Comparing the Australian and Danish health financing systems: a focus on health insurance and payment for medical services

How my first stoma encounter lead me to a career in stomal therapy nursing

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AASSTN Code of Ethics

• The stomal therapy nurse must at all times maintain the highest standards of nursing care and professional conduct.

• The stomal therapy nurse will provide needed services to persons irrespective of their race, colour, creed, sex, sexual preference, age and political or social status.

• The stomal therapy nurse must respect the beliefs, values and customs of the individual and maintain his/her right to privacy by maintaining confidentiality, sharing with others only information relevant to that person’s care.

• The stomal therapy nurse will not participate in unethical practice.

• The stomal therapy nurse must maintain competency by keeping abreast of new developments in the theory and practice of stoma care and related fields.

• The stomal therapy nurse will participate actively in professional, inter-professional and community endeavours in order to meet the highest professional standards.

• No full member shall be in the employ of a company or self employed in the manufacture or sale of products, prostheses or pharmaceuticals where it could be perceived that the use or selling of products prostheses or pharmaceuticals could disadvantage or contradict the personal preference of clients or be construed to result in unethical conflict of interest.

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Stomal therapy nursing: participation, publication and research

Leeanne White RN STN

Welcome to the December edition of the journal. Thanks again to Diana Hayes for the September journal. Please continue to support the editor with your suggestions and contributions – keep them coming in and encourage any of your colleagues to contribute as well. Also thank you to the state representatives for your reports; it is great to follow your activities.

Congratulations to newly qualified stomal therapy nurses who have recently completed courses in various states throughout Australia. We welcome you as new members of the association and look forward to your participation; consider sending in your case studies for publication in the journal. Many members of the AASTN have been instrumental in the success of the courses – it is a huge commitment, so well done.

CPD POINTS

Following the Education and Professional Development workshop in October, the points for the continuing professional development (CPD) portfolio have changed. Check out the website and get those evidence folders together and send them in to the CPD and Credentialing Officer, Sue Delanty. CPD is critical to the ongoing success of our specialty and the Executive will be recommending a study day to facilitate the March 2010 AGM and Education and Professional Development committee meeting.

NEWS

The Department of Health and Ageing has published a new President’s report communiqué on their website to disseminate information related to the Stoma Appliance Scheme.

Following feedback from the association, ConvaTec has made an important announcement regarding changes to the ConvaTec / Elinor Kyte scholarship; the scholarship is now available and participants have 2 years to complete their research. We thank ConvaTec for their continued support and encourage members to apply for the scholarship.

For Victorian members wanting to make a difference, here is an invitation to participate in a research survey – Improving your working life: a survey of nurses and midwives in Victoria. The survey is being conducted by researchers at the University of Melbourne (Professor Anthony Scott) and the University Technology, Sydney (Professor Christine Duffield), and is funded by the Australian Research Council. Further information is available on the website www.melbourneinstitute.com/nurses

We are preparing for the next Annual General Meeting of the Association, which will be held during the 2009 Conference in Perth. Please ensure that your state has nominations ready for the next Executive positions. Please contact your state representative if you are interested in taking the next step and actively supporting the association.

Season’s greetings and all the best for 2009.

Editorial

Towards nurse practitioner status

Diana Hayes RN STN (cred) • CNC Stomal Therapy, Western Health, VIC

You may have noticed a slight change in the wording on the AASTN website regarding the role of the stomal therapy nurse page. We are no longer allowed (by law) to call ourselves advanced nurse practitioners. A nurse practitioner is an advanced practice nurse who has successfully completed a Masters Degree and has been endorsed by his or her own state nursing body.

I would encourage anyone who is considering becoming endorsed as a nurse practitioner in stomal therapy nursing to go for it. I don’t believe that our nursing specialty has been fully recognised. For example, I always groan when I have to tick the other box on our annual nursing registration form, as we do not have a category of our own in Victoria.

The masters programme that I have just completed at the University of Melbourne included two mandatory pharmacology subjects. The course consisted of eight subjects over 2 years. Yes, the study was intense and sometimes agony, but was all worth it in the end. One of my subjects included a business case for the nurse practitioner model within our individual specialties. My next objective is to get through the endorsement process and hopefully become a stomal therapy nurse practitioner.

The official program for the AASTN March 2009 Conference Program features in this edition. As this will be our first conference in two years, it will be a fantastic time to meet and catch up with our colleagues from across Australia and also from overseas. See you all in Perth.

I will keep you informed of my progress in future editions of the JSTA. My term as editor finishes following the March 2009 edition.
Comparing the Australian and Danish health financing systems
A focus on health insurance and payment for medical services

Diana Hayes RN STN (cred) • CNC Stomal Therapy, Western Health, VIC

ABSTRACT
The purpose of this paper is to illustrate and contrast the key characteristics of the Australian health financing system to the Danish system, with a short introduction to each nation’s size, population and sovereign leadership. Australia and Denmark will be compared showing how health insurance and payment for medical services are managed. Healthcare legislation from each nation will be incorporated. Although each country has a reciprocal healthcare agreement with other countries, there is none between the two that will be discussed.

This paper was a requirement for the Master of Advanced Practice Nursing course University of Melbourne, School of Population Health, semester two, 2008 (elective subject).

BACKGROUND
Heads of state and populations
Australia as a nation is part of the Commonwealth of Nations with Queen Elizabeth II as the head of state. The head of state in Denmark is Queen Margrethe II. Denmark is a nation within Europe and joined the European Union (EU) in 1973. The population of Denmark in 2006 was 5,427,459 compared to Australia, which was just over 20,000,000 in 2005. This suggests that Australia’s population is approximately 3.7 times that of Denmark.

Geographics, politics and economics within Australia and Denmark: a brief overview
Australia is geographically positioned within the southern hemisphere and comprises 7.7 million square kilometres, whilst Denmark lies within the northern hemisphere and covers 43,000 square kilometres.

On a global and migratory viewpoint, Australia may be considered to be in its infancy, whilst Denmark is regarded as one of the oldest states in Europe. It was in 1901 that Australia changed from British-ruled colonies to self-governed states and later, with the adjunct of the two territories, Australia assigned power between the commonwealth (federal) level and the states/territories. The Australian government is divided three ways into commonwealth, state/territory and local sectors. The states and two territories are accountable at large for directing support in a financial and practical role, which allows responsibility to be subdivided. This includes healthcare expenditure.

In Denmark:

The political system of Denmark is a multi-party structure, where several parties are represented in the parliament. Danish governments are most often minority administrations, governing with the aid of one or more supporting parties. This means that Danish politics are characterised by inter-party compromising. Since 1909 no single party has had the majority of parliamentary seats. The Danish counties and municipalities have a high degree of regional autonomy – this means for example that they have their own elections and regional administrations.

Referendums are held in both countries. For example, the majority of people in Denmark voted against changing its currency to the Euro in 2000, whilst in 1999 most Australians voted against becoming a republic. This suggests that both nations’ leaders value the opinion of their residents. Another major political and financial issue in both Australia and Denmark is healthcare. Each nation will be explored and compared.

Note that legislation is law which has been promulgated (enacted) by a legislature or other governing body. In the context of this paper, the term legislation is used to show how funds are provided for the healthcare systems of both Australia and Denmark.

HEALTHCARE SYSTEMS
Australian healthcare systems: Medicare Australia
Medicare Australia was formed in 1984 allowing Australians to have free insurance through the public health system. Australian residents who are entitled to free public healthcare are issued a card, known as the Medicare card. Australian Medicare, which is based upon a general health indemnity arrangement, is grounded within a system of simplicity and impartiality for all Australian residents.

The purpose of Medicare is to pay for the services of both hospitals and doctors. The Commonwealth pays each state/territory for the running costs of the hospitals but rigid circumstances...
must be met, that is, the provision of hospital services with no financial gain from public in-patients. This ensures that all Australians have access to the same healthcare system, although private insurance is also available.

The Medicare legislation
Within the Australia’s Medicare legislation are the following services:

- Australia’s universal health insurance programme, Medicare (including the compensation recovery programme for Medicare and nursing home benefits); pharmaceutical benefits scheme; Australian government 30% private health insurance rebate; special assistance schemes (including Bali 2005 special assistance, london assist, tsunami healthcare assistance scheme); Australian childhood immunisation register; Australian organ donor register; general practice immunisation incentives scheme; practice incentives programme; rural retention programme HECS reimbursement scheme and general practice registrars’ rural incentive payments scheme; claims processing and payments for the Department of Veterans’ Affairs (including the repatriation pharmaceutical benefits scheme); the Office of Hearing Services and the Health Department of Western Australia.

Australian private health insurance
Despite the fact that all Australian residents have access to free public hospital care, there is also the option to receive treatment as a private patient within either a public or private hospital. This is by either self-payment (fully out-of-pocket) or by paying a regular premium to a health insurance company which pays for some of the costs incurred. However, there is a large amount of taxpayers’ money being spent to promote and subsidise private health insurance and redirecting these funds into the public system may encourage less people to pay for private health insurance.

The policies to support private health insurance are costly. The total cost of the package is over $3,600 million per year; including $1,100m in taxation revenue forgone through exemption of the Medicare levy surcharge (Smith, Australia Institute), $2,200m in funding the 30% rebate (Australian Institute of Health and Welfare), ~$400m in extra Medicare payments for medical and pharmaceutical services associated with higher private hospital use, and the cost of a tax-payer funded advertising campaign to promote PHI membership. If this subsidy had been allocated directly to public hospitals, the Commonwealth contribution to public hospitals would have increased by 50%.

