

Supporting  
Aboriginal  
women to  
**achieve  
better  
health**

**WORKPLACE  
WELLNESS**

See how our WorkHealth service is evolving...

**GIVING OUR YOUTH  
POSITIVE HEADSPACE**

Find out about ERGPA's push for a local headspace facility



## Workplace wellness is evolving... with a community focus.

Eastern Ranges GP Association's Health Services Development Unit was established 2 years ago, kicking off with Life! Taking Action on Diabetes and Diabetes Education services. It has since grown, incorporating WorkHealth Workplace Checks and, more recently, Workplace Flu Vaccinations.

The *modus operandi* is simply based on the premise that early health intervention in workplaces results in a healthier workforce, better productivity and a better understanding of personal health and wellbeing.

Our programs are designed to assist employees and the public to choose a healthier lifestyle through increased physical activity, positive food choices, reducing smoking rates and reduced alcohol consumption.

Campaigns to raise awareness, educational sessions to increase knowledge and opportunities to learn the basics of lifestyle change can make it easier for employees (or patients) to make healthy choices. We've taken this approach because the workplace is a good way to reach people, since most adults spend a large part of their day there!

While preventative health and lifestyle programs are two aspects that contribute to the health of employees, workplace wellness is more effective when a third factor is brought into the equation—safety in the workplace. With this in mind, ERGPA launched the third service – Workplace Flu Vaccinations.

Increasingly, it is recognised that the workplace has a powerful affect on people's health. Illness, such as flu, has



a large impact on physical health which can increase the workload for other staff and decrease productivity for the company. A workplace which promotes health can create a positive atmosphere, as employees feel their health and wellbeing is valued by their employer..

ERGPA stats show the success of our programs for 2010/11:

**Worksafe Work Health** – 4700 checks

**Flu Vaccination** – 4200 vaccinations

**Life! – Taking Action on Diabetes** - 449 Referrals

The team has moved to look at other venues to spread the message of the Life! as a Lifestyle Modification Program. Our team urges General Practices to contact us for Life! – Taking Action on Diabetes information. The eligibility criteria and referral is very simple. Best of all, patients get six free sessions in a program facilitated by trained staff that inevitably raises awareness of how to change lifestyle behaviours that may help prevent the onset of Type 2 Diabetes and Cardiovascular disease.

Currently the team is looking at other health and wellbeing services that ERGPA could provide to the corporate workplace – this will lead to better health awareness in the workplace and hopefully lead to healthier lifestyle choices in the wider community.

Navina Bilimoria at ERGPA can assist any businesses with workplace health related issues, contact Nav on 9871 1000 or [navina@ergpa.com.au](mailto:navina@ergpa.com.au)

## Staff

## NEWS

Eastern Ranges GP Association has had a busy few months with staff retiring, going on maternity leave and taking on new positions!

Gerald Overton decided almost three years ago that he just wasn't ready for retirement. He joined our team (and his brother David) in our office as our GP Liaison Officer, and what a treat it's been! Gerald has been a wealth of knowledge with an extensive history in the health sector, and has been working closely with Dr Geoff Broomhall to improve patient outcomes, and prevent hospital admissions through the Eastern Health GP Liaison Program.

The time came however when Gerald decided to try retirement again (and he promises this time it will stick) so we farewell Gerald, and wish him all the best.

You may have seen him on the cover of our summer 2010 Newsletter!

Diana Fayle has also left the team to pursue other ventures. We wish her well in whatever she chooses to do.

Both Sharyn Berry and Tanya Jardine have left us (temporarily!) to grow their families. Sharyn welcomed Xavier Cole Berry to her family on 13 April 2011, at 7lb13oz. They've both since visited the office for cuddles. Tanya gave birth to 7lb Isabelle Darcey Jardine on 14 May 2011. Both mum and bub are doing well, and we're all looking forward to a visit.

Sarah Kleinitz has taken on the role of Program Integration Manager, making sure our programs like GPLO, Rural Palliative Care, NPS and more run smoothly while our other managers are temporarily away. Sarah is a great asset to the team, supporting not only our staff, but our practices too.

One of ERGPA's valued GP Members, Dr Fred Cheung, sadly passed away earlier this year. Our sympathy goes out to his family, friends and patients.



