And the winner is …

PACS North Lakes Team

Congratulations to the PACS North Lakes Team, who are the winners of the inaugural Medication Safety poster competition (2018), and to the other teams that submitted posters:

- West Wing, Zillmere Residential Transition Care
- Cooinda House
- Community Palliative Care

The competition was open to all Community and Oral Health staff, to develop a poster on any topic relating to Medication Safety.

The winning poster ‘Where can paracetamol be hidden in medication?’ is relevant to all clinical services and addresses an important medication risk. The poster is inside this edition of Learning4you.

This will now be an annual event, with a magnificent perpetual trophy. Watch out for our LEAD program – there will be a session about how to develop a poster this year.
Back to Basics is entering its 2nd year. Each month is themed around important aspects of clinical care, providing our MTD teams opportunity to critically reflect on current practices, how they correlate with evidence based practice and opportunities for improvement.

Your COH Education Team will continue to provide educational support for the program, with the development of Learning4you Resource Guides. These guides provide links to many excellent resources, including video links, online learning, journal articles and procedures. A Learning4you Resource Guide will be available each month to support the monthly theme.

How do I get a copy of the Learning4you Resource Guides?
The Learning4you Resource Guides are available to all staff via the COH Education Libguide.

2019 – The Program

<table>
<thead>
<tr>
<th>Month</th>
<th>Theme</th>
<th>Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>Palliative Care &amp; End of Life</td>
<td>Vol 13</td>
</tr>
<tr>
<td>April</td>
<td>Falls &amp; Manual Handling</td>
<td>Vol 3</td>
</tr>
<tr>
<td>May</td>
<td>Handover, Escalation &amp; Reporting</td>
<td>Vol 1</td>
</tr>
<tr>
<td>June</td>
<td>Behaviour Management (including delirium, dementia &amp; cognitive impairment)</td>
<td>Vol 7 &amp; 8</td>
</tr>
<tr>
<td>July</td>
<td>Hygiene, Continence &amp; Elimination</td>
<td>Vol 10</td>
</tr>
<tr>
<td>August</td>
<td>Documentation, Assessment &amp; Care Planning</td>
<td>Vol 2 &amp; 11</td>
</tr>
<tr>
<td>Sept.</td>
<td>Recognising &amp; Responding to Deterioration (Psychological &amp; Cognitive)</td>
<td>Vol 12</td>
</tr>
<tr>
<td>Oct.</td>
<td>Infection Prevention &amp; Management</td>
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</tr>
<tr>
<td>Nov.</td>
<td>Pressure Injuries &amp; Malnutrition</td>
<td>Vol 14</td>
</tr>
<tr>
<td>Dec.</td>
<td>Medication Safety</td>
<td>Vol 4</td>
</tr>
</tbody>
</table>

’introducing …

Gillian Stockwell-Smith

Hi, I’m Gillian Stockwell-Smith and I have recently commenced as Acting Clinical Evidence Development Officer (CEDO) with the Safety and Quality Unit, based at Aspley Community Health Centre.

I am a Registered Nurse, completing my general and psychiatric nurse training in the UK (Portsmouth) where I worked in hospital and residential aged care settings before moving to Australia in 1987.

Since moving to Brisbane, I have had a varied career working as a clinician, manager, educator and researcher in hospital, community service and tertiary education settings. I’ve delivered and coordinated clinical services, developed and applied funding application/community consultation and service evaluation processes and been involved in strategic planning and policy development. I have a strong implementation and feasibility focus to my research which has focused on improving outcomes for staff and consumers through changes or refinements in dementia care, improved educational resources and new ways of delivering services. I am a Queensland Statewide Dementia Clinical Network Steering committee member, a member of the Statewide Older Person’s Health Clinical Network, and the Australian Association of Gerontology Queensland Chapter Early Career Researcher/Student representative, a sub-editor on the International Psychogeriatric Association IPA Bulletin, and am a member of the Australian College of Nursing.

‘Something you don’t know about Gillian’...before becoming old and decrepit I was a state representative in badminton and won a gold medal at the 1994 World Masters Games in Brisbane.

I will be out and about visiting COH service sites to see how I can support clinicians to identify and deliver evidence based practice (EBP) using Knowledge Translation (KT) and implementation frameworks. If you would like more information or to book a meeting/education session contact me on COH-CEDO@health.qld.gov.au or 0417 893 282.

