THE AUSTRALIAN

HOSPITAL HEALTHCARE

BULLETIN SUMMER 2017

OPENING DOORS

through continuing professional development

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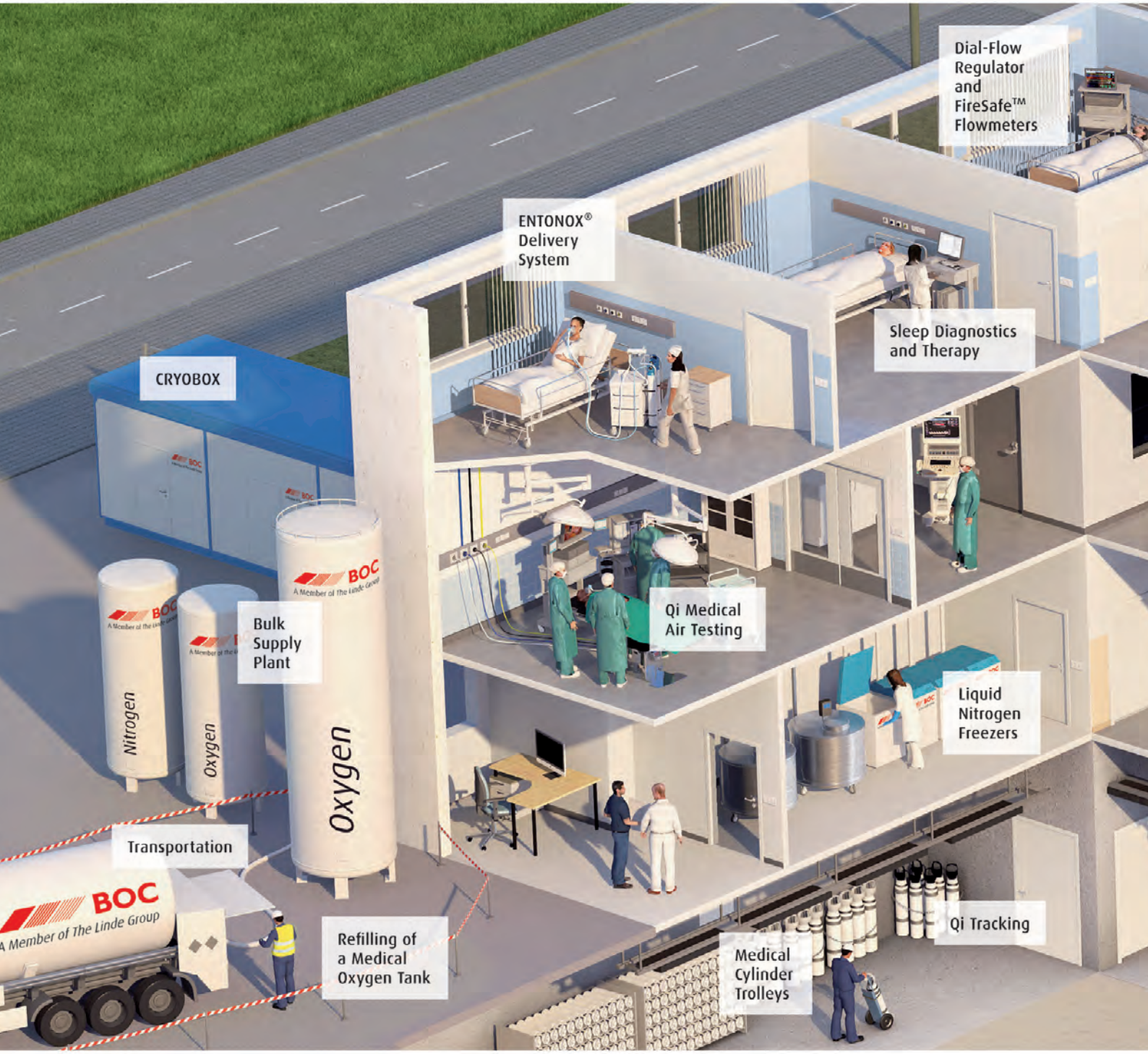

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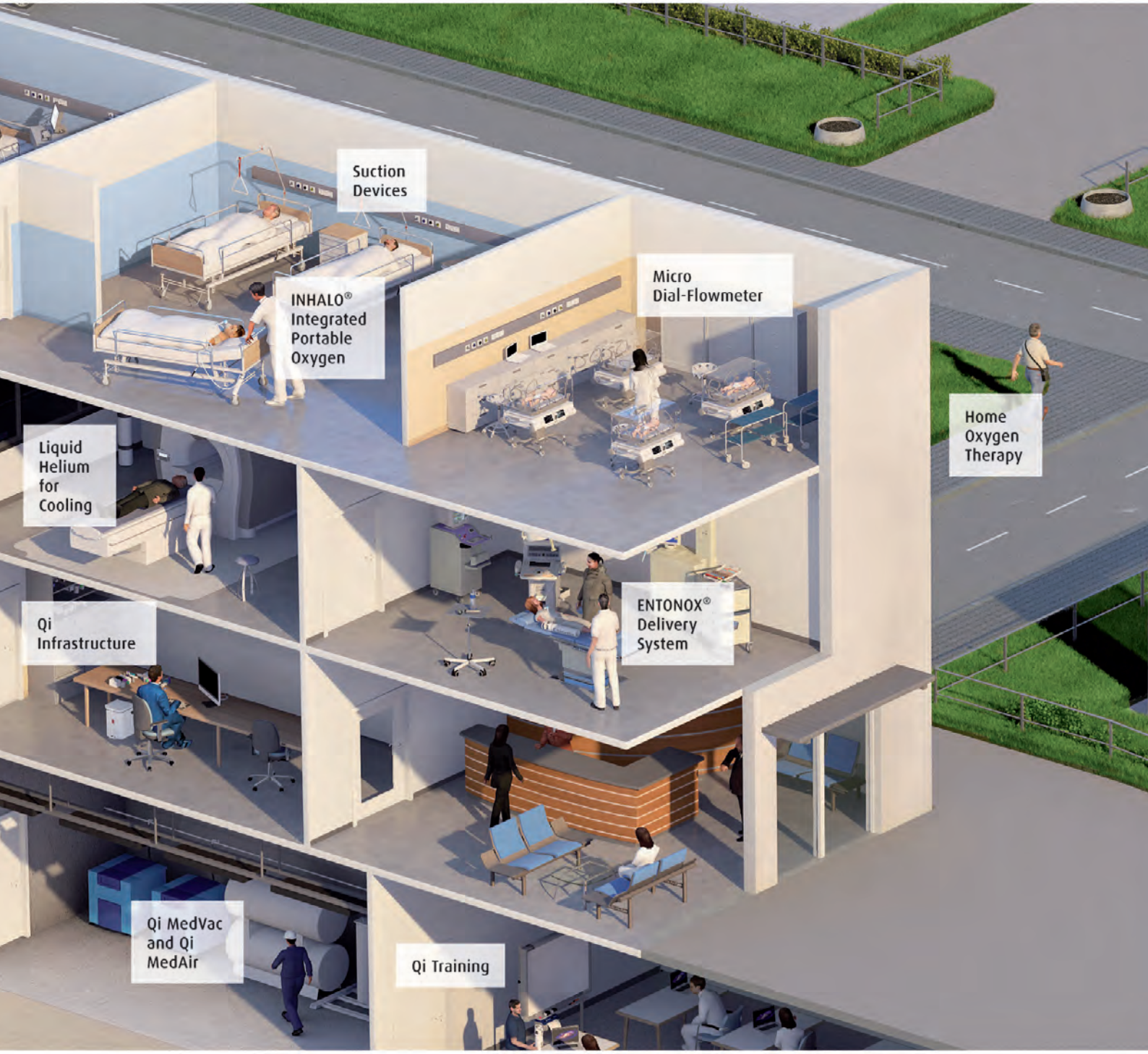

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THE AUSTRALIAN HOSPITAL + HEALTHCARE BULLETIN

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through continuing professional development

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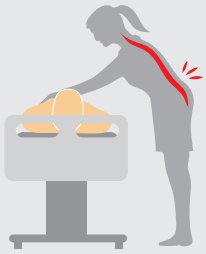
ERGONOMICALLY CORRECT

The Multicare bed with the lateral tilt.

ERGONOMICALLY INCORRECT



A bed without the lateral tilt. A huge risk of back injury in the lumbar area.

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Professional development, patient safety and procurement

Welcome to your Summer 2017 issue of AHHB.

I am excited to announce AHHB is now under the management of Westwick-Farrow Media (WFM). AHHB is WFM's 13th industry-specific media brand and I expect AHHB to grow from the experience and strength of WFM, one of Australia's leading business media companies.

Albert Einstein tells us that "Life is like riding a bicycle. To keep your balance, you must keep moving." In this issue we focus on how continuing professional development (CPD) keeps the momentum going in our professional lives, ensuring we stay current and alert.

The Head of Nursing at TAFE Queensland East Coast, *Jo-Liz Prosser*, is along for the ride, sharing how CPD influences employment opportunities and discourages complacency. *Aine Heaney*, NPS MedicineWise, explains why CPD is so much more than a 'nice to have' while our Panel of Experts explores the rising trend in online CPD.

We shine a light on Patient Safety with a report from *Professor Jane Reid* on how the science of 'human factors and ergonomics' optimises patient care and promotes a proactive culture of reporting. ACSQHC presents its new Hip Fracture Clinical Care Standard and *Suzie Ferrie* (ADA) highlights key aspects of safe tube feeding and some of the possible pitfalls.

In our Design in Health feature, *Judith Hemsworth* from DHHS lays out for us how the principles of sustainability can be applied to all stages of hospital design. And we stay with this theme as *Dr Jefferson Hopewell* from Health Purchasing Victoria discusses the shift he is seeing in the industry towards sustainable procurement.

At the 5th International ACIPC conference, held in Melbourne in November, I was pleased to meet so many health professionals passionately involved in the area of infection control. The impressive line-up of speakers included *Professor Ramon Shaban*, who presented on credentialing, following up on his AHHB Spring article. Infection control trailblazer *Professor Mary Dixon-Woods* discussed the challenges we face in controlling infection in our hospitals and WHO hand hygiene guru *Professor Didier Pittet* emphasised how vital it is to influence decision-makers.

I came away from these presentations feeling inspired and hopeful as I hope you will after reading your Summer issue of AHHB.

Happy New Year!

Corin Kelly
Editor, AHHB
ckelly@wfmedia.com.au

WANT TO CONTRIBUTE?

We welcome articles and research reports from health professionals across Australia for review for the quarterly print publication and our daily web page. If you have a story you think would be of interest, please send an email to **ckelly@wfmedia.com.au.**

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Engineered for protection

The Rounds
Updates in Healthcare

Platypus venom could hold key to diabetes treatment

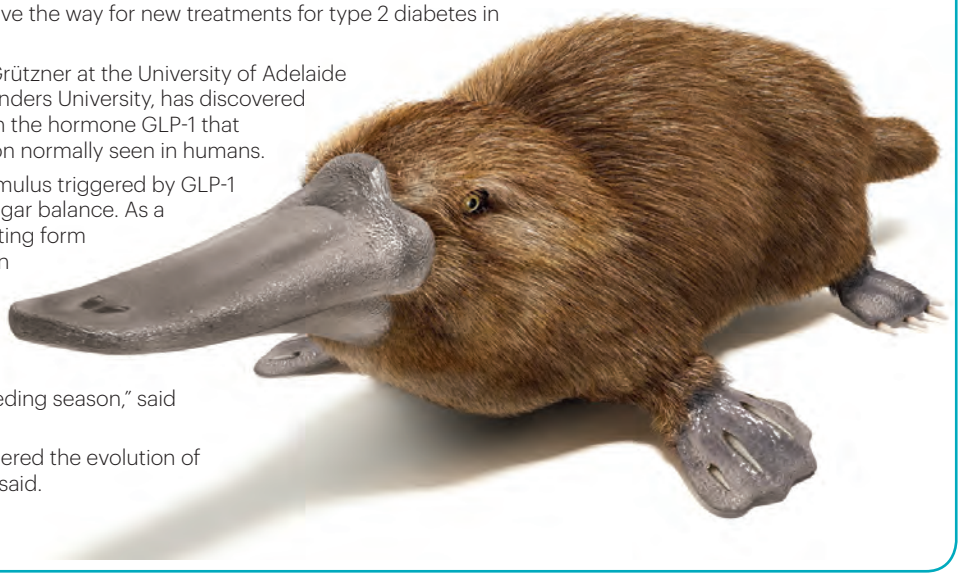
Australian researchers have discovered remarkable evolutionary changes to insulin regulation in the platypus and the echidna — which could pave the way for new treatments for type 2 diabetes in humans.

The research team, led by Professor Frank Grützner at the University of Adelaide and Associate Professor Briony Forbes at Flinders University, has discovered these monotremes have evolved changes in the hormone GLP-1 that make them resistant to the rapid degradation normally seen in humans.

In people with type 2 diabetes, the short stimulus triggered by GLP-1 isn't sufficient to maintain a proper blood sugar balance. As a result, medication that includes a longer lasting form of the hormone is needed to help provide an extended release of insulin.

"We've discovered conflicting functions of GLP-1 in the platypus: in the gut as a regulator of blood glucose and in venom to fend off other platypus males during breeding season," said Professor Forbes.

"The function in venom has most likely triggered the evolution of a stable form of GLP-1 in monotremes," she said.



Augmented reality may help relieve phantom limb pain

A small study published in *The Lancet* involved 14 patients who began experiencing phantom limb pain soon after arm amputation and had not benefited from other treatments.

For a third of amputation cases pain becomes very severe, leading to poor quality of life, worse disability, poorer mental health and greater difficulty in prosthesis use than for amputees without phantom limb pain. Surgery and drug therapy have limited success with these patients.

The treatment in this study, called 'phantom motor execution', is based on mirror therapy that uses reflections of the unaffected limb, allowing the patient to 'move' the limb out of painful positions and relieve pain.

In the study, researchers placed sensors on the patients' stumps to detect muscular activity for the missing arm. The signals were then fed into a computer that decoded and used them to create an active virtual arm on a computer screen, representing the missing limb.

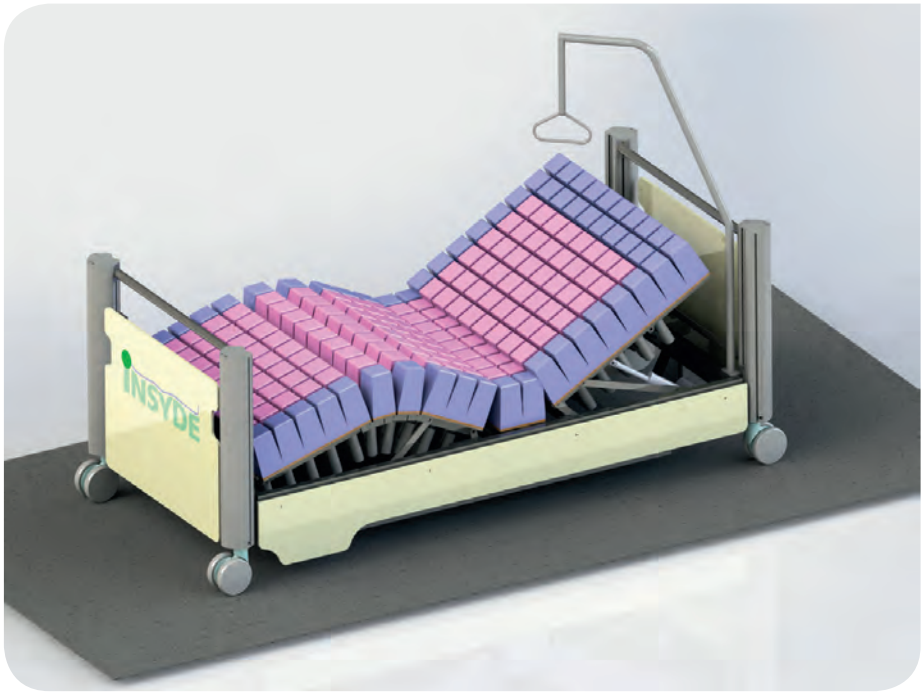
The study found that on average the intensity, quality and frequency of phantom limb pain halved following treatment — with a 32% reduction in the intensity of the pain, a 51% reduction in pain quality and a 47% reduction in its duration, frequency and intensity. The researchers found that there was a 43% reduction in the amount that pain interrupted patients' daily activities and a 61% reduction in how often pain interrupted their sleep.

Potential new tool to aid breast cancer surgery

University of Adelaide researchers have developed an optical fibre probe that distinguishes breast cancer tissue from normal tissue — potentially allowing surgeons to be much more precise when removing breast cancer.

The device could help prevent follow-up surgery, currently needed for 15–20% of breast cancer surgery patients where all the cancer is not removed.

The optical probe works by detecting the difference in pH between the two types of tissue. The research was done in collaboration with the Breast, Endocrine and Surgical Oncology Unit at the Royal Adelaide Hospital.



Mattress outsmarts pressure sores

To avoid the occurrence of and to treat already existing pressure sores, researchers at Fraunhofer IIS, Germany, in collaboration with five partners in the INSYDE research project have succeeded in developing the technological prototype of an intelligent and adaptive mattress. The mattress identifies the patient's current lying position and suggests a new position to relieve pressure.

On the approval of a professional or caregiver, the shift in the patient's position is automatically initiated by actuators.

"Like the sensors measuring the pressure distribution, the actuators are embedded in the mattress," explained Christian Weigand, of Fraunhofer IIS.

"Information on the repositioning and the pressure distribution created in the process will be shown on a display attached to the bed and will be automatically added to existing care documentation," added Alexander Dürsch of Ergo-Tec.

Fraunhofer IIS recently presented a prototype of the mattress at the MEDICA trade fair in Düsseldorf.

Be on the lookout for PAM this summer

Following the death of a 12 month-old boy at Townsville Hospital, ASID has released a warning to doctors working in remote and rural Australia to be watchful for signs of primary amoebic meningoencephalitis (PAM), a very rare but fatal brain infection, mostly affecting children.

PAM is caused by amoeba such as *Naegleria fowleri* and can be difficult to diagnose as symptoms are identical to those of bacterial or viral meningoencephalitis.

ASID recommends, "Any acutely unwell child with a history of bore water exposure and signs of meningitis or encephalitis should be considered for PAM as a potentially life-threatening diagnosis. Rural families should avoid swimming or diving into warm fresh water or to hold their nose if this can't be avoided."

Breakthrough formula to reduce radiation exposure

In a medical imaging breakthrough, a Charles Sturt University (CSU) scientist has found a way to reduce a patient's exposure to radiation without compromising scan quality.

Senior lecturer in medical radiation science at CSU Dr Xiaoming Zheng has patented a formula to guide the dose of radiation used in CT scans. His mathematical equation sets parameters for radiologists to use in determining the optimal dose of radiation.

"The international standards use image 'noise' as an indicator of the image quality but this is not accurate," Dr Zheng said.

"In developing my formula I've used clinical observer based image quality to provide a much more accurate picture of the radiation dose required for different body sizes," he said.

Dr Zheng is also applying his research to X-ray projection radiographic imaging and he believes this could halve the dose of radiation.

Dr Zheng's research, *Patient sized based guiding equations for automatic mAs and kVp selections in general medical X-ray projection radiography*, has been published online in Oxford Journals' *Radiation Protection Dosimetry*.

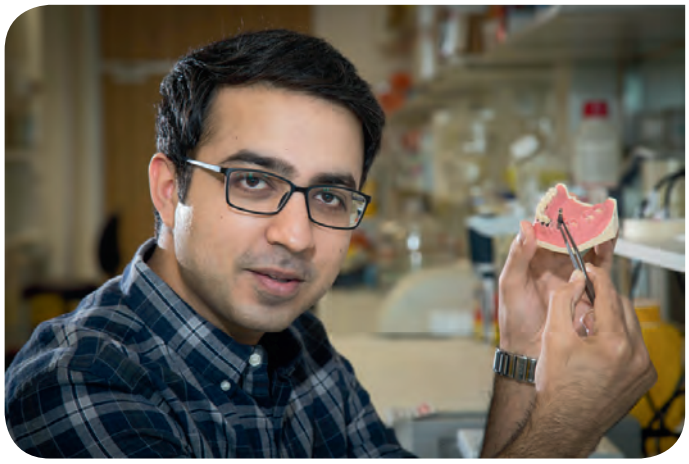
The Rounds
Updates in Healthcare

New biobank to house 45 and Up study

NSW Minister for Medical Research, Pru Goward has announced a $12 million investment in Australia's first large-scale automated biobank, due to open in 2017.

Sax Institute CEO Professor Sally Redman believes, "The ambitious scale of the NSW Health Statewide Biobank will enable the storage of millions of samples... allowing researchers to better understand how to prevent, diagnose and treat disease."

The Sax Institute's '45 and Up Study' is Australia's largest ongoing study of healthy ageing, with more than 260,000 participants providing ongoing health and lifestyle information, and its start-up biospecimen collection from over 3000 participants will be housed at the biobank.