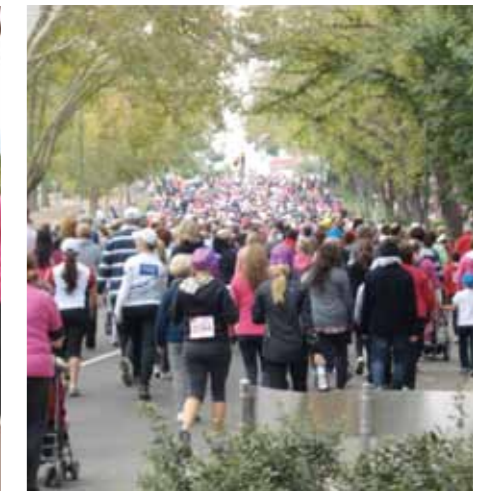
The Mothers Day Classic Fun Run was held at the Botanical Gardens on Sunday 8th May 2011. ERGPA, together with Revolution Personal

Training, put together a team to support breast cancer research! Our team wore gorgeous matching pink T-shirts which were proudly sponsored by Imaging Independently!

The day started off well with a group warm up with the Revolution personal trainers, and then off our team went either doing

the 8km run or 4km walk. The day was very inspiring with participants wearing tribute cards on their backs, so people could read them as they were walking. One inspiring tribute card said 'I'm doing this for everyone that has been touched by cancer'. Reading the tribute cards really highlighted our reasons for putting together a team, fundraising and walking or running on Mother's Day.

This is something that ERGPA and Revolution Personal Training will now be participating in every year! So look out for our team next Mothers Day and come along and join us!



## Things I've learnt this month...

Eastern Ranges After Hours Medical Services co located at Angliss has opened.  
**See page 04**

Over 16,000 OH&S claims were made in the Health and Community Services industry in the 2007/2008 financial year alone.  
**See page 08**

Australian Doctor has released a phone app that could earn you CPD points!  
**See page 10**

### Diabetes Education- Now in Your Practice!

ERGPA, in partnership with Ranges Community Health, has recently recruited a credentialed and experienced Diabetes Nurse Educator, Linda Rennie. If you are looking for a Diabetes Nurse Educator to work in your practice on a fee for service basis, Linda Rennie is your answer for even as little as one session a fortnight!

For more information and to arrange a practice visit by Linda, contact Mark Caldwell at ERGPA on 9871 1000 or [mark.caldwell@ergpa.com.au](mailto:mark.caldwell@ergpa.com.au)

### Cultural Awareness Training – Register Your Interest

Would you like to attend one single training session that makes your practice more culturally friendly for your Aboriginal and Torres Strait Islander patients, satisfies the Indigenous Health PIP requirements and earns you 40 category one CPD points?

We are now accepting expressions of interest to attend one of our innovative and interactive face to face training sessions. The next session will be run across two evening sessions. Catered dinner will be provided at each evening session.

To find out more contact Sarah Kleinitz on 9871 1000

# Facts, Food, Fun & 40 Points

By attending a Cultural Awareness training session run by the Divisions of General Practice in the Eastern Metropolitan Region you have the opportunity to:

- Learn about traditional Aboriginal family values
- Hear renowned didgeridoo player Shane Charles
- Have a bush tucker lunch including crocodile, kangaroo and emu and wattle seed pavlova
- Enjoy a cultural experience with the Mullum Mullum Dancers
- Take an Interactive History Walk through time since white settlement using Aboriginal eyes
- Meet an Indigenous AFL legend
- Shed some tears, have a laugh
- Network with your peers
- Meet the Division staff working on the Closing the Gap and Closing the Health Gap projects
- Hear about the Department of Health's initiatives for Aboriginal Health in the region
- Learn more about the Aboriginal MBS Items
- Gain a greater understanding of the Indigenous Health Practice Incentive Program
- Practise asking whether your patients identify as being of Aboriginal or Torres Strait Islander origin?
- Join the growing number of culturally friendly GPs and practice staff in our region
- Earn 40 category 1 CPD points



## After Hours Medical Service Now at The Angliss

You may have heard that **The Angliss Hospital now has a co-located after hours GP clinic operating next to its Emergency Department. We are pleased to announce that ERGPA has partnered with Eastern Health to bring after hours GP care to the Outer East and Dandenong Ranges through the Eastern Ranges After Hours Medical Service (ERAHMS).**

We were proud to have The Honourable Laura Smyth MP officially open the service and make mention of the need in the local area for after hours medical care. She even said that if she needs to see a GP after hours, she now knows where to come!