‘We Work Together … We Learn Together’
Evidence Based Practice

... What is it and how do I do it?

Thanks to Gillian Stockwell-Smith, CEDO for providing this article

What is it

Evidence-based practice (EBP) is a concept that emerged out of evidence-based medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). The purpose of evidence-based practice is to assist in clinical decision making. It is an approach to care that integrates the best available research evidence with clinical expertise and patient values (Hoffmann, Bennett, & Del Mar, 2017).

In short, Evidence Based practice

- is a way of keeping current with new developments;
- is an approach to clinical practice;
- advocates using best practice research as the basis for making clinical decisions and,
- involves lifelong, self-directed learning

Why is it important?

When planning and delivering services we need to consider a range of factors that may affect patient outcomes, what we can and should offer that accommodate our patients particular needs and circumstances, as well as the broader organisational and societal context in which we practice.

EBP encourages clinicians to incorporate information from high quality research (quantitative and qualitative) with their clinical expertise and the client’s background, preferences and values when making decisions. It gets us thinking about questions such as.

- Why am I doing this in this way?
- Is there evidence that can guide me to do this in a more effective way?

Evidence-based practice also has an important role to play in ensuring that health resources are used wisely and that relevant evidence is considered when decisions are made about funding health services. There are finite resources available to provide health care to people. Accordingly, we need to be responsible in our use of healthcare resources (Hoffmann et al., 2017).

How can I do it?

Different practitioners at different levels of responsibility within evidence-based organisations will require different skills for EBP and different types of evidence. However, with the right training, practice and experience, we can all learn how to do evidence-based practice competently using the following five steps;

ASK: Formulate an answerable clinical question - PICO is a useful tool for asking focused clinical questions

ACCESS: Track down the best evidence with which to answer that question

APPRAISE: Critically appraise the evidence for its

- validity (closeness to the truth)
- impact (size of the effect), and
- applicability (usefulness in your clinical practice)

APPLY: Integrate the results with your clinical expertise and patient values/local conditions

ASSESS: Evaluate the effectiveness of the process

Want to know more? Check out the LEAD Program session from Thursday 28 February, where CEDO Gillian Stockwell-Smith and COH Librarian Jana Waldmann talked about finding and using Evidence Based Practice. The video recording is available via the COH Education Libguide (use this link to access from work or home) http://sas.health.qld.libguides.com/c.php?g=693623&p=6587653

REFERENCES

Hoffmann, T., Bennett, S., & Del Mar, C. (2017). Introduction to evidence-based practice. In T. Hoffmann, S. Bennett, & C. Del Mar (Eds.), Evidence-Based Practice Across Health Professions (pp. 1-15).

Did you know that Community and Oral Health staff have access to their own library service? The Community and Oral Health Library is a virtual (or online) library, that provides innovative library and information services to support the clinical, research, education and management needs of staff. It can be hard to know where to start looking for information, and this is where the library can help.

Each month, news@library will focus on a specific service available to Community and Oral Health staff, giving you step-by-step instructions on how to find, access and use these information resources.

**What can a virtual library do for me?**

There is so much more to a library service than books! If you’re researching, undertaking quality improvement activities, updating policies or procedures, or just furthering your own knowledge, the library can help you find the information you need.

Some of the services include:

- **Literature searching**: save time by asking the library to search medical databases for you
- **Document delivery**: the library can help source hard-to-find journal articles and documents
- **Alert services**: email alerts can be created to keep you up-to-date with the latest research, journal TOCs (table of contents) and current awareness bulletins
- **Training**: is provided in using medical databases and EndNote citation software. This can be done online or face-to-face
- **Catalogue**: QH Libraries Search is the online catalogue where you can find books held by other QH libraries, as well as electronic books and journal articles that you can access online [http://qhlibraries.slq.qld.gov.au](http://qhlibraries.slq.qld.gov.au)

The library is staffed Wednesday and Thursday, but there are a range of services that you can access 24/7. These include:

- **Clinicians Knowledge Network**: [https://www.ckn.org.au/](https://www.ckn.org.au/)

To get in touch with the Community and Oral Health Librarian, email coh.library@health.qld.gov.au

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**Community and Oral Health**

**Procedure**

- Care of the Deceased
- Medication, High Risk Medicines
- Tracheostomy, Management of the Adult Patient

