

Health UP NORTH

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Edition 197

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FROM THE CHIEF EXECUTIVE

As 2018 draws to a close, I've been reflecting on the Health Service's achievements during the past 12 months.

In June, our Board delivered its first Strategic Plan, Your Voice, our Future, following unprecedented consultation with staff and the wider community.

We are getting on with the work in our six priority areas, including Aboriginal and Torres Strait Islander Health. Our new Executive Director, Joy Savage has hit the ground running and is leading the development of an Aboriginal and Torres Strait Islander Health Plan with stakeholders from across Far North Queensland.

2018 has seen progress on more than \$200 million worth of infrastructure projects across the Health Service, including the Atherton Hospital Redevelopment. New staff accommodation opened at the Mareeba Hospital in August and the YPARC youth mental health facility in Cairns is nearing completion.

We are now in cyclone season, which may be a new experience for some of our more recent recruits.

It is important to take time to prepare a cyclone kit and ensure your home is a secure place to shelter in severe weather.

From a work perspective, you should ensure your contact details are up to date and you understand the plans you and your team have for maintaining services, particularly in the event of a cyclone during the Christmas and New Year period.

My heartfelt thanks to the staff who are working over the Christmas and New Year period to care for our patients and ensure the smooth running of our operations.

For those taking a break over the festive season, I wish you a restful, safe and happy Christmas.

Many Thanks
Clare Douglas

Health up North is our staff magazine produced and distributed by the Cairns and Hinterland Hospital and Health Service Communications and Engagement Team. These stories would not be possible without the input of the Health Service.

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chhhs-comms@health.qld.gov.au

Birth of a new Tablelands service



to launch the service in early November. "I think it's completely vital for all mothers to have that midwife-centred care and continuity of care from the beginning all the way through to post-natal care," she said.

"I believe it's essential for positive birth outcomes, regardless of what type of birth they have."

Atherton Midwifery Unit Manager, Dean Stevens said research shows the MGP model has proven health benefits for mothers and babies.

"Knowing who is looking after you decreases caesareans, increases breastfeeding rates and means healthier babies, born at term," he said.

He said the new model offered the opportunity for midwives to use their full scope of practice and it is hoped it will help attract and retain midwives on the Tablelands.

The Atherton Hospital Women's Unit will remain staffed by a core midwife, 24 hours a day.

They will play a pivotal role in supporting the caseload midwives for birthing and emergencies as well as caring for women who stay in the unit.

The MGP has been introduced in close consultation with the local community and the Queensland Nurses and Midwives Union to ensure it is a robust and sustainable model of care that will continue to serve Tablelands families.

The relationship between midwife Tanya Fleming and new mum Heidi Brennan is a special one.

Heidi's son Ezra was the first to be born under a new model of care at the Atherton Hospital.

The Midwifery Group Practice (MGP) gives women booking in to the Atherton Women's Unit a 'known' caseload midwife to care for them throughout their pregnancy; during their birth and visit them for post-natal care in the home for up to six weeks.



"I have no doubt in my mind that having this care made my pregnancy, labour and post birth period easier due to feeling comfortable and confident by forming a close bond with my midwife," Heidi said.

Tanya Fleming is one of six MGP midwives now based at the Atherton Hospital, complementing the nine core midwives in the Women's Unit.

She said the MGP is an 'all inclusive' model which will be available to every woman, regardless of risk factors.

"This is a collaborative model, where the known midwife becomes the 'constant' factor in the pregnant woman's journey," Tanya said.

"This is very comforting for women, especially those that may have more complex needs requiring the involvement of various care providers and practitioners including doctors, dietitians, social workers etc."

The Midwifery Group Practice has been welcomed by hospital staff and the wider community.

Naturopath Jaunita May joined members of the Atherton Midwives and Mothers Alliance at a 'birth day' morning tea



THE LONG ROAD TO HEALTH

Losing a grandmother and brother to diabetes-related illness brought the importance of preventative health care into sharp focus for Nancy Long.

“No-one realised that she was diabetic until she lapsed into a diabetic coma, because of the health system at the time, there was no Medicare, there were private practitioners,” she said.

“As an Aboriginal pensioner living on her own, she didn’t have the finance to see a private doctor, so her ‘doctor’ was turning up at outpatients at the Cairns Hospital.”

Joining the Cairns and Hinterland Hospital and Health Board in May 2017 rounded out a journey Nancy began with the Wuchopperen Health Service in 1989.

She spent 26 years with the organisation, her final years spent as the Director of Business Development.

“When I started with Wuchopperen, I didn’t realise that the work would make such an impact on my personal and professional development,” she said.

“I discovered I had a passion for improving the health and wellbeing not only for Aboriginal and Torres Strait Islander people, because I realised there are a lot of disadvantaged Australian people who have the same issues with unemployment and housing, so I learnt a lot.”

Nancy was born and raised in Cairns and was one of seven children. She moved to Sydney, aged 21 and took up secretarial work while living with her sister, who was a registered nurse and midwife.