The principle behind the

partnership between The Angliss and ERAHMS is one of reducing the burden on the Emergency Department (ED) by being able to service category 4 and 5 patients at the GP clinic. We have been working closely with The Angliss, and in particular the ED, to set up referral pathways to ensure streamlined referrals from ED to the After Hours GP Clinic.

ERAHMS Angliss is committed to providing high quality, urgent after hours general practice care to patients that are unable to wait until the next day to see their usual GP. The service is able to access pathology and radiology at The Angliss which is great for any patient requiring an xray or bloods to be taken on site.

The service has been open for three months and the numbers of patients are building quickly and consistently. We have undertaken a large and widespread letterbox drop campaign to raise public awareness and it certainly seems to be working with weekends, and in particular Sundays, attracting the highest numbers of patients.

ERAHMS Angliss is co-located at The Angliss Community Rehabilitation Centre, a modern and spacious building that is well suited to GP services and is very patient friendly. GPs working at the service are local to the area and wish to support a local initiative, providing greater access to

patients requiring after hours GP care. We are very proud of our third ERAHMS site and the partnership we have built with local GPs and Eastern Health.

We are always on the lookout for local GPs wanting to work at the clinic, even for as little as one shift per month. Remuneration is \$120 per hour and we are able to offer attractive salary packaging options to maximize your pay.

If you are interested in working at ERAHMS Angliss or would like to order advertising material for your practice, please contact **Tania Middleton, Practice Manager on 9871 1000 or [tania.middleton@ergpa.com.au](mailto:tania.middleton@ergpa.com.au)**



## Case Study

The Melbourne Eastern Private Hospital  
P: 03 9720 3388 [www.iphoa.com.au](http://www.iphoa.com.au)

The Melbourne Institute for Obesity Surgery (MIOS) currently has 2 multidisciplinary clinics in Melbourne. One clinic is situated in the Eastern suburbs of Melbourne, and based at The Melbourne Eastern Private Hospital, Boronia (formerly known as Mountain District Private Hospital), and the second clinic is based at Essendon Private Hospital.

### CASE STUDY

#### SLEEVE GASTRECTOMY Mr Adam Skidmore

A 60 year old lady with a history of severe Type 2 diabetes requiring three times daily insulin, presented with a BMI of 50. She had struggled with her weight since the birth of her 2nd child. She also suffered severe OA of the knees and venous ulceration of the left foot with lymphoedema. She was refused knee replacement due to her weight.

Her dietary history included a healthy diabetic diet and her caloric intake was normal for her age. She was not a sweet eater and did not emotionally eat. Her exercise history was poor mainly due to her knees and poor self esteem with her weight.

She had multiple attempts at weight loss with diet and had failed on each occasion. She was seen on a number of occasions in the rooms and offered obesity surgery. Given her inability to exercise and not being a big volume eater it was felt gastric banding was not going to be appropriate. Her severe diabetes and very high BMI also made it less likely a band would be an effective method of satisfactory weight loss. She was offered a Laparoscopic sleeve gastrectomy or Roux En Y Gastric bypass and after consultation with our bariatric GP, Psychologist and dietician she elected to proceed with Sleeve Gastrectomy.

She underwent a successful Laparoscopic Sleeve gastrectomy in January 2011. She also had her venous ulcer treated with compression stockings. She was discharged from hospital on day 3 and made an uneventful recovery.

Her weight on the day of surgery was 129kg. In April 2011 her weight was 99kgms. She lost 30 kgs in a 3 month period or 48% of her excess weight (weight loss required to obtain a BMI of 25) since January. Her insulin has been stopped and she is now looking to have her knees repaired, which will enable her to exercise more.

### CONCLUSION

The sleeve gastrectomy has now been offered as a primary and definitive procedure for weight loss for the last 5-10 years. It involves laparoscopic removal of the greater curve of the stomach including all of the fundus. The fundus has been shown to have some control of appetite by releasing the hormone Ghrelin and the growth hormone related GLP-1 and 2. These hormones work by affecting appetite and also weight loss. It also has a restrictive element as a large volume of the stomach is removed therefore making it harder to eat large amounts.

A sleeve gastrectomy can be offered to any patient with a BMI >35 with co-morbidity or a BMI >40 without co-morbidity. Recent 5 year data has been published which confirms an average EWL of 70% and good long-term maintenance of weight loss.

The average patient spends 2 nights in hospital and can be back at work in 2 weeks.