**Guidelines**

- Equipment Management and prescription – Community Palliative Care Service

**Metro North**

**Policy**

- Fraud Control
- Media Policy
- Security Policy for staff

**Procedure**

- Allied Health use of vehicles by students and supervisors
- Consumer Written Information
- Cytotoxic Management
- Enteral Nutrition Adults and Adolescents > 15 years
- Fraud Control
- Health and Safety Representatives and Contact Persons
- My Health Record, Block. Rescind and Removing documents
- My Health Record, Clinical Incidents, Complaints and Mandatory Reporting
- My Health Record, Consent
- My Health Record, System Participation
- New Medical Technologies, Products and Procedures
- Parenteral Nutrition
- Personal Protective Devices
- Pest and Vermin Control
- Security and Access Cards
- Unacceptable behaviour, Discharge from Care
- Workplace Rehabilitation

**Guidelines**

- Prehospital Stroke and Code Stroke Management
- Refeeding Syndrome in Adults
Orientation Demystified

Your Education Team has redesigned orientation for all staff. This reflects MNHHS requirements, and feedback received from Community and Oral Health staff and previous attendees. Have you ever wondered what is included in the various orientation programs?

1: All Staff Orientation

Who? All Staff
When? 3rd Monday of the month (North Lakes)
Topics
Professional & positive workplace culture; Cultural practice awareness; Ethics, integrity & accountability; Safety & quality unit; Preventing infections in our Hospital & Health Services; How to recognise & report child abuse & neglect; Elder abuse awareness; Health & safety; How can we identify & prevent occupational violence in the workplace; QH staff information; Our volunteer program; Waste management; Emergency response.

2: Clinical Orientation

Who? All Clinical Staff
When? Tuesday following All Staff Orientation (Brighton)
Topics
Research & quality projects; Pressure injury prevention & APIRA tool; Falls; Documentation; Clinical handover; Professional accountability; Bed & mattress / overlay selection; Riskman & clinical incident management; Recognising & responding to clinical deterioration; BLS theory & practical assessment; Patient & manual handling theory & practical assessment; Hoist & slide sheets; Medical emergency.

3: Nursing Orientation

Who? All Nurses
When? Wednesday following Clinical Orientation (Brighton)
Topics
Medication safety; Aseptic non-touch technique (ANTT); Professional standards; Scope of practice, accountability & delegation; Lifelong learning framework; Professional pathways & professional development; PDP; CPD; Reflection; Preceptorship & buddying; Looking after students; Trendcare; SHAPE

Special note re Nursing requirements.
Attendance at Clinical and Nursing Orientation is mandatory for:
- All nurses commencing at MNHHS for the first time
- All nurses returning after an absence of 12 months or longer
- Currently employed Grade 1 to 4 nurses, who have transferred to a higher-level classification

The medication calculations assessment is be undertaken at the time of recruitment (it is not part of the orientation program). Nurses are not to administer and/or check medications or IV fluids prior to successful completion of the assessment. Successful completion is a result of 100%.

3: Allied Health Induction

This day forms part of the orientation process for allied health staff. The program provides content specific to allied health staff & builds on education provided in Day 1 All Staff Orientation and Day 2 Clinical Orientation.

Who? All Allied Health Staff (including AHA’s)
When?
- Monday 25th February (Brighton)
- Monday 27th May (Brighton)
- Monday 26th August (Brighton)
- Monday 25th November (Brighton)

Topics
PDP processes; NDIS awareness; Allied health student placement processes; Sensitive practice principles when engaging with Aboriginal and Torres Strait Islander Peoples experiencing domestic and family violence; Introduction to training in delegation practices and professional supervision practice.

All Bookings via the LMS

‘We Work Together … We Learn Together’
How Are Your Mandatories?

It often seems like a hassle to keep up to date with our mandatory training, and for many of us it simply is not a priority. But have you ever taken a moment to consider what the fuss is all about?

Specific core legislative and mandatory training is applicable to all staff across MNHHS regardless of occupational group, stream or position. The purpose is to ensure all legislative requirements are met, and that the safety of all staff and consumers is maintained.

It is a condition of your employment that you keep your mandatories up to date, and it is the responsibility of each individual staff member to achieve this.