Reduced costs with nano-engineered dental implants

The complications and high costs associated with dental implants could be a thing of the past as Griffith University research aims to reduce the associated risks of infection using new cutting-edge nanotechnology.

The study is being led by Dr Karan Gulati from the university's School of Dentistry and Oral Health/Menzies Health Institute Queensland.

"The technology I am using enables me to nano-engineer the surface of commercially established implants with nanotubes, which can later be loaded with drugs such as antibiotics or proteins for maximised therapeutic effect.

"When these are inserted into the patient's jaw, they improve soft- and hard-tissue integration and therefore dramatically decrease the likelihood of oral microbes being able to enter the tissue," said Dr Gulati. "Based on the initial results, we expect to achieve early implant stability and long-term success of such therapeutic dental implants," he said.

"The overall costs to the patient are expected to be reduced, considering that there will be no expenses associated with follow-up drug treatment, cleaning of possible bacterial attachment or correction of implant failure," he said.

Clinical trials are planned to commence in 2017.

4K cameras — bringing Hollywood to the Sunshine Coast

The Sunshine Coast Private Hospital, Qld, has announced an Australian first with its inclusion of specialist Ultra High-Definition (4K) cameras to its operating theatres. In a win for patients and doctors alike, the million-dollar system offers four times the resolution of the conventional high definition screens surgeons use and 64 times as many colours. Ultra High-Definition (4K) is currently used to film Hollywood blockbusters.

Sunshine Coast orthopaedic surgeon Dr George Parker explained, "The clarity, contrast and colour are far better (with 4K cameras) and there is a greater depth of field. You can more easily differentiate between different tissues and ligaments. This is incredibly important as greater resolution is directly related to better patient outcomes. During surgery, just a few millimetres can make a big difference," he said.

CPD

CONTINUING PROFESSIONAL DEVELOPMENT

FEATURE

FEATURES

CPD for nurses

Making it count

As Head of Nursing at TAFE Queensland East Coast (TQEC), Jo-Liz Prosser is gearing up to deliver the Diploma of Nursing in the new Sunshine Coast Health Institute (SCHI) in 2017. As an RN and nurse educator, Jo-Liz shares her views with AHHB editor Corin Kelly about the role of continuing professional development (CPD) in a nurse's career.

Could you tell me about your own experience as a nurse and what role professional development has played in your career?

I've been nursing for 19 years and I studied in NSW at the University of Western Sydney. I started my nursing career in Queensland and I found CPD invaluable during the first 12 months as I transitioned from being a student to a nurse. I had the knowledge and needed to put the skills in place and keep up with the current practice, policies and procedures.

Moving from being a graduate nurse into a nurse through to clinical nurse unit manager, CPD helped me to keep with the latest trends in dressings, medications and procedures. If you don't attend those conferences or read those journal articles you would fall behind very easily.

As my career progressed I often found myself in an educator role, and if I had not kept up to date through CPD I would have disadvantaged my students.

Why is CPD important for nurses? What are the requirements and how is it monitored?

CPD helps nurses to stay current and alert. It discourages complacency, improves safety and helps to ensure that we are providing the best possible care. For example, if I kept using the same sort of dressing on the same wound type when there is a newer dressing that has a quicker healing time or is less corrosive on the skin then I am not promoting the best outcome for my patient.

For registered nurses (RNs) and enrolled nurses (ENs), 20 hours of CPD points are required annually. It is up to each nurse to keep track of their CPD activities. Nurses are asked to declare their CPD hours as part of their annual registration and if audited

by APRHA, a nurse will need to produce evidence of his/her CPD activities.

It does not have to be an onerous task. As I mentioned, CPD can take the form of reading journal articles, attending conferences or being a board member and consulting with industry.

As Head of Nursing at TQEC you are in a position where you are helping fellow nurses enhance their skills. The CPD options for nurses are seemingly endless. How can a nurse make his/her CPD hours count?

My teaching staff attend conferences and workshops to enhance their skills that they can then pass on to their students. Some of my staff engage in further study; for example, a staff member of mine is currently undertaking her masters in mental health nursing.

"CPD helps nurses to stay current and alert."

I think selecting CPD that is relevant to your current role is a sensible approach. For example, furthering skills in the areas of diabetes, wound care or airway management can be useful in your clinical career as a nurse.

If an enrolled nurse wants to undertake further study to improve employment opportunities, can CPD modules or units count towards an upgrade in qualifications?

Yes, absolutely. So through TAFE a student would finish with a diploma of nursing and the next step would be the advanced diploma. This has set streams such as mental health, critical care, acute care, rural and remote, renal care etc. And these are available as units of competency that can be studied separately.

What are the advantages for an enrolled nurse in undertaking study to become an Enrolled Nurse (Advanced Practice) (ENAP)?

Undertaking this extra study demonstrates that a nurse has a higher knowledge base and is a good step towards being appointed to an enrolled nurse advanced practice. Those positions attract a higher rate of pay and provide a larger scope of practice.

How has online training changed CPD for nurses?

The internet has made CPD more accessible in a time-poor industry. Working full-time makes it difficult in some cases to get to a lecture or go to an in-service or conference. Online CPD offers flexibility and can be done when and where it suits the individual.

Can you tell me about clinical refresher courses and what opportunities they offer to nurses?

This is an interesting area. To give you an example, we have had interest from ENs and RNs working in the aged-care sector who want to keep up to date with the latest in clinical skills. We are developing clinical lab training sessions where nurses can be taken through the latest infusion pump, the most current techniques for injections and dressings. The labs will provide a space for nurses to get both the theory and hands-on practice in the one place.

Your final word on CPD?

CPD is vitally important for nurses. In my experience as a nurse and as an educator I feel that CPD should be promoted and given proper consideration by each person to ensure that those hours are enhancing our nursing careers, enriching our experiences and promoting the best outcomes for our patients.

Jo-Liz Prosser has been a registered nurse for almost 20 years, is the Head of Nursing at TAFE Queensland East Coast (TQEC) and leads the accreditation process with The Australian Nursing and Midwifery Accreditation Council (ANMAC) for her TAFE region. At TQEC, Jo-Liz leads the design, development and delivery of the Diploma of Nursing and fosters effective partnerships with universities, hospitals and health facilities. She consults closely with stakeholders to not only deliver bespoke hands-on clinical training, but also provide students with invaluable hospital placements and successful pathways to employment.

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Registered nurses

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- Paediatric Nursing
- Perioperative Nursing
- Stomal Therapy Nursing

Graduate Certificate Courses have two intakes per year – January and July. Please visit our website for enrolment information and course dates.

2. Single Units of Study

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- Communication – Applied Strategies
- Continence Management
- Day Surgery and Day Procedure
- Dementia Care
- Emergency Nursing
- Family & Child Health
- Intensive Care Nursing
- Introduction to Leadership and Management
- Medical Imaging Nursing
- Neonatal Special Care
- Nursing in the Perinatal Environment
- Paediatric Emergency Nursing
- Paediatric Pain
- Principles of Infection Control
- Principles of Perioperative Management
- Principles of Renal Nursing
- Respiratory Nursing
- Stress Response & Health Breakdown
- Wound Management

For the full list of subjects available please go to our website www.acn.edu.au/units-of-study

3. Immunisation Courses

Have you considered becoming a **Nurse Immuniser**?

ACN offers an online Immunisation course that is designed for registered nurses working in health areas where administration of immunisation is part of their role.

It is also suitable for registered nurses who wish to enhance their career opportunities by becoming a **Nurse Immuniser**.

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- Enrolments are monthly (excluding January)
- This course has been approved by the Health Departments in NSW, VIC, TAS, SA and ACT*

*Successful completion of this course is one of the requirements necessary for RNs to administer vaccinations without the direction of a medical officer (ACT legislation differs, please refer to course information for details)

4. Principles of Emergency Care Course

Do you have the knowledge and skills to make decisions when lives hang in the balance?

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- Implement communication strategies that support interdisciplinary collaboration and patient-centred care
- Plan and evaluate patient management using clinical practice guidelines and current evidence

For all enquries phone Customer Service on 1800 265 534 or email customerservices@acn.edu.au

Practice gaps are key to CPD

Aine Heaney, client relations manager at NPS MedicineWise, discusses with AHHB Editor Corin Kelly how an evidence-based continuing professional development (CPD) program is designed. Aine explains how CPD can be so much more than a 'nice to have' and why practice gaps are key.

How has NPS MedicineWise gone about developing an evidence-based CPD program that appeals to people throughout their careers?

There is a plethora of evidence and peer-reviewed articles being generated in the medical research sector every year. We are trying to drink from a hose pipe and drowning in information.

I am sympathetic to clinicians trying to keep on top of all this data as well as looking after patients. So at NPS MedicineWise we try to relieve some of this burden by keeping a watching brief on all published evidence. We have a systematic way of assessing when the results of a new drug or

procedure are significant enough to change clinical practice.

When one of these 'game changers' emerges, we stand ready to alert clinicians and help them consume the information in a concise format that is immediately applicable to their scope of practice. This means that desktop lab research can be transferred quickly to the bedside to improve patient care.

And we also look for the gaps in research. We shine a spotlight on common problems where there is a lack of an evidence base and good support or guidelines for clinicians.

Can you provide an example to illustrate this?

A good example is fatigued patients. Persistent tiredness is one of the seven most common reasons for patients presenting to their GP — and no one is doing any research in this area. So we look at how we can help GPs to catch the red flags for serious pathology vs when someone is drinking too much coffee late at night.

We do this by analysing data and collaborating with our member base of peak bodies, consumer groups and disease agencies.

So gaps in guidelines and support help to inform which topics we offer for CPD and when we might release them to be of most help to our audience.

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You mention research gaps and how this flows into gaps in guidelines and support. When these gaps occur, how does this impact clinical practice?

When an area of clinical care is not supported by research then guidelines for health professionals can be lacking. This results in practice gaps or variability in practice. So we keep watch for evidence practice gaps and analyse administrative claims data to determine where contemporary practice is misaligned with current standards for best practice. Variability reflects an inconsistency in practice, which can often mean a high level of inappropriate care.

In your opinion, why is CPD more than just a 'nice to have' and how can it work to provide solutions to some of the bigger issues facing hospitals?

'Preventable hospital admissions' is a big ticket item now for all governments, PHNs and the local health district networks. This applies particularly to residents of residential aged care facilities (RACFs) being transferred inappropriately to emergency departments after hours.

Between RACFs there can be a lot of variability in the safety and use of antibiotics, anti-psychotics, pain relief and sleeping medications. At NPS MedicineWise we have designed a whole suite of CPD modules around medication safety for geriatric patients; how to recognise a decompensating patient and how to provide good clinical handover etc.

These skills help health professionals to more appropriately deliver care to patients in their preferred location e.g., in the nursing home instead of the hospital, and to recognise when a patient needs hospital care.

How important is it to engage in CPD activities that fit your career and lifestyle?

I think that to actively reflect on your learning, any CPD activity needs to be closely anchored to your particular scope of practice. We don't have a one-size-fits-all health system and so professional learning and support needs to fit the individual.

People want to receive their education in lots of different ways and certainly we are seeing a trend towards digital CPD for the nursing and pharmacy professionals whose undergraduate training is increasingly digitally focused.

At NPS MedicineWise we have a comprehensive suite of digital, face-to-face and blended offerings to suit people in all stages of their careers, from undergraduates to experienced health professionals wanting to keep their practice contemporary.

Our CPD is built, crafted and shaped by nursing, GP and pharmacy groups who make sure that the work we do is aligned with what coal-face clinicians are facing and help support them in the best possible way.

All NPS MedicineWise CPD activities are free and available to any Australian health professional with funding from the Australian Government Department of Health.

Aine Heaney is a client relations manager at NPS MedicineWise where she has been employed since 2007. She has worked with clinical experts and government agencies to inform policy development for QUM in hospitals and the wider community. Aine worked as a pharmacist for many years and has completed postgraduate studies in clinical pharmacy practice. She has practised in primary care, hospital and industry settings of pharmacy across the UK, NZ and Australia. Aine has a particular interest in the science behind behaviour change to improve safe and effective medicines use across the continuum of care and ensuring a cost-effectiveness approach to evaluation of health technologies.

Panel of Experts — Continuing professional development (CPD)

Panel of Experts is a forum for industry professionals to share their opinion on a topical issue relevant to healthcare. In this issue our expert panel weighs in on the question

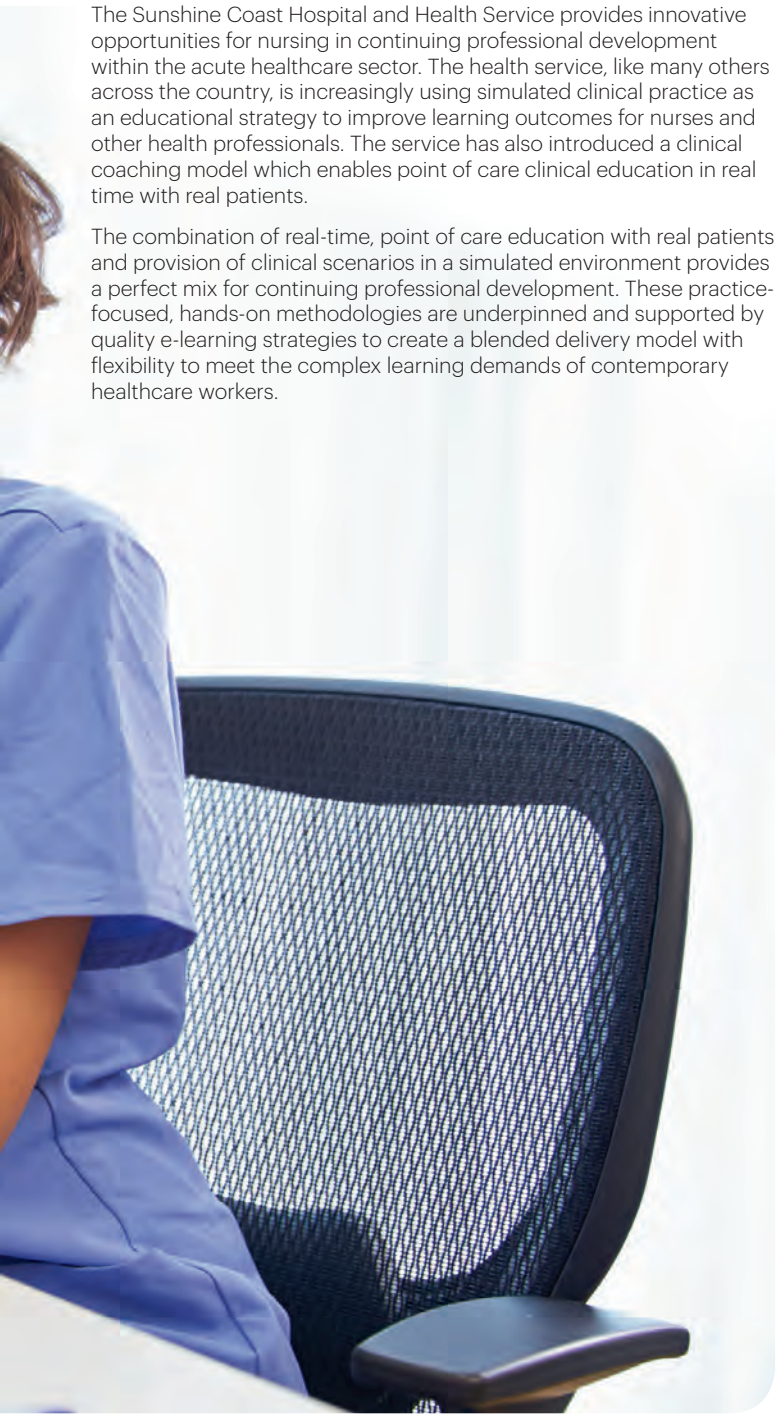
Where are the opportunities for nurses in CPD and can we professionally develop online?

ANNETTE FAITHFULL-BYRNE

Nursing Director Education, Staff Development and Research, Adjunct Associate Professor University of the Sunshine Coast

The Sunshine Coast Hospital and Health Service provides innovative opportunities for nursing in continuing professional development within the acute healthcare sector. The health service, like many others across the country, is increasingly using simulated clinical practice as an educational strategy to improve learning outcomes for nurses and other health professionals. The service has also introduced a clinical coaching model which enables point of care clinical education in real time with real patients.

The combination of real-time, point of care education with real patients and provision of clinical scenarios in a simulated environment provides a perfect mix for continuing professional development. These practice-focused, hands-on methodologies are underpinned and supported by quality e-learning strategies to create a blended delivery model with flexibility to meet the complex learning demands of contemporary healthcare workers.



DR KAY PRICE

Associate Professor, School of Nursing and Midwifery, University of South Australia and board member of NPS MedicineWise.

All nurse practitioners, nurses and midwives are responsible for undertaking CPD to contribute to increasing or maintaining their knowledge, skills and personal qualities related to their role. As CPD is largely self-directed, needs to incorporate reflective practice and needs to be relevant to the individual's professional practice, CPD opportunities are everywhere and only limited by an individual's capacity to develop an appropriate learning plan. The online environment is a support to all nursing personnel both for being able to store evidence digitally so that it is secure and accessible, and also to undertake validated online courses and seminars at a time and place convenient to them so as to meet their learning plan.

Critical in all nursing roles is the quality use of medicines. To achieve quality use of medicines, all people must be provided with the most appropriate treatment and have the knowledge and skills to use medicines to their best effect. As such, all nursing personnel have a responsibility to keep up to date and have timely access to accurate information and education about medicines and their use.

JO-LIZ PROSSER

Head of Nursing, TAFE Queensland East Coast (TQEC) and associated with The Australian Nursing and Midwifery Accreditation Council (ANMAC)

The opportunities for Nurses engaging in CPD has changed considerably over the past 5 years. CPD via online modality now provides strategies allowing nurses to access learning at any time, giving them control over their educational experience. Online CPD permits nurses to access the information and resources at a time which fits in with their work-life balance; this flexibility results in a higher completion and satisfaction rate.

I believe nurses can professionally develop online. This learning platform will enable learners from any geographical location to engage with their peers, share their knowledge and expertise and not limit it to only those who can attend educational facilities.

A Day in the Life

Lynette Wright has been a Clinical Nurse with The Wesley Hospital's Bone Marrow Transplant Ward for 15 years. Lynette's role can be physically and emotionally demanding, particularly when assisting end-of-life patients with blood cancer and their loved ones. Here, Lynette shares with you a day in the life of a Brisbane bone marrow transplant nurse and the sense of purpose she finds in her work. The Wesley's bone marrow transplant unit turned 20 this year and during that time more than 1000 procedures have been performed.

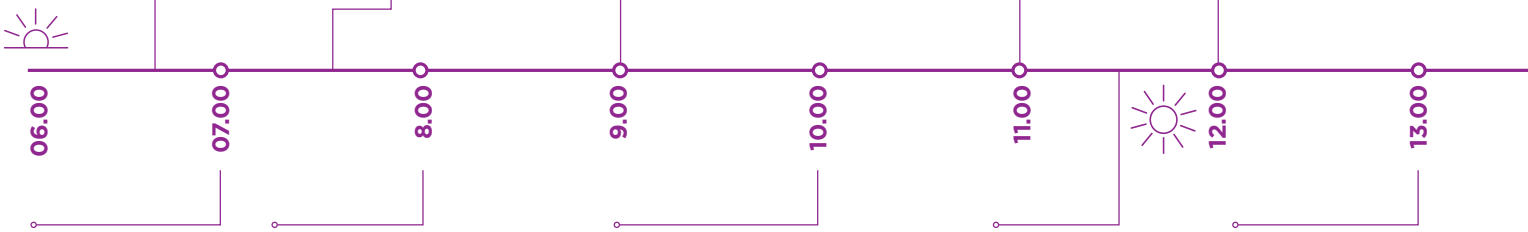
06:45 I arrive on the ward usually as the in-charge nurse to prepare for a 12-hour shift, debrief with night staff and review material about patient load allocation for my shift. A registered nurse (RN) and I carry out the standard operating protocol for implementing bedside handover in nursing.

07:30 We check the lab test results of blood samples that have been taken from a patient by the night duty RNs via a central venous catheter. An order is made for any blood products required for the day. Communicating with fellow team members is pivotal in my role and I ensure the Clinical Nurse Manager receives a copy of my handover sheet and the blood test results.

09:00 Following from the VMPs' patient rounds, I will discuss with RNs, place chemo product orders with the chemotherapy pharmacist and crosscheck times for the chemo delivery. My other duties range from making beds while patients shower, assisting with threading IV lines in and out of clothing and checking dressings, lines and bungs that may be in need of changing. For transplant patients, chemotherapy will be due in this hour. Our patients are with us long term, and develop strong and trusting relationships.

11:00 I look at staffing allocations for the next 24 hours and input the digital information to TrendCare. I also do patient rounding, where I speak to each patient to ensure their needs are being met and to address any of their concerns. Blood products are delivered in this hour, so nurses can start blood and platelet transfusions as needed. All of our IV medications, blood products and chemotherapy are double checked and signed by two chemo experienced RNs.