Politics in Australia has played a pivotal role in the way health insurance is managed. Prior to the universal healthcare system, people needed to have their own health insurance. It is claimed that changes of government have usually been accompanied by significant changes in the design of health insurance arrangement. In 1996, private health insurance re-emerged on the political agenda due to a huge burden on public hospitals. Private health insurance was encouraged and people were means-tested to determine who should receive which benefits. However, this showed insignificant impact on new private health insurance membership. A more noticeable effect occurred in 1999 when a non-means-tested subsidy was introduced on private health insurance costs. Further, the age of entry into private health insurance was more influential within Australia. The age of private insurance entry impacted on the amount that was to be paid in premiums by individuals.

How Australian healthcare funds are generated
In Australia, healthcare money is generated from its residents via taxation, out-of-pocket costs or health insurance premiums. Providers earn their income from payments from governments or healthcare funds, or from direct payments from consumers. Providers refer to health professionals who require a payment for their professional service.

There are also non-government sources of funding health. Table 1 depicts the Australian government, The Australian and state/territory governments and the chief non-government healthcare funding sources.

Does health funding mean a healthy nation?
Despite the fact that healthcare in Australia is provided through Medicare and is accessible at no charge to all Australian residents, it is difficult to propose that it is providing a healthy outcome. The poor state of health within our nation has finally been acknowledged by federal and state health ministers.

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<td>• General practitioners’ fees</td>
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<td>• Medical specialists’ fees</td>
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<td>• Other services covered or part covered by Medicare</td>
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<td>• High-level residential care</td>
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<td>• Pharmaceuticals covered or part covered by</td>
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<td>pharmaceutical benefits scheme (PBS)</td>
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<td>• Highly specialised drugs to outpatients in</td>
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<td>• Blood transfusion services</td>
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| **Australian government and state/territory**        |
| • Public hospital services                           |
| • Provide or purchase ambulance, dental and community |
| health services                                      |
| • Regulate health activities e.g. infectious disease  |
| control and health promotions                        |

| **Non-government**                                   |
| • Out-of-pocket funding by individuals               |
| • Benefits paid by private health insurance          |
| • Providers of compulsory motor vehicle third party |
| insurance                                           |
| • Workers’ compensation insurance                   |
Not only is health funding important but the way the funding is utilised plays a crucial role in the health of our nation. It is purported that Australia’s public hospitals are in varying degrees of dilapidation and morale amongst doctors and nurses is fragile. Other concerns that were raised were poor or no access to care and an abysmal lack of healthcare professionals to attend to the people trying to access healthcare. As this address was made overseas, it may portray the state of healthcare in Australia as an under-achievement. Perhaps a glance at another nation, such as Denmark, may offer hope towards an improved Australian health financing system.

The Danish health financing system: healthcare reimbursement scheme

Similar to Medicare Australia, the Danish system for healthcare financing system is known as the public healthcare reimbursement scheme. Like the Australian Medicare card, the Danish residents have their own healthcare reimbursement card. Like Australia, the healthcare system in Denmark is funded chiefly by taxes. The Danish healthcare system provides universal cover to all Danish residents and the taxes in Denmark are generated at state, county and municipal level. The Danish central government, like the Australian government with its states and territories, finances the public health measures, such as vaccinations, health campaigns and public health officers.

### Table 2. Comparing the groups within the Danish free public health system

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Unlike in Australia, if a patient in Denmark needs to visit a medical specialist, no referral is required. Understandably, in Denmark, this incurs a small fee. If the consultation is made with a referral from a general practitioner, there is no fee\(^1\). Up to the age of 18 years dental treatment and health assessments are free\(^2\). There is also means testing in Denmark, whereby a doctor can decide if a patient requires treatment with no cost incurred.

Unlike in Australia, the public health insurance scheme is divided into two groups – insurance group 1 and insurance group 2; Table 2 explains the differences. Yet analogous to Australia, Denmark has its own private health insurance system. People may choose to pay for private insurance and gain access to a private hospital to gain earlier access and avoiding lengthy waiting lists within the public system. Table 3 shows the healthcare funding system in Denmark in 2007.

**Private health insurance in Denmark**

About 28% of people in Denmark are covered by private health insurance, which financially supports part of each patient’s out-of-pocket expenses\(^3\). The number of people who are privately insured quadrupled between 2001 and 2007, from 150,000 to 600,000\(^4\). Like Australians, Danish citizens may choose private health insurance to supplement the universal systems.

**Reciprocal health insurance**

When Australians are travelling overseas, they are entitled to assistance from the following countries due to an agreement signed by the Australian government – New Zealand, The United Kingdom, The Republic of Ireland, Sweden, The Netherlands, Finland, Italy, Malta and Norway\(^5\). Residents within the European Union have a reciprocal healthcare agreement within other European countries\(^6\). However, there is no reciprocal healthcare agreement between Australia and Denmark\(^7\).

**CONCLUSION: AUSTRALIA AND DENMARK – UNIVERSAL HEALTHCARE**

Both Australian and Danish citizens have the provisions for free and equal universal healthcare. Both nations use taxes to support healthcare. Both nations offer private health insurance to those willing and able to pay for it. Both nations support healthcare at national, state and local levels. Healthcare in both countries is, and will always be, a high priority for each country’s legislation.

**ACKNOWLEDGEMENTS**

My thanks to Professor Ian Anderson and Dr Margaret Kelaher for an interesting and stimulating semester.

**REFERENCES**

How my first stoma encounter lead me to a career in stomal therapy nursing

Nobuko Murphy RN (Vic) Grad Stomal Therapy Cert (College of Nursing)

I was born in Tokyo, Japan. When I finished high school in 1975, I entered a Christian hospital nursing college to do my general nursing course. This meant full-time study for 3 years. I lived in the student boarding house. The nursing college course ran from 8.30am to 4pm on Mondays to Fridays and 8.30am to 12.30pm on Saturdays. We had a summer semester break for 5 weeks, plus winter and spring semester breaks for 2 weeks each.

MY FIRST STOMA EXPERIENCE

During my first year’s summer semester break, I wanted to find a casual job so that I could save some money and travel overseas. The hospital offered nursing assistant jobs to college nursing students who were willing to work. My first job was on a paediatric ward helping to bottle-feed babies, assisting with nappy changing and holding the babies in an effort to stop them from crying. It was my first day when the charge nurse explained how to hold a baby, how to change a nappy and how to feed the babies.

It was then that I saw a 6 month old baby boy, who was standing at the cot-side and smiling. He was so sweet. When I picked him up, the charge nurse said that I did not need to change his nappy but to try any other baby. I wondered why I did not need to change his nappy, but would soon find out the reason. He was standing and shaking the cot’s side and smiled at me. When I picked him up, something came out from under his pyjama top and I saw a bloodstain on his pyjamas. Then a lump of faeces dropped to the floor. Another nurse saw me and said I that should put him back in his cot and leave him there so that another nurse could change his pyjamas. I put him back into his cot as requested, but he cried and he did not seem to want to let go. I picked him up again. It was then that I saw a bright pink thing under his pyjamas and some blood on my uniform. The pink thing was his colostomy.

The other nurse came to pick him up and laid him down on the nappy changing table and showed me the stoma. The stoma was rosy pink and shiny. I was fascinated to see such a beautiful colour. The nurse wiped around his stoma with a wet cloth, put zinc oil around the stoma, a cotton wool ring over the top of the zinc oil and then covered it all with a nappy and some stretchy mesh around the child’s tummy. I asked the nurse if it hurt and enquired about the origin of the bloodstain. I needed to know what was wrong with him. The nurse explained that he was born without an anus and needed to have a colostomy.

The following day I was back at my parents’ house. During dinnertime, I said that had seen an artificial anus and that it looked so beautiful. I described it as being shaped like a fresh pink scallop. Imagine my family’s reaction. One of my brothers said that from that day on he could no longer eat scallops. So, my first day as a nursing assistant was the first time that I encountered a beautiful rosy pink stoma. I can remember this stoma colour and shape very clearly, even now. After the first year, I saw several adult patients who also had a stoma and I noticed that there was always a characteristic odour in the stoma patients’ rooms, particularly at winter time. At times it was so bad that I nearly fainted. I felt sorry for the stoma patients.

In 1981, I resigned from my Japanese hospital job and decided to travel around Australia. I met my Australian husband in the same year. We married in late 1982. I did a refresher course in 1984 and obtained my general nursing registration in Victoria. I moved to north east Victoria and have worked in a country hospital since then.

MEETING THE STOMAL THERAPY NURSE

During the 1990s, I had an opportunity to work as an interpreter for Japanese nurses who were visiting Australian hospitals and who were learning about the Australian healthcare system. One day, I took five Japanese nurses to visit a major hospital in Melbourne. We visited a stomal therapy clinic and met the stomal therapy nurse (STN); it was here that I learned about the role. I remember that the STN said if you want to be a good STN, you need to have good counselling skills and to be a good listener. She said that you needed 30% for the technical part of this skill and 70% for the emotional and psychological part. After that day, I wanted to become an STN. When I returned to my hospital, I told my unit manager that I want to be a stoma nurse. She said that we already had one and that she did not think our hospital needed two. I was disappointed and decided to wait for the next opportunity.