PDP in Focus

The Performance Development Plan (PDP) process enables managers to motivate and support individuals and teams. It is intended to assist managers in facilitating productive discussions with employees about performance and behaviour expectations, and their development to support improved capability and career progression.

PDP is a legislated requirement:
- Hospital and Health Boards Act (2011)
- Public Service Act (2008)
- HR Policy G9

All staff are required to have a PDP conversation within the first 3 months of employment, and then a review every 6 months. Unfortunately, PDP compliance continues to be a challenge and current compliance rates are concerning.

What Support is Available to Help with PDP?
- Access the QHEPS MNHHS PDP page – QHEPS / Human Resources / Performance Development and Planning
- Community and Oral Health Education Libguide – further information about PDP, and exemplars of PDPs for various occupational groups
- Contact you Educator

All staff are required to be 100% compliant with the following mandatories by 30th April 2019

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Frequency</th>
<th>Tips</th>
<th>LMS ID / Naming Convention (Use this in LMS search function)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PDP</td>
<td>6 monthly (yearly cycle)</td>
<td>Book a PDP meeting with your manager.</td>
<td>PDP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check out PDP resources on the Education Libguide.</td>
<td></td>
</tr>
<tr>
<td>2. General Evacuation Instructions (GEI)</td>
<td>Yearly</td>
<td>Organise with local Fire Warden or Supervisor, &amp; then access LMS to register completion</td>
<td>GEI</td>
</tr>
<tr>
<td>3. First Response Evacuation Instruction (FREI)</td>
<td>Yearly</td>
<td>Complete online via LMS</td>
<td>00003080</td>
</tr>
<tr>
<td>4. Infection Control Awareness</td>
<td>Yearly</td>
<td>Complete online via LMS</td>
<td>00003120</td>
</tr>
<tr>
<td>5. Aboriginal &amp; Torres Strait Islander Awareness</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003087</td>
</tr>
<tr>
<td>6. OVP Orientation</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003083</td>
</tr>
<tr>
<td>7. Code of Conduct</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003084</td>
</tr>
<tr>
<td>8. Healthcare Ergonomics Theory (MSD)</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003086</td>
</tr>
<tr>
<td>9. Health &amp; Safety Orientation</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003085</td>
</tr>
<tr>
<td>10. Australian Charter of Healthcare Rights</td>
<td>Once off</td>
<td>Complete online via LMS</td>
<td>00003240</td>
</tr>
</tbody>
</table>
SHAPE

Safety Has A Place Everywhere

SHAPE is a program to promote a proactive safety culture. The program aims to embed safety in everything we do by pulling together information, training and support to empower staff to improve the safety of our work areas, and reduce the risk of workplace injury.

The SHAPE program maintains a focus on staff and patient safety by influencing a positive safety culture through collaboration, visibility, and listening to a ‘real world’ view.

ALL Metro North Hospital Health Service (MNHHS) Staff (all occupations) are required to attend this program (once only). Staff may attend SHAPE at any MNHHS facility. This is a 90-minute interactive program.

For further information: https://qheps.health.qld.gov.au/metronorth/hr/health-safety/safety-culture

No Bookings Required!