Her sister became involved in setting up an Aboriginal and Islander health service in Redfern.

Nancy moved back to Cairns to care for her ageing mother and said being exposed to her sister’s work prepared her well for her role at Wuchopperen.

“Good health can’t just be for the wealthy, it has to be available for everyone,” Nancy said.

“I was really proud that I was part of a movement to bring individual health services to work collectively to support each other, having a united voice to advocate.”

“I’m the type of person who loves a challenge, so when presented with a problem, I’ve got to find a way of getting around that problem,” she said.

“Thankfully, with a lot of assistance from others, I was able to find solutions and come up with the funds to get services to address some of the major issues faced by the Aboriginal and Torres Strait Islander community.”

Nancy retired in 2015 but was excited to apply for the Cairns and Hinterland Hospital and Health Board position, seeing it as a chance to make change on the other side of the health system, using her wealth of knowledge and networks in Aboriginal and Torres Strait Islander community.

“I was really excited when they advertised for the Executive Director, Aboriginal and Torres Strait Islander Health position,” she said.

“From a Board member’s perspective, it’s great we have now got someone to work a lot more closely with, who is there five days a week working with the Executive and Chief Executive around the Cultural Capability Framework and what specific things might need to be done to improve access and the delivery of services.”

“I can see that everything we are doing is nothing but positive and I think when we start to see results, we will have the platform to build on and get better,” she said.

Nancy has been appointed to the Board until May 2020. Three other Board positions, including the role of Chair, are currently up for renewal, with the successful applicants due to take up their positions in May 2019.



Board Member Nancy Long

Indigenous Health Update



Health Minister Steven Miles and Executive Director of Aboriginal and Torres Strait Islander Health Joy Savage

Government and community health organisations are well on their way to developing a blueprint for Aboriginal and Torres Strait Islander Health in Far North Queensland.

The Cairns and Hinterland Hospital and Health Service (CHHS) has the highest number of Aboriginal and Torres Strait Islander people of any Queensland health service. They make up 14 per cent of the region’s population but 28 per cent of inpatients.

The combined catchment of the CHHS and Torres and Cape Hospital and Health Service faces a unique set of challenges and opportunities to transform the way Aboriginal people and Torres Strait Islanders access and experience within the health system.

Improving service delivery in partnership with Aboriginal and Torres Strait Islander communities is one of the six priority areas

in the Health Service’s Strategic Plan, launched earlier this year.

The Executive Director, Aboriginal and Torres Strait Islander Health, Joy Savage is supporting the stakeholder engagement which has been significantly informed by two workshops of health leaders in Far North Queensland in August and October to help shape the *Stronger Mob, Living Longer* plan for the sector.

The draft plan has been developed by Deloitte. Feedback has been sought from the Aboriginal and Torres Strait Islander Health Unit, members of the Community Consultative Committees, the Tropical Public Health Unit, the Board and Executive, with consultation continuing. At the same time, consultation with the respective health partner organisations is under way.

“The Stronger Mob, Living Longer Plan is underpinned by five key principles: person centred, recognising and respecting culture, accessible, integrated and connected, commitment and equitable,” Ms Savage said.

The plan includes six priority areas:

- Primary and acute sector integration to create a more seamless patient journey;
- New ways of organising and coordinating patient transport;
- Advocacy on the social determinants of health (health hardware – housing);
- Harnessing the power of data and information for better regional decision making;
- Sector-wide workforce innovation; and promotion, prevention and public health.



Participants at the Health Minister’s recent round table workshop on Aboriginal and Torres Strait Islander Health

“The health of Aboriginal and Torres Strait Islander people is seriously unfinished business for the country,” Ms Savage said.

“We are not seeing the gains at a rate fast enough to Close the Gap.”

Around 70 stakeholders attended an Aboriginal and Torres Strait Islander Health Workshop with the Minister for Health and Ambulance Services, Steven Miles, and the Queensland Health Director General, Michael Walsh in Cairns in late November.

Minister Miles announced recruitment would begin for Queensland’s first Chief Aboriginal and Torres Strait Islander Health Officer in mid-January, after gaining endorsement for the new role at the workshop.

“Aboriginal and Torres Strait Islander people must have a seat at the table, across government and at the highest levels, if we really want to make sustainable changes in Queensland,” he said.

Ms Savage said it was important to be bold and do things differently to achieve improvements in the health and wellbeing of Aboriginal and Torres Strait Islander people.

“I have been impressed by the level of genuine engagement between and across the sectors that make up the leadership in health and in particular, Aboriginal and Torres Strait Islander health,” she said.



Getting mums moving in Mossman

A program to educate and empower local Aboriginal and Torres Strait Islander women in the Mossman region to make positive lifestyle choices to improve their overall health and wellbeing and is still going strong more than a decade later.

Community Health Nurse Natalie Halse and Senior Indigenous Health Worker Veronica

Blanco began the Mossman Indigenous Women’s Healthy Life Skills Program in 2009 after surveying local women to ascertain attitudes, knowledge, and belief systems about health in relation to nutrition and physical activity.