I used to work in a nursing home and had a patient with a fistula. We could not control her fistula very well. The stoma bag leaked regularly, which naturally upset her and I wondered if she was observing people’s facial expressions each time they entered her room. Her room was positioned across from the kitchen and the kitchen lady said that the smell affected the kitchen. She requested that the patient be transferred away from the kitchen but we had only two single rooms which were both unfortunately positioned across from the kitchen. I always wondered if this patient could have received better care. This was in 1998.

My hospital stoma nurse resigned in 2006. I was still hoping to become the stoma nurse so I enrolled in a stomal therapy nursing course between 2007 and 2008. My dream finally came true. I still think of the baby with the beautiful shiny rosy pink colostomy and wonder if he is still living somewhere in Japan.

I am pleased to see modern technology has meant better stoma appliances and odour control. In 1975, I may have been lucky enough to have had the opportunity to see a stoma, but nowadays there are so many people living with a stoma. My challenge is to become a good stoma nurse; it has only just started.
Do you require funding for research?

ConvaTec Ostomy Care is dedicated to enhancing quality of life through provision of superior products with innovative technologies and support and services for clinicians and ostomates. In association with the Australian Association of Stomal Therapy Nurses Inc, we are proud to provide sponsorship to the value of $5000 for a research project related to stomal therapy practice.

If you are currently working on a project that requires funding or have an idea but don’t know where to start, ConvaTec can help.

All AASTN members and NZNOSTS members are eligible to apply and application is easy.

For information please contact your ConvaTec Territory Manager or our award winning ConvaTec Support Centre on 1800 335 276 (Australia) or 0800 441 763 (New Zealand).
From the months of July to September 2008 the Western Australian branch of the Australian Association of Stomal Therapy Nurses (AASTN) conducted a stomal therapy nursing education programme (STNEP). This course is run every 2 years and this year I was lucky enough to be chosen to be a participant. In past years the course has attracted applicants from interstate as well as overseas; however, the group this year consisted of 20 very experienced Western Australian registered nurses. This group of 19 women and one brave man were from varied backgrounds and various hospitals, both private and public, as well as from Silver Chain, a community-based nursing organisation.

The transition from expert practitioner to novice stomal therapist was at times confronting. To be known as a student after three postgraduate certificates and 26 years’ experience was, in the least, novel. I therefore found the course to be quite intense at times, particularly as there was an 80% pass mark required. Travelling to, and working in, various metropolitan hospitals was also an interesting experience, especially for me who had never worked in a hospital in WA before. This was a little different from the NSW and ACT hospitals I worked in 20 years ago. The staff were all helpful and lovely to work with; however, it did remind me of why I work for Silver Chain in the community setting and not in a hospital. I learnt a great deal and made many professional acquaintances upon whom I know I can call should the need arise. I am also grateful for the fact that I don’t have to spend money on parking fees daily!

Our hunger for knowledge was continually evidenced by the noise and questions in the classroom. However, our hunger for food was continually sated by the endless supply of morning and afternoon teas (thank you Esme).

The 8 week course was divided into:
- 2 weeks of stomal therapy nursing theory.
- 1 week of continence nursing theory.
- 2 weeks of nursing practice in varying areas.
- 1 week of wound care theory.
- 1 week of nursing practice in varying areas.
- 3 days of further practice.
- 1 day of professional issues.
- 1 day student-led seminar/study day.

I feel that these sessions were well spaced; too much time in the classroom is never good for nurses whom I believe learn mainly from the practical side of education. There was some repetition; however, this is always a good way to reinforce the topic we are learning.

From the beginning, when we had to wear home an appliance filled with Weetbix to discover what it is like to be a person who has a stoma, to the end when we discovered that we could be published in five easy steps, we realised that we have learned much. I believe now our journey into stomal therapy is just beginning – we have many more things to learn. I for one am looking forward to this new era of my professional life with eager anticipation.

I would like to take this opportunity to thank the AASTN WA education group, especially Lorrie Gray, Pam Thompson, Glenn Wilson and Keryln Carville. We have appreciated both your efforts and experience. The knowledge you have shared with us will be used and widely distributed.

STNEP WA class of 2008.

Silver Chain nurses performed well in the stomal therapy course. L-R: Joy Sears, Paula Kulkewycz, Lynn Beelitz, Claudia Brittain, Beve Offer, Sue Rose & Gordana Petkovska.
The following report is from the Coalition of National Nursing Organisations (CoNNO) (previously the NNO) meeting held in Sydney in May 2008. Lesley Everingham attends these twice-yearly meetings as a representative of the AASTN. The purpose of publishing this report in our journal is to fulfil the obligations of CoNNO membership by disseminating their activities to our wider membership. Issues discussed at the recent meeting included the following:

**Name change / structure**

Following endorsement of the governance framework and constitution, the previously known National Nursing Organisations (NNO) is now the Coalition of National Nursing Organisations (CoNNO). A council for the CoNNO has been formed comprising representatives from the various nursing specialties within the CoNNO membership. The Council appointees are:

- Kim Ryan (Chair)  
  Australian College of Mental Health Nurses
- Tracey Osmond (Deputy Chair)  
  The College of Nursing
- Fiona Armstrong (Secretary)  
  Australian Nursing Federation
- Lynette Hinspeter  
  Council of Remote Area Nurses of Australia
- Stephanie Fox-Young  
  Royal College of Nursing Australia
- Robyn Cook  
  Nursing Informatics Australia
- Lynn Rapley  
  Gastroenterological Nurses College of Australia
- Amanda Rischbieth  
  Australian College of Critical Care Nurses
- Cynthia Smyth  
  Australian Association of Stomal Therapy Nurses Inc.

A media release announcing the inaugural council has been distributed.

The current activities of the council are to develop roles and responsibilities of the council members and develop terms of reference for the committees. It also reviews the following – the budget, government funding agreement, strategic plan, membership criteria/application, media policy, travel policy/funding and governance training.

**Contact**

The CoNNO has a new website which is no longer accessed via the ANF website – www.conno.org.au. The new email address is conno@conno.org.au

**Australian Commission of Safety and Quality Healthcare (ACSQHC)**

Chris Baggoley, ACSQHS’s Chief Executive, gave an overview of the commission, which was established in 2005 by the Health Ministers and commenced in 2006. ACSQHC reports directly to the Health Ministers. The role is “leading the safety and quality agenda in Australia”. Their priority programme includes: a patient charter of rights; an open disclosure standard; basic care issues; tools (accreditation/credentialing); quantitative and benchmarking; and harnessing information technology and communication.

**National Electronic Health Transition (NEHTA)**

Andrew Howard, new CEO, and Mukesh Haikerwel, Clinical Lead from NEHTA, discussed the national system of individual electronic health records. This year NEHTA will change focus from developing standards to demonstrating how the standards can be applied in practice.

National e-health implementations will commence with the following priority areas: discharge summaries; pathology; referrals (including specialist letters and notifications); and medication management. Website: www.nehta.gov.au

**New member**

The Australian and New Zealand Society for Vascular Nursing were accepted as a new CoNNO member.

**Member organisation reports and minutes**

At each meeting, the various member organisations present a brief report regarding their group’s activities; these reports and a copy of the meeting’s minutes including the ACSQHC and NEHTA presentations can be accessed via the CoNNO website.

**Stoma Appliance Scheme: updated schedules**

Available from the Department of Health website www.health.gov.au/stoma

If the page does not show immediately, use the www.health.gov.au search system and you will find it by typing in stoma appliance scheme.
How strong the echoes of past WCET congresses became as I flew to Ljubljana on 14 June 2008. In March the WCET Life Members were invited to attend the 17th Congress, which was also the 30th birthday of the WCET, but I had to decline due to impecunious circumstances. Wheels within wheels started rolling – a huge thank you to everyone who changed that course. So many people put my favourite old Indian proverb into practice – “It is good to help; but it is wiser to know how to help”. Sadly the other two Australian Life Members were unable to attend the Congress, but Prilli Stevens and Marilyn McManus from South Africa were there. Unfortunately Katherine Jeter, whom many of you will know from the USA, was also unable to attend.

Many years ago Norma N Gill-Thompson (the founder, and the first Life Member of the World Council of Enterostomal Therapy) wrote in her last editorial for the WCET newsletter:

In a pioneering field like enterostomal therapy, all the players have travelled different routes, yet most have become involved out of a love for humanity and a desire to end suffering. By remaining true to themselves they have achieved professionalism and are thus able to help educate others to continue the cycle.

Norma would be thrilled that the cycle carries on around the world and absolutely delighted to see the Slovenian Ostomy Association well represented.

Arriving in Ljubljana (described by a tourist brochure as a “cosy little airport” – true!), it was good to see a WCET welcome sign – outside it was cold, miserable and wet. Eventually an airport/hotel bus dropped me off at reception at Ljubljana Resort – it seemed I was in the middle of the country. This is where my room mate, Carol Stott, should have been – no Carol, no room! It had been organised for me to share a room with Carol – but there was no booking. After pleading for a room for the night I waited patiently but nervously, watching the torrential rain, to see what would happen next. Then, after being delayed and having travelled 30 hours, a frustrated, angry and soaked Carol found Hill Heather – the hotel’s name for the wait! Our booking was never found, but hospitality was. However, from an inglorious start, the week developed into an experience never to be forgotten.