### SHAPE Training Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Session Type</th>
<th>Room</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/03/19</td>
<td>08:30 - 10:00</td>
<td>All Staff</td>
<td>Small &amp; Large Meeting Rooms</td>
<td>NLHP</td>
</tr>
<tr>
<td>14/03/19</td>
<td>11:00 - 12:30</td>
<td>All Staff</td>
<td>Small &amp; Large Meeting Rooms</td>
<td>NLHP</td>
</tr>
<tr>
<td>20/03/19</td>
<td>14:45 - 16:15</td>
<td>All Staff</td>
<td>Education Room, Ground Floor</td>
<td>Brighton</td>
</tr>
<tr>
<td>25/03/19</td>
<td>09:30 - 11:00</td>
<td>Executive</td>
<td>Small Meeting Room</td>
<td>NLHP</td>
</tr>
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<td>25/03/19</td>
<td>12:00 - 13:30</td>
<td>Managers</td>
<td>Small &amp; Large Meeting Room</td>
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<td>26/03/19</td>
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<tr>
<td>26/03/19</td>
<td>14:30 - 16:00</td>
<td>All Staff</td>
<td>Auditorium</td>
<td>Caboolture Hospital</td>
</tr>
<tr>
<td>2/04/19</td>
<td>14:00 - 15:30</td>
<td>All Staff</td>
<td>Meeting Room</td>
<td>Cooinda</td>
</tr>
<tr>
<td>3/04/19</td>
<td>08:30 - 10:00</td>
<td>All Staff</td>
<td>Large Meeting Room</td>
<td>NLHP</td>
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<tr>
<td>9/04/19</td>
<td>14:00 - 15:30</td>
<td>All Staff</td>
<td>Meeting Room</td>
<td>Cooinda</td>
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<tr>
<td>10/04/19</td>
<td>08:30 - 10:00</td>
<td>All Staff</td>
<td>Large Meeting Room</td>
<td>Chermside CHC</td>
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<td>10/04/19</td>
<td>11:30 - 13:00</td>
<td>All Staff</td>
<td>Education Room, Ground Floor</td>
<td>Brighton</td>
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<tr>
<td>16/04/19</td>
<td>14:00 - 15:30</td>
<td>All Staff</td>
<td>Meeting Room</td>
<td>Cooinda</td>
</tr>
<tr>
<td>17/04/19</td>
<td>14:45 - 16:15</td>
<td>All Staff</td>
<td>Education Room, Ground Floor</td>
<td>Brighton</td>
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<tr>
<td>23/04/19</td>
<td>08:30 - 10:00</td>
<td>All Staff</td>
<td>Level 4, Seminar Rooms 1 &amp; 2</td>
<td>UQ Oral Health Buidling Herston</td>
</tr>
<tr>
<td>24/04/19</td>
<td>15:00 - 16:30</td>
<td>All Staff</td>
<td>Level 4 Seminar Rooms 3 &amp; 4</td>
<td>UQ Oral Health Buidling Herston</td>
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<tr>
<td>29/04/19</td>
<td>13:00 - 14:30</td>
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<td>Halwyn</td>
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<td>30/04/19</td>
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<td>Ground Floor, B03</td>
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<td>Large Meeting Room</td>
<td>Halwyn</td>
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<tr>
<td>7/05/19</td>
<td>14:00 - 15:30</td>
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<td>Meeting Room</td>
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<td>8/05/19</td>
<td>09:00 - 10:30</td>
<td>All Staff</td>
<td>Blue &amp; Yellow Rooms</td>
<td>Caboolture CHC</td>
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<tr>
<td>10/05/19</td>
<td>13:00 - 14:30</td>
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<td>Large Meeting Room</td>
<td>Halwyn</td>
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<tr>
<td>13/05/19</td>
<td>13:00 - 14:30</td>
<td>All Staff</td>
<td>Large Meeting Room</td>
<td>Halwyn</td>
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<td>15/05/19</td>
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<td>21/05/19</td>
<td>09:00 - 10:30</td>
<td>All Staff</td>
<td>Blue &amp; Yellow Rooms</td>
<td>Caboolture CHC</td>
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<tr>
<td>22/05/19</td>
<td>14:45 - 16:15</td>
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<td>Education Room, Ground Floor</td>
<td>Brighton</td>
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<tr>
<td>30/05/19</td>
<td>13:30 - 15:00</td>
<td>All Staff</td>
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<tr>
<td>10/06/19</td>
<td>10:30 - 12:00</td>
<td>All Staff</td>
<td>Level 4, Seminar Rooms 1 &amp; 2</td>
<td>UQ Oral Health Buidling Herston</td>
</tr>
</tbody>
</table>

Additional dates and locations will continue to be added over the year.

If you would like a session organised for your workplace, please request via COH-education@health.qld.gov.au, including the name & location of your service/s; preferred day/s of the week & preferred time; approx. number of attendees (a minimum of 10 attendees is required).
Log on to the LMS

a) Using your own novell login details on a work computer
   - Go to MNHHS QHEPS Homepage
   - Click on ‘Learning Management System’ shortcut (on top orange bar)
   - Click the ‘Log in to LMS’ (blue button)

b) Using a work computer with a shared login
   - Open a web browser other than Internet Explorer i.e. Edge browser; Mozilla Firefox or Chrome Browser
   - Type of copy the following URL into the browser address bar https://mnhhs.sabacloud.com
   - Enter your personal work computer logon details:
     - Work email address (ending in ‘@health.qld.gov.au’)
     - Your computer login password
c) Using a personal device (e.g phone or computer from home)
   - Same as (b) above