12:00 Our patients receive anti-nausea and anti-diarrhoeal medications, because of severe mucositis or colitis. Some patients require intravenous administration of nutrition and narcotic analgesia to get them through this period. Nursing a patient in pain can be very difficult, and we contact the VMP for more orders when necessary.



07:00 The team has a comprehensive handover of about 20–30 minutes. As well as autologous and allogeneic transplants, we deliver treatment and care to patients who are newly diagnosed, have relapsed, are critically ill or who are in their final days of life. We also provide education, counselling and reassurance on a needs basis for patients and their families.

08:00 I administer any 08:00 medications, do their observations and fluid balances, and discuss the day's routine with my patients. I accompany visiting medical practitioners (VMPs) on the commencement of their rounds.

10:00 Transplant patients' stem cells are returned to them 24 hours after finishing their conditioning protocol. The stem cells are transported to the patient's room in a small, portable nitrogen cylinder and thawed in a warm water bath immediately prior to infusing.

11:30 Midday observations start. Patients receive lunch. Transplant patients are with us 2 to 3 weeks on average. They are neutropenic for at least 7 days during their admission. It is important to recognise a deteriorating patient and immediately call the VMP, collect blood cultures and follow orders for further treatment. We need to be calm and reassuring while being competent and timely in our actions.

13:00 At every hour there will be IV medication, chemotherapy checks, analgesia checks or observations. I have lunch and catch up on paperwork.

Lynette Wright

"We celebrate successes with our patients, who are always courageous and thankful."

14:00 Fluid balances are totalled and concerns noted. We do a bladder scan if needed. During the day we are always ready to do the little things that count to make our patients comfortable such as making a cuppa, crushing ice, toasting sandwiches, rubbing cream onto an itchy rash, cleaning up messes, remaking beds and being there to listen and encourage patients.

15:00 Our staff acuity reduces so we check charts and get handover for another patient.

16:00 Observations and reweighing of patients takes place. VMPs are notified of any concerns.

17:00 Medications are given with food. Transplant patients are admitted from X-ray, post their insertion of their Hickman Catheter.

18:00 IV antibiotics. Update and print out the next shift's handover sheets and the blood request list for the next morning.

19:00 The next shift arrives and we count the drugs, do a bedside handover, followed by a formal handover.

20:30 I return home and unwind.

We celebrate successes with our patients, who are always courageous and thankful. When they come in to say hello or send cards and letters to let us know how well they are doing, it is always gratifying.

14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00

A Day in the Life is a regular column opening the door into the life of a person working in their field of healthcare. If you would like to share a day in your working life, please drop me an email: **ckelly@wfmedia.com.au**.

7th ANNUAL

AUSTRALIAN HEALTHCARE WEEK

- 8th - 10th March 2017
- International Convention Centre, Darling Harbour, Sydney

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EVENT SCHEDULE

TWO DAY CONFERENCE
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KEY PROJECTS

- The Westmead Redevelopment
- The Herston Quarter Redevelopment Project
- St John of God Bendigo Redevelopment
- Northern Beaches Hospital Project
- The Epworth Geelong Hospital Project
- The new South East Regional Hospital and Redevelopment of the Goulburn Base Hospital
- The Redevelopment of the Lismore Base Hospital

FEATURED SPEAKERS

Danny O'Connor, Chief Executive, **Western Sydney Local Health District**

The Hon. Jillian Skinner MP, Minister for Health, **NSW Government**

Dr Bronwyn Evans, CEO, **Standards Australia**

Michael Walsh, Director-General, **Queensland Health**

Dr Zoran Bolevich, Chief Executive, Chief Information Officer, **eHealth NSW**

For more information, visit www.austhealthweek.com.au

2017 AUSTRALIAN HEALTHCARE WEEK

Dear Colleagues,

Despite the fact that Australia's healthcare system ranks highly in terms of efficiency, spending has become unsustainable and is placing an incredible amount of pressure on the economy and government funding.

In response to the challenges you face, I am pleased to invite you to attend Australian Healthcare Week, taking place on the 8-9 March 2017 at the new International Convention Centre, Darling Harbour, Sydney.

As we enter a transformational period of change for health and aged care provision in Australia, **Australian Healthcare Week** is the best-on-offer event in 2017 to provide you with the solutions to the challenges you will face in the design, delivery and operation of our healthcare facilities of today and tomorrow.

WHAT DO WE HAVE PLANNED FOR 2017?

- **2 days of learning, development and interactive discussion groups** across the following conferences:
  1. Health Facilities Design & Development Summit
  2. Digital Healthcare Summit
  3. Aged Care Summit
- An expanded exhibition layout, including specific **Healthcare Facilities, Government, Medical Technologies, Digital Healthcare and Aged Care zones**
- 2 on floor programs in the exhibition hall: **Nurses and Clinicians and Disrupt Healthcare**

And the best thing is, your conference pass gives you complete access to all the learning and development programs taking place on the 8-9 March!

Special conference discounts* apply for Government, Local Area Health Facilities, Public and Private Health Facilities and Aged Care providers!







*discounts not available to vendors/solution providers

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JOIN AUSTRALIA'S LARGEST HEALTHCARE EVENT!

New Bendigo Hospital

Designed for the future

The new world-class Bendigo Hospital will make great strides in delivering patient care well into the future, addressing the growing service capacity needs of Victoria's regional Loddon Mallee community.

Made possible through a Victorian Government investment of $630 million, the new Bendigo Hospital is the largest regional hospital development in Victoria's history and one of the largest hospital projects across Australia. The new hospital will be more than double the size of the existing facility to meet the urgent needs of the regional community's growing and ageing population now and into the future.

The Bendigo Hospital Project is being designed, built and operated by a consortium, Exemplar Health, through a public-private partnership (PPP) with the State Government of Victoria. The Exemplar Health consortium comprises highly regarded market leaders Lendlease (builder and equity partner), Capella Capital, Siemens and First State Super (equity partners) and Spotless (facilities manager).

Exemplar Health's role also includes maintaining the hospital for 25 years after its opening and the consortium is delivering a broad range of facility management services, enabling the operator, Bendigo Health, to focus on the provision of quality healthcare services to Victoria's central and northern regional communities. The facilities management provided by Spotless includes the services related to the hospital kitchen, facility security, car parking, portering and maintenance.

Its completion will be presented in two stages; the first stage of the project began in 2013, with technical completion reached in November 2016, and the second stage is to be completed in mid-2018.

Stage one includes construction of the new hospital itself with capacity for 372 inpatient beds, 11 new operating theatres, a cancer centre, four radiation therapy bunkers and an 80-bed integrated psychiatry unit. Already established as part of this project's stage one development is a 128-room hotel and a 100-place childcare centre. High-quality retail and food outlets will also enhance the new hospital's warm welcome to hospital patrons, patients and staff in both stages of the project.

Stage two encompasses the demolition of the existing hospital facility, building a short-stay accommodation hub, conference centre, multideck carpark, helipad and an enclosed dual-level link bridge. The Bendigo Health Care Group's vision, 'Healthy Communities and World Class Healthcare', goes above and beyond just a new facility. It is based on a set of healthcare principles that help support Bendigo Health professionals to shift the balance of care, with a particular focus on patient-centred care, and a more preventative and community-based coordination of services.

New Bendigo Hospital external view

FAST FACTS

The new Bendigo Hospital will:

- Provide patient and family-centred care in a warm, friendly atmosphere.
- Offer a majority of single rooms for privacy and infection control standards.
- Be equipped with the latest technology.
- Offer new and expanded services, such as the integrated cancer care and diagnostic imaging.
- Be on the leading edge of design and environmental sustainability.
- Set a benchmark for healthcare services in a community hospital.

The newly designed one-bed inpatient rooms for Bendigo Hospital

One of the 11 operating theatres in Bendigo's newest hospital

Cancer centre

With the region's projected growth in mind, the new hospital has been designed to meet the anticipated increase in demand for services. The new cancer centre, for example, will reduce the need for local patients to commute to Melbourne for specialised treatment. This fully integrated cancer centre will bring radiotherapy, oncology and outpatients together in one department, increasing day chemotherapy chairs and outpatient consulting rooms, and providing two additional radiotherapy bunkers.

Maternity

The new maternity unit features 25 single rooms with ensuites, comparing favourably with 16 rooms in the existing Bendigo Health facility. This new unit will feature seven birth suites, compared to the current four and three birth suites, that will be fitted with baths for use during labour to assist with pain relief. There is also an overnight stay room where parents who have experienced loss, and are grieving, can spend time with their baby.

Healing environments

Within its design, the new hospital's connection to nature is emphasised throughout. Neutral colours and natural materials have been used when possible along with extensive, creative landscaping including multiple courtyards and terraces for use by hospital patients and visitors. Environmental sustainability was one of eight components that the bidding teams used to guide the project to become a world-class facility, with the aim of providing a healthier environment for patients, staff and the community.

The principles of healing environments have been incorporated into the psychiatry precinct giving access to 13 landscaped courtyards, designed to encourage a tranquil, settled atmosphere. This is a sample of the broader design principles applied to the new hospital, which will also offer greater access to green outlooks, courtyard spaces and natural light — all aspects that are proven to bring about a safer and a more positive environment.

The non-clinical aspects of the new hospital are equally impressive and very much aligned with state-of-the-art design principles. For instance, the new facility incorporates a 200-kilowatt roof-mounted solar photovoltaic (PV) panel array which is installed to both reduce the CO_2 emission footprint of the new hospital and also to reduce the mains electricity demand during peak summer periods.

The new Bendigo Hospital is set to open to the public in late January 2017.

Tennant: Making a Difference in Hospital Cleaning

Patients, staff and visitors expect healthcare facilities to be clean and safe, ensuring their health and safety is paramount. Reducing cleaning-related hazards, including slippery floors, poor indoor air quality and the handling and mixing of chemicals, can help you minimise accidents and meet your safety goals. Tennant's T300 addresses your key cleaning challenges and delivers outstanding scrubbing results to enhance your facility's image whilst improving health and safety and minimising your cleaning costs. One of Tennant's most versatile machines to date, the T300 Scrubber, is quickly becoming a must-have in hospitals around Australia.

Innovative ec-H2O NanoClean™ detergent-free technology, available on the T300, is also proving a popular choice within hospital environments. ec-H2O NanoClean™ electrically converts water into an innovative cleaning solution created by an onboard e-cell that generates nanobubbles. These nanobubbles then promote the cleaning efficacy of the solution in public areas throughout the hospital, reducing the amount of floor detergents used in the hospital. This practice also helps to eliminate the amount of detergent residue to improve floor traction and reduces the risk of slips and falls. The T300 has the ability to improve the hospital environment, create a safer workplace and offer more efficient training with its ease of use.

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"Tennant is continually innovating to improve our customer's cleaning operations with high-performance sustainable technologies. It's our commitment to drive innovation in both cleaning technology and cleaning process to help our customers clean more places, clean better, and clean for less," says Dave Huml, Tennant Company Senior Vice President of Marketing.

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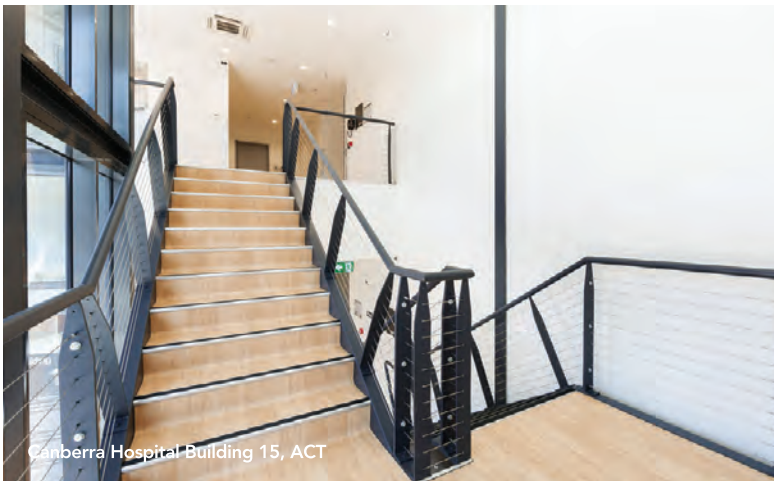
Ivanhoe HealthOne Clinic, NSW



Canberra Hospital Building 15, ACT

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The active agent in MicrobeCare is unconditionally registered with the US Environmental Protection Agency (EPA) in accordance with FIFRA sec 3(c)(7)(A).

HermanMiller Healthcare

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HermanMiller Healthcare

Building smart

The future of hospital design

Judith Hemsworth, Principal Advisor (Design) with DHHS

Judith Hemsworth sees a bright future ahead for building smart, sustainable healthcare facilities.

Working as a principal design advisor in the healthcare sector of a large government department like DHHS has given me a broad view of sustainability. The DHHS is responsible for a sizeable asset base and we are involved in the planning, building and ongoing asset management of many healthcare facilities, and I think what it comes down to is minimising our impact and thinking long term.

When we think about environmental sustainability factors, they often offer additional benefits. There is a growing body of research looking into the benefits of access to views of nature and having a higher indoor air quality on patient outcomes and staff wellbeing and retention. This is a growing area of interest, potentially offering dual benefits that make prioritising these principles truly viable for new hospital designs.

Access

One of the first things we consider when selecting a site for a new hospital or healthcare facility is access for the people who will be using it. Does it have links to public transport? Can pedestrians get there easily? Are bike paths in place?

While building accessibility into a design plan reduces the reliance on private vehicles, the additional benefit is improved access to services. Good connectivity to other community services links people into the network that is supporting their health and wellbeing.

We are also seeing more end-of-trip facilities such as showers and change rooms being included in healthcare design. This encourages a healthy lifestyle for staff who can more easily cycle or walk to work.

At the moment the Melbourne Metropolitan Rail Project is happening — one of the largest public transport infrastructure projects to have happened in Australia. This will provide five new underground stations and one of these will be in the centre of the Melbourne Biomedical Precinct in Parkville. This new station will give people easy access to the Victorian Comprehensive Cancer Centre, the Royal Women's Hospital and all the other research and clinical care facilities in the precinct. The construction will be challenging but in the long term we will see a vast improvement in access to this location.

At the other end of the scale we recently completed a hospital in rural Victoria. While public transport to the site was not a consideration here, it was important to make sure older patients with mobility scooters could get from their homes or the shops to the hospital. Looking at the community of people who are most likely to use the hospital and enhancing access also has the dual benefit of reducing emissions.

Site selection

Making smart decisions when selecting a site for a new healthcare facility is critical to its long-term sustainability. New and existing parcels of land need to be used frugally for maximum benefit and the building needs to be environmentally and financially sustainable and inherently adaptable and resilient.

How we perceive the site's value is important when we are talking about sustainable hospital design. The first stage in any development is the creation of a master plan that will futureproof the facility for the next 10, 20 or 50 years. Each site has a significant market value and an environmental value, and this can sometimes be overlooked.

It is often far more sustainable to build on a smaller footprint, disturbing less of the topography. In order to retain the value of the site over the long term, this might mean building up instead of spreading the facility across a site. The other advantage of preserving the natural environment is that it provides more opportunities to give patients and staff access to that environment, fresh air and views.

Construction

The construction of healthcare facilities is an area where the Victorian Government is a leader in sustainable practice. For over 15 years now there has been a percentage allocated to the construction budget of all our healthcare projects that incorporate sustainability initiatives. And these initiatives need to be above what our Department of Sustainability Unit considers standard practice. As time passes, standard practice improves and this drives innovation from our sustainability consultants.

Off-site fabrication is a sector that is offering great benefits. It is more efficient, eliminates weather-related delays, reduces the amount of vehicle disturbance on the site and generates less waste material. This sector is becoming increasingly more sophisticated and is now offering a higher quality product than was previously available.

Clean energy

Victorian public hospitals have close to 1 megawatt of installed solar power. Most renewable energy is harnessed in rural and regional locations due to suitable conditions such as land and resource availability. Many health services are reducing their reliance on fossil fuels and energy costs by using solar thermal collectors to generate solar hot water and have installed solar arrays to generate electricity. Hospitals are resource intense to operate and maintain so utilising renewable energy resources where available is an important part of building a smart, sustainable healthcare system.

Judith Hemsworth joined the infrastructure section of the Victorian Department of Health and Human Services (DHHS) in Victoria almost 17 years ago, after graduating with a Bach Architecture (1st class honours) from RMIT University. Her current role is as Principal Advisor – Design within the Infrastructure Planning and Delivery Branch. She provides expert advice particularly in the early stages of capital planning, including initial scoping, master planning, feasibility study, schematic design and design development stages, with a focus on achieving high-quality design outcomes that meet government standards and policies and represent value for money.

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EverlightRadiology

The truth about Teleradiology

There are many myths spread about teleradiology. As the medical world evolves rapidly and the need for this vital lifeline continues to grow, the truth has never been more important.
These facts demonstrate how Everlight provides its high-quality services.

FACT – Teleradiology provides 24-hour access to FRANZCR consultant radiologists

All Everlight radiologists are FRANZCR, registered with AHPRA, and fully indemnified, as well as being credentialed for each hospital for which they report.

FACT – Teleradiology complements on-site radiologists

Everlight supports our clients' existing radiologists in the following ways:

- Complements Registrars after hours by reporting 'overflow' urgent cases +/- provides support for clinically complex cases
- Supports staff radiologists' after-hours roster when shortages make after-hours requirements difficult to fulfil.
- Provides additional capacity when volumes +/- temporal shortages make it difficult for on-site Radiologists to manage demand.

FACT – Teleradiology can be a cost-effective solution

Everlight's 'fee for service' model can be more cost effective than on-call/after-hours rostered shifts, when considering:

- The opportunity costs of lost or lower (due to fatigue) day-time capacity; or consultant validation of registrar reports
- Penalty rates for on-call shifts/after-hours rostered shifts
- The diminished supervision of Registrars working overnight

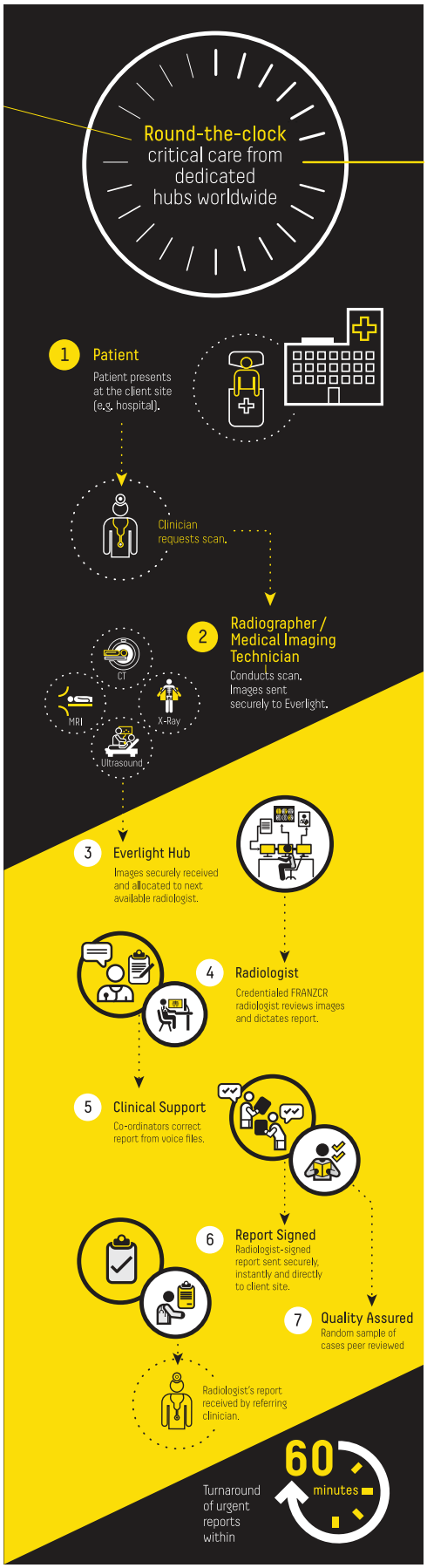
FACT – Leading teleradiology providers are accredited against Information Security standards, protecting patient data

Everlight Radiology has strict compliance with data security and is ISO27001 accredited. This means we use secure networks for data transmission and securely manage and handle patient information.

FACT – Teleradiology is a service focused on quality

Everlight has an unwavering focus on quality, managed by the Medical Leadership Council (MLC). Our quality processes include the following:

- Auditing – peer review minimum 2% (4% YTD) of all reported cases. To ensure quality, all new radiologists' first 100 cases are peer reviewed and all Trauma CTs (MVA multi-region) are second read.
- Management of Discrepancies focused on Education – client feedback on reports are encouraged. All discrepancies are analysed for key learning points and shared for group learning at Webinars.



MacLean Hospital brightens up with solar-powered skylights

Typical of public buildings of its era, the older section of the MacLean District Hospital was not designed to optimise the use of natural light. Its wards and corridors were dark and gloomy and traditionally dependent on significant utility-powered lighting to maintain any semblance of brightness for patients and health services delivery staff.