We were very fortunate in meeting ‘Sid the taxi driver’ on our first full day in Ljubljana as Sid elected himself as our personal taxi driver and authority on Slovenia. Sid was studying at university in Ljubljana but was also a Slovenian ‘entrepreneur, running two taxi cabs. Sid put us in the picture about taxi cabs in Ljubljana and warned us about scam artists who would overcharge us – he gave us his phone number and became the Congress taxi driver as many of the Congress delegates had been overcharged by other taxi drivers when they arrived in Ljubljana. He was a wealth of information about Ljubljana; he taught us about the history of Slovenia during our taxi rides, and told us about the hopes of the Slovenian people now they were a democracy. Slovenia has one of the highest literacy rates in Europe with almost 100% literacy. Ljubljana has several universities, with a high percentage of the population attending university. Nursing is a university course in Slovenia nowadays but Sid also informed us that nurses were quite poorly paid compared to nearby countries like Austria, consequently there is some ‘brain drain’.

What a wonderful choice of venue for the WCET Congress. However, despite the lure of such astounding beauty and history surrounding Cankarjev Dom (the excellent Congress venue), no-one appeared to play truant! Indeed, it is not only listening to papers, going to workshops, reading and looking at posters that spreads education at Congress, it is the participation and networking with peers from around the world. A huge variety of topics were offered and it seemed that every subject was covered in the hundreds of papers and posters presented. With such a vast selection of interesting subjects to challenge and educate us, the difficulty was in selecting which to attend and participate in.

Elizabeth Ayello presented a clear and concise lecture You too can publish. She elicited a promise from me to write something for
the WCET Journal. I was going to send this report to her but, in her Top 10 ways to get published Elizabeth says “send a manuscript to only one journal at a time…” There must be exceptions to the rule!

Barbara Borwell from the UK facilitated a very challenging workshop titled Workshop on sexual helping skills, with Dr Mihelic (the moderator of the session) joining in very enthusiastically! Elsewhere, quality of life featured strongly, with some excellent presentations; however, a paper given by V Tschudin, also from the UK, Ethics and caring, in the present and for the future, was voted by many to be the best they had heard.

The session Alternative care, spirituality and non-violence invoked some spirited discussions, the papers covering a large range of topics from palliative care, complementary therapies, spiritual care (for both patients and the caregivers) and ethical dilemmas for community nurses involved in the care of abused and neglected children. However, the one I found outstandingly disturbing was research carried out in Slovenia with comparisons of European countries on the perception of violence between nurses. It seems throughout the world nurses continue to be their own worst enemies.

Dr Pavle Kosorok presented an interesting paper on the Slovenian experience of introducing enterostomal therapy in a new country, and four ETs, Renata Bates, Darinka Klemenc, Marija Smolic and Tamara Stemberger Kolnik, did a very impressive poster showing the development of enterostomal therapy in Slovenia like the growth of a tree.

From the clinical presentations, oral presentations, and posters, I never fail to learn something new, have thoughts challenged, or to be reminded that many ‘things’ we did in the ‘old days’ were very good, in fact often the precursors to modern ways and products. For example, do you know what a ‘pibella’ is? An intriguing Swiss female urine collector.

The Organising Committee provided all the delegates with a wonderful, full-on four and a half days – I can but exhort all old and new stomal therapy, wound care and continence nurses to participate in conferences to help yourselves and our profession to keep growing. There is so much I have not covered – the opening of the 17th WCET Congress had to be seen, and heard, to be believed. There were outstanding posters, again covering a vast array of topics, such as the Facilitation of a correct pelvic floor muscle contraction, technical posters on surgery, human interest stories of Two married couples living with stomas in Carinthia and so many posters from ETs around the world that made one proud to be a small part of our profession.

As well as the presentations, the posters, well run business meetings, symposia and excellent trade displays, the Slovenian organisers showed their magnificent hospitality in many ways. The most memorable evening was being taken to the Postojna Caves, the huge 25km cave complex under the ground. The caves, with their amazing underground river, are fascinating from both a geological and historic perspective, and are simply astonishing to experience. There was also the added and unexpected experience of listening to superb choral singing in the caves. After we exited from these breath-taking natural beauties, we found tables laden with food and beverages and music being played from all the different countries represented at Congress, for us to sing along and dance to. The WCET 30th celebrations were in full swing. The chefs even produced super sized traditional Slovenian birthday cakes in WCET colours.

Like the Slovenians, many of us perceive growth of our organisation typified by plants. Let’s keep the growth of WCET healthy. It is probably apt to finish this report with one of Norma’s favourite quotes for the WCET:

As a seed, mustard is smaller than any other; but when it has grown it is bigger than any garden plant; it becomes a tree, big enough for all the birds of heaven to come and roost among its branches… Biblical parable.
A community based epidemiological study was conducted to document the extent of peristomal skin disorders in people with a stoma.

The 2 most common skin disorders found were:

- Erosion of the skin due to faeces
- Maceration of the skin due to excess moisture

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- Erosion of the skin due to faeces
- Maceration of the skin due to excess moisture

8 out of 10 do not seek help for skin disorders¹

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Australian data - now available!

A comprehensive study was conducted in Australia on ostomy appliances. For your copy of the ostomy skin study and Australian findings, please email as follows:

To  au.care@coloplast.com
cc
Subject  Ostomy skin study and Australian data

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SenSura the new standard in ostomy care

SenSura 1-piece system
SenSura Click 2-piece system
SenSura Flex 2-piece system
I suppose I should declare up front that I am not an ostomate – most of my experiences and observations came through my wife, Judy, who was an ostomate and who sadly passed away recently. I am, however, heavily involved with ostomates at the national level (ACSA) and at the local level with the Gold Coast Ostomy Association (GCOA) in Qld, where I am Treasurer. Therefore it could be said that my contacts at the ‘coal face’ have been once removed from actual practical/medical procedures and have been mainly to do with administration and liaison matters, although I became more aware of the hands-on work of STNs through Judy’s condition.

My colleagues in the ACSA Executive Committee have written about the AASTN/ACSA relationship at the national level in previous issues of your journal this year, so I would like now to write about this relationship at the local level.

Judy took over as Secretary of GCOA in 2004, and one of her priorities was to establish a working relationship with our local STNs – for unknown reasons this had deteriorated over the previous years and needed urgent action. She cultivated close personal relationships with all our STNs – from south Brisbane in the north all the way to northern NSW in the south (about seven in all). We were fortunate to count amongst them Elaine Lambie, sometime President of AASTN and current President of the Queensland division, who embraced this initiative wholeheartedly.

After some early hiccups, this relationship has grown into a strong and constructive association of mutual respect and cooperation, to the extent that the GCOA Management Committee and our STNs meet informally twice a year to talk over any problems that emerge and to nurture this close relationship. We have an STN that attends our premises once or twice a month to deal with any members’ specific problems and liaise with our volunteers. On our side, with Elaine’s help and encouragement, we have provided financial assistance to several local trainee nurses and even sponsored two Indonesian nurses to attend your Annual Conference on the Gold Coast in 2007.

The GCOA Management Committee is committed to the continuing support for the training of more STNs and investigating new avenues of liaison both at the local and national level.

ACSA recently held its annual conference in Adelaide and it was our privilege to have Elizabeth English, the President of WCET, address the Conference and entertain and educate us about her experiences as an STN through the years. In recent years, ACSA, through its Australia Fund, has provided financial assistance to several nurses overseas (in Indonesia and Argentina) for stomal therapy training – in this we were greatly assisted by STN Carmen George who also provides a help column in our journal Ostomy Australia. The Australia Fund is also the avenue by which Australia provides ostomy appliances free of charge to less fortunate ostomates overseas (Indonesia, Fiji and Timor in the main).

In conclusion, I would like to express my hope that the AASTN/ACSA relationship continues to evolve to our mutual benefit and I take this opportunity on behalf of our Executive Committee and myself to wish you a successful Annual Conference in Perth next year.

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Australian Association of Stomal Therapy Nurses Inc.
37th Conference

IT’s Happening – Perth WA, 11 – 13 March 2009

The Organising Committee of the 37th Conference of the AASTN warmly invite you to Perth and welcome your input and participation in this event to be held at the Burswood Entertainment Complex. The city of Perth is renowned for its climate, with warm summers and mild winters allowing an exceptional lifestyle for those lucky enough to call Perth home. We invite you to experience the vibrancy of Perth, enjoy the hospitality on offer and see the sights; for those outside WA, the enclosed CD details some enticing snippets of Perth you may wish to pursue following the conference. The Perth Tourist Bureau can provide you with a plethora of information regarding flights and travel options, accommodation and attractions – www.westernaustralia.com

Theme – IT’s Happening
The theme of the Conference, IT’s Happening, endeavours to glance at the changing practices, case studies, innovative procedures and technological advances in diagnostic investigations and patient management, as well as data management and e-learning applications. We have secured international speakers wishing to share their experiences in this ever-contracting world, made more accessible by the electronic communication methods readily available. This event will attract a wide range of health professionals with an interest in the most up-to-date techniques and innovative research in stomal therapy nursing practice.

Venue – Burswood Entertainment Complex
This outstanding venue is situated on the bank of the beautiful Swan River in 100 hectares of parklands. Burswood Entertainment Complex is only 15 minutes from the airport and a short distance to the CBD. The venue provides state-of-the-art convention and events facilities, two accommodation options with all facilities and is easily accessible by bus, train and taxi.

AASTN AGM Thursday 12 March 2009 Plenary Room 1530 – 1700

Social programme
Welcome Reception Tuesday 10 March 2009 Trade Display Area 1800 – 2200
Gala Dinner Thursday 12 March 2009 Botanical Room 1830 – 2400
Taste of WA Friday 13 March 2009 Trade Display Area 1630 – 1800

We hope to see you here in Perth!