Log Out of the LMS

Remember to completely sign out of the LMS when you are finished

Course Bookings

To View & Enrol in a Community & Oral Health Course

You need to filter out by location

1. Choose ‘VIEW CATALOGUE’ see yellow circle on above image
2. Choose ‘LOCATION’ down left side of screen
3. Choose ‘MULTIPLE’
4. Select COH locations
5. Select ‘APPLY’

Locations:
- COONDA HOUSE - REDCLIFFE (1)
- NORTH LAKES HEALTH PRECINCT (9)
- BRIGHTON COMMUNITY HEALTH CENTRE (1)
- SYNE RIVERS COMMUNITY HEALTH CENTRE (1)
LMS: Tips & Tricks

‘Drop’ A Course Booking

1. Select “ME” on top blue bar
2. Scroll down to course you wish to drop
3. Click down arrow to the right of the blue box
4. Select ‘DROP’

Which Community & Oral Health Courses are now on the LMS?

- All Staff Orientation – full day
- Clinical Orientation
- Nursing and Midwifery Orientation
- CaPS – Communication and Patient Safety
- Administration Stream – Quarterly Professional Development Framework
- Assessor Skills
- Basic Life Support Adult Resource Person Course (Train the trainer)
- Basic Life Support Adult Resource Person Update and Assessment (Train the trainer refresher)
- Diabetes Workshop
- Difficult Conversations
- Enrolled Nurse Workshop
- Tracheostomy Workshop

Bookings for these courses must now be via the LMS only

What is IPE?

Why do we need it?

Contributed with thanks by Christine Saxby, Allied Health Educator

Interprofessional education (IPE) “occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).

We, along with experts in the field, believe that education is a health services intervention (University of Toronto Centre for IPE). IPE is a prelude to the provision of interprofessional care. When health care providers “work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement” (Romanow, 2002).

Working collaboratively to provide interprofessional care has been shown to decrease clinical error rates, mortality rates, hospital admissions, length of hospital stay and staff turnover (Holland et al., 2005, Shamian & El-Jaradali, 2007, Simmonds, 2001).

Recently members of the Education Team were fortunate to experience workshops facilitated by Prof. Lynne Sinclair and her colleagues from the University of Toronto, along with University of Queensland and MNHHS partners. The workshops included knowledge about the Canadian Interprofessional Competency Framework and strategies to incorporate inter-professional learning.

This photograph was taken at the Educating Health Professionals in Interprofessional Care - Advancing the Future of Healthcare through Interprofessional Learning: 3-Day Program hosted at the University of Queensland 14 – 16 November 2018.

Sobia Zafar, Senior Lecturer, School of Dentistry, University of Queensland; Prof Lynne Sinclair, Centre for Interprofessional Education, University of Toronto; and Dr Christine Saxby, Allied Health Educator, Community and Oral Health.

Your Education Team is in the process of embedding an IPE approach across all education programs provided. Watch this space for further updates!
Interesting Facts

- Paracetamol is a pharmaceutical drug, which is used to treat a number of conditions including: mild pain, fever, colds and flu and strong pain when used in combination with other pain killers.
- Paracetamol is rapidly absorbed from the small intestine.
- Peak serum concentrations occur within 2 hours for standard tablet or capsule formulations and 30 minutes for liquid preparations.
- Twenty per cent of the ingested dose undergoes first-pass metabolism in the gut wall.
- Further elimination occurs by hepatic biotransformation.
- Paracetamol affects everyone differently based on: size, weight and height, the amount taken, whether other drugs are being taken, whether the person is used to taking it.
- Signs and symptoms of Paracetamol overdose include: repeated vomiting, abdominal tenderness in R upper quadrant, altered state, liver problems, jaundice, coma, and even death.
- Call 000 if Paracetamol overdose is suspected.

WHERE CAN PARACETAMOL BE HIDDEN IN MEDICATION ?

INTRODUCTION

Post Acute Care Service (PACS) see a variety of clients in the community setting. The following poster has been designed to highlight the relevant information the clinicians should be aware of when it comes to medication safety i.e. use Paracetamol.

GOALS

- Create awareness in team re knowledge of Paracetamol and varied products that contain Paracetamol.
- Improving client safety.

Do you know the medications which might contain Paracetamol?