The MIOS clinic offers a multidisciplinary approach to patients suffering from Morbid Obesity and obesity related conditions. The clinic consists of 2 bariatric surgeons, Mr. Adam Skidmore, and Mr. Patrick Moore, a clinical Psychologist, Dietitian, Clinical Nurse Educator, and GP Physician who carries out the initial medical assessment of patients, and on going post-surgery follow up and band adjustments. The Melbourne Eastern Private Hospital supports the bariatric surgeons with an experienced team of theatre nurses who are specialised in obesity surgery and the relative operative procedures, and ward nurses who are also specialised in the post operative care of these patients. The clinic provides 24 hr support to patients where needed.

The 3 main options of bariatric (obesity) procedures offered are Laparoscopic adjustable gastric banding, Gastric Sleeve and, Roux en Y gastric bypass surgery. The first 2 procedures are offered to patients at The Melbourne Eastern Private Hospital, whereas gastric bypass procedures are performed in hospitals with attached intensive care units.

### CASE STUDY

#### LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING Dr Philip Cheung

A 20 year old female presented who has been obese all of her life and had tried many weight loss programs without any success. Her initial weight was 112.8kg with a height of 170cm, giving her a BMI of 38.8. She had no other co-morbidities.

She first presented to the Melbourne Institute for Obesity Surgery on March 11, 2009. She was counselled at length with various bariatric options offered, and with the pros and cons of each procedure discussed. She was then referred to Bariatric surgeon, Mr. Adam Skidmore, the Dietitian, and Clinical Psychologist at the clinic and following consultation chose to have Gastric banding.

Prior to surgery, Miss JM was commenced on Optifast, a total nutritional supplement for 2 weeks in order to reduce the size of the liver. She proceeded to surgery on 15 April, 2009. On May 18, 2011, 109 weeks after surgery and following 13 clinic visits, her weight was recorded at 65.9 kgs, her BMI 22.8 and she had lost 46.9 kgs.

### CONCLUSION

Laparoscopic adjustable gastric banding is most effective in the relatively lower BMI obese patients. It is particularly successful if patients are motivated. Patients have to continue to be careful with their diets and they are encouraged to continue their exercise regime. These patients are monitored regularly through the clinic.



## Supporting Aboriginal women to achieve better health

By Melissa Sweet

At Warawa Aboriginal College in the Yarra Valley, students are supported by a philosophy of “two way” learning. This means they learn mainstream educational curriculum while Aboriginal culture, values, spiritual beliefs and learning styles are also taken into account.

This “two way” philosophy also resonates with an innovative primary health program, funded through the Eastern Ranges GP Association, that aims to help support the students’ mental health and resilience.

Eve Raine, who has been a mental health nurse for more than 20 years and is particularly experienced in working with young people, has been spending two days a week at the College since March.

Ms Raine says she has been taking a softly, softly approach to develop trusting relationships with the students, who are girls aged from 12 to 18. Many are from remote communities.

She has been running relaxation groups, and says that mindfulness practices are of proven benefit for those with traumatic backgrounds. “The girls are very shy,” she says. “It takes a long time to engage them and build trust.

“The groups have ended up being very beneficial. The teachers report the girls are much better in class after they’ve done relaxations. They’re better able to concentrate and are quieter.”

## Giving our youth some positive headspace

The Eastern Ranges GP Association is part of a push for a local Headspace facility, aiming to help improve the range of services available to young people in the area.

The recent Federal Budget announced that 30 new headspace centres would be established, to provide free or low cost health advice, support and information for young people aged 12 to 25.

ERGPA’s CEO, Ms Kristin Michaels said that if the submission for a local headspace was successful, this would mean “wrap-around services” would be at the doorstep for the area’s youth. “There’s a headspace in the south, west and north of Melbourne but none in the east,” Ms Michaels said.

The Association’s mental health services manager, Mr Craig Maloney, said that such a service would be

of particular benefit to those young people now falling through the cracks. “What I like about Headspace is that it is very youth friendly,” he said.

“Young people see Headspace as a one stop shop. They can get a bit of privacy, counselling, and mental health advice, on eating disorders, or drug and alcohol services.

“It’s very much a place that young people can congregate.”

Mr Maloney said he applauded the Gillard Government’s recent budget announcements in mental health. “She is the first PM to give us a portfolio with a Minister for Mental Health. Thank God, mental health concerns are finally being addressed nationally.”

However, some medical groups are concerned about cutbacks to rebates under the Better Access Program, that are being used to fund some of the new

mental health programs.