Indigenous Project Officer Sylvia Green has been with the program since it began and has been a great motivator for the women, adapting the program to meet their changing needs and emerging health issues in the community.

“These women are my inspiration because they share their experience and continue to promote healthy living within their families and community by participating in the Program,” she said.

Ms Green said she believes many of the women have avoided developing diabetes through the program, some have been able to reduce their medications and one of the women who used to depend on a wheelie walker has been able to give it away after participating in exercise classes.

The program’s success has been recognised nationally by the former Prime Minister Julia Gillard and through publicity around the group’s development of a Bama Recipe Cookbook.

To ensure that community needs are met, the program has developed long lasting partnerships with local non-government organisations including Goobidi Bamanga, Apunipima Cape York Health Council, Cape York Partnerships and Mossman Gorge Gateway.

Following on from the outstanding success of the women’s program, the men in the community have asked for a similar program and the North Queensland Primary Health Network is now funding a six-month trial.



CARDIAC CHALLENGE ACCEPTED

Efforts to expand cardiac services at the Cairns Hospital are in full swing.

Director of Cardiology, Doctor Greg Starmer recently presented an update to more than 100 clinicians at the 16th annual Cardiac Symposium at the Cairns Convention Centre.

“We continue to see huge growth, and last year, for the first time, we went over 500 angioplasties in our single cath lab, which we share with device implantations and some vascular work,” he said.

The Executive Director of Medical Services, Nicki Murdock, told the Symposium cath lab activity had risen by more than 50 per cent in the past six years, with 1651 cases in 2017 and 1307 up to the beginning of November this year.

To help with the increased demand, the Cairns Hospital employed its first cardiac electrophysiologist at the end of May.

In September, Doctor Kevin Ng commenced electrophysiology procedures at the Cairns Hospital for the first time. He implanted 16 devices in the first two months, saving patients significant travel and time away from family.

“They’ve been very happy that the service is now being offered here,” he said.

“Three of those procedures are even more specialised than the average device implant and if we weren’t offering it here, those patients would have gone to Brisbane.”

He said once the second cath lab is open in the first half of next year, they’ll also be able to offer ablative procedures, further reducing the need for patients to travel.

Dr Starmer paid tribute to the community for raising \$1.4

million for the second cardiac catheter laboratory through the Far North Queensland Hospital Foundation, which was matched by the State Government.

“This is state of the art technology and this is hopefully going to take us forward in what we can deliver for the next decade,” Dr Starmer said.

The community has continued to play a significant role in supporting cardiac services through the Far North Queensland Hospital Foundation.

In September, more than 240 cyclists, including many Health Service staff, rode 330 kilometres from Cairns to Cooktown, raising more than \$262,000 through the Cardiac Challenge.

The Foundation’s Fundraising Manager, Glenys Duncombe said the event is now in its 12th year.

“This year, the proceeds will be used to purchase a Vivid Echocardiograph - a vital diagnostic tool for cardiac patients in Far North Queensland,” she said.

“Three of those procedures are even more specialised than the average device implant and if we weren’t offering it here, those patients would have gone to Brisbane.”

Cardiac Cather Unit nurse Anne Ryan said her second Cardiac Challenge was a physically demanding but rewarding experience.

“It is a chance to connect to your community and to make a difference,” she said.

“You make fantastic new friends. I love the camaraderie among the riders and support crew.”

First time participant, Endocrinologist Doctor Luke Conway said he’ll be signing up again in 2019.

“Cardiac Challenge was a wonderful experience and it was great that all levels of fitness, ages and experience could participate,” he said.



Cairns doctor honoured during Royal College visit

Cairns Hospital Urology Principal House Officer, Alex Nesbitt has been awarded a prestigious prize for his research into prostate cancer among indigenous men in Queensland.

The Neville Davis prize, worth \$2500 was presented to Dr Nesbitt during a visit by the Royal Australasian College of Surgeons to the Cairns Hospital in late November.

The award has a 35-year history, and is given to the best clinical paper presented at the College’s Queensland State Conference.

“Throughout the study, we found that Indigenous males were more likely than non-Indigenous to get prostate cancer, and that they would be diagnosed much later than non-Indigenous males,” Dr Nesbitt said.

“It’s a great honour to receive the award; the Neville Davis prize has been around since 1983, so it’s a real achievement to win.”

The Royal Australasian College of Surgeons gained an insight into the Cairns Hospital during their three-day visit.

Committee members met with surgical trainees, toured the Emergency Department and Intensive Care Unit as well as attending the Ivan Lester Memorial Lecture.

They explored how the College could better support professional development in Far North Queensland.

State Committee Chair and Director of Surgery at the Logan Hospital, Doctor Brian McGowan said the visit was a great opportunity for the Executive and clinicians from the Cairns and Hinterland Hospital and Health Service to present opportunities for the future of surgery in Cairns.

