more dependent upon privately funded international students as a source of income. Are similar opportunities available for private hospitals?

The arrangements between hospitals and universities and other educational institutions differ depending upon the type of hospital and the nature of the relationship.

Each public hospital will typically have a long-standing arrangement with specific universities, there being in most cases an agreement between the hospital and the university and also a number of state health department policies that govern those relationships. These formal arrangements are less likely to be in place with private hospitals and GP clinics. Common arrangements include:
1. Research collaboration, including issues such as funding and contribution, ethics approval, common research strategy, research governance, confidentiality, privacy, intellectual property, commercialisation and publication rights.
2. University academic appointments for university teaching staff at the hospital, including indemnity and insurance;
3. Student placement, including the qualifications, selection and conduct of students, supervision, disciplinary issues, compliance with hospital and university policies, patient consent, working with children checks, confidentiality and privacy, immunisation and insurance;
4. Arrangements with Registered Training Organisations for vocational training of staff; and
5. Accommodation and equipment arrangements, whether they be leases, licences or sessional arrangements to the enable of use of hospitals facilities by
Before a hospital engages in the training of students and enables those students to interact with/treat patients, the hospital operator must ensure that adequate arrangements are in place to manage these issues.

Registered Training Organisations
The Australian government has created a number of funding programs to support national productivity through the development of workforce skills, and manages these through Skills Connect3.

Hospital operators, as employers may enter into workforce development training arrangements with Registered Training Organisations (RTOs) that are registered with the Australian Skills Quality Authority (ASQA).

The Community Services & Health Industry Skills Council is a broker for workforce development funding4, and provides valuable funding for health service employers.

Arrangements between hospitals and RTOs typically include issues such as the description of the workforce development program, training participants, timetables, funding, including compliance with relevant Commonwealth funding conditions (which are generally not-negotiable), confidentiality and privacy, and intellectual property.

Intellectual property
One particular issue to consider in entering into a relationship between a hospital operator and a university is the creation, ownership, licence and commercialisation of intellectual property rights because students are not usually employees of the hospital operator or the university, and the policies of hospital and university on intellectual property rights created by academics and students are likely to differ.

It is important for the hospital and the university to clearly set out in their agreement arrangements dealing with the ownership of intellectual property rights upon their creation5.

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2 http://www.mayoclinic.org/
4 www.cshisc.com.au
5 The word limit of this article does not permit me to expand on this issue in this article, however, refer to University of Western Australia v Gray (2009) 179 FCR 346.

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release of the annual increase in private health insurance premiums just prior to Christmas ensured relatively little media coverage, yet as consumer reactions have consistently shown, Australian consumers are more attuned than ever to the need to look critically at the value delivered by their health insurance policies. Health funds and aggregators have responded with aggressive advertising. The industry is reporting record levels of policy review and downgrading. But where does this leave consumers in making truly informed choices?

Consumers are increasingly making use of independent consumer guidance offered by CHOICE and the Private Health Insurance Ombudsman. But how aware are consumers of the consequences of policy downgrading? Indeed, is it actually possible to understand the level of cover that will be provided at the time of purchase?

APHA is becoming concerned patients are at risk of finding themselves inadequately covered at the very point at which they are most vulnerable.

Notwithstanding the obligation on health funds to provide Standard Information Statements (SIS), 37% of Australians with private health insurance do not know what they are covered for. To make matters worse consumers are often oblivious to the ways in which complex business rules may affect the treatment of their claim.

This problem is particularly acute when policies are purchased which offer ‘restricted’ cover in psychiatry, rehabilitation and palliative care. Not only is the need for these services difficult for individuals to assess, the way in which ‘restrictions’ work in practice is not always easy for consumers to envisage.

A consumer may be surprised to find that because they have been referred to a day-program at a psychiatric hospital rather than a more expensive overnight admission, they are not covered because their fund does not recognise that particular program. Or they may find step-down rules and limits mean they are faced with out of pocket expenses if they are to complete their rehabilitation.

It is one thing for consumers to be able to decline cover for services for which they have no need or to be able to elect to pay an excess or co-contribution, and quite another for them to sign up for a policy which may leave them exposed when they most need it.

As health funds scramble to respond to consumer demand for choice and value for
Has your hospital implemented an innovative initiative worthy of national recognition?

PHAQ extends an invitation to all private hospitals & day hospitals to consider submitting an abstract for the 2014 Innovative Practice in the Private Sector Conference & Awards.