Dr Alex Murray, a GP at the Valley Primary Health Centre, said the rebate cuts were disappointing.

“It’s not going to change what I do, the patients still need a service,” she said. “It’s a real shame they’ve undervalued general practice.”

Dr Murray said the main thing that governments could do to help GPs better manage the mental health load is to provide more funding for public services.

At present, it is very difficult for patients to access psychiatrists, and the cost of psychologists is often prohibitive, she said.

“I’d like to see more funding for the public service so we could access psychiatrists for opinions and support,” she said.

Ms Raine avoids using terms such as “mental health” or diagnostic labels because these can be a deterrent. Instead, the program is called Weenthunga, which means “to hear and to understand” in an Aboriginal language.

Her long-term goal is to become a trusted, valuable resource for the students. “I’d like to be recognised by the girls as someone they can come to that will help them with their issues, and that I will eventually be able to help some of these young women move onto a much better life,” she says.

Ms Raine is also learning from the experience and gaining understanding of Aboriginal culture, including the communal spirit and importance of community and family ties.

“If you give something, it belongs to all of them,” she says. “They are absolutely gorgeous girls, they have a resilience beyond what you’d normally expect from young people, and an ability to work through issues.

“They’ve got a lot to teach us in how to be in the world, and also their relationship with the non-human world is really lovely.”

Ms Raine says she has been fortunate that her work at the College has also been sponsored by the crafts business, ISHKA, which has donated goods for use with the groups and to decorate her office.

ERGPA also has another mental health nurse providing creative arts therapy for the students, according to the Association’s mental health services manager, Mr Craig Maloney.

The service is funded through the mental health nurse incentive program and the GP involved is Dr Sophie Mancey-Jones from the Valley Primary Health Centre.

Mr Maloney says while the service is in early stages, he hopes it may eventually be taken up more widely.

“We’re hoping it’s going to become a best practice model for other Indigenous schools around the country,” he says.

Meanwhile, Mr Maloney encouraged GPs to get in touch with him to find out more about how they might be able to make more use of the mental health nurse incentive program.

“We’re the largest mental health nursing team in Melbourne,” he said.

“What I say to GPs is, ‘we’re here to help’. Call me to find out how to use our team’s services or I can come out and talk to you and your staff.”

# Masterclass: OH&S Are you at risk?

“Tomorrow is your reward for working safely today”

“A near miss today is an accident tomorrow. Report it, don't ignore it”

“The safest risk is the one you didn't take.”



Do these slogans mean anything to you? Or are they just another phrase, rolled off the tongue, in one ear and out the other?

Occupational Health and Safety (OH&S) is an important part of any business, over 16,000 claims were made in the Health and Community Services industry in the 2007/2008 financial year alone. That's 14 out of every 1,000 employees making a claim.

While working in an office environment doesn't have the obvious hazards of those in factories, there are still a large range of health and safety issues. Common office hazards include; tripping hazards, poorly designed chairs which don't provide support, glare from computer screens, bullying and repetitive and insufficient task variety.

So how can you make your workplace safer?

## 1. Identify the hazard

- develop a hazard checklist
- walk-through surveys (inspections) of the workplace
- analysing work processes
- consulting with employees -they can often provide valuable information about hazards, because they have hands-on experience in their work area
- reviewing previous incidents reports and data for your organisation
- benchmarking or liaising with similar workplaces

## 2. Assess the risk associated with the hazard

Assess all reasonably foreseeable workplace hazards which may affect the health or safety of employees or other persons at work. Ask yourself

- how serious could it be?
- what is the likelihood of its occurrence?
- what is the significance of the risks?
- are risks assessed following the hazard identification exercise?
- are risks to others considered?
- are records of assessment maintained?
- which identified hazards create a significant risk?

## 3. Control the risk

Control measures fall under three categories:

Eliminate the hazard – examples are to remove tripping hazards, tape down computer cabling and adjusting work stations so they are ergonomic for staff.

Minimise the risk – If it is not possible to remove the hazard, change it to something with less risk. Examples are to change a telephone handset to a headset, alter procedures so staff aren't exposed to risks, change bench heights to reduce bending.