“I’m very impressed by the passion of the clinicians and the willingness of the Executive to listen to the vision of the clinicians,” he said.

“The challenge for all of us is to work together to find out how we can resource a way forward because we’re all aware of the financial constraints we have to work within.”

TELEHEALTH UPDATE

CALLING COCONUT ISLAND



David Pearson lives on Coconut Island (Poruma Island), 817 kilometres from Cairns in the Torres Strait.

Getting to Cairns for a pre-admission appointment used to involve taking a light plane, 130 kilometres to Horn Island and then another flight to Cairns, a journey that could take two days if the flights didn't connect.

So, when an opportunity to be part of the Cairns and Hinterland Hospital and Health Service's first Telehealth pre-admission clinic for the island came up, David said yes.

"I found the appointment to be really good," he said, "I only had to come to the remote area nurse's office; the sound is all clear and it's great to be face-to-face so you know what everyone looks like," he said.

"This has saved me three days of travel for one appointment."

Tamra Shakespeare, Clinical Nurse Consultant for the Multidisciplinary Preadmission Clinic, said telehealth not only saves the patient costs and time, it will also improve their care.

"Telehealth saves potential theatre cancellations because we can identify problems that may have arisen since the patient was booked for theatre," she said.

"We can improve the discharge planning and explain to the patient how to care for themselves after surgery while they're still in their home town."

Between January and October this year, Telehealth has been used 3691 times, saving patients 625,245 kilometres of air travel and 239,910 kilometres of driving.

For David, the service has changed his approach to his own care.

"I would recommend using Telehealth to anyone else living remotely," he said.

"I know that if they need me, or if I have further questions, I can come to the nurse's office and then another consult can be organised."

The Telehealth pre-admission clinic is now being offered to all communities across the Torres and Cape Hospital and Health Service



ADULT COMMUNITY TELEHEALTH

Telehealth has also become a staple service at the Cairns North Community Health Centre.

Cuc, a local patient said she was very happy with her recent Telehealth experience.

"Being able to see and talk to a specialist in Brisbane in real time helped me to better prepare for my trip down south."

Cuc expressed her gratitude to Julie Flux, the Cairns North Community Health Clinical Nurse Consultant.

"I really appreciate the support Julie and the other local staff have given me," she said.

Julie helps to facilitate the service by taking a patient's observations before the consult, and providing local support.

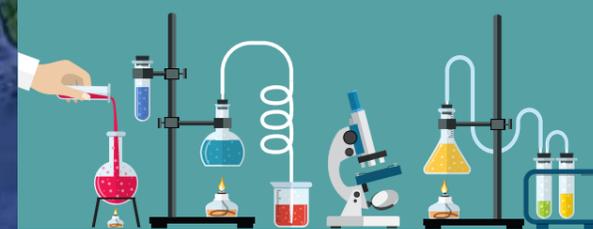
"The Telehealth service really simplifies the process for people," she said.

"I get a lot of feedback from people, saying that seeing the specialist and having a clear idea of what they need to do is really beneficial."

The Cairns North Community Health Centre offers Telehealth appointments for a range of clinics including Anaesthetics, Cardiothoracic, Endocrinology, General Surgery, Genetics, Gynaecology, Haematology, Oncology, Spinal and Weight Management.



Poruma Island



RESEARCH CORNER

Allied Health Research Cairns and Hinterland is a network of allied health practitioners interested in conducting research as part of clinical practice. The network meets monthly at the Cairns Hospital and connects through an interactive online site. Please email desley.harvey@health.qld.gov.au for more information about the network. Staff can also visit https://qheps.health.qld.gov.au/cairns/html/ah_res_home for information and resources on our research.

- **Care transition types across acute, sub-acute and primary care: case studies of older people with complex conditions and their carers.** This study examined experiences of the Geriatric Evaluation and Management model of care and factors influencing care transitions and made recommendations on how to optimise care for older people. D Harvey, M Foster, R Quigley and E Strivens (2018). *Journal of Integrated Care*, Vol. 26 (3), 189-198, <https://doi.org/10.1108/JICA-12-2017-0047>.
- **Implementation of an expanded scope of practice physiotherapist role in a regional hospital emergency department.** This study described the implementation of an expanded-scope physiotherapy service in a regional hospital emergency department and discusses the lessons learnt in terms of long-term sustainability of these roles in regional areas. D Goodman, D Harvey, T Cavanagh and R Nieman (2018). *Rural and Remote Health*, 18, (2) <https://www.rrh.org.au/journal/article/4212>.
- **Clinically relevant improvements achieved from a facilitated implementation of a gestational diabetes model of care.** This project evaluated the adaptation of a successful evidence-based gestational diabetes model of medical nutrition therapy from a tertiary centre into regional sites using an implementation science approach. S Wilkinson, S McCray, A Kempe and B Sellwood (2018). *Nutrition & Dietetics*, 75, 271-282, <https://doi.org/10.1111/1747-0080.12404>.

Advance Health Directives – What would you do?