MacLean Hospital, Northern Rivers region NSW.

Before installation of solar-powered skylights in level 2 ward.

After installation of solar-powered skylights in level 2 ward.

"We were looking for a solution that would facilitate the provision of light into a particularly dark Level 2 ward," Watt said.

MacLean District Hospital is a 43-bed community healthcare facility servicing a rapidly growing population in the Northern Rivers region of rural NSW. Hospital infrastructure consists of two main sections, including an older 1960s building as well as a recent extension that was completed in 2014.

According to Howard Watt, maintenance engineer at the hospital, initially, traditional skylights were seen as the best possible solution to introduce additional illumination to within the building as they would provide natural light that creates a positive ambience and harmony with external conditions.

However, after discussing this with their maintenance contractor, Shane Gabbert, another solution was proposed: solar-powered skylights.

"We were looking for a solution that would facilitate the provision of light into a particularly dark Level 2 ward," Watt said.

"We found it was far easier and cheaper to install than what was on offer from traditional skylights. It also meant that we didn't need to make any major penetrations of the external building fabric, which meant that there would therefore be no water leaks.

"It gave us great flexibility in where we could locate the light source and has subsequently proven to be very easy to maintain."

In looking after numerous local public and private premises, Gabbert had previously installed a large number of the 'illume' solar shaftless skylights and was impressed by the way they behaved like traditional skylights but without the need for a roof cavity to let the light in.

There is reduced heating/cooling costs and less maintenance as there is no heat transfer, leakages or build-up of dead and alive bugs as a result of the light shaft construction, all of which are important considerations in a subtropical climate such as MacLean.

MacLean Hospital agreed to trial a single illume solar-powered skylight in one of the wards to make sure there were no adverse issues, including assessing impact on the patients as some lighting types can have detrimental effects on epileptic patients, for example.

With the trial proving to have been a complete success, a decision has now been made to install a further three illumes over the next month. Since solar-powered skylights do not need access to the roof, they can be installed anywhere in the building and on any floor, making them a perfect solution for an old three-storey hospital.

Creating safer spaces in healthcare with rubber flooring

Having set up a representative office in Australia this year, nora systems, a specialist in high-quality, resilient floor coverings, has strategically positioned itself to take advantage of the upsurge in healthcare projects in Australia & New Zealand. With a market share of more than 80 per cent in Germany and more than 50 per cent worldwide, nora systems is the global leader in the market for rubber floor coverings, focusing on the healthcare sector.

nora systems has been active in the region for more than 10 years, operating via a network of representatives, says Alex Morellato, the company's Sydney-based regional manager. However, the Germany-headquartered firm decided to establish a representative office in Sydney this year to boost its presence in Australia and New Zealand. Before joining nora, Morellato worked 15 years in the construction industry and ran an international business as regional manager ANZ.

What are the benefits of rubber flooring in healthcare facilities?

nora rubber flooring can significantly contribute to a safe environment in healthcare for a variety of reasons, beginning with its composition: they are free of polyvinyl chloride (PVC) plastic and the risks associated with the leaching of chemicals used in the manufacturing of PVC products. Because rubber flooring does not contain PVC, it does not generate any hydrochloric acid, dioxins or furans, contributing to healthy indoor air quality for patients and staff. Nor do nora rubber floors contain plasticizers (phthalate) or halogens (e.g., chlorine), and some are GREENGUARD Gold Certified for low VOC emissions.

The floor's dense, nonporous surface helps repel bacteria, making the floor naturally resistant to bacteria, fungi and micro-organisms. It also helps repel dirt, making the floor easier to keep clean. Additionally, rubber flooring does not require waxing, stripping or the application of sealants. The absence of wax and other chemicals benefits everyone in a healthcare setting, especially those who might be sensitive to smells or suffer from allergies that these products aggravate.

A dense surface also allows the floor to stand up to water, chemicals and other liquid spills without absorbing them. This includes food spills in cafeterias and break rooms, as well as disinfectants, betadine, blood and urine more common in treatment areas and patient rooms. These spills can be cleaned up quickly and effectively.

Should a fall occur, the resilience of rubber flooring cushions the fall and reduces the likelihood of serious injury. This feature is most appealing for patients using canes and walkers as well as orthopaedic patients working to regain their balance and ability to walk. Those in wheelchairs (and the nurses who push them) will also find it easier to maneuver chairs across rubber flooring.

Patients and staff will also appreciate the acoustic properties of rubber flooring, which contribute to a safe, healing environment. The resilient material in rubber flooring can attenuate a significant percentage of unwanted noise. As a result, noise generated by footsteps, conversations, technology and doors closing is reduced and far less distracting.

The resiliency of rubber is also important to medical personnel and members of the housekeeping staff, who spend the majority of their work day on their feet. Hard, unforgiving flooring surfaces can cause fatigue and negatively impact performance, while softer, more cushioned rubber flooring offers an important weapon in the battle against muscle fatigue and aching backs, legs and feet.

One of nora's latest product developments is nora nTx — the self-adhesive flooring system marks an end to wasted time and long waits. Easily installed over existing flooring as part of a renovation, or in new construction, nora nTx is ready for immediate use.

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The future of sustainable healthcare

It's all in the timing

Dr Stanley Blue, lecturer in sociology at Lancaster University, UK

The environmental and financial sustainability of the National Health Service (NHS) in the UK is under threat. The Five Year Forward View set out two years ago to manage increasing activity is set to fail. Meanwhile, the NHS emitted 25 million tonnes of CO_2 this year, making it the largest public sector contributor to climate change in Europe. And at the same time, clinicians are being pushed to provide seven-day services on five days' worth of resources. Financially, environmentally and clinically, the future for the NHS appears unsustainable. New ways of managing demand for healthcare services are desperately needed.

Stanley Blue is a lecturer in Sociology at Lancaster University. He is currently a visiting fellow at the Centre for Urban Research at RMIT University working with the Beyond Behaviour Change research program. His research is concerned with how social routines and practices constitute everyday ways of living and consuming that matter for issues of environmental sustainability and public health. The Institutional Rhythms project, which is part of the DEMAND centre, examines the scope that large institutions have for shifting the timing of working arrangements to reduce demand for energy and travel.

"Hospitals can use up to 80% less energy at the weekend when the majority of elective services are not running, or are running at a reduced capacity."

New research at Lancaster University in the UK is investigating the scope that hospitals have for managing demand for energy, travel and other resources.

Current models of sustainable healthcare are built on two approaches. The first advises investment in increasing the energy efficiency of buildings and equipment despite research that shows how this often increases demand for services. The second approach advises investment in programs to help staff change their unsustainable behaviours. But such an approach misses the point that staff are not just 'wasting' energy but using it in the course of delivering healthcare.

The Institutional Rhythms project examines how hospitals shape the timings of working arrangements that matter for energy demand. This work, based in the DEMAND research centre at Lancaster University, explores how patterns of energy demand are constituted by the interconnected timings of activities that occur within and beyond the hospital. These include schedules between departments, hospital opening times, the organisation of patient pathways and broader societal temporalities including changing seasons, school holidays and the weekend.

Peaks in hospital energy demand are constituted by the synchronisation of energy-intensive activities including running operating theatres, decontamination services, radiography and laundry services. When these activities occur depends on interconnected and synchronised patient flows between departments, but also on those broader temporalities including the availability of childcare at the weekends. Hospitals can use up to 80% less energy at the weekend when the majority of elective services are not running, or are running at a reduced capacity.

Opportunities shaping the timing of activities might include running energy-intensive services outside of times of peak activity. Decontamination services might be able to operate more intensively over weekends to reduce peaks in energy demand, associated emissions and costs. Visiting hours and deliveries could be scheduled so that they do not coincide with peak traffic and reduce congestion.

But beyond this, an approach that seriously considers the timings of hospital activities has the potential to significantly reconfigure working arrangements to increase patient flow through the hospital. Problematic peak times of activity for hospitals such as the weekday discharge can also be examined as the outcomes of critical intersections, interdependencies and fixities in the timings of working arrangements. New opportunities for reconfiguring working arrangements to differentiate and stagger the discharge process emerge when viewed in this way.

In a context of increasing activity within the NHS and as calls for a seven-day (elective) service intensify, there is now a significant opportunity to further study how the timings of working activities might be radically reconfigured to reduce demand for energy and travel, to save costs and to improve patient care and experience.

Moving towards integrated, connected care

Kevin Barrow, Managing Director, Philips Australia and New Zealand

The challenges health systems all over the world are now facing will not be easily addressed. The ageing population, the rise of chronic disease and finite budgets mean a new approach to healthcare is required — one that facilitates 'connected care' technologies to address the need for integration across all parts of the health system, from patients and their carers, family and friends to doctors and hospitals, insurers and the government.

Empowering all healthcare providers — whether they be institutional or at-home — relies on real-time communication, enabled through emerging technologies that securely link software and devices monitoring key health indicators. Solutions like these deliver actionable insights to users across the healthcare continuum, from healthy living through to treatment and at-home care.

With this technology in existence, the question really is, why are we still failing to connect and engage with our patients? This disconnect drives inefficiencies that prevent a move to a more integrated system. The healthcare industry — providers, suppliers and policymakers — needs to come together to make sure that the expectations and reality of all groups are aligned.

"While healthcare data is proliferating, data sharing continues to be a challenge."

The value of integration

Philips recently commissioned the Future Health Index (FHI)[1] to examine Australian perceptions of healthcare. In Australia, 2063 patients and 201 HCPs were surveyed, measuring Australia's readiness in relation to accessibility and the level of integration of healthcare services, and the adoption of connected care technology throughout national healthcare systems.

The FHI showed that 77% of surveyed Australian patients and 90% of HCPs agree it is important that Australia's health system be integrated. The truth is that technological adoption and healthcare education, alongside fundamentals such as access to health services, can vary considerably according to demographics and income levels, towns and states. As more and more 'digital natives' become comfortable with connected care technology, the more patients' trust in, and demand for, connected care technology will grow.

While healthcare data is proliferating, data sharing continues to be a challenge. The vast majority (70%) of Australian patients surveyed say they have to repeat the same information again and again to multiple care providers, while more than a third of patients (41%) face difficulty accessing their own medical records. This does not only happen when they move from one setting to another, for example, from one hospital to another hospital, it also happens when they are moving from one doctor to another within the same institution. And although 52% of the patients own or use one or more connected care technologies, only a minority of them say they've ever shared information with their HCP (32%), and only one-in-four HCPs (27%) say that some or most of their patients share this information with them.

So, whether a personal choice or institutional objection, there are obstacles to information sharing in the healthcare world. But much like how electronic banking, online shopping and mobile communication became mainstream in most areas of the world, so too will e-health. Investing in new technology is not the panacea for all ills and cannot be effective in isolation. Technology can be an enabler to integration, but without leadership, guidance and behavioral change, it won't inspire real transformation. There is a real opportunity to establish an approach to healthcare that encompasses the use of this data and improves the overall healthcare system.

1. Methodology: The Future Health Index is designed to gauge perceptions towards connected care and the accessibility, integration and adoption of such care. The first edition of the FHI covers 13 countries: Australia, Brazil, China, France, Germany, Japan, the Netherlands, Singapore, South Africa, Sweden, the United Arab Emirates, the United Kingdom and the United States. The survey was conducted from February to April 2016 and reached a total of 2659 healthcare professionals (defined as those working in healthcare as a doctor, surgeon or nurse across a range of specialisations) and 25,355 adult patients (defined as those who had been to a healthcare professional within the last three months). The survey was supplemented with qualitative in-depth interviews.

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Digital disruption

The challenges and opportunities for healthcare

Corin Kelly

As the digitalisation or disruption of healthcare marches forward, hospitals are looking to overhaul their systems of operation. In this opinion piece, experts in the field, Wayne Bruce, CEO of Ccentric and Colleen Birchley, Business Manager Telehealth, Telstra Health, highlight the key areas of opportunity and challenge they see for the digital hospital.

Wayne Bruce, CEO, Ccentric

Innovative disruptive technologies are forcing a shake-up of healthcare models and creating a new type of health consumer. Digital disruption does two things. It creates a power shift from the service provider to the service user (think Uber and Air B&B) and it turns business models on their head.

The tipping point around new business models comes at a critical time in the health landscape. Budgets are under continued pressure with one in five Australians affected by multiple chronic diseases[1] and one in three Australians visiting a GP more than six times a year.[2]

Technology has been shifting power to health consumers for some time. It started with the rise of the internet when 'disease-Googling' patients started arriving in GP rooms armed with information they found online. A generation embracing wearables followed. These devices generate masses of data users may previously have only got via a GP appointment. Now they don't have to go to their doctor. Their data does.

Other apps enable remote monitoring and diagnostics for those with chronic illnesses as patients assume greater control of their health in an increasingly digitally disrupted healthcare world.

On the health provider front, digital transformation has tended to focus on electronic health record gathering, sharing and workflows. The benefits of shared information between healthcare teams are obvious — but not without problems. Patient care is compromised if data entry errors are introduced and flow through the system.

The old healthcare model uses technology too of course, but differently. It is cost prohibitive and limited by inflexibility, using high-cost, high-bandwidth, specialist medically authenticated equipment, often requiring dedicated fixed connections.

Digital disruption in healthcare is about unlocking knowledge and capabilities. It requires new models that deliver benefits by making a greater amount of information more readily available, in more places. Done well, it can overcome cost and geographical barriers to access to deliver better care and outcomes, especially for the poor and those in rural, remote and indigenous communities.

It also means putting systems in place that address security of the information. Who owns the data? Who can access and share it?

Leaders in the healthcare field are realising they need a technology-savvy healthcare workforce to give technology-aware consumers the ability to connect with them in new ways and on different devices.

The key to success in this new era is leveraging the disruptive technology and putting in place systems that give people the ability to use knowledge — anywhere, anytime — for the best outcome.

That outcome might be getting a person out of hospital sooner — or helping them not to end up in hospital in the first place.

Technology is driving change — and systems and business models have to change with it. Digital disruption in healthcare is here and the question is — are you ready for it?

Colleen Birchley, Business Manager Telehealth, Telstra Health

There is huge disruption being enabled by telehealth in healthcare particularly around enhancing outpatient services and preventing emergency department presentations.

One example is the recently deployed NSW RACF (Residential Aged Care Facility) telehealth pilot program where we have connected 24 NSW RACFs with emergency


© Petrik/Dollar Photo Club

departments. We have installed video-enabled telehealth carts into each of the 24 RACFs that can be wheeled into a patient's room. The camera is easy to use, a managed Wi-Fi reduces connectivity issues and the nurse on duty can connect directly to an emergency department geriatric nurse on standby or schedule a consultation.

The results will be dependent on the workflow and education in the cart locations; eHealth NSW expects to see quite a few successful adoptions from those sites.

"Digital disruption in healthcare is about unlocking knowledge and capabilities."

The benefits of using telehealth can also been seen in a project we are doing with outpatient wait lists for a hospital in regional Qld, using a product called 'Anywhere Healthcare'. Providing specialist services in rural areas is challenging. There is the cost of flying the specialist in alongside a 40% do-not-attend patient rate.

Anywhere Healthcare

We said to the hospital 'give us your wait lists and we will look after them for you'. The telehealth coordinator at the hospital selected the consenting neurology, haematology and hepatology patients suitable for telehealth and we managed that client list.

We arranged for the patient to attend the hospital for their appointment and there they were linked up with their specialist via video.

What we have seen since the project began in May is a drop in the do-not-show rates to below 10%. This is due in part to SMS reminder messages. The patients who still don't show can be rescheduled and the cost of flying the specialist in has been avoided.

The hospital has been happy with the results including the high standard of clinical care. At the start of the project the hospital was only using Anywhere Healthcare for initial consults and now they are using it for follow-ups.

Changing ingrained practices and shifting to a different way of working is the biggest challenge I can see for telehealth. Scheduling is another significant challenge. It's more than booking the patient in. There is the specialist, the room booking and access to equipment to consider and communicating with the telehealth coordinator at each facility. There are 'scheduling products' that have been designed to work with a telehealth model. These scheduling tools will allow telehealth to become mainstream.

1. Australian Institute of Health & Welfare, New stats reveals 50% of Australians battling chronic disease, August 2015, http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley100.htm
2. National Health Performance Authority, March 2015, One in every eight Australians sees a GP at least 12 times a year, http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Media-Release-FreqGPMar2015

Automated Bedlifts Provide More Hospital Floor Space

Materials Handling's Bedlift Vertical Storage solution aims to meet one main goal: maximizing hospital floor space in the most efficient way possible. The Bedlift is a space saving vertical storage solution and a cost effective way to remove unused "hallway beds" from hospital corridors as pictured above and store them in a neat and easy to access fashion.

Stacking unused beds vertically in a secure storage system will recover valuable floor space by reducing hallway clutter and removing potential fire hazards from hospital corridors. By using Bedlift, hospital maintenance departments will see a dramatic increase in storage capacity, organization and product flow, which will reduce down time and increase the number of beds available to patients.

In addition to increasing space and efficiency, removing unused beds from hallways reduces hazards, which will allow hospitals to meet or continue to meet standards regarding the storage of hospital beds.

These unique vertical stackers will also improve hospital's maintenance departments' capacity, organisation and product flow whilst reducing down time. This critically increases the number of beds available for patient use at any given moment.

Bedlifts are simple to use, and can be operated by a single person with the push of a button. Operating on the last in first out (LIFO) picking concept, the first bed is loaded onto the lift and raised vertically, which opens up space below the bed for the next unit. Available in heights of up to 3.8metres, you can select the height that fits your need best. Choose from models that can hold three, four or five beds with optional security gate to prohibit unauthorized use in public spaces. The Bedlift can store up to 5 hospitals beds vertically in a footprint slightly larger than a single bed for savings in excess of 70% of your existing floor space.

There are two configurations, end or side (lateral) loading and 11 models to suit from large beds to stretchers and are optionally available with Anti-Microbial Paint.

The six major benefits by installing Bedlifts are More Floor Space, Safe Handling, Easy Access, Maximum Storage, Fast Retrieval & Small Footprint.

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PROCUREMENT

FEATURE

In an environment of increasing community interest in sustainability, sustainable procurement has gained considerable momentum amongst practitioners over the past decade, and the health sector is no exception.

Sustainable procurement

gaining momentum in healthcare

Dr Jefferson Hopewell, B.Sc.(Hons), PhD(Qld), MSustPrac, Health Purchasing Victoria Sustainable Procurement Officer

Sustainable procurement has been a growing focus for healthcare services, including for Health Purchasing Victoria (HPV), which, since 2011, has increasingly integrated sustainability principles into its procurement processes undertaken on behalf of Victoria's public hospitals.

So how do you express sustainability in a procurement context? Sustainable procurement principles may be applied to procurement and purchasing decisions, and involve a combination of environmental, social or economic factors.

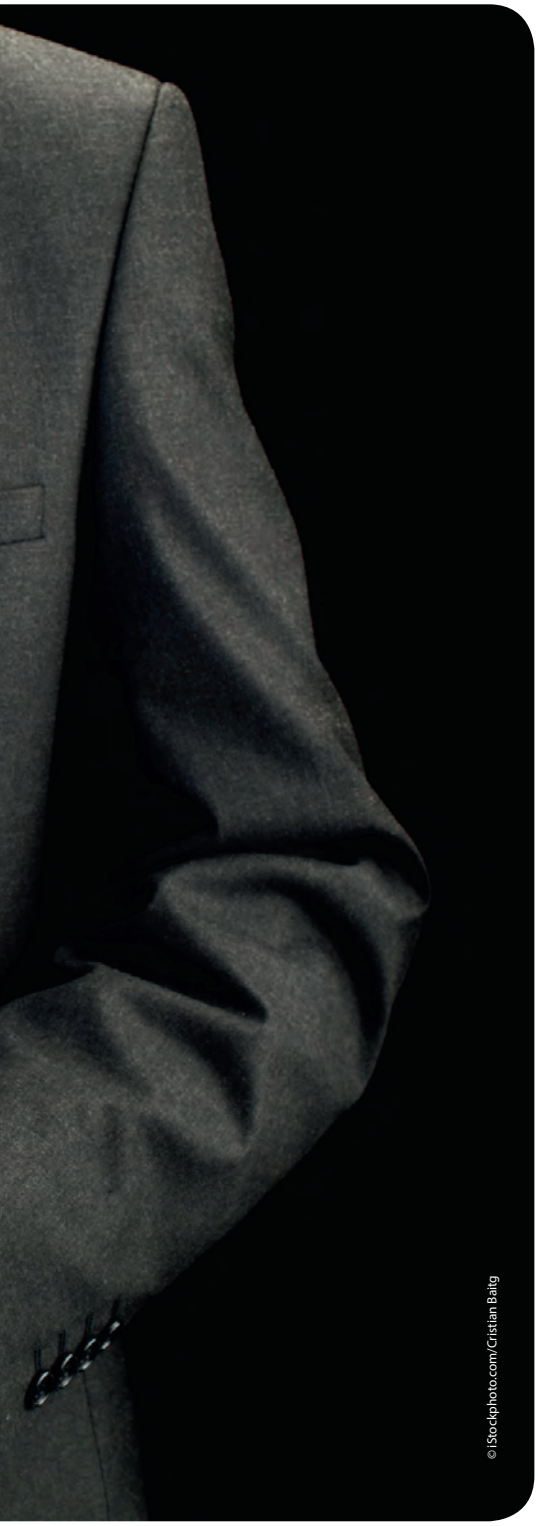
The importance of using procurement to influence outcomes was highlighted by a 2001 study of the National Health Service's 'ecological footprint'. It showed that close to 60% of the ecological footprint of hospital-based healthcare in England and Wales was generated within the supply chain.