The AASTN 2009 Conference Organising Committee
Guest speakers

Mary Jo Kroeber AM
Mary Jo has extensive experience in health service management and currently is a director of patient flow. An experienced speaker, Mary Jo has delivered many papers nationally and internationally, including keynotes at congresses in Australia, United States, England, Canada, Japan, Israel, Singapore and Sweden. She has held several international consultancy positions, including to Japanese and Israeli medical and nursing groups, Israel Health Services and Singapore and has many distinguished positions, including President of College of Nursing Australia, Presiding Member Nurses Board of WA, International President WCET and President of AASTN. Mary Jo is the recipient of many national and international awards, including being appointed a member of the Order of Australia for her distinguished contribution to nursing and as an administrator. She is an inaugural and life member of the AASTN.

Paula Erwin-Toth
Paula is a renowned author and educator in all aspects of wound, ostomy and continence nursing. She directs the ET/WOC Nursing Education Program at the Cleveland Clinic. She is active in numerous professional and consumer organisations and lectures extensively on wound, ostomy and continence care locally, nationally and internationally.

Prilli d’E Stevens
An honorary life member of the World Council of Enterostomal Therapists, Prilli has practiced at the Groote Schuur Hospital in South Africa for many years. She has educated and assisted widely throughout Africa and beyond.

Mr Michael Levitt
MBBS (UWA), FRACS
Michael specialised in colorectal surgery at St Mark’s Hospital London, and commenced practice in 1990. His subspecialty interests include colorectal neoplasia, familial adenomatous polyposis coli and functional bowel disorders, and he is a researcher and author of two books and multiple refereed articles. In 2003, Michael was awarded a Centenary Medal in recognition of his work in raising public awareness and understanding about colorectal cancer. Michael works with the WA Cancer Council in support of a population-wide colorectal cancer screening programme. He is married with three children and does voluntary work as a school council member. His ‘outside interest’ is contemporary Australian art.

Jan Douglass
Jan is a remedial therapist specialising in lymphoedema therapy and training and the only Australian to be accredited as an instructor with Vodder Schools International. Jan has written and delivered anatomy, physiology and pathophysiology papers in government accredited programmes for massage therapists, naturopaths and occupational therapists and has been involved in lymphatic research at Flinders University. She has presented at national and international conferences and numerous seminars for patients and health professionals. Jan has a strong commitment to ongoing education and maintains a private clinic at Flinders Medical Centre in SA.

Huo Xiaorong
Xiaorong is chief nurse, Jiangsu Province, Nanjing, China. She established the Enterostomal Therapy Nursing Education Programme in 2007 and has since coordinated the education of 32 registered nurses in the art of stomal therapy nursing. Xiaorong has an exceptional vision for stomal therapy nursing in China.

Marie Oldridge CNS
Marie works at the Northland District Health Board, New Zealand.

Debbie Strode
Debbie has extensive experience in acute and domiciliary care in New Zealand, Saudi Arabia, USA and Australia. During the past 9 years she has worked as a district nursing specialist in oncology and stoma care. She has completed a postgraduate diploma in advanced nursing practice and hopes to complete her Clinical Masters in 2009 with a view to applying for nurse practitioner recognition.

Professor Cameron Platell MBBS (UWA), PhD, FRACS
Cameron is the Director of Colorectal Cancer Research at St John of God Hospital Subiaco WA. He is renowned in the field of surgical management and research for colorectal cancer, and has subspecialty interests in rectal cancer surgery, trans-anal endoscopic microsurgery and laparoscopic colorectal surgery. Cameron is a highly respected teacher, topic presenter and author of many refereed articles, with wide research interests including tissue banking. A definite family man.

Professor Cameron Platell MBBS (UWA), PhD, FRACS
Cameron is the Director of Colorectal Cancer Research at St John of God Hospital Subiaco WA. He is renowned in the field of surgical management and research for colorectal cancer, and has subspecialty interests in rectal cancer surgery, trans-anal endoscopic microsurgery and laparoscopic colorectal surgery. Cameron is a highly respected teacher, topic presenter and author of many refereed articles, with wide research interests including tissue banking. A definite family man.
Preliminary programme

‘IT’s Happening’ Perth WA, 11 – 13 March 2009

Tuesday 10 March 2009

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
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<tbody>
<tr>
<td>0800</td>
<td>8 hrs</td>
<td>E &amp; PDS Meeting</td>
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<tr>
<td>1600</td>
<td>2 hrs</td>
<td>Registration desk open</td>
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<tr>
<td>1800</td>
<td>4 hrs</td>
<td>Cocktail Reception</td>
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Wednesday 11 March 2009

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>0700</td>
<td>60 mins</td>
<td>Registration</td>
</tr>
<tr>
<td>0800</td>
<td>10 mins</td>
<td>Welcome</td>
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<tr>
<td>0810</td>
<td>20 mins</td>
<td>Opening Address</td>
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<tr>
<td>0900</td>
<td>15 mins</td>
<td>North American developments</td>
</tr>
<tr>
<td>0915</td>
<td>15 mins</td>
<td>Indonesia’s vision</td>
</tr>
<tr>
<td>0930</td>
<td>15 mins</td>
<td>China’s evolution</td>
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<tr>
<td>0945</td>
<td>15 mins</td>
<td>Iran: a new beginning</td>
</tr>
<tr>
<td>1000</td>
<td>15 mins</td>
<td>New Zealand update</td>
</tr>
<tr>
<td>1015</td>
<td>15 mins</td>
<td>Australia in review</td>
</tr>
<tr>
<td>1030</td>
<td>15 mins</td>
<td>World view</td>
</tr>
<tr>
<td>1045</td>
<td>45 mins</td>
<td>Morning Tea and Opening of Trade Display</td>
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<th>Time</th>
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<tbody>
<tr>
<td>1130</td>
<td>20 mins</td>
<td>Multidisciplinary management</td>
</tr>
<tr>
<td>1150</td>
<td>20 mins</td>
<td>Laparoscopic surgery for colon cancer</td>
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<tr>
<td>1210</td>
<td>20 mins</td>
<td>Latest diagnostics in gastroenterology</td>
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<tr>
<td>1230</td>
<td>15 mins</td>
<td>AASTN National database</td>
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<tr>
<td>1245</td>
<td>15 mins</td>
<td>Web Delacey – from its nurse driven origins, the present and into the future</td>
</tr>
<tr>
<td>1300</td>
<td>60 mins</td>
<td>Lunch and Trade Display</td>
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Session theme – Bariatric surgery

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<tr>
<th>Time</th>
<th>Duration</th>
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<tbody>
<tr>
<td>1400</td>
<td>15 mins</td>
<td>Surgical management of obesity</td>
</tr>
<tr>
<td>1415</td>
<td>15 mins</td>
<td>Weight reduction surgery</td>
</tr>
<tr>
<td>1430</td>
<td>15 mins</td>
<td>The lived experience</td>
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<tr>
<td>1445</td>
<td>15 mins</td>
<td>Management of bariatric surgical complications</td>
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<th>Time</th>
<th>Duration</th>
<th>Event</th>
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<tbody>
<tr>
<td>1500</td>
<td>30 mins</td>
<td>Afternoon Tea and Trade Display</td>
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Session theme – The paediatric patient

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<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Event</th>
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<tbody>
<tr>
<td>1530</td>
<td>25 mins</td>
<td>Hirschsprung’s disease</td>
</tr>
<tr>
<td>1555</td>
<td>25 mins</td>
<td>Gastrointestinal Myopathy: A family story</td>
</tr>
<tr>
<td>1620</td>
<td>15 mins</td>
<td>Hirschsprung’s – not an easy road to travel</td>
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<th>Time</th>
<th>Duration</th>
<th>Event</th>
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<tbody>
<tr>
<td>1635</td>
<td>30 mins</td>
<td>Management of stomal complications</td>
</tr>
<tr>
<td>1705</td>
<td>20 mins</td>
<td>Encounters with mucus in stomal therapy nursing practice</td>
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</tbody>
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<th>Time</th>
<th>Duration</th>
<th>Event</th>
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<tbody>
<tr>
<td>1730</td>
<td>45 mins</td>
<td>Afternoon Tea and Opening of Trade Display</td>
</tr>
</tbody>
</table>
Thursday 12 March 2009

0700 60 State Representatives’ Breakfast

Session theme – Wound IT

0800 20 Mobile wounds
Dr Keryln Carville STN (Cred) PhD CNC
Silver Chain Nursing Association WA

0820 20 WoundsWest: Our experiences in advancing best practice in wound management
Dr Jenny Prentice STN PhD
WA Department of Health

0840 20 WoundsWest Education Program – beyond conventional
Ms Juliet Keaton RN
WA Department of Health

0900 20 Challenges faced in implementation of a Telehealth enabled service – the Wound Witch example
Ms Melissa Barrett NP RM MN
Combined Universities Centre for Rural Health, Geraldton WA

0920 20 Princess Margaret Hospital Burns Telehealth Service
Ms Tania McWilliams RN BSc Grad Dip Nurs Sc (Burns) CNC
Princess Margaret Hospital for Children, Perth WA

0940 15 How hard can IT get?
Ms Sonia Hicks STN
Ms Vanessa Rhodes STN
Royal Hobart Hospital, TAS

0955 15 The use of mobile technology to improve clinical outcomes
Ms Rosalind Probert STN (Cred) CNC
Princess Alexandra Hospital Brisbane, QLD

1010 35 Morning Tea and Trade Display

In the Thursday programme, two series of 50 minute workshops (at 1140 and 1400) are planned to run alongside concurrent papers. Delegates must indicate which they plan to attend on the Registration Form.