John is a 44-year-old doctor who presents to the emergency department as a severe trauma. He was walking past a high-rise building site when a large piece of steel fell on him. He has severe crush injuries to both legs and an arm that will likely require urgent amputations in order to save his life.

You worked with him yesterday.

John is intubated and sedated so is unable to speak on his own behalf. As you prepare to send him to theatre, a nurse arrives and states that John has an Advanced Health Directive (AHD) on file that states:

“If I temporarily lose capacity and am unable to give directions for my health care because of injury or illness, I want my health care providers to give me all available treatment except for: multiple limb amputations, prolong my life in a vegetative state, prolong my life when I’m not going to be able to be independent and live by myself”

At the same time, John’s partner has just arrived and wants to consent on his behalf for the amputations to occur as the AHD was written before they had met...

As the clinician responsible, what would you do?...

Denise Craig is a Senior Psychologist for the Aged Care Assessment Team and Memory Service, and the co-chair of the End of Life Project. She recently chaired a meeting with other health professionals to discuss how both clinicians and consumers view AHDs, and how end of life care is being approached throughout the Health Service.

“An Advance Health Directive is a formal way to give instructions about your future health care,” she said.

“It comes into effect only if your cognitive health deteriorates and you become unable to make your own decisions.”

“While the ‘John the doctor’ scenario is a little bit more radical, it highlights the difficulties and choices that clinicians can face when dealing with an AHD.”

Denise said dealing with an AHD that goes against what medical staff are trained to do is a recurring issue.

“In a busy environment, with the difficulties of time restraints, and sometimes a shortage of information, it can be confronting for health professionals when a patient has an AHD refusing treatment for what is otherwise a treatable condition,” she said.

“Advance Health Directives are legally binding so I think meetings like this help

to clarify what options are available to clinicians.”

Emergency Physician, Doctor Alexander Kochi, wrote the scenarios discussed based on personal experience. A key factor for him is the dissemination of information.

“Due to time constraints, there have been instances where clinicians have not been aware that an AHD for a patient exists, particularly in areas that don’t have digital records, and have actually acted against their wishes using best clinical practice,” he said.

“In other instances, the patient has not informed members of their family of their wishes, which can create difficult situations in the pressure of the moment.

“Increasing the awareness of AHDs, acknowledging that it’s a complex issue, and working through scenarios like ‘John the Doctor’ can help staff to understand the patient’s viewpoint and best clinical practice, then pull the two together in the best way possible.”

FIRST LOOK AT ATHERTON REDEVELOPMENT



Staff and community members have had their first look at the architect’s impression of the Atherton Hospital Redevelopment. Ann Aitken, acting Executive Director, Rural and Remote Services, said the presentation in late November was well received.

“The pictures and the outline of the hospital’s proposed improved features made a good impression,” she said.

“The architects have included design elements from the existing buildings and the old Primary Health Centre building,

which is to be demolished to make way for the new construction.

“I think people have also been impressed by the design team’s effort to incorporate the hospital’s history into the new design.”

The \$70 million redevelopment includes three new buildings; the Clinical Services building on Louise Street, a Community, Allied and Mental Health building on Jack Street and an Engineering Services building, which will temperature control and water quality at the hospital.

The Clinical Services building will feature a new, purpose-built emergency department, medical imaging, maternity, birthing and inpatient ward areas, operating and endoscopy theatres and a sterilisation unit.

The hospital’s main entrance will also be moved to Louise Street, enabling safe patient drop-off and pick-up zones, with improved mobility access and directional signage.

“There’s been extensive consultation with clinicians, hospital staff, community representatives, planners, architects and engineers to ensure we deliver a contemporary hospital for the community,” Dr Aitken said.

“Once the design is finalised, there will be industry briefings with local contractors in February and March 2019 to let them know about the potential opportunities for working on the project.”

Construction is expected to start in mid-2019, and be completed in 2022.



HAVE YOUR SAY ON VISITING HOURS

For Marie Sequeira, being able to spend most of her time with her 103-year-old mother, Rose in the Older Persons Rehabilitation and Assessment (OPERA) ward at the Cairns Hospital has been a big relief.

“I’m allowed to spend 24 hours with her,” Marie said, “It makes a big difference because she has never been separated from me in the past 15 years so it just gives her comfort and security.”

Hospital visiting hours have remained relatively unchanged for many years. They vary between hospitals and even among wards. Many open from 10am to 8pm, with a closure for patient rest between 1pm – 3pm.

While some wards already have flexible visiting arrangements for immediate family, the Health Service wants to hear from staff, patients and visitors about whether existing visiting hours should be modified to maximise the care and comfort of the people we’re looking after.

The Nurse Unit Manager of the OPERA Ward, Jane Jordan said having flexible arrangements has been good for both staff and patients.

“Patients who live with dementia can get confused and disorientated so if we can get friends, relative, carers or anybody familiar to them to come in, we immediately see the patient start to calm down and that helps staff enormously because then we can carry out our medical care for them,” she said.