Call for Abstracts
11th Innovative Practice in the Private Sector Conference & Awards – 16 June 2014

PHAQ in partnership with HESTA Super Fund will be hosting this popular conference at the Brisbane Convention and Exhibition Centre on Monday 16 June 2014. The conference provides a platform to showcase and reward innovation in the private hospital sector from across the nation.

The 2014 Awards will attract a category award prize of $1000 to the winning hospital, in addition to each of the category winners being eligible for an overall prize of a further $4000.

Abstracts are now being sought in 4 categories:
• Clinical Innovations
• Non-Clinical/Operational Innovations
• Innovations in Education & HR Management
• Innovations in Marketing &/or Community Awareness

The conference program will be structured around the 14 selected abstracts which will be finalists for the 2014 Innovative Practice in the Private Sector Awards.

Innovative practice need not necessarily involve major projects - practical solutions to common problems will also be considered for presentation however there will be a focus on demonstrated outcomes. Small Hospitals and Day Hospitals are also encouraged to submit.

Guidelines for the submission of abstracts, together with an abstract submission template may be obtained by contacting:

Lucy Fisher
Executive Director - Private Hospitals Association of Qld
Tel: (07) 3279 7600  Fax: (07) 3279 7601
Email: lucyf@phaq.org  Website: www.phaq.org

CLOSING DATE FOR SUBMISSION OF ABSTRACTS – Monday 17 February 2014

Happy 2014! Like 2013 before it, this year looks set to be a very busy one in the safety and quality arena. One of the major pieces of work the Australian Commission on Safety and Quality in Health Care (ACSQHC) has been progressing is the work on Clinical Care Standards.

Australian governments have asked the ACSQHC to formulate and monitor safety and quality standards and to work with health professionals to identify best practice in clinical care.

This request recognises that while most healthcare provided within Australia is of a high standard, the consistent delivery of appropriate high-quality care can be improved.

The Clinical Care Standards program aims to support the delivery of appropriate care, reduce unwarranted variation in care, and to aid shared decision making between consumers and healthcare professionals.

A Clinical Care Standard sets out the requirements for delivering high-quality care to consumers with a specific clinical condition. It aims to improve the gap between what we know works (in terms of procedures, treatments and processes) and what care is actually delivered to consumers.

Using the most up-to-date clinical guidelines, clinical expertise, and with consideration to issues that are important to consumers, the ACSQHC has developed draft Clinical Care Standards for acute coronary syndrome and antimicrobial stewardship. These draft Clinical Care Standards are now available for public consultation.

Opportunity to provide feedback on the draft Clinical Care Standards

The ACSQHC is seeking feedback on the draft Clinical Care Standards from healthcare professionals, peak healthcare and consumer organisations, consumers and any other interested parties. Feedback can be provided in the form of written submissions or via an online survey.

Full details of the consultation process, including the draft Clinical Care Standards, are available from the Commission’s website by visiting www.safetyandquality.gov.au/clinical-care-standards.

The consultation period will close on 14 March 2014.

For additional information about the Clinical Care Standards or the consultation process, please email ccs@safetyandquality.gov.au or call the Commission on (02) 9126 5600.

I welcome your feedback on this column and on any matters relating to quality and safety and the Australian Commission on Safety and Quality in Health Care. I can be contacted via the APHA Secretariat – admin@apha.org.au.

“The Clinical Care Standards program aims to support the delivery of appropriate care, reduce unwarranted variation in care, and to aid shared decision making between consumers and healthcare professionals”
At First State Super we believe Australians who choose careers looking after others deserve to be confident that their super is in safe hands.
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A high performance pharmacy practice has been defined as one that aspires to maximise its contributions to the clinical outcomes of patients and the financial position of the health system by functioning at the highest levels of effectiveness and efficiency. There are a number of tools that might assist in the pursuit of this goal. These include:

- the hospital accreditation process either through the Australian Council on Health Care Standards or assessment against the recognised business management standards of ISO 9001;
- the National Safety and Quality Health Service (NSQHS) standards; and
- more than 20 practice standards and guidelines of The Society of Hospital Pharmacists of Australia (SHPA)

But these processes and tools have their limitations when working towards the high performance pharmacy. These include:

- several critical issues and knowledge-gaps with the accreditation process;\(^2\)
- the inability of the NSQHS standards to provide guidance or standards against which many aspects of pharmacy services can be measured;
- the incompleteness of the SHPA standards of practice and guidelines in regard to every aspect of comprehensive pharmacy services; and
- the inability of the before mentioned systems, processes or standards to facilitate benchmarking in a quantitative way.