Session theme – Variations on wound management

1045 30 The lymphatic system and manual lymph drainage – an overview
Ms Jan Douglass BHSc
Vodder Therapist and Instructor
Flinders Medical Centre, SA

1115 15 Graduated compression: Myth or reality?
Ms Liz Howse STN (Cred) CNC
Silver Chain Nursing Association WA

1130 10 Group Dispersal for Concurrent Papers & Workshops

Concurrent papers

1140 15 Meeting the wound management needs of vascular patients in a large tertiary referral hospital – responding to the challenge of continuous change
Ms Carol Stott STN CNC
Prince of Wales Hospital, Sydney NSW

1150 15 Remote indigenous wound management
Ms Anne Eades BN
Murdoch University School of Nursing, WA

1205 20 Assessment of quality of life in ostomy patients with a peristomal wound
Ms Fariba Nassiri Ziba STN MSN
Iran University, Tehran

Workshops

W1 50 The ‘G’ spot (gastrostomies)
Ms Margot Hickman STN CNC
Royal Hobart Hospital, TAS

W2 50 Multilayer bandaging and compression therapies for lymphoedema and lipoedema
Ms Jan Douglass BHSc
Vodder Therapist and Instructor
Flinders Medical Centre, SA

W3 50 Effectiveness of manual lymph drainage
Ms Barbara Dickson STN Vodder Therapist,
WA Country Health Service, South West

1230 60 Lunch and Trade Display
Nat Exec Planning Meeting
Session theme – Breadth of stomal therapy nursing?

1330  20  Colorectal surgery – wound and stoma care: From hospital to home and beyond
Ms Marie Oldridge STN CNS
Ms Rachel Pasley STN CNS
Northland District Health Board, New Zealand

1350  10  Injecting drug use: implications for wound management
Ms Liz Howse STN (Cred) CNC
Silver Chain Nursing Association WA

1400  10  Group Dispersal for Concurrent Papers & Workshops

Concurrent papers

1410  20  Parastomal hernias revisited: a cost benefit analysis – is an ounce of prevention really worth a pound of cure?
Dr Julia Thompson PhD STN
St Vincent’s Private Hospital, Sydney NSW

1430  15  Cross sectional relationships between patient characteristics and stoma management confidence and satisfaction with stomal therapy services
Ms Lisa Graaf STN CNC
Prince of Wales Hospital, Sydney NSW

1445  15  Snapshot of a rural stomal therapy nurse
Ms Kath Gribble STN
Barossa Health, SA

Workshops

W4  50  Dealing with the daunting
Ms Elizabeth English STN (Cred) CNC
Ms Merle Boerête STN (Cred) CNC
Ms Lynda Staruchowicz STN
Ms Sally Lundborg STN
Royal Adelaide Hospital, SA

W5  50  Complex fistula management
Ms Eileen Lim Joon STN
Ms Renee Gilmore STN CNC
Fremantle Hospital, WA
Ms Andrea Farrugia STN
Epworth Eastern Hospital Box Hill, VIC
Ms Patricia Morgan STN CNC
Prince of Wales Hospital, Sydney NSW

W6  50  Multilayer bandaging and compression therapies for lymphoedema and lipoedema
Ms Jan Douglass BHSc
Vodder Therapist and Instructor
Flinders Medical Centre, SA

1500  30  Afternoon Tea and Trade Display

1530  90  AASTN AGM

1830  'til late  GALA DINNER
Music: Soul Corporation
### Session theme – Maintaining continence

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Title</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>0830</td>
<td>20</td>
<td>Constipation</td>
<td>Mr Michael Levitt FRACS, Colorectal Surgeon SJOGH, Subiaco WA</td>
</tr>
<tr>
<td>0850</td>
<td>20</td>
<td>Enhancing bowel management in an acute care hospital – a quality improvement project in progress</td>
<td>Ms Casey Hudson STN CNE / CNS, St Vincent’s Private Hospital, Sydney NSW</td>
</tr>
<tr>
<td>0910</td>
<td>20</td>
<td>Trans-anal irrigation – the Peristeen anal irrigation system for constipation and faecal incontinence</td>
<td>Ms Jenny Rex STN Continence Advisor, Royal Prince Alfred Hospital, NSW</td>
</tr>
<tr>
<td>0930</td>
<td>20</td>
<td>Sacral nerve stimulation</td>
<td>Mr Patrick Tan MBBS, Colorectal Surgeon, Royal Perth Hospital &amp; SJOGH, Subiaco WA</td>
</tr>
<tr>
<td>0950</td>
<td>35</td>
<td>Morning Tea and Trade Display</td>
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### Session theme – Pot pouri

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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1030</td>
<td>15</td>
<td>Rectal irrigation following ultra low anterior resection – does this improve quality of life?</td>
<td>Ms Pam Thompson STN CNC, St John of God Hospital, Subiaco WA</td>
</tr>
<tr>
<td>1045</td>
<td>15</td>
<td>Skin Care Ostomy Research (SCOR): survey of experience of leakage amongst ileostomists</td>
<td>Ms Caroline Redmond STN, Salts Healthcare, UK</td>
</tr>
<tr>
<td>1100</td>
<td>15</td>
<td>An evaluation of a new ostomy device for potentially reducing leakage</td>
<td>Mr Simon Turley STN CNC, Radcliffe Hospital, Oxford UK</td>
</tr>
<tr>
<td>1115</td>
<td>15</td>
<td>High output stomas, an overview of their management and a case study</td>
<td>Ms Jo Sica STN, Hollister Global Clinical Manager, Ms Jenny Burch STN CNS, St Marks Hospital, London UK</td>
</tr>
<tr>
<td>1130</td>
<td>15</td>
<td>Product evaluation using the FEEAT criteria</td>
<td>Ms Rae Bourke STN SCNC, Royal Melbourne Hospital, VIC</td>
</tr>
<tr>
<td>1145</td>
<td>15</td>
<td>Stomal therapy nurse-led outpatient clinic</td>
<td>Ms Nicole Walsh NP STN, Royal Perth Hospital, WA</td>
</tr>
<tr>
<td>1200</td>
<td>15</td>
<td>Peristomal skin complications</td>
<td>Mr Ian Whiteley RN STN Grad Cert Nurs Educ, Grad Dip Acute Care Nursing CNC, Concord Repatriation General Hospital, Sydney NSW</td>
</tr>
<tr>
<td>1215</td>
<td>75</td>
<td>Lunch and Trade Display</td>
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### Session theme – Professional practice

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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1330</td>
<td>15</td>
<td>Planning for the e-learning experience</td>
<td>Ms Patricia Sinasac STN, Mater Hospital, Brisbane QLD</td>
</tr>
<tr>
<td>1345</td>
<td>15</td>
<td>Stomal therapy education – a virtual reality</td>
<td>Ms Andrea Miller STN MClinNurg, University of Tasmania, TAS</td>
</tr>
<tr>
<td>1400</td>
<td>15</td>
<td>Patient education in developing countries</td>
<td>Ms Maureen McKenzie, Access-to-Healthcare Asian Ambassador</td>
</tr>
<tr>
<td>1415</td>
<td>15</td>
<td>Indonesian experiences</td>
<td>Ms Carmen George STN (Cred) Grad Dip Adult Ed Education Chairperson WCET</td>
</tr>
<tr>
<td>1430</td>
<td>30</td>
<td>Patient empowerment</td>
<td>Ms Paula Erwin-Toth MSN ET CWOCN CNS, Cleveland Clinic Foundation, Ohio USA</td>
</tr>
<tr>
<td>1500</td>
<td>30</td>
<td>Meltdown in nursing</td>
<td>Ms Prilli d’E Stevens STN, South Africa</td>
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<tr>
<td>1530</td>
<td>30</td>
<td>Stomal therapy care: strengths and gaps</td>
<td>Panel</td>
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<tr>
<td>1600</td>
<td>15</td>
<td>Draw of Winning Registration Ticket and other raffles / competitions</td>
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<tr>
<td>1615</td>
<td>15</td>
<td>38th Conference Promotion 2011</td>
<td>Victoria</td>
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<tr>
<td>1630</td>
<td></td>
<td>Close – A Taste of WA</td>
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**National Executive Committee meeting TBA**

**Post conference handover TBA**
‘IT’s Happening’        Perth, WA       11 – 13 March 2009

REGISTRATION

- Full Registration (Gala Dinner incl.) $550 (GST incl.)
- Day Registration $250 (GST incl.)

SOCIAL PROGRAMME EVENTS

Tuesday 10 March – Cocktail Reception (incl.)
Registered delegate attending: Yes / No

Thursday 12 March – Gala Dinner
Registered delegate attending: Yes / No
Gala Dinner additional tickets ___ @ $110 each: $__________
Names of additional people attending gala dinner:
_____________________________________________________

Special dietary / access / other requirements? (please specify)
_____________________________________________________

Friday 13 March – Taste of WA
Registered delegate attending? Yes / No

CONCURRENT PROGRAMME SESSIONS

Thursday 12 March
Select ONE option per time slot

1140 – 1230
- Concurrent Papers
- W1 The ‘G’ spot (Gastrostomies)
- W2 Lymphoedema bandaging & compression therapies
- W3 Effectiveness of manual lymph drainage

1410 – 1500
- Concurrent Papers
- W4 Dealing with the daunting
- W5 Complex fistula management options
- W6 Lymphoedema bandaging & compression therapies

PAYMENT OPTIONS

- Online at www.stomaltherapy.com
- Electronic funds transfer:
  BSB No 066 – 160
  Bank Commonwealth Bank of Australia
  Account Number 1063 0626
  Account Name WA AASTN Conference 2009
  N.B. Please ensure your name is entered in the deposit reference field and attach a copy of the transfer details to this registration form to enable positive identification.