“I have bought two day-beds for relatives and carers that want to stay overnight and the feedback has been overwhelming from families who are thankful they’ve been made to feel so welcome.”

To help us better understand current practices and the experiences of patients, visitors and staff, you are invited to participate in our Visiting Hours Survey <https://www.your-say-cairns-hinterland.health.qld.gov.au/>



Dr Eddie Strivens with research team members Sarah Russel, Betty Sagigi, Rachel Quigley and Dr Gavin Miller

DEMENTIA CONCERN FOR FNQ INDIGENOUS COMMUNITIES

A new study has shown the impact of dementia on Aboriginal and Torres Strait Islander people living in Far North Queensland is much greater than the wider population.

The research, led by Eddy Strivens, Clinical Director, Older Persons Health Services, found residents living in the islands of the Torres Strait and the Northern Peninsula Area of Cape York and are between three and five times more likely to develop dementia, and it is occurring at a younger age.

“Our study of 324 people in the community found 10 per cent over the age of 45 had dementia and a further 30 per cent had mild memory problems, which are often a precursor to dementia,” Doctor Strivens said.

“Almost all of the people involved in the study (97 per cent) also had at least

one risk factor for dementia, such as diabetes, heart disease and high blood pressure.”

Dr Strivens said almost a third of the dementia cases are potentially preventable through the management of these risk factors with interventions such as re-introducing a diet rich in seafood, and reducing the impact of diabetes, which has proven benefit in reducing the risk of dementia.

“By 2026, the number of older Aboriginal and Torres Strait Islander people will reach almost one million, double the number who survived to old age in 2011, which is likely to have a big impact on the health system,” he said.

“Our study concluded there is a need for more services to meet the demands of this increasing number of older adults in the community.”

“During the study, many people expressed their desire to age well and remain living at home in the community for as long as possible.

Dr Strivens said the research team is seeking further support from local partners to develop models of healthy ageing and investigate what healthy ageing looks like from a Torres Strait viewpoint, considering environmental, cultural and spiritual priorities for care.

The research project was managed by James Cook University and funded through the National Health Medical Research Council.

NEW GUIDELINES HELP CEREBRAL PALSY DIAGNOSIS



“When we have this early diagnosis, it allows for early interventions, which can improve outcomes for children and provide families with more opportunities for early support,” said Lynda.

“The work being done around more accurate and earlier diagnosis will be invaluable to families like ours.”

Recently launched guidelines for the early diagnosis of cerebral palsy are set to revolutionise the standard of care for children with the condition and their families across Australia.

Historically the diagnosis of cerebral palsy was made between 12-24 months of age. But the new guidelines now mean that in many cases, a diagnosis is possible under 6 months, sometimes as early as 12 weeks of age.

Lynda McNamara, a physiotherapist at Cairns Hospital, has been working with the Murdoch Children’s Research Institute in a knowledge translation role, and with The University of Sydney in a PhD study on strategies to implement the guidelines across Australia.

“Collaborative partnerships are under way to fast track the translation of this important research into every day clinical practice across Australia and provide parents and medical professionals with educational resources and pathways of how to help,” she said.

Jennifer Wenzel, the President of the FNQ Cerebral Palsy Support group, and mother of 11-year-old Ben, who has cerebral palsy is confident the new guidelines will give families clarity.

“Ben’s initial prognosis wasn’t good, he was going to need around the clock care and assistance with basic functions,” she said, “He’s defied the odds and is doing incredibly well today.”

“The work being done around more accurate and earlier diagnosis will be invaluable to families like ours.

“Had these new guidelines been around when Ben was diagnosed, a lot of grief and heartbreak would have been saved, we would have understood what was happening earlier.”

To predict the risk of cerebral palsy under six months of age, the new guidelines recommend three predictive tools; an MRI of the child’s brain which can show an injury, taking a three to five-minute video which can be used for a General Movements Assessment, and the Hammersmith Infant Neurological Examination.

KITCHEN SERVES UP SAVINGS

A recent quality improvement initiative at the Cairns Hospital has resulted in savings of \$36,718 and a reduction in food waste by two tonnes a month.

Spare meals were traditionally sent to all wards within the hospital to give to newly admitted patients, cancelled surgeries (previously nil by mouth) or transferred patients.

A two-month review found that 68 per cent of these lunches were discarded and 63.5 per cent of the dinners were discarded, totalling 1181 wasted meals per month.

Food Services Manager Alan Seacombe decided to introduce a new process to dramatically reduce waste.