Locally, Victoria's health services have long managed their energy and water consumption to reduce their costs and environmental impact. Health services' energy efficiency efforts have stabilised energy consumption levels to around 4.6 petajoules per annum, despite activity growth of an average 5% per annum over the past decade, according to a 2015 report by the Victorian Department of Health and Human Services (DHHS).

Meanwhile, increasing numbers of health services are adopting a strategy to invest in on-site solar photovoltaic panels to reduce both their environmental impact and energy bills.

Regardless of the motivator, experience shows that integrating sustainability into procurement means responding to a range of complex stakeholder issues.

It's clear health service buyers and supply managers remain concerned about the impact on costs when considering social responsibility as an imperative, and must weigh up the benefits where direct cost savings cannot be demonstrated.




Elaine Ko, HPV Chief Executive

Case study 1

HPV, in its recent workplace supplies tender, ensured that all office paper awarded to the contract was certified as linked to one of the internationally recognised voluntary standards for sustainable forestry management. This initiative reflects best practice in public and private sector procurement, and supports government and industry efforts to sustainably manage native forests and tree plantations.

Case study 2

Some regional health services under HPV's statewide waste management services contract have their secure document destruction requirements provided by registered disability service providers. These contracts provide direct employment and support to Victoria's disabled community members and deliver an essential service to public health services.

Case study 3

The Victorian Government's recent competitive tender for the supply of Renewable Energy Certificates required they be sourced directly from new Victorian renewable energy generation projects.

The result was a significant avoided cost for hospitals over the 10-year contract period and investment in two new wind farms in regional Victoria. The Kiata wind farm near Horsham and the Mt Gellibrand Wind Farm near Winchelsea together will provide 99 MW of new renewable energy generation.

The socioeconomic benefits of the initiative include bringing forward $220 million of investment into Victoria, generating jobs in construction and ongoing operation and maintenance, plus contributing to Victoria's renewable energy target.

"Irrespective of the challenges ahead, healthcare leaders acknowledge their broader environmental and social responsibilities," said HPV Chief Executive Elaine Ko.

"Certainly, the case for responsible and responsive procurement is clear: it's vital we have a sustainable healthcare system and efficient supply chain supporting improved patient care and safety."

An important mechanism to support this objective is the Victorian Government's recently strengthened Victorian Industry Participation Policy (VIPP), which aims to increase opportunities for local small and medium enterprises to compete for public sector contracts.

Improvements in the information available to health services about goods and services purchased will increasingly enable managers to better understand the impacts and track sustainability performance indicators as pressure mounts to deliver added non-financial value. Improved data will also enable better benchmarking and evaluation of improved contract specifications, supplier capabilities and purchasing.

Creative solutions like higher energy or water efficiency for medical equipment, packaging improvements and industry product stewardship will also be increasingly valued as they contribute to necessary improvements in sustainability goals — and HPV is committed to working alongside health services to help them reach their sustainability goals.

Jefferson Hopewell has extensive experience in plastics research, product development and life cycle processes. Jefferson's career spans roles at the Cooperative Research Centre for Polymers, in plastics manufacturing and as a consultant working on plastics recycling, bioplastics and environmental product life cycle projects in Australia and the UK. Prior to joining Health Procurement Victoria (HPV) in 2011 as Sustainable Procurement Officer, Jefferson developed a training program for energy-efficient manufacturing. Jefferson holds a Master of Sustainable Practice from RMIT University and a PhD in Chemistry from the University of Queensland.

PASA

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Aged Care procurement

3rd Annual Aged Care Procurement Conference

Following on from the success of PASA's inaugural Aged Care Procurement Conference in Sydney in September 2015 and subsequent event in Melbourne in May 2016, the March 2017 Conference in Sydney promises to be the biggest and best yet.

PASA will bring together the country's leading Procurement, Financial, Operational and Clinical professionals and Aged Care suppliers addressing the specific challenges of Aged Care Procurement.

REASONS TO ATTEND

- ✓ Deliver Best Value procurement solutions
- ✓ Respond to the challenges of providing greater choice
- ✓ Save time and money through streamlined operations and procurement processes
- ✓ Understand what you are buying and clinical requirements
- ✓ Improve stakeholder engagement
- ✓ Network with potential partners and suppliers
- ✓ Gain insights from Aged Care & Procurement experts
- ✓ Improve contract management of allied health services
- ✓ Minimise risk in procurement to optimise resident safety, operational and financial risk
- ✓ Identify opportunities for strategic sourcing of Aged Care products and services
- ✓ Learn about good procurement practices for continuous improvement
- ✓ Find out about innovative procurement practices and strategic sourcing

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KEY ISSUES COVERED

- ✓ Transforming Aged Care Procurement
- ✓ Supply Chain Efficiencies in Aged Care Procurement
- ✓ The impact of Aged Care reforms on procurement
- ✓ Customer-centric Aged Care Procurement
- ✓ Introducing Category Management in Aged Care
- ✓ Procurement Capability in Aged Care Procurement
- ✓ Stakeholder Engagement in Clinical Procurement
- ✓ Clinical Risk and Financial Risk Management
- ✓ Managing contractors and external service delivery
- ✓ Implementing eProcurement for efficiency and innovation
- ✓ Data analysis for insights and intelligence in procurement
- ✓ Aged Care Accreditation
- ✓ Category Management: Food, Consumables, Medical, Facilities, Capital Investments, ICT, Fleet, Energy, MRO

WHO SHOULD ATTEND

- ✓ Purchasing Officers, Procurement and Supply Managers; Contract and Tender Managers, Fleet Management, Hospitality, Facilities Managers; CFO/Financial Controllers
- ✓ Senior Management, CEO/Boards, Providers from Aged and Home Care, Government
- ✓ Senior Executives, Business Development, Sales/Marketing Managers from suppliers of products and services to the Aged Care sector
- ✓ Advisors, Consultants, Lawyers, business development/sales managers from suppliers of support services to the Aged Care sectors
- ✓ Three tiers of Government involved in Aged Care policy, reform and service delivery

FEATURED SPEAKERS INCLUDE

David Cox
Partner/Head of Operational Strategy
Ansell Strategic

Allison Connell
National Procurement Manager
KinCare

Adeel Ahmed
Head of Operations & Logistics Supply Chain
Alfred Health

Peter Wong
National Procurement Manager Non-Clinical
Little company of Mary Healthcare (Calvary)

Eu-Gene Lau
Procurement Manager
Integratedliving Australia Ltd

Michael Hardgrave
Procurement & Contracts Manager
Goodwin Aged Care

Integrated valve regulator simplifies oxygen therapy

Coregas Integrated Valve Regulator (IVR) conveniently combines cylinder, regulator, flow meter and valve in a robust, lightweight and ready-to-use package. Coregas IVR, accessing medical oxygen quicker, easier and removes the operating costs of external regulators and flow meters. Simply attach your tubing or equipment to the unit and continue caring for your patient.

Features and benefits

Regulator and flow meter are integrated into the valve

- No regulators or flow meters required
- Saves time with no equipment changeovers
- All standard flow settings are provided (1-15 lpm)
- No maintenance costs, as product is maintained by Coregas

Dual oxygen outlets

- Users can attach tubing to the firtree outlet and/or equipment to the D.I.O.
- Simple, versatile functionality makes it convenient to use.

Contents gauge

- Clearly displays gas contents in real time with no need to touch the open/close valve
- High capacity cylinder
- Increased gas capacity of 0.639 m^3 (639 litres) saves time with less cylinder changeovers
- Potentially lower stock holdings
- User-friendly design
- Two ergonomic carry handles
- Tamper proof seal provides quality assurance
- Lightweight cylinder package makes handling easier
- Plastic coating makes it easy to clean
- Staff training in 6 easy steps
- Sleek, professional appearance ensures patient confidence

Specifications

Product code	202178 Gas Medical oxygen
Gas content	0.639 m^3 (~639 litres) at 15°C and 101kPa
Cylinder fill pressure	20 000 kPa at 15°C
Diameter	115 mm
Height	524 mm
Weight (empty)	3.5 kg
Weight (full)	4.4 kg
Outlets – Firtree	Tubing diameter: 6-8 mm
(Therapy tubing connection)	Flow rates: 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 15 lpm
– Diameter index outlet (D.I.O.)	Maximum outlet pressure (g): 400 kPa
Also referred to as sleeve index system (S.I.S)	Flow rates: up to 300 lpm as per AS 2902-2005

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Ethical procurement is everyone's business

Every health and aged-care facility will need to make procurement choices. How should this be done? There are many different factors to be assessed. Here, Professor Angus Dawson and Katherine Moloney suggest that ethical considerations are not always being given sufficient weight in decision-making.

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The medical goods used in Australian hospitals, clinics and aged-care services are fundamental to the delivery of quality care outcomes for patients. It goes almost without saying that the health and safety of patients and staff need to be protected by suitable standards embedded into procurement policies and contracts. But what about the producers? The exploitation of adult and child labour is well documented in the manufacture of many medical essentials — goods as diverse as gloves and gauze, scalpels and staff uniforms. For instance, in Malaysia and Thailand, migrant workers making gloves are subjected to forced labour conditions.[1] In another example, children as young as seven work long hours for little pay making sharp surgical instruments in Pakistan.[2] Just as the wellbeing of patients and staff is protected by mandatory minimum standards for medical goods, so the wellbeing of producers should also be protected.

Several European countries have taken the lead on this by embedding 'social criteria' into procurement contracts. Sweden and the UK are notable examples of countries committed to these initiatives, in both the public and private sectors, to effect positive change for producers. Follow-up studies show significant improvements in working conditions in factories where 'social criteria' are used.[3] We suggest that it is time for Australia to introduce 'social criteria' into medical procurement processes. A good place to start is by simply asking questions about the origins of products and the conditions of the workers producing them.

Australian institutions are in a privileged position and where they are able to do something to improve conditions for medical goods producers they should do so. One obvious objection would be that this may increase product prices. However, from the European experience, the reality is that this process is cost-effective for procurers, because supply chains tend to be shorter, cutting out unnecessary transaction costs. Ethical medical procurement represents a low-cost, low-risk option for procurers.

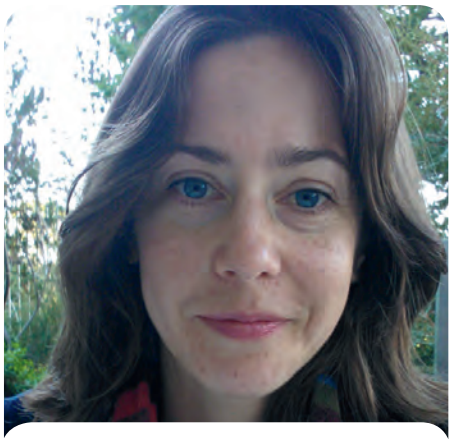
Angus Dawson is Professor of Bioethics and Director of the Centre for Values, Ethics & the Law in Medicine (VELiM) at the University of Sydney. His research focuses on ethical issues in public health and he is particularly interested in how values such as solidarity, trust, equity and community can be understood and used in moral arguments related to health.

"The exploitation of adult and child labour is well documented in the manufacture of many medical essentials..."

It is particularly important that health- and aged-care systems take a lead on this issue. Healthcare providers are the backbone of a caring profession with a long history of commitment to values, often embedded in faith traditions or endorsed by institutional statements. These values protect from harm and provide for the health of individuals and communities. We argue that the health and wellbeing of Australians need not come at the expense of the health and wellbeing of those who make it possible. We call for everyone responsible for procurement decisions in Australia, at institutional, regional, state/territory or federal level, to ensure that relevant supply chains are not just low cost, but ethical.

References:

1. Sonja Vartiala, & Sanna Ristimäki, Caring for hands, not workers: Labour conditions in Siam Sempermed factory, Thailand (Helsinki: Finnwatch, 2014); Sara Gripstrand, & Ellysna Muchlizar, Social Audit (Stockholm: Goodpoint, 2015); Mahmood Bhutta, & Arthy Santhakumar, In good hands: Tackling labour rights concerns in the manufacture of medical gloves (London: BMA, 2016).
2. Haider H. Zaidi et al., Baseline survey report on child labour in surgical instruments manufacturing industry Sialkot (Lahore: AKIDA Management Consultants, 2004); Mahmood F. Bhutta, 'Fair trade for surgical instruments' *BMJ* 333 (2006): 297-9; Kristina Bjurling, The dark side of healthcare: A report about Swedish county councils' procurement of goods from India and Pakistan (Stockholm: SwedWatch, 2007).
3. Théo Jaekel, & Arthy Santhakuma, Healthier Procurement: Improvements to working conditions for surgical instrument manufacture in Pakistan (Stockholm: SwedWatch, 2015).



Katherine Moloney is the Chair of the Healthy Supply Chains Initiative. She has undertaken research, policy development and change management for the United Nations, civil society and academic institutions. Her doctoral thesis focuses on human rights due diligence in global medical goods supply chains.

Solutions that fit

From a brand you can trust and one that your staff, patients and visitors know and love, Nestlé Professional has a beverage solution to fit. Technologically advanced, easy to use, operate and clean, our range of beverage systems are perfectly designed to deliver for staff rooms, visitor waiting areas and wards. As your trusted partner in healthcare, we can offer customer solutions tailored for your specific needs, to meet the demands of hospital and aged care environments.

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- Aged Care Procurement Conference, 29th & 30th March 2017, Rosehill Gardens, Sydney

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Moffat reputation in the Healthcare market has been well earned. The Company's success in this market sector has come about due to the focus this market receives. Moffat has a healthcare division made up of a dedicated team of people experienced in the logistic challenges and day to day operations within this sector. Their brief is to supply what the customer needs and wants and to support that customer after the sale and beyond.

This personal focus when matched to a stable of traditional and innovative products affords the customer a diverse choice of meal delivery systems and operational procedures from:

- Hospital tray assembly systems - traditional belt lines to smaller assembly stations using single individual operators in an ergonomic model called Blean.
- Traditional passive meal temperature maintenance systems from Aladdin Temp-Rite, such as insulated tray ware and plate covers.
- New active temperature maintenance options for both individual meals such as Heat on Demand and ready Chill from Aladdin Temp-Rite, to bulk (multi portion) food temperature retention for both hot and cold foods from SDX Thermobox.
- Meal delivery equipment for the Cook-Serve, Cook-Chill or Cook-Freeze operator. From single tray systems to multiportion trolleys with on board technology that records all operational events and can offer semi automation such as automatic turn on and program activation, from Burlodge.

Our Brands:

Aladdin Temp-Rite

A leader in the international market place for over 30 years Aladdin Temp-Rite and Moffat have built a strong reputation in being able to offer solutions for meal delivery and presentation. Aladdin has developed solutions for every food service application. And with a strong concentration on research and development is able to keep pace with the industry ever changing demands. The latest offering from Aladdin is the new Heat on Demand plate base activator: a 10 Kilowatt induction activator that can heat the special base in 12 seconds. This base when used in conjunction with the insulated plate cover can maintain the hot food portions for in excess of one hour, couple this with the Aladdin Ready-Chill base and cover and cold food can be maintained as well on the same tray.

While getting a hot and cold presentable meal is paramount we need to also address the issues associated with meal assembly and equipment storage, these issues can also be addressed with the Aladdin Supply solutions range of equipment. Items such as Bain Marie, cold wells, air curtain refrigerators, plating line conveyors, starter stations as well as tray, bowl, plate and plate cover storage equipment.

For the full range of Aladdin Temp-Rite solutions visit **www.moffat.com.au/brands/aladdin-temp-rite**

Burlodge

An international manufacturer that specialises in meal delivery equipment for: Hospitals, Prisons, aged care facilities and schools. With reputation for innovation, development, service and operational support.

The Moffat-Burlodge reputation is well established here in Australia. The key is the versatility of the equipment which can satisfy the needs of the Cook-Serve, Cook –Chill or Cook-Freeze operator. The equipment is built to give value for money over the long term and is constantly being improved via the heavy investment the company has in research and development. It is this very investment that enables us to be the number one meal delivery equipment brand in Australia.

With several different models for tray service and multi portion (bulk) meal delivery, finding the best fit for the customer needs is made easier with very little compromise. From large hospital delivery systems that are AGV (Automatic guided vehicles) compatible to the smaller multi-purpose aged care centres we are able to offer value in both the equipment and support.

For more information and the full range of products go to: **www.moffat.com.au/brands/burlodge**

SDX Thermobox

A Swedish manufacturer that specialises in equipment for temperature retention of food both hot and cold in mobile trolleys. Simplicity is the foundation of this company's success. The Moffat-SDX Thermobox has again been a successful partnership and delivers uncomplicated solution for food transport for both large and small facilities alike. From Meals On Wheels transport boxes to Major banquet carts used by the Hotel industry the SDX offering can contribute to our customers food transport and safety requirement.

Simple one touch controls with digital temperature display, the seamless internal stainless steel pressed tray guides allows cleaning to be as uncomplicated as possible. With CFC free foam injected insulation and solid base frame this product is built to last.

As with all the Moffat brands research and development play a key role in our ability to keep pace with the industry requirement, and SDX is no exception, we can if required have tailor made transport boxes manufactured to meet a specific need. Which is not as uncommon as one might think, we often have requests for specific configurations to address a particular logistic challenge.

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SHPA's view on the **future of pharmacy remuneration and regulation**

Kristin Michaels, CEO of The Society of Hospital Pharmacists of Australia

Written into the Sixth Community Pharmacy Agreement (6CPA) after calls from many stakeholders, the Review of Pharmacy Remuneration and Regulation is the largest and most wide-ranging review any government has attempted in the 26-year history of the bilateral Community Pharmacy Agreements between the federal government and the Pharmacy Guild of Australia.

SHPA Federal President Professor Michael Dooley and I had the pleasure of meeting the Review Panel, led by Professor Stephen King, and showcasing the innovative services and high-quality care that hospital pharmacists provide to patients in both acute and ambulatory settings across Australia.

Kristin Michaels is the Chief Executive Officer of The Society of Hospital Pharmacists of Australia, with a keen interest and experience in health system design. She is a seasoned Board Director in both the primary, acute and aged-care sectors. Kristin holds qualifications in Arts, Organisational Leadership, Governance and Health Service Management. She is a Fellow of the Australian Institute of Company Directors and is accredited as an International Partnership Broker.

Federal Health Minister Sussan Ley has stated repeatedly that the federal government's primary goal is purchasing health outcomes for all Australians and ensuring that 'every dollar spent on health lands as close to the patient as possible'. SHPA supports this goal and our primary recommendation made to the King Review was that funding for services provided by pharmacists should focus on the achievement of good health outcomes for patients, rather than simply funding the processes. SHPA believes this change in focus is imperative to support Australia's ageing population and growing incidence of chronic disease.

With a range of settings currently offering professional pharmacy services, SHPA does not agree that all pharmacists are 'medicine specialists' as was stated in the Review of Pharmacy Remuneration and Regulation. Rather, SHPA believes that pharmacists working in a range of settings, including hospitals, community pharmacies and general practices, achieve expertise in medicines post registration through professional experience and advanced training, preferably recognised with relevant credentialing.

Whilst not as numerous as pharmacists working in community pharmacy, SHPA members operate at the highest levels of pharmacy and healthcare, and represent the greatest expertise in the design and development of professional pharmacy services to support positive patient health outcomes in hospitals, where over 20% of the PBS expenditure is incurred.

Many government-funded clinical pharmacy services today, such as the Home Medicines Review program, have been scaled from hospital-led innovations. This continues with evolving services such as smoking cessation clinics, anticoagulation clinics and opioid de-escalation clinics in the outpatient setting.

SHPA has always believed that a single funder for all medicines, regardless of the patient setting, would be optimal. Anyone who has spent a week in a hospital pharmacy department will appreciate the complexity of the multiple funding programs and associated rules necessary to access Commonwealth subsidised medicines.

Outside of the PBS, hospitals also have their own formulary, Individual Patient Usage drugs for advanced and complex conditions, Special Access Scheme drugs for therapies not available in Australia, and the list goes on. The more time spent on bureaucracy means less time afforded to deliver patient-centred care and cognitive pharmacy services to achieve improved health outcomes for all Australians.

'Deprescribing' and rationalising medicines have entered the pharmacy vernacular in recent years as the evidence continues to mount; however, the current remuneration model for pharmacy services is not conducive to embracing contemporary practice.