### Moving from minimum standards to high performance

How then can we achieve the goal of a high performance pharmacy and the value of benchmarking the key components of a pharmacy service?

One way which many US hospital pharmacy departments have accomplished this is through the High Performance Pharmacy framework, which is an initiative of Health Systems Pharmacy Executive Alliance (‘the Alliance’).

The Alliance, which is a collaboration of leaders in US hospital pharmacy, together with the McKesson Corporation, developed the High Performance Pharmacy framework. This framework details eight dimensions of performance (leadership, medication preparation and delivery, patient care services, medication safety, medication use policy, financial performance, human resource management, and education) and is supported by 78 elements of pharmacy practice. These collectively describe how clinical and financial outcomes can be enhanced in a hospital pharmacy.\(^3\)\(^,\)\(^4\)

In 2008, the McKesson Corporation conducted the first annual survey of US hospital pharmacy performance. The resulting McKesson Hospital Pharmacy Performance Index gauges the extent to which hospital pharmacies have implemented the best practices of the High Performance Pharmacy framework and provides a practical and effective means of comparing (benchmarking) one with another.

The following summarises many but not all of the key elements of the eight dimensions (adapted to the Australian context):

**Dimension 1 - Leadership:** which focuses on the skills required to improve pharmacy efficiency and achieve better clinical outcomes through effective leadership and includes elements such as the definition of a pharmacy leader, and critical components of leadership.

**Dimension 2 - Medicines preparation and delivery:** which focuses on the safe, efficient delivery of all medicines and ensuring that...
provides proper methods are implemented. The elements include distribution systems, barcode scanning, aseptic compounding and protocols, automation, and integration of distribution and clinical services.

**Dimension 3** - Patient care services which focuses on the way a hospital’s clinical outcomes and costs can be improved through the pharmacy’s commitment to improving patient safety and patient care services, through elements including discharge counselling and medicines reconciliation, antibiotic stewardship, and focus on core quality performance measures.

**Dimension 4** - Medicines safety: which outlines the policies, procedures, and systems that ensure safe delivery of medicines, the preservation of patient safety and includes high-alert medicines policy, availability of patient information, and bar code medicines administration.

**Dimension 5** - Medicines use policy: which focuses on efficient medicines use policy with elements including an effective Drug & Therapeutics Committee, prescribing policies, and medicines use evaluation.

**Dimension 6** - Financial performance: which outlines the key programs, systems, and processes that will help maximise pharmacy efficiency and financial outcomes with elements including budgeting, forecasting and monitoring of financial performance, reimbursement monitoring, and productivity.

**Dimension 7** - Human resource management: which focuses on human resources and pharmacy best practices for managing staff to help increase pharmacy efficiency through identifying, recruiting and retaining staff.

**Dimension 8** - Education: which focuses on mentoring, implementing training and education programs and includes pharmacy intern, student and technician training programs, staff professional and personal development, and staff continuing education.

Each of the 78 elements can be evaluated at three levels: feasibility, return on investment, and quality and safety.

**Conclusion**

Improving performance in each of the key elements of a pharmacy service in a systematic way is an effective means of achieving the highest levels of clinical and financial performance for a comprehensive hospital pharmacy service.

US directors of pharmacy have used the High Performance Pharmacy framework and the Hospital Pharmacy Performance Index to enhance their pharmacy services’ performance and deliver improved patient outcomes. It has provided a means to move from compliance with minimum standards to high performance pharmacy practice. This structure, together with the details provided in SHPA standards of practice and the National Standards, provides an excellent starting point for Australian hospital pharmacy to do the same.

News Industry Update

Industry update
From the healthcare and hospital industry

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The smarter choice in portion control sauce sachets

Fountain smartSQUEEZE is the latest innovation from the smart folks at Cerebos Foodservice – a terrific new design for portion control sauce sachets, making them easier to open than ever before.

Fountain smartSQUEEZE is the smart choice for any foodservice operation offering portion control sauces. Each new Fountain smartSQUEEZE sachet can be opened with a simple snap then squeeze – no fuss and no mess.

All customers will benefit from the new ‘just snap then squeeze’ design – and because Fountain smartSQUEEZE is so easy to open without any strain on the fingers, it’s also the perfect choice for hospitals and the aged care market.