“Instead of providing spare meals at every meal we now make

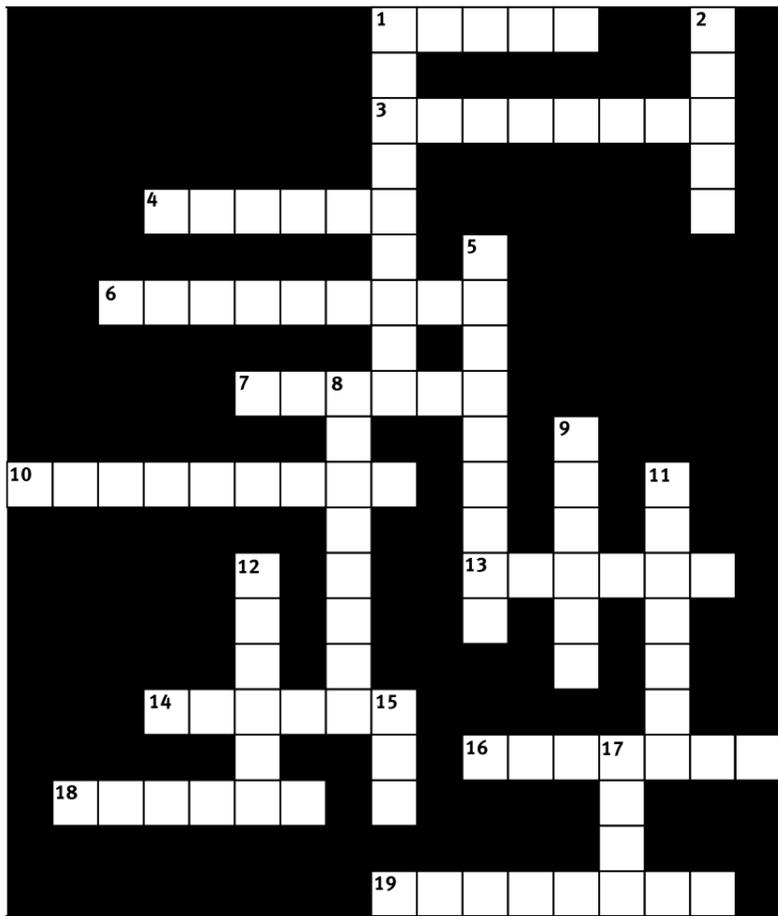


them to order,” he said.

“I have allocated a kitchen staff member to take the phone calls and educated the nurses on the new system.

“It’s exciting that we have found a way to feed our patients the right meals at the right time whilst remaining both financially and environmentally accountable.”

Christmas Special



Crossword supplied by the TheHolidaySpot.com

ACROSS

1. Christmas Hymn
3. The original Santa Claus
4. A bird traditionally eaten on Christmas dinner
6. A crystal of snow
7. Father of Jesus
10. An evergreen plant producing white berries
13. A traditional Christmas drink
14. Vehicle used by Santa Claus
16. Santa enters the house through this
18. Circular Christmas decoration for the front door
19. Another name for Christmastime

DOWN

1. A hard candy in the shape of a rod
2. December 25 is his birthday
3. The original Santa Claus
5. The sound bells make
8. A stock filled with goodies on Christmas day
9. The sound bells make
11. A human figure made from packed snow
12. The four weeks leading up to Christmas
15. A mischievous fairy
17. Three wise men belonged to this tribe.

FESTIVE FARE ON THE MENU

While a hospital is the last place anyone wants to be on Christmas Day, staff across our Health Service will be doing their best to make the day special for people in our care.

Our kitchen staff have been working hard to come up with a delicious festive menu.

Here's a taste of what will be on offer to our patients on Christmas Day:

Innisfail Hospital:

Roast pork and apple sauce, roast chicken, ham, roast potato, roast pumpkin, carrot, peas, gravy, with apple pie and custard for dessert.

Cairns Hospital:

Lunch: Pea and ham soup, roast lamb with gravy and mint jelly or fish fillet served with mango salsa, potato bake, roast pumpkin, broccoli and cauliflower or ham off the bone and chutney sandwich and Christmas pudding with custard for dessert.

Dinner: pumpkin, ginger and mint soup, sage roasted chicken breast served with tomato and zucchini, green beans and mashed potato or butter bean, smoked salmon and rocket salad, and pavlova with fruit salad for dessert.

Atherton Hospital:

Breakfast: Bacon and egg, tomato. Hash browns, fruit juice and toast

Lunch: roast turkey and baked ham, gravy and cranberry sauce, potato and sweet potato bake, almond beans, sesame carrots, seasoning and plum pudding with custard for dessert.

Christmas goodies and fruit mince pies will be served for morning and afternoon tea.

Atherton Hospital Operational Services Supervisor, Heather DellaBosca said the cooks work as a team to make the Christmas baked goods and she is proud of the food prepared by the kitchen staff.

"I have worked alongside the cooking staff for 20 years making sure the food for patients and staff is at a high standard and everyone is looked after at this time of the year," she said.