That is why SHPA has also called for the separation of remuneration for the supply of a medicine and professional pharmacy services. The funding model for professional pharmacy services must accurately reflect contemporary pharmacy care and the needs of patients and consumers.

It is only through the implementation of a new paradigm of pharmacy that we can improve the quality use of medicines, and make inroads into the 230,000 medicines related hospital admissions each year.

"Anyone who has spent a week in a hospital pharmacy department will appreciate the complexity of the multiple funding programs ..."

Evidence-based training helps meet IPC targets

Within the healthcare sector there is growing pressure to reduce the rates of Health Care Associated Infections (HCAI).Infection Prevention and Control (IPC) teams have increasingly stringent targets to aim for with tighter budgets and larger penalties in place if they fail.

Public scrutiny and media coverage on hospital cleanliness is consistently growing, placing additional pressure on IPC teams. What can an IPC team do in 2017 to address these concerns and hit their targets?

It is accepted practice that improved infection control practices, such as good hand hygiene, routine cleaning and disinfection of surfaces, can help break the chain of transmission and therefore reduce HCAI rates.[1,2,3]

There have been many initiatives from both the Government and individual Trusts that target hand hygiene, however compliance and product effectiveness can vary. Environmental surfaces can serve as a reservoir for microorganisms, which can be transferred to the hands of healthcare workers, visitors and patients. Good environmental cleaning practices help to reduce bacterial load, preventing the cross transmission of potentially harmful microorganisms. Studies have shown the positive impact of effective environmental cleaning on reducing the bioburden of MRSA, C. difficile and norovirus.[1,2,3,4,5,6,7,8]

In many Health Services there is a confusing division of labour and responsibility between nursing and cleaning staff regarding environmental cleaning, with some equipment being missed altogether from the cleaning schedule and some items, such as beds having a shared responsibility. Over 70% of the most common patient touch points are not effectively cleaned. [9,10,11]

Clinical equipment should be cleaned after each use, placing the responsibility of cleanliness on medical staff. However, according to a Nursing Times, 75% of nurses had not received adequate training in environmental cleaning and only 16% of senior doctors received any training at all. A recent internet-based survey of 98 nurses confirmed that nurses were regularly expected to clean, yet two-thirds of respondents had no formal training in cleaning a commode, mattress or the general hospital environment. [7,12,13]

Reducing HCAIs

Education and training are proven to reduce HCAIs. It doesn't matter how powerful the disinfectant or how effective the delivery mechanism is, it will never achieve its stated claims if it is not used correctly due to insufficient understanding and training. An accessible, comprehensive and universal training scheme should be available to all staff. This should cover the basic tenets of infection control, such as why cleaning is important; how to clean in the most efficient manner; transference and high touch points. Easy-to-understand videos and step-by-step diagrams on the most effective way to clean surfaces and equipment within the healthcare environment would be an invaluable tool for all staff. [14,15]

Infection Control teams are required to create reports on training interventions and results, these can be time consuming and complicated. The ability to monitor and measure results and then generate comprehensive reports should be intrinsic within a new media based delivery system simplifying the whole process.

Studies have shown that monitoring cleaning efficacy has a positive impact on the thoroughness and level of cleaning that is attained. Ultra Violet marking is a common and cost-efficient solution to assist with monitoring and training good environmental cleaning practices. [16]

GAMA Healthcare, the manufacturer of Clinell (the leading supplier of infection control products to the NHS), invited over 20 senior Infection Prevention and Control professionals, including several past and present members of the IPS board, to join an advisory board. The board was tasked with creating the most flexible and accessible training package for the UK. Their advice, experience and research undertaken on over 130 of the most up-to-date and relevant journals and studies have enabled GAMA to create a package outlining a practical and scientific approach to effective cleaning practices within a healthcare setting. The resulting training package cost over £350,000 to develop, took nearly two years to produce, and is widely considered the most comprehensive educational guide to environmental cleaning available to healthcare professionals.

Training Application

Delivered primarily on a 10in Android powered tablet, the Clinell Training Application is both accessible and enjoyable. Featuring fun and engaging games which help to emphasise key learning points and measure understanding. The application is designed to be used individually, in a small or large group and to assist staff in performing bespoke ward-based training. The videos and instructional diagram sheets explain simply and clearly the most effective way to reduce microorganisms on the most common items found within a hospital.

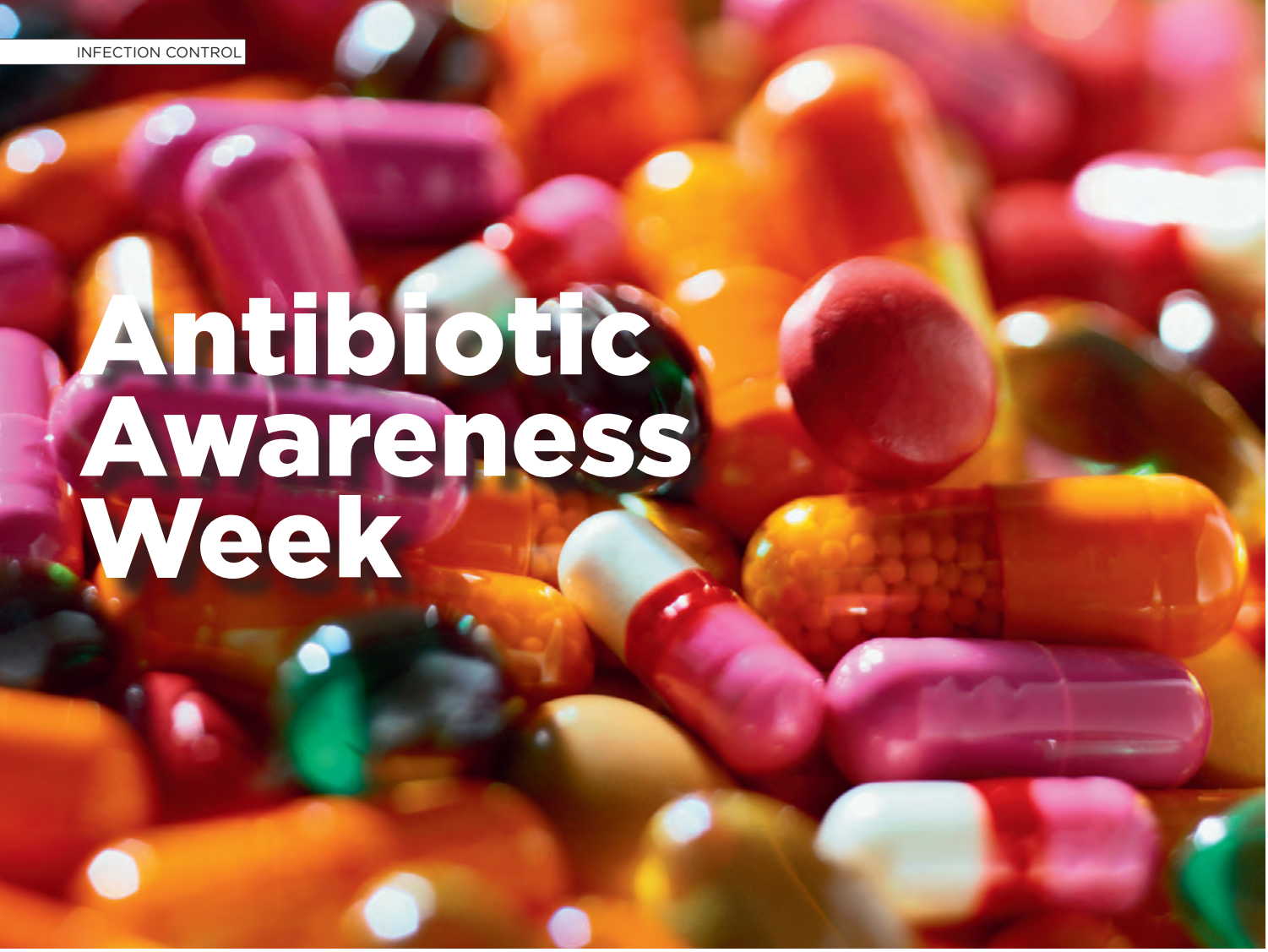
Included within the Clinell Training Package is the UV Torch Kit: One UV torch, water-soluble UV pens, UV powder and evidence based guidance booklet on where best to mark ward rooms and bathrooms, making monitoring simple and effective.

Resources:

1. Otter et al. Am J Infect Control. 2013 May;41(5 Suppl):S6-11. doi: 10.1016/j.ajic.2012.12.004.
2. Weber et al. Curr Opin Infect Dis. 2013 Aug;26(4):338-44. doi: 10.1097/QCO.0b013e3283630f04.
3. Rutala et al. Am J Infect Control. 2013 May;41(5 Suppl):S36-41. doi: 10.1016/j.ajic.2012.11.006.
4. Messina et al. Eur J Public Health (2013) 23 (suppl 1): doi: 10.1093/eurpub/ckt126.342
5. Kundrapu et al. Infect Control Hosp Epidemiol. 2014 Feb;35(2)
6. Plipat et al. BMC Infect Dis. 2013 Dec 17;13:595. doi: 10.1186/1471-2334-13-595.
7. Sitzlar et al. Infect Control Hosp Epidemiol. 2013 May;34(5):459-65. doi: 10.1086/670217.
8. Guerrero et al. Am J Infect Control. 2012 Aug;40(6):556-8. doi: 10.1016/j.ajic.2011.08.002. Epub 2011 Oct 7.
9. Dancer, S. 2011. European journal of clinical microbiology & infectious diseases, 30, 1473-1481.
10. National Patient Safety Agency 2007. In: NPSA (ed.). London.

INFECTION CONTROL

FEATURE



Antibiotic Awareness Week

International action to tackle the growing challenge of resistance to antibiotics and other antimicrobial medicines was endorsed by the World Health Organization (WHO) in May 2015, and through the United Nations Declaration (September 2016). The Australian Government released Australia's First National Antimicrobial Resistance Strategy in 2015, which highlights the importance of education and awareness-raising as one of seven key objectives. This was supported most recently by the release of the AMR Implementation Plan.

To continue to raise awareness of antimicrobial resistance and strategies to prevent and contain antimicrobial resistance, Australia has conducted the annual Antibiotic Awareness Week each November, since 2012. Antibiotic Awareness Week highlights the importance of using antibiotics responsibly, and educates individuals about actions that can be taken to ensure responsible antibiotic prescribing and use.

In 2016, Antibiotic Awareness Week took place from 14–20 November and marked the fifth national campaign in Australia. The campaign supported the objectives of the First National Antimicrobial Resistance Strategy, and was consistent with objectives outlined in the WHO Global Action Plan.

An international approach to Antibiotic Awareness Week underscores the global nature of the campaign, and the recognition that the widest possible audience needs to be engaged — across health professionals and the public — if it is to have the best chance of success.

The Australian Commission on Safety and Quality in Health Care (the Commission) has coordinated Antibiotic Awareness Week across Australia in collaboration with supporting organisations including NPS MedicineWise, the Australian Department of Health, state and territory health departments, the Department of Agriculture and Water Resources, and the Australian Veterinary Association. Other key partners for AAW are the Australasian Society for Infectious Diseases, the Australian Society for Antimicrobials, the Australasian College for Infection Prevention and Control and the Society of Hospital Pharmacists Australia.

Antibiotic Awareness Week also supports the 'One Health' approach and recognises the importance of coordination across human health, animal health and agriculture to achieve improved antibiotic use across all sectors where antibiotics are used.

The Commission's National Safety and Quality Health Service (NSQHS) Standards are mandatory for all public and private hospitals and day procedure services in Australia. NSQHS Standard 3, Preventing and Controlling Healthcare Associated Infection, requires that all healthcare services have an antimicrobial stewardship program in place and monitor antimicrobial use and resistance. Antimicrobial stewardship programs aim to reduce inappropriate antimicrobial use, improve patient outcomes and reduce adverse consequences of antimicrobial use. During Antibiotic Awareness Week hospitals and health services promoted local antimicrobial stewardship strategies, resources and program outcomes relevant to antimicrobial stewardship in NSQHS Standard 3.

Participating in activities during Antibiotic Awareness Week can help focus clinicians' awareness on local patterns of antimicrobial resistance and use. Antibiotic Awareness Week also promoted safe and appropriate

The Commission's activities in relation to Antibiotic Awareness Week 2016 incorporated:

- A campaign for hospital-based prescribers and clinicians, including a poster, pocket card, slides and a quiz.
- Leading coordination of the national One Health campaign, bringing together representatives from animal health, agriculture and human health to form a working group and promote consistent messages.
- Participation in national and international social media activities.

prescribing by adopting the Commission's Antimicrobial Stewardship Clinical Care Standard, which aims to ensure that a patient with a bacterial infection receives optimal treatment with antibiotics. A range of resources is available on the Commission's website to support the use of the Clinical Care Standard in practice, including clinician and patient information sheets.

Since the first Antibiotic Awareness Week campaign began, a growing number of hospitals and health service organisations including aged-care facilities and day procedure services have participated in a range of ways such as through:

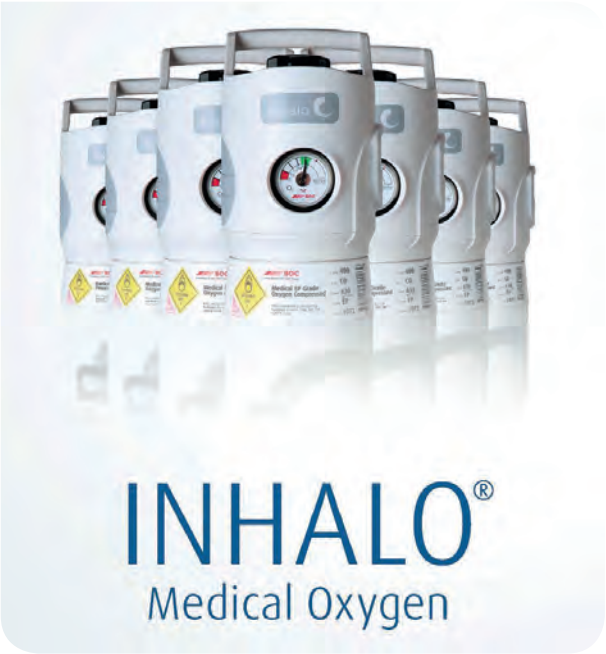
- foyer displays
- mobile trolley displays
- photo card campaigns
- grand rounds presentations
- local quiz competitions.

The number of hospitals participating in the National Antimicrobial Prescribing Survey (NAPS — conducted by the National Centre for Antimicrobial Stewardship) and the National Antimicrobial Use Surveillance Program (conducted by SA Health), as part of the Commission's Antimicrobial Use and Resistance in Australia Surveillance System, continues to increase. These activities support strong antimicrobial stewardship programs at the hospital level. NAPS enables health service organisations to receive feedback on patterns and quality of prescribing. Importantly, hospital executive and clinical leaders have endorsed Antibiotic Awareness Week and supported staff to run local events and campaigns. Such leadership demonstrates that safe and appropriate antimicrobial prescribing is an important patient safety issue.

ACIPC Australasian College for Infection Prevention and Control
NPS MEDICINEWISE
Australian Society for Antimicrobials
Australasian Society for Infectious Diseases
shpa

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

» To find out more about Antibiotic Awareness Week, visit **www.safetyandquality.gov.au/aaw**.



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Designed in consultation with healthcare professionals, the revolutionary INHALO® design integrates cylinder, valve, regulator and flowmeter into a single, robust, lightweight and reliable unit.

The INHALO® features a high volume gas package which is light, easy to use and versatile. It eliminates the need for regulators, and with its plug-and-go functionality will make cylinder changeovers quicker, safer and easier – allowing you to concentrate on patient care.

BOC was the first company to develop and introduce the integrated valve cylinder to the healthcare sector. Its popularity has gone from strength to strength as customers have discovered how more efficient and convenient it is to use. These lightweight, ready-to-use cylinders have a built in pressure regulator, easy on/off handwheel and integral flow selector.

It is designed to make cylinder operation and the task of medical oxygen administration easier for healthcare staff, as there is no need to attach a regulator. With a wide range of flow settings, you can accurately select the treatment to meet the patient's prescription. With the integrated valve cylinder, you get constant outlet pressure and flow settings to match your requirements. The cylinder has a "live" contents gauge, giving you a clear indication of contents at all times, even when the cylinder is turned off. The INHALO® is constructed from lightweight materials, making it easier and safer to handle than conventional cylinders. Using a medical oxygen integrated valve cylinder, ensures that therapy can be started right away, without any complex set-up or unnecessary manual handling for the operator.

Integral valve

- Integrated valve/regulator/flowmeter
- Enables simple multi-functional use and eliminates the need for external regulators and flow meters
- Enables easier, safer and faster cylinder changeovers saving precious time
- Inhalo is completely maintained by BOC saving you costly equipment inventory & maintenance
- A wide selection of accurate flow settings (1-15 lpm) provides for a wide range of oxygen therapies

Live contents gauge

- Easy to read gauge instantly provides a clear indication of gas level at all times
- Prevents waste as cylinder doesn't need to be opened to determine contents

Design

- Ergonomic carry handle is designed to provide a balanced and safe carry point
- Robust design ensures a secure supply of oxygen
- Fibre-wrapped cylinder provides high capacity but light weight making handling easy
- Tamper evident seal provides assurance of quality and safety
- Ease of use simplifies training

High capacity package

- The high gas capacity (630 litres) of the INHALO means less cylinder changes saving you time
- With significantly more gas than a standard C sized cylinder the INHALO saves you space, and cost on stock holdings and delivery

Multiple oxygen outlets

- The 'plug & go' functionality make the INHALO versatile & easy to use
- Allows multiple therapies from the same cylinder, e.g. oxygen supply &/or suction device (from DIO connection)
- The multiple outlets mean the INHALO acts like a cylinder & a wall outlet at the same time

Appearance

- The INHALO has a smart, clinical look that reassures patients and enhances compliance
- Clear plastic finish allows easy cleaning and provides for better hygiene

Registration

- Medical device, AUST R 135358, 187646
- Medical oxygen AUST R 34468

Inhalo specifications

Gas code	400CD
Gas type	Medical Oxygen E.P. Grade
Gas volume	630 litres
Empty weight	3.5 kg
Full weight	4.4 kg
Height	555mm
Diameter	105mm
Outlets	400 kPa outlet pressure (g)
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#WeAreHealthInformatics

A shout out to Australia's digital health champions

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A new online campaign has been launched to build the profile of health informatics and encourage more health-ICT professionals and clinicians to stand up and be recognised for their contribution.

WeAreHealthInformatics.com brings together digital health professionals from across Australia who are going public to talk about their roles and their contribution to healthcare.

Some digital health clinicians and executives in the campaign are well known — they include Dr Monica Trujillo from the Australian Digital Health Agency; Ann Maree Liddy, CEO of CheckUp Australia; and Dr Martin Seneviratne, Resident Medical Officer at Royal Prince Alfred Hospital, who represents the new wave of young informaticians making their mark.

Health Informatics Society of Australia (HISA) CEO Dr Louise Schaper, who launched the campaign, said, "We are showing the depth of contribution health informaticians make every day and their vital role in the fabric of the future health system.

"It's important to show the relevance of the day-to-day jobs our members are doing," she said. "So our featured health informaticians agreed to be part of a photo shoot and make it real by bringing their jobs to life with plain English.

"One of our goals for the campaign is for new health professionals to get involved with health informatics sooner in their career.

"Australia continues to lag behind both the US and the UK in health informatics education, recognition and research," she said. "We may be continuing to make investments in digital health projects but we are not investing in building the digital health capability of the health workforce, so there are not enough clinicians with a strong grasp of health informatics."

Dr Schaper said HISA is strongly focused on three key areas of health workforce development:

- Credentialing and career paths for health informatics professionals.
- Building digital health knowledge and skills generally in the clinical workforce.
- Building leadership at the C-Suite level through a network of Chief Clinical Information Officers.

What you can do to learn more now

Join HISA! Membership is open to anyone interested or working in the field — visit www.hisa.org.au to become a member and start building a digital health career.


Dr Monica Trujillo from the Australian Digital Health Agency.

Ann Maree Liddy, Chief Executive Officer, CheckUP Australia.

Dr Martin Seneviratne, Resident Medical Officer at Royal Prince Alfred Hospital.

Dr Schaper said there are also currently two career-based initiatives which clinicians and healthcare professionals should consider:

1. A newly launched HISA-approved online training academy offering self-paced modules in digital health — more information at www.digitalhealthworkforce.com.
2. The Certified Health Informatician Australia program (CHIA), Australia's industry standard for independent recognition of digital health skills and knowledge — more information at www.chia.org.au.

Dr Schaper said more clinicians are starting to realise digital health is going to impact every aspect of their working life.

"Our message to clinicians and health service workers is that your success in the future depends on how quickly and effectively you can adapt in the rapidly changing digital health environment," she said.

"Clinicians, patients and our complex health system can benefit from well-designed, interoperable digital health technology, but to realise this, we need more clinicians with a sound understanding of health informatics," she said.