Use 'back-up' controls

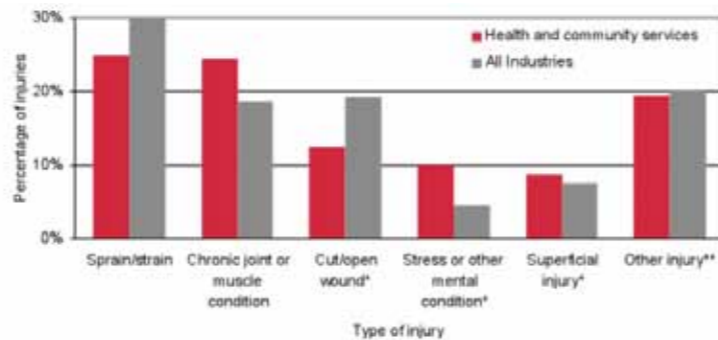
Backup controls are used when a hazard or risk cannot be eliminated or minimized. Examples of backup controls are redesigning jobs, job rotation and training and educating staff.

## 4. Review the process

The job of OH&S control never stops. It's important to continue reviews of your working area to ensure best practice OH&S is in place. Your working environment will continually change with the introduction of new staff, policies and equipment.

outcomes and various points of interest.

So, is your workplace as safe as it should be?



Work-related injuries in the Health and community services industry: Percentage of injuries by type of injury

\* The data for Cut/open wound; Stress or other mental condition; and Superficial injury have RSEs of between 25% and 50%. These results should be used with caution.\*\* Other injury includes Fracture and Crushing injury, internal organ damage or amputation. Source: www.safeworkaustralia.gov.au

For more information on OH&S visit [www.comcare.gov.au](http://www.comcare.gov.au)

## 2010 Infrastructure Grants

The Australian Government last year announced that they would be investing funds to upgrade around 425 General Practices, primary care and community health services, and Aboriginal Medical Services. There have been two rounds of grant opportunities with the main aim being to improve access to integrated GP and primary health care. Practices were given the opportunity to apply for grants of up to \$500,000.

In November 2010 it was announced that more than 240 clinics across Australia would benefit from the first round of grants. Six of the successful applicants are located within Eastern Ranges GP Association's boundaries.

Dr. Khai Mark at Mandala Clinic was a recipient of a \$150,000 grant and hopes to gain further funds through the 2011 round of infrastructure grants. Dr. Mark plans to extend their premises to accommodate further GPs, Registrars and allied health services including a dental clinic.

Construction work will soon begin at Swansea Road Medical Clinic to expand their nursing facilities. Using the infrastructure grant of \$65,000, they plan to build a new area for nursing services including improved access for ambulance vehicles. The clinic expansion will also enable Swansea Road to have an additional GP consultation room.

The Hills Medical hasn't started any developments yet, but will in the very near future. The practice plans to expand skywards, with 1 new GP room and a large training/kitchen area upstairs. This will be able to accommodate more students/registrars and will be used as a practice meeting room. The practice has planned to have all the construction to happen on the outside of their building so impact on the practice is minimal.

The Hills Medical received \$300,000 and offers the following advice to any practice that is thinking of developing in the future; "work with your strengths and build extras for what the GP's like doing". At The Hills Medical the GPs enjoy training – therefore they are building a great training room.

Mt Evelyn Medical Surgery have also been successful with an infrastructure grant, they intend to expand a small existing room to make it more user friendly. This room will become a consulting room and a training room for GP registrars. The current Managers Office will become another consulting room.

Mt Evelyn Medical Surgery has recently had some extensions/renovations and it has not been an easy process for the practice. They note that the Practice Manager needs to stay focused and calm. Their advice is use a project manager as extensions/renovations can be very difficult.

The current round of infrastructure grants closed on 10 June 2011, and we wish all our applicant practices the best of luck!

## \* Did you know?

Jib - The dot over an 'i' or 'j.'

Lunule - The white, crescent shaped part at the top of a nail.

Crepuscular Rays - Rays of sunlight coming from a certain point in the sky, also known as "God's rays."

Ferrule - The metal part on a pencil.

Gynecomastia - Man-boobs.

Muntin - The strip separating window panes.

Morton's Toe - When your second toe is bigger than your big toe.

Desire Path - A path created by natural means, simply because it is the "shortest or most easily navigated" way.

## Things you never knew had names

Semantic Satiation - What happens when you say a word for so long that it loses its meaning. Limit limit limit limit limit limit limit limit.

Skeuomorph - "A design feature copied from a similar artifact in another material, even when not functionally necessary." For example, rivets on jeans and the shutter sound on a digital camera.

Brannock Device - What is used to measure your feet at the shoe store.

Paresthesia - The pins and needles feeling you get when part of your body falls asleep.