... of the 146 paracetamol containing medications listed in MEMO Online, Paracetamol is found in the following:

<table>
<thead>
<tr>
<th>ORAL</th>
<th>PR</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablets: 83</td>
<td>Suppositories: 2</td>
<td>Injections: 6</td>
</tr>
<tr>
<td>Capsules: 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powders, liquids, drops, soluble tablets: 38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References


TAKING A BEST POSSIBLE MEDICATION HISTORY IS VITAL

IDEALLY, TWO SOURCES OF INFORMATION ARE TO BE USED TO OBTAIN BPMH

TAKE HOME MESSAGE

Remember to take accurate medication history: Maintain awareness re medications that contain Paracetamol.

Ask the right questions, ask clients what type of Paracetamol they are taking and how much are they taking.

Talk to clients re safe dosage of Paracetamol and products that contain Paracetamol.
What is Delirium?
Delirium (previously termed ‘acute confusional state’) is a very rapid decline in brain function. It involves: decreased ability to concentrate, sleepiness, agitation, and sometimes hallucinations and/or altered beliefs. Delirium develops over hours or days.

What Causes Delirium?
Delirium is mostly caused by acute illnesses (peripheral or brain), injuries (e.g. hip fracture), withdrawal, surgery, psychological stress (e.g. change in setting), or drug adverse effects or withdrawal.

Who gets delirium?
Anyone can get delirium. Older age and dementia greatly increase the chance of becoming delirious.

Is delirium the same as dementia?
Delirium is different from dementia. Delirium comes on quickly, and usually lasts for a small number of days (in 20% the duration is longer). Dementia develops slowly (months) and mostly cannot be reversed. People with delirium are more often drowsy and/or psychotic.

If it can be reversed, what is the big deal?
Even a brief delirium increases the risk of poor recovery from illness, nursing home placement, and possibly dementia and death. Delirium can be stressful for patients with frightening beliefs like thinking they are in prison and in danger. Families and caregivers are distressed by delirium as well.

How common is delirium?
1 out of 4 older hospital patients will get delirium.

How is delirium treated?
Promptly targeting the underlying illnesses or adjusting drugs that may have triggered delirium are the most important treatments. General measures to help the brain recover, and specific treatments for distress and/or psychosis are sometimes needed.

How well is delirium detected and managed?
Delirium is still undiagnosed in a majority of cases meaning that care is often poor. Unfortunately, not all healthcare professionals know enough about delirium.

What can I do about delirium?
Detect it and call it delirium. Treat acute causes promptly. Optimise physiology. Detect and treat distress. Correct sensory impairments. Mobilize the patient. Provide a calm environment. Promote natural sleep. Communicate the diagnosis to patients and their families. Delirium can partly be prevented by optimization of physiology (e.g. avoiding dehydration), orientation, rapid treatment of acute illness, correcting sensory impairments, promoting natural sleep.

Source: thinkdelirium.com  Accessed 23/02/2019
Upcoming Courses

AIN/HCW Development Day
29th May, 0800-1630

Graduate RN Development Day (0800-1630)
Graduates: 21st March & 3rd June

Continence Day (ALL Clinicians)
17th June, 0800-1630

Professional Supervision Training
29th May, 0830-1630: All Clinical Staff

Diabetes Awareness
25th June, 0800-1630: For All Clinical Staff
  • Navigating the Types of Diabetes - T1DM & T2DM & GDM
  • What do the numbers really mean – Monitoring BGL’s
  • Food & Diabetes – Is cake off the menu?
  • Podiatry – Feet firmly on the ground!
  • Unmanaged diabetes – Complications in the future
  • Getting physical with diabetes – Effects of exercise with Diabetes
  • Oral versus insulin - Treatment options
  • Classes/Profiles/Actions
  • Referral & Ax – Care & management of our community clients with diabetes
  • Clinical Scenarios & Group Activities – Collaborating with our team

Tracheostomy Workshop 30th April, 0800-1200
  • Basic anatomy of respiratory system
  • CISS procedure on tracheostomy
  • Management
  • Managing tracheostomy care – The Speech Therapists Role
  • Invasive devices & infection control

EDUCATION TEAM
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Submissions & Suggestions to:
Karen Lush
Nursing Director Education

Catch up on previous editions!
Learning4you is available on the COH Education Libguide.
Access via our training and education page (QHEPS).

“We Work Together … We Learn Together”