Dr Schaper explained, "The online training we offer is fully aligned to CHIA competencies and is suited to clinicians, ICT professionals and managers who want to continue their professional development and eventually become a certified health informatician (CHIA)."

As leader of Australia's peak professional organisation for digital health, Dr Louise Schaper is a renowned advocate for the transformation of healthcare through technology and information. With her passion for innovation and commitment to entrepreneurship, she has achieved a global reputation in the rapidly evolving field of health informatics. Louise sits on the Advisory Board for the Stanford Medicine X conference, is a National E-Health Transition Authority Clinical Leader, previously chaired the E-Health International Advisory Group of the World Federation of Occupational Therapists and is a graduate of Stanford University's Executive Leadership Program.

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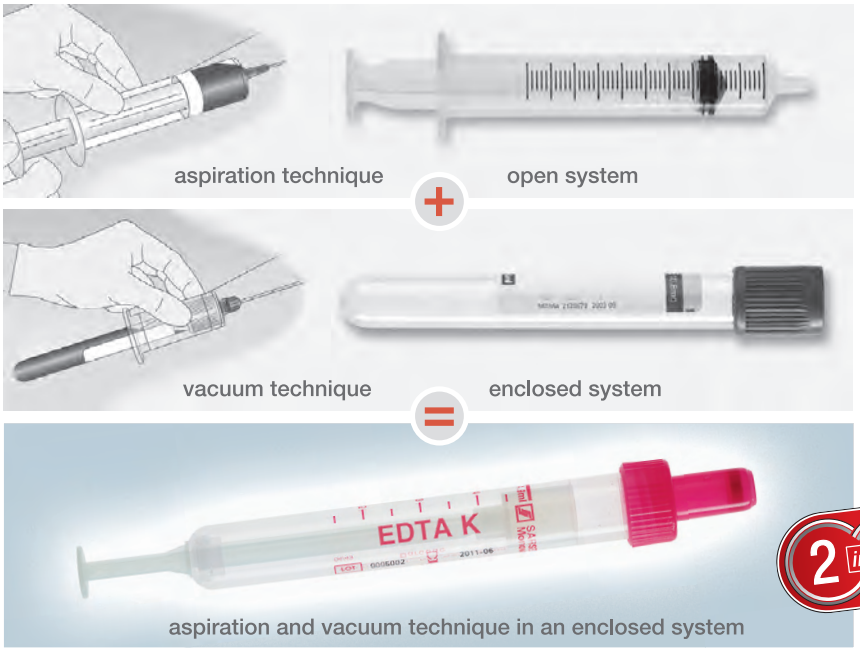

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New national standard to improve hip fracture care

Patients with hip fracture should receive surgery within 48 hours of arriving at hospital and start moving around the day after surgery, if possible, according to a new care standard launched by the Australian Commission on Safety and Quality in Health Care (the Commission).

The Hip Fracture Care Clinical Care Standard supports high-quality care for patients with a confirmed or suspected hip fracture, and has been released by the Commission, in collaboration with the Health Quality & Safety Commission New Zealand.

The standard applies to patients over 50 with a real or suspected hip fracture, or for people under 50 who have a real or suspected hip fracture due to osteoporosis or osteopenia, starting from the time they arrive at hospital until they are discharged.

Hip fractures are more common in older people, and with Australia's large ageing population, will place an increasing burden on the health system.

In Australia, an estimated 19,000 people over the age of 50 are hospitalised each year with a hip fracture, often after falls. Hip fractures can be potentially devastating injuries and can cause severe pain, loss of independence and disability, and result in death.

The total direct cost in Australia of hip fracture linked to osteoporosis and osteopenia in people aged 50 and over has been estimated at $695 million in 2012, most of which is in hospital care.

The Chair of the Commission Board, Professor Villis Marshall, said, "Not all patients with a hip fracture are receiving best practice care. Time to surgery, pain management and minimising risk of another fracture are all areas that can be improved.

"The Hip Fracture Care Clinical Care Standard recommends that patients receive surgery within 48 hours of presentation, if necessary, and be offered a falls and bone health assessment and a tailored care plan to reduce the risk of another fracture," he said.

Evidence from one Australian study showed wide variation between hospitals in the time that hip fracture patients wait for surgery. The percentage of patients who received surgery within 48 hours ranged from 40% to 83% between hospitals. The new standard acknowledges that the 48-hour time frame may not be feasible for some rural hospitals, and this may require them to build networks with other facilities to help patients receive timely care.

"Not all patients with a hip fracture are receiving best practice care."

Research also shows that variation in the time that hip fracture patients wait for pain relief could be improved, with time to analgesia in the emergency department ranging from a median of 43 to 115 minutes between states.

Experience in the United Kingdom, where a similar hip fracture standard was introduced in 2007, shows a significant reduction in 30-day mortality rates and an increase in early surgery rates from 54.5% to 71.3%, within four years.

The new standard is accompanied by a set of indicators, also developed by the Commission, which hospitals and health services can use to measure variation from best practice and achieve improvements in health outcomes.

The Commission has been working with the Australian and New Zealand Hip Fracture Registry, which collects information on hip fracture care and which hospitals and clinicians can use as a tool to review their practice against the indicators and, by extension, the standard.

The Co-Chair of the Australian and New Zealand Hip Fracture Registry, Professor Jacqueline Close, said, "Lives can be dramatically improved by applying best practice principles and through timely, coordinated care that considers the ongoing needs of each patient."

Professor Marshall welcomed the release of the Australian and New Zealand Hip Fracture Registry's first Annual Report into care of patients in Australia and New Zealand.

"The Registry plays a vital role in improving data collection on hip fracture care. Through data collection and feedback, it aims to reduce mortality, rates of complications, treatment delays, and maximise outcomes for older people after a fractured hip," said Professor Marshall.

FAST FACTS

The new Hip Fracture Care Clinical Standard from the Commission applies to:

- Patients over 50 with a hip fracture or suspected hip fracture.
- Patients under 50 with a real or suspected hip fracture due to osteoporosis or osteopenia.

The Hip Fracture Care Clinical Care Standard can be downloaded via www.safetyandquality.gov.au/ccs

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

HIP FRACTURE CARE

A hip fracture is a break at the top of the thigh bone (femur), near the pelvis.

Estimated number of patients aged 50+ that are hospitalised for hip fracture each year:

19 000 Australia

3500 New Zealand

Hip fractures are expected to increase

people over 65

Most hip fractures occur in people aged over 65. This will increase with an ageing population.

Despite well-developed treatment guidelines, there is much variation in care.

Right care, right time, right place

The Hip Fracture Care Clinical Care Standard relates to the care that patients with a suspected hip fracture should be offered from presentation to hospital through to completion of treatment in hospital. This care should involve:

48hr

Surgery within 48 hours of arriving at hospital, if appropriate.

Patients getting back on their feet within a day if possible.

Timely assessment and treatment of pain and medical conditions.

Coordinated orthopaedic and geriatric services.

A care plan outlining ongoing treatment and ways to prevent more fractures.

Clinical Care Standards

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PATIENT SAFETY

FEATURE

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Human factors

Shining a light on patient safety

Professor Jane Reid, Human Factors Researcher and Nurse Advisor

As a trusted healthcare practitioner or provider — whether a nurse, surgeon or administrator — our patients' safety is our professional responsibility. Healthcare and hospital staff must understand their working environment and report when either care or the environment falls short, especially when patients are at risk of harm or of a poor quality experience. In many instances, this will require 'speaking up' to management or colleagues.

Tips to help minimise the risk of healthcare acquired infection:

- Ensure you have the right procedure and facilities in place for your healthcare setting.
- Get the right up-to-date training for the procedures that keep everyone safe.
- Understand all the reasons behind why each procedure must be performed to keep everyone safe.
- Lead by example and encourage others' adherence to procedures.
- Speak up and suggest changes if a procedure is difficult to adhere to or if you can see anything can be done better and create an environment where others feel comfortable to speak up. This will not only be helpful for you, but may benefit the entire team or premises.

This is where the science of Human Factors and Ergonomics can contribute, by shining a light on systems and processes that are lacking or where the culture of an organisation is not conducive to staff reporting and speaking up about areas of concern. People might instinctively know what the right thing is to do, but whether they actually do the right thing or report when the system isn't working is another matter — we have to get to a place where a just culture is the dominant feature of our health systems and organisations, to enable staff to do so.

Human factors encompass all those factors that can influence people and their behaviour. In a work context, human factors are the environmental, organisational and job factors, as well as individual characteristics, which influence behaviour at work. When we overlay Human Factors principles with infection prevention and control in a healthcare setting, it offers some interesting insights and considerations.

Infections acquired in healthcare settings are the most frequent adverse events in healthcare delivery worldwide[1]. According to the National Health and Medical Research council (NHMRC), there are around 200,000 healthcare associated infections in Australian acute healthcare facilities each year[2]. When this figure is combined with the estimate that the extended stay due to a surgical site infection is between 3.5 and 23 hospital bed days, depending on the type of infection[3], we can see the strain on healthcare resources and the obvious inconvenience for patients and families.

Infections can have serious consequences, especially for the most vulnerable patients. Infections can result in surgical wounds not healing, complications with cannulas, and respiratory and urinary tract infections[4]. What surprises most people is that at least half of healthcare associated infections are preventable[3].

Although Human Factors is about minimising risk (including infections) and mistakes, the science also invites us to recognise that error is normal due to human fallibility and suboptimally designed systems. Resilience and damage limitation in healthcare requires we acknowledge that there will never be a day when we can rule out the possibility of human error or of infections occurring. The best we can do is optimise our processes, check points and ensure we have optimal patient and staff education in place to limit occurrences and impact.

A hospital could adopt best-in-class procedures for infection prevention but if the people involved do not adhere to them, prevention often doesn't work. If the system allows for violations and errors, then infections will undoubtedly occur. For example, how do you practise hand hygiene? What about your colleagues? When did you last make a call on something you were concerned about? Peer review and constructive criticism in the workplace are essential markers for quality if we are to hold the line on essential standards.

We need to get to a place where there is

a commitment to a 'safety culture', where each and every staff member understands the importance of safety procedures, and aims for excellence — after all, the current preoccupation with compliance is really just at the bar — compliance is simply about being good enough! We all want excellence versus compliance for those we love and cherish and I believe we have an obligation to address the lottery of variation in quality and patient experience and strive to deliver excellence for those who are in our charge.

What does the future hold? I firmly believe that the way forward is to have infection prevention experts and human factor experts at the same table, working together to build, implement and evaluate infection prevention systems. Healthcare needs to learn from other safety critical industries and focus on how we can 'make it easy to do the right thing, and hard to do the wrong thing' for patient care[5]. This is a great place to start the conversation within your own hospital or healthcare facility.

References

1. World Health Organisation. 2016. Health care-associated infections FACT SHEET. [Online] Available at: http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf [Accessed 5 October 2016]
2. National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra: NHMRC, 2010:260.
3. Australian Commission on Safety and Quality in Health Care, 2012. NSQHS Standards fact sheet – Standard 3: Preventing and controlling healthcare associated infections. [Online] Available at: http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/NSQHS-Standards-Fact-Sheet-Standard-3.pdf [Accessed 25 July 2016].
4. Spelman, D. W., 2002. Hospital Aquired Infections. *Medical Journal of Australia*, 176(6), pp. 286-291.
5. Flin R, Winter J, Sarac C, Raduma M. Human Factors in Patient Safety Review of Topics and Tools: Report for Methods and Measures Working Group of WHO Patient Safety. World Health Organization, 2009. [Online] Available at: www.who.int/patientsafety/research/methods_measures/human_factors/human_factors_review.pdf [Accessed 5 October 2016]

Professor Jane Reid is an Independent Consultant and Researcher with Queen Mary Hospital, London, NED NHS and visiting professor with Brighton University. Professor Reid's experience includes nurse advisor to the WHO and NPSA for the WHO Checklist. Her advocacy role with the Clinical Human Factors Group involves education and regulation for the DH Reference Group. Professor Reid is Engagement Lead with the National Quality Board, UK.

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Feed hygiene

Ensuring food safety when there's no food in sight

Dr Suzie Ferrie

Compared with the rest of us, hospital patients are at a higher risk of foodborne illnesses, which means food safety is extremely important. This also applies to patients who are getting all of their nutrition through a tube. Advanced Accredited Practising Dietitian Dr Suzie Ferrie highlights key aspects of safe tube feeding and some of the possible pitfalls.

Tube feeding can be used for many different reasons. Patients who are unconscious in the ICU may have a breathing tube preventing them from eating. People with swallowing problems or facial trauma may be unable to eat an oral diet without significant risk. Long-term residents of rehabilitation or aged-care facilities may be eating an oral diet but require supplemental tube feeding to achieve adequate intake to meet their needs. All of these people have in common their reliance on tube feeding for their nutrition, and an increased need for careful food hygiene.

Most people know the basics of food safety: wash your hands, utensils and dishes properly, store food safely and throw it away when it expires, keep food at a safe temperature (keep hot food hot and cold food cold), be aware of sources of potential contamination. Tube feeding may look a bit different — for example, the formula might be hanging at room temperature for a few hours, something we don't see with most foods — but the principles are actually quite similar.

Wash your hands, utensils and dishes

Before you open or prepare tube feed formula, wash your hands properly, and make sure any measuring jugs or mixing containers are clean. If the formula comes in a can, wipe the lid and rim of the can with an alcohol swab before you open it. Follow the World Health Organisation's 'Five Moments of Hand Hygiene' before you connect or disconnect the giving set or flush the feeding tube.

Store food (feed) safely and throw it away when it expires

Closed-system formula can be kept at room temperature but should be in a cool dark place such as a clean cupboard. Prepared formula, or opened containers, should be refrigerated promptly (check the fridge maintains the correct temperature) and thrown away after 24 hours.

"To unblock a feeding tube, the widespread use of cola beverages continues but it is not an evidence-based strategy."

FAST FACTS

Feed safety tips

- Maintain hand hygiene
- Store unopened formula in a cool dry place
- Refrigerate opened formula no longer than 24 hours
- Flush the tube regularly
- Adhere to safe hangtimes
- Change the giving set every 24 hours
- Crush medications thoroughly and flush between each
- Keep the tube site clean and dry

Keep food (feed) at a safe temperature

Closed-system formula contains preservative to keep it safe at room temperature for 24 hours, even in warm environments. But for open-system bags, the safe hang-time varies. Usual recommendations are 4 to 8 hours, and less in hot climates. At the end of this time, the giving set should be flushed before topping up.

Be aware of sources of potential contamination

Normally the acid in the stomach provides protection against bacteria in our food, and this protection is lost if the patient is receiving gastric acid suppressing medications, or is being fed via a jejunal tube. In such cases, and for any patient whose immune system is compromised, use cooled boiled water, or sterile water, for tube flushing and to prepare formula. Always keep open-system bags sealed while feeding, and use a new giving set every 24 hours (unlike dishes, these can't be washed effectively).

One thing that really is different about tube feeding is the tube itself that can block, or fall out, or cause pressure injuries to the surrounding tissue. It is important to maintain regular review of the tube site, and any tape or other securing measure, so that the site stays clean and dry and the tube is kept in place without excessive pressure on one area. Feeding tubes can easily block if a flush is missed or if medications are not completely crushed and well-diluted.

To unblock a feeding tube, the widespread use of cola beverages continues but it is not an evidence-based strategy. Clinical trials have actually studied the use of different fluids to unblock feeding tubes and these have consistently shown that the most effective method is to use very warm water (at drinkable tea/coffee temperature). As well as being the cheapest and most convenient option, warm water has the advantage that it is not chemically reactive. Other fluids may react with the blockage, worsening the problem (and, in the case of cola, introduce sticky sugar and acid that may do more harm than good).

Meeting someone's nutritional needs through a tube may seem quite complicated, but the goals are the same as for normal food: to provide the nutrition that keeps us healthy and enjoying life, something we want for ourselves and for all of our patients.

The Dietitians Association of Australia recommends seeing an Accredited Practising Dietitian (APD), who can tailor an eating (or feeding) plan to individual needs and assist community and corporate organisations develop healthier workplaces. To find an APD in your area, visit the DAA website www.daa.asn.au and look under 'Find an Accredited Practising Dietitian'.

Accredited Practising Dietitian APD

Dr Suzie Ferrie is an Advanced Accredited Practising Dietitian and the critical care dietitian in the ICU at Sydney's Royal Prince Alfred Hospital. For over 20 years Suzie has worked in clinical dietetics at a number of hospitals, as well as holding an honorary position as clinical associate lecturer at the University of Sydney. Her current research interests include various projects looking at nutritional monitoring in ICU, and nutritional requirements for patients receiving tube feeds or parenteral nutrition.

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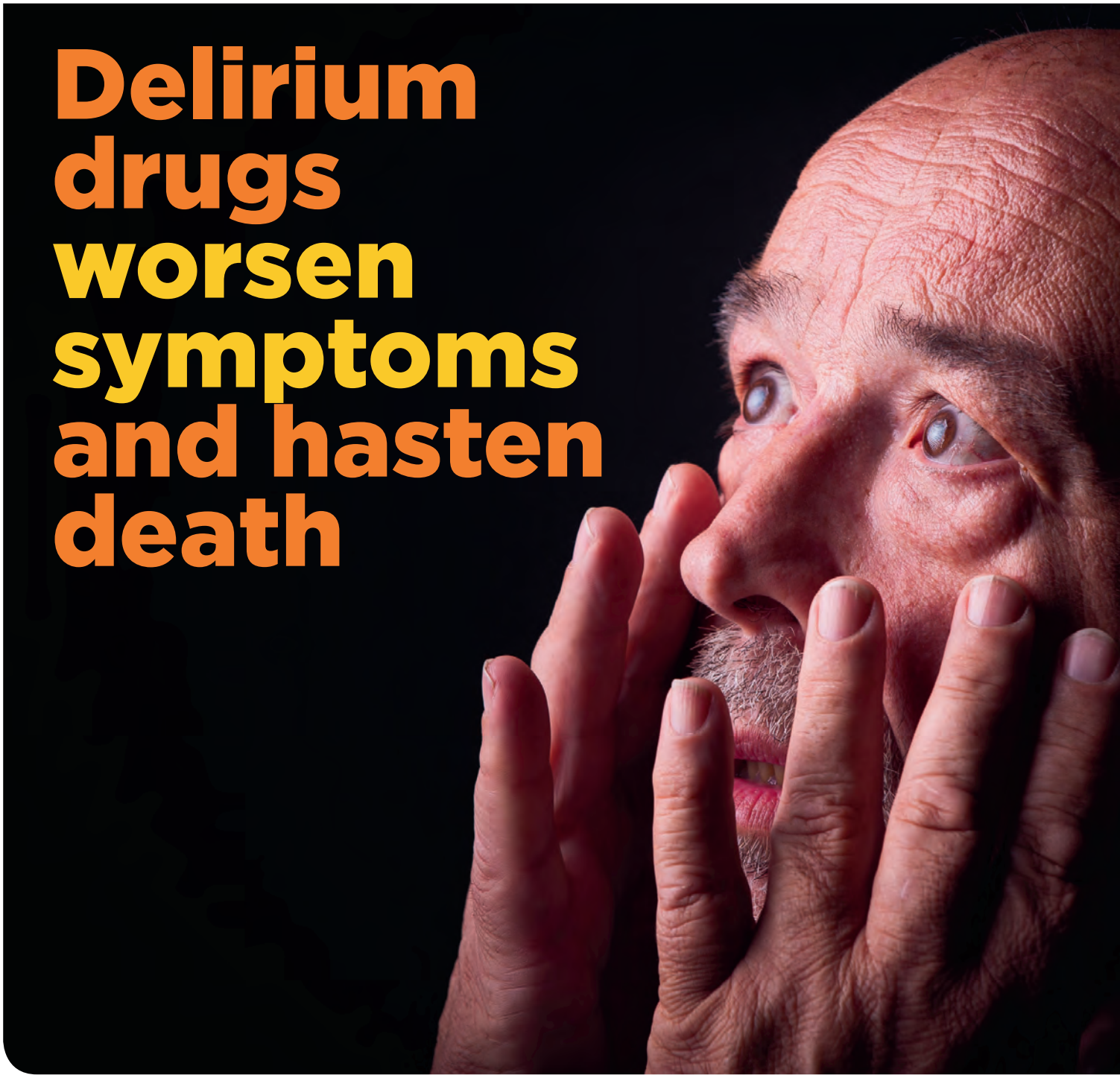
Delirium drugs worsen symptoms and hasten death



Patients prescribed antipsychotic medications for delirium suffer worse symptoms and are more likely to die, new research has found. Findings from a trial in hospice and palliative care show patients are better off taking no medication for delirium than taking the commonly prescribed antipsychotic medicines risperidone and haloperidol.

"We found that not only do the drugs not work, but they actually make people worse by prolonging their delirium," said Professor Meera Agar, a palliative medicine physician in the UTS Centre for Cardiovascular and Chronic Care, who led the study.

"Delirium for many people is preventable or at least treatable, yet these medicines are being widely used and that use is mostly inappropriate.