Phosphenes - The lights you see when you close your eyes and press your hands to them.

Armscye - The armhole in most clothing.

Wamble - Stomach rumble.

Feat - A dangling piece of curly hair.

Peen - The side opposite the hammer's striking side.

Rectal Tenesmus - The feeling of incomplete defecation.

Dysania - The state of finding it hard to get out of the bed in the morning.

Mondegreen - Misheard lyrics.

Petrichor - The smells outside after rain.

Philtrum - The groove located just below the nose and above the middle of the lips.

Purlicue - The space between the thumb and the forefingers.

Aglet - The plastic coating on a shoelace.



## Reviews iPhone apps you can use in your practice



### Resuscitate By St John Ambulance Australia Incorporated

**Description:** The app features iPhone, iPod touch and iPad optimized controls and a clean, crisp graphic user interface that makes browsing St John Ambulance Australia's life saving DRABCD Action Plan easier and more interactive than ever before.

A Defibrillation theme sets the app apart from other products in similar App Store categories. Users will learn the importance of early intervention during a Sudden Cardiac Arrest (SCA) and build confidence in the use of Automated External Defibrillators (AED).

St John Ambulance Australia established a Public Access Defibrillator (PAD) program in 2004 to place life saving AED's in the public area. To-date the program has saved more than 13 lives and deployed more than 300 AED's into public locations such as airports, train stations and shopping centres.

Survival from out-of-hospital SCA in Australia remains poor with less than

10% of victims leaving hospital alive. Factors which have been identified as those influencing outcome include the underlying cardiac rhythm, the early initiation of Cardiopulmonary Resuscitation (CPR) and early defibrillation. SCA is the most common form of death in Australia, approximately 20,000 people in Australia die from this condition every year. Time taken to defibrillation has been shown to be a key factor that influences survival which has been demonstrated in numerous studies. Every minute defibrillation is delayed; a person loses approximately 10% survival chance.

The defibrillator locator may be the difference between life and death of a patient, friend, family member or a complete stranger in the street.

**Usability:** 8/10  
**Price:** \$2.45

What we thought: Winner of the 2010 Safe Work ACT Award, this app is one of a kind and could prove to save someone's life. In our opinion, its \$2.45 well spent.



### Australian Doctor – How To Treat

**Description:** Based on Australian Doctor's popular How To Treat series, this app allows GPs to read a pdf of How To Treat and then complete a user-friendly ten question quiz to earn 2 CPD points.

A new How To Treat article and quiz will be available each week and the required mark to obtain points is 80%.

**Usability:** 9/10  
**Price:** Free

What we thought: Is this the beginning of the change in how GPs maintain their CPD points and maintain their lifelong learning? It certainly is an appealing way of staying up to date with current practices and changes in the ever advancing medical world. You do the quiz in your time in your favourite location so whether it's the beach, a cafe or your lunchroom, you control when you access your CPD. It's worth a look.

## WHAT'S HOT & WHAT'S NOT?

### HOT:

Eastern Ranges GP Association has been recognized by Diabetes Australia as one of the top 3 Division of General Practice Life! providers.

Our Health Services Development Team has completed 4,200 Flu Vaccinations this season.

The Eastern Ranges After Hours Medical Service collocated at The Angliss was officially opened by Laura Smyth MP on 5 April 2011.

ATAPS funding has increased as a result of the new Federal Budget

### NOT:

The reduction in the MBS rebate for developing a Mental Health Treatment plans.



easternhealth

in  
partnership  
with

i:maging  
independently



Eastern Health provides comprehensive diagnostic radiology services in conjunction with Imaging Independently.

Our aim is to offer the very best service across a range of diagnostic imaging modalities, striving to meet or exceed the standards of any diagnostic imaging in Australia.

- Experienced Radiologists, with fellowship training and sub-speciality expertise
- Bulk Billing for all services that are covered by Medicare rebate
- Electronic Format delivery of reports
- Health Link is our delivery provider. This is provided free of charge and is easy to install
- Referral forms are available in A5 format for manual writing and A4 format for use with computer printers
- Radiologists are available to provide Clinical Presentations to your practice and to keep you informed on the latest in Diagnostic Imaging
- All Public and Private Referrals are welcome

For further information please contact:

Kerrin Ball / Marketing Manager - 0437 307 526

### Box Hill Hospital

Level 1, Nelson Rd  
Box Hill 3128  
Phone 98953221  
Fax 98953394

### Maroondah Hospital

Ground Flr, Davey Drive  
East Ringwood. 3135  
Phone 98713536  
Fax 98713884

### Angliss Hospital

Level 1, Albert St  
Upper Ferntree Gully, 3156  
Phone 97646243  
Fax 97560439



www.imagingindependently.com.au

# calendar

Keep an eye on the ERGPA website for the latest events that ERGPA are running, don't forget you can register online for all of these events at [www.ergpa.com.au/events](http://www.ergpa.com.au/events)

## Wednesday 13th July 2011

Medicare Local  
Workshop @ ERGPA Training Room

## Wednesday 20th July 2011

'From Parents to Prime Ministers; everyone is perfectly imperfect'  
Workshop @ ERGPA Training Rooms

## Tuesday 9th August 2011

Practice Nurse Network meeting- Cervical Cancer Prevention  
Workshop @ ERGPA Training Room

## Upcoming Events

- Medical Director Training
- CPR
- First Aid
- Practice Nurse- In the Treatment Room Workshop
- MBS Item numbers- In Pakenham
- Mental Health
- Management of Non-Displaced Fractures Workshop
- Sports Injuries

## Tinnitus management seminars for 2011

TINNITUS  
ASSOCIATION  
Victoria

The Tinnitus Association of Victoria (TAV) will again be conducting tinnitus management seminars in 2011. These two ½ hours seminars will be held on the following Sundays: 14th August, 9th October and 11th December 2011. The seminars are designed to provide tinnitus sufferers with the necessary knowledge and understanding to become successful tinnitus managers.

Some of the topics covered are:

- What is tinnitus?
- Why does tinnitus emerge and persist?
- The emotional impact of tinnitus
- The 4 keys to successful tinnitus management
- Sleep management

During the last ten years these seminars have gained increasing credibility within the medical profession.

*'The TAV stands out as an exceptional and effective support service. This group provides services and support that no other group is able to provide to tinnitus sufferers in our community'*

### Janette Thorburn

Principal Audiologist – Voucher  
Australian Hearing

*'The TAV website is internationally recognised as an important source of quality information materials that are well balanced, unbiased and soundly based. They have a dedicated team of volunteer educators and informal counsellors who provide an extremely valuable service through the tinnitus management seminars and telephone support service.'*

### Dr. Ross Dineen

Dineen and Westcott Audiology

**Venue: Deaf Children Australia**

**Address: Corner St Kilda Rd. & High St., Prahran**

**Time: 10:00am – 12:30pm**

**Cost: \$50 Concession \$35**

Should you have clients experiencing difficulty managing their tinnitus, we would appreciate it if you could bring our seminars to their attention.

Registration available on line at [www.tinnitus.org.au](http://www.tinnitus.org.au) or by phoning:

Ross McKeown (03) 9729 3125

Ian Paterson (03) 9755 2238

## Contact Us:

### Corporate Office

21 – 23 Maroondah Hwy, Croydon 3136  
Ph: 9871 1000  
Fax: 9879 5407  
Email: [ergpa@ergpa.com.au](mailto:ergpa@ergpa.com.au)

### My Health Works – Lilydale

355 Main St Lilydale, 3140  
Ph: 9871 1000  
Fax: 9879 5407

### Eastern Ranges After Hours Medical Service – Healesville

225 Maroondah Hwy, Healesville, 3777  
Ph: 1300 766 858 (After Hours)  
Ph: 9871 1000 (9am-5pm)

### Eastern Ranges After Hours Medical Service – Yarra Junction

2454 Warburton Hwy, Yarra Junction, 3777  
Ph: 1300 766 858 (After Hours)  
Ph: 9871 1000 (9am-5pm)

### Eastern Ranges After Hours Medical Service – Angliss Hospital

Angliss Community Rehabilitation Centre  
Upper Ferntree Gully, 3156  
Ph: 9764 6361 (After Hours)  
Ph: 9871 1000 (9am – 5pm)

### ERGPA Services Available:

**Clinical Services:** Diabetes Clinics, Life! Courses, WorkHealth Checks, Flu Vaccinations, Mental Health Services (Mental Health Nursing, ATAPS, Rural Primary Health Service), Aged Care Access, After Hours

**Education and Liaison:** Hospital Liaison, Education and Training, Clinical Audit, Clinical Placements

**Practice Development:** Practice Nurse Support, MBS Item Support, APCC, PENCat, Practice Health Atlas, e-Health