STICKY MANGO CHICKEN SKEWERS

Ingredients

- 6 chicken thigh fillets, trimmed, cut into 2cm pieces
- 1 mango, stoned, peeled, finely chopped
- 1 small avocado, stoned, peeled, finely chopped
- 2 spring onions, thinly sliced
- 2 tbs lime juice
- 1 long green chilli, seeded, finely chopped (optional)
- 1/4 cup finely shredded mint

Sticky mango marinade

- 1 mango, stoned, peeled, coarsely chopped
- 2 tbs honey
- 1 tbs sriracha or chilli sauce (optional)
- 1 garlic clove, crushed
- 2 tsp finely grated ginger
- 1/2 tsp ground cumin
- 1/4 cup finely chopped coriander
- Select all ingredients

Method

Step 1 - To make the sticky mango marinade, place the mango, honey, sriracha or chilli sauce, if using, garlic, ginger, cumin and coriander in a blender and blend until smooth.

Step 2 - Place chicken in a bowl. Pour over mango marinade and toss to combine. Cover with plastic wrap. Place in the fridge for 1 hour to develop the flavours.

Step 3 - Thread chicken evenly among 12 metal or soaked bamboo skewers. Heat a barbecue grill or chargrill on medium. Cook the skewers, turning, for 10 mins or until cooked through. Transfer to a plate and cover with foil. Set aside for 5 mins to rest.

Step 4 - Combine mango, avocado, spring onion, lime juice, chilli, if using, and mint in a medium bowl. Season.

Step 5 - Divide skewers among serving plates. Top with mango salsa.



Melbourne Cup celebrations



From Atherton to Innisfail, Melbourne Cup lunches were in abundance

World COPD Day



Respiratory and renal ward celebrating world COPD day with a morning tea

US navy visit



Thelma Quinn receives a visit from US Green Bay Naval personnel

Movember efforts



Phar-mo-cy Movember, raising funds for men's health.



CHRISTMAS CROSSWORD Across 1. Carol 3. Nicholas 4. Turkey 6. Snowflake 7. Joseph 10. Mistletoe 13. Eggnog 14. Sledge 16. Chimney 18. Wreath 19. Yuletide Down 1. Candy cane 2. Jesus 5. Bethlehem 8. Stocking 9. Jingle 11. Snowman 12. Advent 15. Elf 17. Magi



Firstly I would like to express my gratitude to the Hospital "system" for an improved lifestyle, already evidenced, albeit early in the projected outcome of this treatment.

Secondly, but most importantly, my sincere gratitude and admiration, for an exceptionally clever man, Doctor Ng, conspicuous by his sensibility and devotion to the best ultimate results.

Thank you, Doctor Ng.

Thirdly to the dedicated and pleasant team who participated in my care on the 24th October 2018, at the Cardiac/Catheter Lab, a big "Thank you" for their smooth efficiency, which gave me confidence and quelled my fear, born of a recent horrifying experience immediately after being discharged from The Emergency Department of the Cairns Hospital on the 14th May 2018.

Unfortunately, the names of this dedicated Cardiac team, elude me, but it included the nurses on duty the afternoon of the 24th October, when my pacemaker was fitted, as well as a delightful gentleman nurse, "on loan," a nurse who was on a later shift, and a lady who was involved with the technical aspect of the Pacemaker..... I think.

To all the nursing staff, including Wendy, (the only person who's name I can remember) thank you once again for the reassuring aura of casual control, born of your knowledge and competency.

I wish to thank Doctor Sutcliffe, for his tolerance, deft expertise and empathy. He accomplished the procedure faultlessly, and for the duration, has captured this heart that he enabled, by telling me that I had a "A lovely little heart"

Cairns Hospital



I attended Emergency on the 10th of November in the afternoon with a dislocated shoulder.

I received excellent care and was treated extremely quickly despite the department being full. Please pass on my thanks to all staff who assisted me from the triage nurse, doctors, nurses, orderlies and xray staff. Their professionalism was very admirable. To be in and out of

emergency department in 1.5 hours is very impressive. The doctor who reduced my dislocation (I'm sorry i cannot remember her name) was amazing. The technique she used was not at all traumatic and i am sure is why i have a minimal amount of pain following my injury. Thank you all again.

Atherton Hospital



I was sent to the ED by my GP with a very unexpected suspected ectopic pregnancy despite having an IUD. Upon arriving at the ED Triage desk every single person involved in my care was outstanding. From the Triage Nurse who rushed me through, the initial ED team who scanned me, took bloods and sent me for an urgent ultrasound, all whilst maintaining constant communication and updates. Then the Gynae Team who were thoughtful, understanding and absolutely wonderful in their

care and communication. During the operation it was discovered that my fallopian tube had ruptured and if it was not for the swift response from the ED and Gynae team the outcome would of been much worse. My partner and I really appreciate all the wonderful support, care and constant communication during this eventful time. I have now recovered extremely well and am thankful to this amazing service at Cairns Hospital that saved my life.

Cairns Hospital



Cancer is a scary diagnosis, your staff in the clinic have been amazing with easing my worries.

They are so friendly and, greet everyone by name. It's so wonderful to have such good staff - nursing staff and reception staff - just so friendly.

Cairns Hospital





Seasons Greetings

The Board and Executive of the Cairns and Hinterland Hospital and Health Service would like to wish you the best for a joyous season and a Happy New Year



2018