- Cheque / money order
  Payable to WA AASTN Conference 2009
  If your hospital, agency or company is paying your registration, please ensure that your name is listed and accompanies the payment.
  Overseas delegates – please note that personal cheques cannot be accepted and payment must be in AUD.

- Credit card
  Debit my: MasterCard Visa
  Card no: _________ / _________ / _________ / _________
  Expiry date: _____ /_____ Security ID: (see reverse of card)______
  Cardholder name _____________________________________
  Signature ____________________________________________

Payment summary

- Registration fee: (Full / Day) $_______
  Wed / Thur / Fri (Please circle)
- Additional tickets for Gala Dinner $_______
- Total amount due $_______

MAIL TO
Robyn Simcock
2009 AASTN Conference Secretary
PO Box 153 FLOREAT WA 6014

EMAIL TO
rmsimcock@bigpond.com
Full registration
Full registration includes admission to all conference sessions, morning, afternoon tea and lunch each day and entrance to all trade exhibition areas. Upon registering, delegates are issued with a conference satchel and conference programme. Also included is entrance to the Welcome Reception on Tuesday 10 March, Conference Gala Dinner on Thursday 12 March and the Taste of WA Wind-down on 13 March, 2009.

Day registration
Day registration includes admission to all conference sessions, morning, afternoon tea and lunch applicable to the day nominated and paid for. Delegates will be issued a satchel and conference programme and will have access to all trade exhibition areas for the full term of the day. Tickets to attend the conference gala dinner can be purchased separately.

Acknowledgement of registration
All registrants will be acknowledged with a receipt posted to the mailing address supplied on their registration form. This registration form acts as an official invoice, so a copy for your records is advised. Registrations will not be accepted without payment and only in AUD.

Delegate information sheet
All registered delegates will receive an information sheet together with their receipt.

WIN WIN WIN
Register early and win one conference registration
Simply by registering prior to 31 January 2009 (with payment), you are in the running to have your conference registration refunded in full!

Terms & conditions
- Monies will be refunded in the name of the delegate registered
- Funds will be refunded by cheque only
- No registrations received post 31 January 2009 are eligible for the competition
- Winner to be announced Friday 13 March 2009 and must be in attendance to accept their prize

Cancellation policy
Notice of cancellation of registration must be sent in writing by mail to the Conference Secretary.
- Up to 30 days prior to the conference – full refund
- Less than 30 days but up to 7 days – 50% refund
- Less than 7 days – no refund possible.

Privacy statement
From this conference registration form, relevant details (name, organisation and state) will be incorporated into a delegate list. This will be made available to delegates and trade companies directly related to this conference for marketing purposes only.
- Please tick if you DO NOT give permission for your details to be made available as described.

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- **Simple to Use** – Easy to shape – no measuring, tracing or cutting necessary.
- **Convenient** – Eliminates the need for scissors and custom cutting.
- **Adaptable** – Expands and contracts along with the stoma helping to maintain a gapless fit during wear.
- **Versatile** – Fits a wide variety of stoma shapes and sizes.
- **Less Waste** – The moulded opening can be adjusted once the skin barrier is applied to the body.

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**STN Priority Line – Australia**

**1800 006 609**

**New Zealand Toll Free**

**0800 441 763**
MEMBERS’ EMAIL

Recently I sent an email to all the WCET Australian members; however, some people did not receive it, presumably due to the email address being incorrect on the Australian WCET database. If you are a WCET member and did not receive the email I sent on Friday 24 October, can you please check your details in the members’ page of the website. The address is www.wcetn.org. If you have any difficulties accessing your membership details please email me at brenda.sando@uchealth.com.au and I will endeavour to assist you.

NEW MEMBERS WANTED

The WCET Executive is having a membership drive and I would like to encourage you to become a member if you are not already. The advantages of WCET membership are as follows:

- Opportunity to network with other members of the WCET from all over the world.
- The WCET journal, published four times a year.
- The WCET bulletin, bringing you up to date with the members and the activities of the WCET.
- A reduced registration fee for the WCET biennial Congress.
- Access to the scholarships proposed by the Norma N Gill Foundation.
- Recognition of Enterostomal Therapy Nursing Education Programmes.
- Participation in twinning partnerships between developed and emerging countries.
- An international directory of WCET members in over 50 countries.

Further information on all these subjects can be found on the WCET website at www.wcetn.org.

Please take this opportunity to join us – and by doing so benefit from the reduced registration rate for the WCET Congress to be held from 12-16 June 2010 in Phoenix, Arizona. Reserve the date in your diary! If you need any help, I am happy to assist you or you may contact the WCET Central Office at wcet@on.aibn.com.

Greetings from your Aussie ID!

Brenda Sando CNC STN • The Wesley Hospital, Brisbane QLD

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WC 062 05-08

Many health care associated infections can be prevented
**ACT**

Hello to all from Canberra. We held our AGM in August and the results of the election process are:

- **President:** Kellie Burke
- **Vice-President:** Clare Love
- **Secretary:** Clare Love
- **Treasurer:** Therese Verdon
- **State Representative:** Kellie Burke
- **Education Subcommittee:** Kirsti Dixon

We have three nurses currently studying all or part of the stomal therapy course at The College of Nursing. One of these is at Canberra Hospital and two are in the surrounding region of Greater Southern Area Health. We wish these three ladies all the best in their studies and look forward to working with them in the future.

As this goes to publication, Christmas is nearly upon us. Here in the ACT we wish you all a safe and joyous time at Christmas and in the New Year.

Kellie Burke

**New South Wales**

The NSW branch continues to meet second monthly and generally has an educational session as part of this meeting. The members continue to be busy organising study days. Lee Gavegan and some of her colleagues in the west are organising a stomal therapy and wound care study day on Saturday 29 November at Westmead Hospital – cost $100.

Remember that, if possible, all members need to submit their ‘record of activities’ for continuing professional development by 31 December in order to be preceptors for people undertaking the Graduate Certificate in Stomal Therapy Nursing. Looking at the list of preceptors we could do a lot better in NSW – some of the stomal therapists working in the private sector in particular need to think about becoming preceptors; remember how beneficial we all found our clinical placements when we were student stomal therapy nurses.

Have a great Christmas and New Year.

Carol Stott

**Queensland**

Many STNs attended the Queensland Health pressure ulcer forum at the Royal Brisbane Hospital in September. The theme was Back to basics and covered many topics including mattress and cushion selection, perineal skin care, malnutrition, prevention and pressure ulcer audits. The forum was well attended and many ideas exchanged.

Sixty ostomates attended a community education afternoon at the Queensland Colostomy Association, Moorooka, in October. Topics included: A nurse’s perspective of living with an ileostomy, How, when and why of stoma construction and Leg ulcers. Bernie Preuss, secretary of QCA, also gave feedback from the ACSA conference.

A panel of STNs answered many varied questions and stimulated conversation to close the successful afternoon. Thanks to the trade for supplying a sumptuous afternoon tea and door prizes.

In other news, Louise Walker has been employed as a part-time STN at Logan Hospital to assist Penny De Winter. Leanne Bedwell has resigned from John Flynn Hospital Gold Coast and is moving to New Zealand with her family. Nicole Bowden has been appointed CN of stomal therapy and wound care in children and neonates with the Mater Health Services.

Further, the stomal therapy wound management department at Princess Alexandra Hospital has seconded Natalie Shield and Aaron Richardson, two level 1 registered nurses to the department for 1 year while they undertake the Graduate Certificate in Stomal Therapy Nursing through The College. Natalie and Aaron are well underway with their assignments and enjoying the challenges of their new role. We also congratulate Melanie Juttnier on completion of the Graduate Certificate and permanent appointment to the department. And, finally, congratulations to Rose Davey who ran the Bridge to Brisbane Fun Run in under an hour and beat our Premier Anna Bligh.

Kellie Burke

**South Australia**

Well, that’s 2008 almost at an end! Christmas is fast approaching. Fiona Bolton and Merle Boeree went to Melbourne on 11-12 October for the National Education Subcommittee meeting. This was a very busy and productive meeting. The Royal Adelaide Hospital Certificate in Stomal Therapy Nursing Course was given accreditation for another 2 years. Well done to Merle as the
course coordinator. Cynthia Smythe has resigned as Chairperson and Fiona Bolton will be taking on the role. Congratulations to Cynthia for all your hard work. Good Luck, Fiona. We know you will do a wonderful job!

Carmen Smith is in Indonesia in a village called Bogor. This seems to be much less luxurious than her previous dwellings in Jakarta. However, there is a gym and a country club! Carmen has been very busy with class preparation and teaching. The place sounds quite primitive. There are no taxis and the only way to get around is on the back of an ojak (motor bike taxi) without a helmet! We wish Carmen the best of luck.