Fountain’s two most popular sauce varieties are available in new 14g serve smartSQUEEZE sachets:
- Fountain Tomato Sauce smartSQUEEZE: the ideal condiment for pies, hamburgers, hot dogs, steaks, hot chips, finger foods and meat-based meals, imparting the immediately recognisable, traditional Fountain taste that Australians have enjoyed for more than a century.
- Fountain Barbecue Sauce smartSQUEEZE: the perfect choice to enrich barbecued food or as a condiment to accompany red meats, with a rich, full-bodied, distinctive barbecue flavour.

Fountain smartSQUEEZE Tomato and Barbecue sauce are both gluten free so you can offer them with confidence to those customers who follow a gluten free diet.

Each smartSQUEEZE sachet also includes a barcode to make stock control easier. Just scan the barcode during counter service and you’ll be able to easily keep track of stock and know when your supplies are running low.

As a special bonus, each shipper of Fountain smartSQUEEZE also comes with a Dispenser Unit designed for countertop display. Easy to assemble in just minutes, the display features a prominent Fountain logo and graphic of the familiar Fountain sauce bottle that’s sure to attract customer attraction, boosting sales potential. Each unit holds 40 smartSQUEEZE sachets, making dispensing even easier while minimising countertop clutter.

So make the smart choice today and start offering your customers a smarter sauce – new Fountain smartSQUEEZE portion control sauce sachets.
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LOL. Now they're like 😳
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You mean 😞
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On the Ground

Ian McGregor

Staff Development Manager, Pindara Private Hospital

Where do you work, what is your role and how long have you been there?
I have worked at Pindara Private Hospital for the last five years within the education department, and for the last four years as the staff development manager.

As the staff development manager, I provide my team and hospital with leadership in education, though I believe a manager is only as good as the team he or she has around them – and I have the best team around me.

You recently won the Private Hospitals Association of Queensland’s Innovative Practice in the Private Sector award for Pindcast, can you explain what Pindcast is?
Pindcast was a part of this by providing a form of education embracing all members of staff in the acute care arena - be it maintenance, catering or our clinical staff. The education team resources are not always available for every shift and Pindcast helped us bridge that gap especially with our night shift staff. We needed something; we needed education that never sleeps.

Pindcast has also played a role in supporting our joint Pindara and Australian Catholic University Neurosurgical Post Graduate Certificate by allowing students to view recorded lectures.

How did Pindcast get off the ground?
Pindara has an extremely supportive and dynamic executive team, who promotes ideas that move Pindara forward. Pindcast was one of these ideas that the exec team stood behind, and supplied the funds to purchase some video equipment which has allowed Pindcast to hit the next level of multimedia usage in the training of our staff.

What are your thoughts on education?
I love nursing, I love teaching and supporting others with how to nurse or provide a service in the hospital setting. A mentor of mine once said, ‘Education is not only about filling a bucket, but it is also about lighting a fire.’ Anyone can fill a bucket, but it takes special people to light that fire and develop a passion to want to learn and understand. The Pindara Education Team has the drive and ability to light that fire, which I am proud to lead and be a part of. Nothing makes educators happier than when they witness the light bulb effect that staff members have when they first understand what is being taught to them, it is a very exciting time. Here at Pindara, the education team will continue to provide quality education while looking to the future, embracing new ideas and teaching methods. This passion makes us an unstoppable education force – hungry to make a difference.
Enter the 2014 HAI Watchdog Awards

Be recognised as a leader in infection prevention by submitting an HAI prevention program implemented between 1 September 2013 and 31 August 2014.

The winning entries will receive a **$1,500** educational grant for their facility from Kimberly-Clark and will be eligible for:

- Healthcare industry and local community recognition through news releases and features on haiwatchdog.com
- A commemorative plaque for first place winners.

**Award Categories are:**

- **Clinician’s Choice Award**
  (may not be directly measured by specific HAI rate changes)
  This special category is determined by online voting.

- **Panel-Judged Award**
  (measurable changes in HAI rates over time):
  - ICU Infection Prevention Initiative
  - OR Infection Prevention Initiative
  - CSSD Infection Prevention Initiative
  - HAI Prevention Initiative – Facility Wide

**Deadline for Entries:**
30 September 2014
Open to Australian and New Zealand hospitals

Submit your entry and view past global entries at www.haiwatchdog.com

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