"There's a huge concern that it increases mortality for people with dementia, which is very worrying. This trial was not designed to determine links with mortality but given how many patients in hospital have delirium, many people are at risk."

Professor Agar said the findings from the eight-year study are a call to action on one of the most common yet under-recognised emergency medical conditions. About one in 10 people have delirium when taken to hospital, and almost as many more will develop it while in hospital. This figure is even higher for people in palliative care.

Delirium is an acute condition which causes distressing changes in behaviour, communication and perception. People with delirium have an increased risk of death and falls and may not ever recover their cognitive function.

The study shows that identifying delirium early and treating the underlying causes reduces symptoms of distress better than

FAST FACTS

- Antipsychotic medications for delirium cause worse symptoms and hasten death.
- Findings show patients are better off taking no medication for delirium than taking risperidone and haloperidol.
- The study found use of the medicines for delirium is widespread and mostly inappropriate.

an antipsychotic medication does. Simple things such as ensuring people wear their glasses and hearing aids are regularly oriented to the hospital environment, are kept hydrated and well-nourished, and have enough sleep can prevent or better treat delirium in many people.

Professor David Currow from Flinders University, principal investigator for the Palliative Care Clinical Studies Collaborative (PaCCSC) which conducted the study, said the relatively small investment in running the trial will improve clinical care around the globe for decades to come.

"High-quality healthcare is built on the use of the best possible clinical data, yet long-used methods for managing delirium have never before been objectively assessed," said Professor Currow.

"We found that not only do the drugs not work, but they actually make people worse by prolonging their delirium." — Professor Meera Agar

"Through the collaborative efforts of clinicians and researchers across the country, we have now found that the practices used to treat people with delirium are causing more harm than good."

The findings echo the Delirium Clinical Care Standard of the Australian Commission of Safety and Quality in Health Care, released in July 2016, which is aimed at ensuring effective treatment for people with delirium and rapid identification of people who are risk, to prevent it occurring whenever possible.

Professor Gideon Caplan, of the Australasian Delirium Association and an investigator on the study, said the breakthrough finding on mortality is a huge contribution to global knowledge of how to treat delirium.

"It is critically important that we understand the message of this research," Dr Caplan said.

"In the complete absence of any safe, effective medicine for treating delirium, this study underscores the central role of excellent nursing care and other methods for managing the condition.

"At the same time, there is now an urgent need to find new, safe, effective treatments for delirium."

Meg Brassil, a consumer representative with the Palliative Care Clinical Studies Collaborative, became a palliative care advocate after the death of her son from leukaemia at age 20.

"The essence of palliative care is a combination of kind personal care, timely access to the best possible symptom management and inclusion of those dear to the dying person. Witnessing poorly managed symptoms is the greatest cause of distress for the patient's family and carers," said Brassil.

Professor Meera Agar is a palliative medicine physician, with a particular interest in the supportive care needs of people suffering from advanced illness on the brain. Meera leads a clinical research portfolio at UTS, including clinical trials and health service evaluation. She led a world-first clinical trial of antipsychotics in delirium and is leading a NSW Government-funded trial of the use of medicinal cannabis for the terminally ill.

A Fellow of the Royal Australasian College of Physicians, Fellow of the Australasian Chapter of Palliative Medicine and clinician scientist, she holds a Master in Palliative Care. Her doctorate was awarded in the area of delirium in advanced illness. Her research and teaching have won numerous awards, including an Australian Learning & Teaching Council Citation, an Australian Award for University teaching and the European Association for Palliative Care Early Career Researcher Award.

Putting patients at ease with smart and effective technology

When thinking about hospitals and the day-to-day technology that staff use to look after patients, it is easy to focus on larger equipment like an MRI or CT Scanner. These are essential tools when it comes to diagnosis and finding the best course of treatment for a condition — but treatment is only half the battle. To help patients heal, medical professionals also need to consider their mental wellbeing and keeping a patient positive is essential on the road to recovery.

If you find yourself in the emergency room as a patient, things have probably not gone your way in recent times. Chances are you would prefer to be anywhere else and so when it comes time to be admitted, the more effortless that process is, the better. This is where the Brother TD-2000 series label printers can assist in patient care by streamlining admissions — especially when it comes to Patient ID printing. In addition to speed, it also allows for higher reliability and can improve patient safety by utilising smarter and safer patient ID techniques and barcode medical administration system integration.

A brief prepared by the Centre for Health Systems and Safety Research in 2013 found that barcode point of care systems 'have the potential to reduce administration errors but are sometimes used incorrectly due to technology limitations and poor design e.g. faulty barcodes'. It is therefore essential that any barcode system be infallible, especially when relied upon for the wellbeing of a patient. The report conclusions stated that these systems rely on well-designed technology that is being used correctly by caregivers. The TD-2000 series is designed specifically to make the process simple and easy-to-use while maintaining high reliability and optimum functionality.

The TD-2000 series uses barcode point of care technology for real-time verification of crucial information like patient details, what medication they require and dosage as well as time and route. It is also compatible with TrustSense™ media from PDC Healthcare — a trusted leader in positive patient identification for more than 55 years which adds an extra level of reliability. This technology used in the printer series can provide automated alerts to caregivers in order to eliminate potential harmful errors before they occur, helping to protect patients, provide peace of mind for clinicians, and maintain compliance with important patient safety regulations.

With connectivity options that include mobile devices and configurations that include Lithium Ion rechargeable batteries, staff can work in virtually any area of a hospital. The Printer's transportable, wireless format empowers clinicians to administer care directly where it's needed most — with the patient at almost any point of care location whether from a workstation in admissions to a cart at patient bedside, and everywhere in between.

The Brother TD-2000 series excels as the backbone of any patient ID system. It is, after all, a label printer and can be used with a wide range of label types and across a wide range of uses in hospitals and other healthcare arenas. Labelling is an important part of the information communication process across a multitude of tasks outside of patient ID wristbands — like labelling medication dosage, giving patients instructions for prescriptions, patient records and more. A label printer, like those from the Brother TD-2000 series, can also be relied upon to create fast and accurate labels when preparing medical samples to be sent away to the laboratory for analysis. These need to be reliable and accurate as making a mistake can be extremely costly and inefficient. A simple error of incorrect printing and labelling just won't do as it can literally mean the difference between life and death.

This level of accuracy and precision must be present through each and every stage of patient care. From the moment a patient is checked-in, while they are being monitored and after they are sent home, the Brother TD-2000 series of industrial label printers are there for every step of the journey.

Brother TD-2120N

The Cerner Certified Brother TD-2120N is a perfect match for the healthcare industry as it is a robust and versatile solution that is highly customisable. It can be used as a desktop labeller, connected directly into a PC or it can be configured to be portable using the optional Lithium Ion battery attachment. Brother understands that every healthcare professional is different and that the needs of an environment can change over time. With the demands placed on care professionals, versatile and mobile tools are essential in maintaining accuracy with maximum efficiency.

The TD-2120N prints at 15.24 centimetres per second at a maximum resolution of 203 dots per inch. It has 32MB of RAM and 16MB of onboard flash and can accommodate rolls of up to 15.7cm in diameter, meaning less time wasted reloading media. It provides healthcare workers with the option of wirelessly printing a variety of barcode labels quickly and whenever needed in the laboratory, pharmacy, front desk or even at the patient's bedside. With support for the most common barcode protocols, it is ideally suited to any labelling task in healthcare.

Customisable to meet your labelling & record printing needs

As every healthcare professional has different needs, there are numerous optional extras available which allows for you to pick and choose in creating the TD to your unique requirement. As each printing application is different, you might choose to select different options at a later time, making it more cost efficient for you and your business.

The TD-2120N series has been created to be modular so depending on the needs of the user, it can be customised to fulfil a specific function. It can be configured to be a wristband printer for use when inducting new patients at triage, directly from a PC, or it can be easily converted into a portable solution using the battery base. It can be connected to mobile devices via Bluetooth using an adapter or connected to a network with the wireless printing module. If you prefer to create labels on the fly from the device itself, it can even be fitted with a touch panel and keyboard to remove the need of a computer or mobile device altogether. To improve efficiency, the TD-2120N can even be fitted with an automatic label peeler.

The TD-2120N is the one label printer that bridges your desktop and mobile printing needs. It offers the performance, features and media capacity of a desktop printer but is also capable of compact mobility and wireless printing. Whether it is at the front desk, in the laboratory or roaming, its compact size means it can fit anywhere to achieve widely varied tasks.

Easy to use and deploy

For deskop use, Brother has developed advanced label design tools and features included as a standard feature of TD-2120N. Supplied as standard, using P-Touch Editor 5 you can create your own custom labels with pixel precision. With features such as support for over 15 barcode protocols, advanced image dithering to print high quality greyscale images, and the ability to link to data contained in Excel™ spreadsheets for batch printing of labels, any label design is possible.

Depending on the requirements of the customer, the Brother team can also offer customised software solutions making label printing possible from many Microsoft® Windows™ applications as well. This service is typically developed for advanced users i.e. System Integrators and can give more control in customising label design as well as batch printing. With the ever increasing trend of mobile apps and the convenience it offers, the Mobile Software Development Kit (SDK) is a handy solution for developers to incorporate label and receipt printing into mobile apps. There are SDKs available for iOS™, Android™ and Windows Mobile™ for printing wirelessly from smartphones, tablets and PCs.

If a business is already running existing and legacy systems via ZPL® applications, the TD-2120N can connect easily and be adjusted with the built-in settings so you will be up and printing in no time.

Helping to find the perfect solution

Brother has a dedicated Corporate Solutions Team whose sole purpose is to work with companies to discuss complete technology packages tailored to the specific needs of a workspace. Headed by Luke Howard, Brother International Australia's Commercial Market Development Channel Manager, the team is dedicated to delivering top of the range products and solutions to assist customers in meeting their evolving business needs. The team will endeavour to better understand your print environment and come up with a suite of products to improve your workflow. In addition to meeting the label printing requirements of a healthcare business, the team can also create solutions that incorporate other Brother technologies and services to bring down the cost of ownership, maintenance and initial deployment.

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For more information on the TD-2120N visit
http://www.brother.com.au/TDlabellingsolutions

Alternatively, contact the Brother Commercial Division on:
Phone: **1300 885 989** | Email: **corporatesales@brother.com.au**
Website: **http://corpsolutions.brother.com.au**

Imagining aged services

No borders, no boundaries

Sean Rooney, LASA CEO

Sussan Ley, Federal Aged Care Minister at LASA Congress 2016

In convening my first National Congress as CEO of Leading Age Services Australia (LASA) this October, I was struck by the sheer scale and pace of change happening within, and to, the age services industry.

Over three days, around the theme 'Imagining aged services: no borders, no boundaries' we heard from thought and practice leaders about how aged-care providers are innovating and adapting to the changes occurring right across our sector.

We also heard from international speakers who are challenging the very nature of service delivery in their own countries.

We hosted a timely debate between Federal Aged Care Minister Sussan Ley, Shadow Assistant Minister for Ageing Senator Helen Polley, and Australian Greens Senator Rachel Siewert. This debate was held at a critical time for age services in Australia, as the Federal Government prepares for the Aged Care Legislated Review and for the next wave of reforms.

There are currently 3.6 million Australians aged over 65, and this number is predicted to more than double in the coming decade. With these increasing numbers will also come rising expectations from a generation of consumers who are seeking greater choice and independence in their senior years.

Through its Increasing Choice in Home Care reforms due to be rolled out from February 2017, the government will move towards a consumer-driven home care system, aimed at offering more choice for people who want to stay in their homes for as long as possible.

Minister Ley told our Congress audience that the scope of the next wave of reforms (beyond February 2017) has yet to be determined. However, she said the government would encourage restorative and re-ablement models in community-based care, and would consult with the sector over the coming six months to determine suitable approaches.

It was heartening to hear the Minister acknowledge that aged-care providers are committed to the reform journey and have been supportive of changing technologies.

Congress was also very fortunate to hear directly from David Tune AO PSM, who is leading the Government's Aged Care Legislated Review. This independent review — required under legislation introduced with the Living Longer, Living Better (LLLB) reforms in 2012 — will address nine key matters relating to residential care, home care and community-based care.

The review will be critical for both industry and government as an opportunity to reflect on the progress of aged-care reforms and to test whether consumers are, in fact, getting more choice. It will tell us what is working, what is not and what needs to change further in order to meet the growing needs and expectations of our ageing population.

LASA remains optimistic that the review will address the issue of funding sustainability and will consider the true and full cost of aged-care service provision in all its forms.

There is no doubt that the best way to achieve accessible, affordable, quality age services for older Australians is through collaboration between government and the sector to ensure a sustainable aged-care industry now and in the future.

Cynthia Payne, CEO of Summitcare, LASA Congress 2016

"It was heartening to hear the Minister (Sussan Ley) acknowledge that aged-care providers are committed to the reform journey and have been supportive of changing technologies."

Tracey Spicer at LASA Congress 2016

Sean Rooney joined LASA as its inaugural national CEO in June 2016. He has held several Chief Executive/Senior Executive roles in public, private and not-for-profit sector organisations including the CSIRO, Medicare Local Alliance and in the ACT Government.

In Conversation

Corin Kelly

In Conversation provides a glimpse into the life of an 'outlier' — an exceptional person going above and beyond to innovate in their field and improve patient outcomes. In this issue our guest is Professor Merrilyn Walton, the first Commissioner of The Health Care Complaints Commission (HCCC), established in 1993, and principal author of the National Patient Safety Education Framework (NPSEF).

Thank you for joining us as our In Conversation guest Professor Walton. As a leader in patient safety in Australia what are some of the insights you have gained from the roles of regulator and educator?

My time as Commissioner of the HCCC gave me an experience of the health system that up to that date had not been very receptive to complaints. They were not seen as something useful, rather as ingratitude from patients and their families.

What I have seen over the past two decades is a complete reversal of this. A complaint is now seen as a precious gem — a window into an area of care that is perhaps not being delivered well.

In 2000 I left that role and came to the University of Sydney where I have been for the past 16 years as professor of medical education. What I decided to do was to look at education as one of the remedies of system failures that we haven't grappled with. I started to do research around patient safety, patient experience and medical error.

As Commissioner, I was a regulator, looking at professional responsibilities, accountabilities and behaviours. My role at the university was very different to the complaints system.

I see these two roles in my career as bookends — from regulator to educator. And today those two roles are coming closer together. My experience on APRAH's board has shown me that education of health professionals and the public is just as important as regulating behaviours.

People need to be involved in their healthcare. The system is complex and the days of handing over all the responsibility to medical practitioners is over and is too much to ask of the provider.

Tell me please about your experience writing the NPSEF.

This framework was published in 2005 after 18 months of development. Reflecting on it now, I would have to say that 10 years on, every one of those competencies have been reinforced by current evidence and are still relevant or more relevant today.

Who commissioned the framework?

The Australian Council for Quality and Safety published the framework shortly before transitioning to the current Australian Commission on Safety & Quality in Health Care (ACSQHC). I would like to see a new edition published to update the evidence underpinning the competencies.

The framework is available on the ACSQHC website and is the foundation of the WHO Patient Safety Curriculum for Health Professionals. The NPSEF and the WHO Guide have been used in other countries like Canada, the Philippines, Middle Eastern countries and China, but there has not yet been a systematic strategy to incorporate it into undergraduate and health professional education in Australia.

What would the advantages be of using this framework in a healthcare facility?

The NPSEF is designed for vocational training and identifies the competencies required for health organisations and healthcare workers to be safe. It is written in a language that is widely accessible, intuitive and contains a wide range of case studies. Implementing the framework will help any hospital or aged-care facility to improve patient outcomes, improve quality and reduce adverse events.

The reason why healthcare is different to other industries is that we are a people-dependent industry. Patient safety is largely reliant on people's ability to communicate and work as a team and these are

“A complaint is now seen as a precious gem — a window into an area of care that is perhaps not being delivered well.”

challenging areas where staff need support.

Putting six people together to work in a theatre without team training, protocols and enforced guidelines is negligent. People will make mistakes. It is not intuitive for us to work in teams, particularly in healthcare which historically has relied on an individualistic approach; good care depends on many people knowing and doing the right thing as well as knowing what each other is doing.

I am sure there are many health professionals who are unaware of the roles and functions of health professionals outside their own area of work. But a patient or a resident would expect that everyone in the team communicates effectively and uses appropriately the skills and knowledge of everyone on the team. This is where the NPSEF can provide the training required to ensure that team-based procedures are carried out safely.

Our adverse events rates are not going down. There is little evidence that medical errors are decreasing. Accidents, mishaps and slips happen in healthcare facilities every day of the week. We should be doing everything we can to support staff to reduce these numbers and start improving outcomes for patients and their families.

The NPSEF is a multidisciplinary framework for anyone responsible for patient care and is presented in four levels.

- Level 1 is foundation knowledge for anyone with patient/client contact.
- Level 2 is knowledge and performance for healthcare workers who are under supervision at the start of their careers.
- Level 3 is for those who supervise and have departmental responsibilities like registrars, allied health managers, senior clinicians, unit mangers etc.
- Level 4 is for those with administrative responsibilities such as CEOs, board members and directors of services.

The National Patient Safety Education Framework can be accessed through the Australian Commission on Safety & Quality in Health Care website, www.safetyandquality.gov.au.

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References: 1. Rangel-Frausto MS *et al. Ann Clin Microbiol Antimicrobials* 2010; 9:6. **2.** Maki DG *et al. Infect Control Hosp Epidemiol* 2011; 32:50–58. **3.** Aung AK *et al. Commun Dis Intell* 2012; 36:E333–E341. **4.** Harris LG *et al. Eur Cells Mat* 2002; 4:39–60. **5.** Young KD. *Microbiol Mol Biol Rev* 2006; 70:660–703. **6.** Oli AK *et al. Adv Microbiol* 2012; 2:93–97. **7.** Australian Guidelines For The Prevention and Control of Infection in Healthcare. NHMRC. Available at http://www.nhmrc.gov.au/guidelines/publications/cd33 accessed September 2014. **8.** The Joint Commission. Preventing Central Line–Associated Bloodstream Infections: A Global Challenge, a Global Perspective. Oak Brook, IL: Joint Commission Resources, May 2012. Available at http://www.PreventingCLABSIs.pdf accessed September 2014. Australian Guidelines For The Prevention and Control of Infection in Healthcare. NHMRC. Available at http://www.nhmrc.gov.au/guidelines/publications/cd33 accessed September 2014. **9.** Centre for Health Protection, http://www.chp.gov.hk/files/pdf/recommendations_on_prevention_of_intravascular_cabsi.pdf. **10.** Rosenthal VD & Maki DG. *Am J Infect Control* 2004; 32:135–41.

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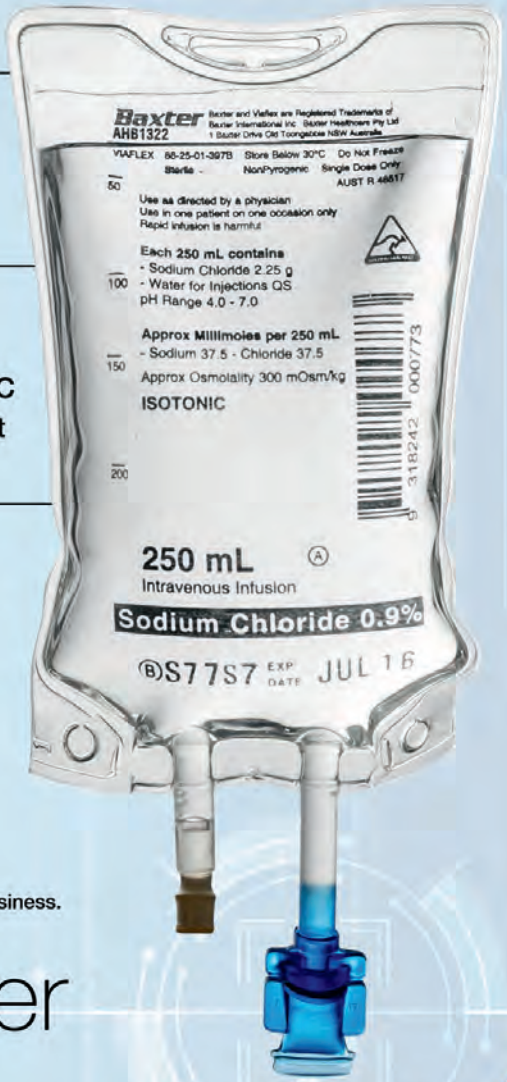

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References: 1. The Joint Commission. Preventing Central Line-Associated Bloodstream Infections: A Global Challenge, a Global Perspective. Oak Brook, IL: Joint Commission Resources, May 2012. Available at http://www.PreventingCLABSIs.pdf accessed September 2014.
2. Maki DG *et al. Infect Control Hosp Epidemiol* 2011; 32:50-58. **3.** Australian Guidelines For The Prevention and Control of Infection in Healthcare. NHMRC. Available at http://www.nhmrc.gov.au/guidelines/publications/cd33 accessed September 2014. **4.** Rangel-Frausto *et al. Ann Clin Microbiol Antimicrobials* 2010; 9:6.

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