Education sessions following AASTN Branch Meetings have continued. Liz English presented a really interesting, and at times hilarious, session on Interesting case studies from the Royal Adelaide Hospital in September. Margie Reid presented at the October meeting about the WCET Congress in Slovenia. Next year we are planning to conduct some preceptorship workshops at the meetings as part of the criteria for taking stomal therapy students during their course.

Liz English, President of the WCET, is encouraging all AASTN members to join the WCET. Applications can be completed online at wcetn.org. The WCET is the only worldwide stoma, wound and continence organisation for nurses. Subscriptions entitle you to receive a journal four times per year and you become part of a worldwide network of stomal therapy nurses. The next WCET Congress will be held in Phoenix, Arizona USA in 2010 and being a member you will receive a discount on registration. So join now!

The SA Branch will be having their Christmas dinner at the Hackney Hotel on Wednesday 26 November. We are all looking forward to a great night. Wishing everyone a happy and safe Christmas and New Year and best wishes for 2009!

Margie Reid

Tasmania

Hello to all from Tassie. It seems incredible that we are at the end of another year already.

In the north we continue to hold our journal club dinner meetings in Launceston with the support of Andre Gall from Coleplast. At our last meeting in October the education component was delivered by Sue Delanty. Sue presented The ostomy skin tool: a peristomal skin assessment tool, which was featured in the WCET Journal, Vol.28, No.2, this year. The tool is a simple way of standardising assessment of the peristomal skin and monitoring change and improvements. We spent time with the tool applying the principles to varied peristomal skin examples without too much variation in our responses.

Sue has also just returned from the AASTN Education and Professional Development meeting held in Melbourne 11-12 October. You can get the latest CPD portfolio from the stomal therapy website – note that the points allocated to STN activities have changed; you will be pleasantly surprised. A decision was also made to extend the credential period from 3 years to 5 years. A very busy but productive meeting by all accounts.

In the south, a dedicated team including stomal therapist Sonia Hicks are ensuring night staff at the RHH are not forgotten in terms of valuable in-service education. They are presenting Things that leak in the night, encompassing pain control, wound and ostomy education. The presentations will include complications and product applications using the skin condition education tool previously developed by Sonia and Sue.

At our last AASTN TAS branch teleconference in October, Margot Hickman provided a fantastic education session on Gastrostomy problem indicators; thank you Margot. Our road show education tours also continued this year with a stop at Huonville in November. And congratulations to the girls from 5A at the LGH who held a ‘girls’ night in’ recently for breast cancer awareness/research. Congratulations also to Annette Goulding from the RHH on the successful completion of her stomal therapy course; well done!

In closing we’d like to wish our colleagues across Australia a happy and safe Christmas and New Year. We look forward to catching up with many of you at the WA conference in March and we wish the WA Organising Committee every success in your preparation.

Tracey Beattie

Victoria

Well, here we are at the end of yet another year. The more hectic our lifestyle, the faster time goes, and the older we get, the faster time goes, so when both components are in your life the year has no sooner started than finished! [Author’s lament].

VIC Branch’s last educational get-together was held in mid October at the RDNS Essendon centre. Christine Mann, KCI’s clinical support nurse, conducted the evening for us on Abdominal fistula management using VAC therapy options. KCI sponsored the evening and provided supper. Over 15 members attended and we all gained enormously from Chris’ extensive wound care background and in-depth VAC therapy expertise. Thanks go to Margaret Fraser for her organisational assistance with this evening, to KCI for their support and especially to Christine Mann.

We worked out early this year that the Committee is more productive with meetings if you feed them first, so we now schedule our committee meetings at Julianno’s Restaurant in Camberwell. The dates are ad hoc, as we feel we have worked better with fewer meetings, longer agendas and lots of email and phone contact in-between. If any members of VIC Branch would like to consider joining the Committee, then we warmly invite them to our next meeting which on 29 January commencing with dinner at 6.30pm sharp – address is 1101 Toorak Road, Camberwell.

Following our last report we had just completed our country study day in Warrnambool, which was very well attended (50 registrants) and was well received. As an addition to that report I would just like to include a photo of the team that supported the day along with Jenny Fox, our STN on the ground at Warrnambool.

Whilst it was an appropriate decision to alter our national conferences to second yearly, we did miss those annual get-togethers this year, and so we are looking forward to making the
journey to Perth next March for the national conference. We wish the Organising Committee in Perth all the best for this event and promise good support from VIC Branch members.

Our calendar of events for next year to date is as follows:

- **29 January 2009**
  Committee meeting

- **11 February 2009**
  General members’ meeting
  Nurses Memorial Centre, 431 St Kilda Road,
  South Melbourne, commencing 6.30pm
  Guest speaker Nina Vucic, Mayfield STN on
  *Presentation skills for classroom teaching*

- **11-13 March 2009**
  AASTN National Conference, Perth

- **23 April 2009**
  AGM, venue to be decided
  Guest speaker Christine Curley on *The Vietnam experience*

- **May 2009**
  Weekend away in Daylesford, talks and relaxation
  Theme – *Stress management for the sole practitioner*

Our year concluded at the end of November with our Christmas party being held at the home of Wendy and Ray Sansom with special guest appearance by ‘Santa Claus’. We now all look forward to a well-deserved rest from branch activities over December/January. On behalf of all VIC Branch members, may I take this opportunity to wish all our friends in Aussie and New Zealand a safe festive season, the joy of family time spent together over Christmas, peace, happiness, health and a good New Year.

Helen Nodrum

**Western Australia**

It has been a busy time in WA since my last report. We ran the stomal therapy nursing education programme, with all 20 nurses successfully completing theory and practical components. The group comprised of nurses from the metropolitan and country areas, hospital and community nursing. The participants enjoyed the programme and many are keen to practise in the specialty area of stomal therapy in their places of employment.

The next clinical update is on *Rectal irrigation* and is being presented by Liz Howse, CNS Silver Chain, on 17 November. We hope to have a good attendance and thank Liz in advance for offering her time to speak on the topic.

We are currently finalising the programme for the 2009 AASTN Conference and hope to have it completed by next month. We are fortunate to have received many responses to our call for abstracts and look forward to a variety of interesting topics being presented.

On that note, on behalf of the Western Australia Branch of the AASTN, I would like to wish you all a merry Christmas, take time out to relax with family and friends and we hope to see many of you in Perth in March 2009.

Carmel Boylan

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**Colorectal Surgical Society of Australia and New Zealand (CSSANZ) Scholarship for Stomal Therapy Nurses**

**PURPOSE**

To foster and further develop the relationship between the Australian Association of Stomal Therapy Nurses Inc (AASTN Inc) and CSSANZ, the CSSANZ will present a scholarship for a novice stomal therapy nurse (stomal therapy nursing education programme completed within the previous 3 years) to attend their annual Spring Meeting. This is an annual award and will be presented at the AASTN Inc Annual General Meeting.

**AWARD VALUE**

This scholarship will cover registration to the annual CSSANZ Spring Meeting, economy class airfare and $500 towards accommodation.

**ELIGIBILITY CRITERIA**

Applicants must:

- Be a full member of the AASTN Inc.
- Be currently registered in the state where they are working and utilising their stomal therapy nursing skills.
- Have completed an AASTN Inc recognised stomal therapy nursing education programme within the previous 3 years.
- Be able to attend the Spring Meeting in or outside Australia.

**PROCESS**

Submit an article suitable for publication in *The Journal of Stomal Therapy Australia* (JSTA). The article may be in the form of, but not limited to:

- A clinical case study
- Research project
- Book review not previously published in JSTA
- Educational poster or teaching tool
- Professional issue pertinent to either specialty

The article, plus a completed official application form with a copy of current nursing registration, must reach the national executive secretary by 15 May in the relevant year. Contact details for the secretary can be found in the current JSTA. Application forms are available from the AASTN Inc executive secretary and AASTN Inc website [www.stomaltherapy.com](http://www.stomaltherapy.com)

All applications will be reviewed by the judging panel. A decision will be available and all applicants notified within six weeks. The judging panel will consist of:

- The Editor, JSTA (or delegate)
- Committee member of the AASTN Inc Education and Professional Development Subcommittee.
- Nominated member of the CSSANZ

Late applications will not be considered. The scholarship award is not transferable.

**SELECTION CRITERIA**

The decision of the judges is final and based on the following criteria:

- Presentation
- Originality
- Appropriateness to stomal therapy nursing and colorectal surgery
- Demonstrated integration of theory and practice
- Suitability for publication following the JSTA Guidelines for Authors found in current JSTA.
Articles printed in the Journal of Stomal Therapy Australia: index 2006-2008

Compiled by Lorrie Gray

2006

Ostomy management

March 2006 issue

• Addressing the shortfalls of a part-time STN role in relation to pre-operative education and siting – Tania Norman & Julie McCaughan

• Problems encountered in discarding stoma pouches – Sarah-Jane Buckland

• Comment on article above – Nicole Nel

• Management of a recessed stoma with muco-cutaneous separation – Dawn Birchall

• Management of a retracted loop ileostomy in a ‘gully’: it’s moments like these you need ‘con..vex..ity’ – Patricia Walls

June 2006 issue

• Case study: Early diagnosis and treatment of peristomal Pyoderma gangrenosum achieves a good result – Ian Whiteley

• Case study from ConvaTec competition: Stemming the flow – using convexity to stop leakages – Sue Rossiter

• Case study from ConvaTec competition: The use of convexity – recapturing quality of life – Sheryl Waye

September 2006 issue

• Case study from ConvaTec competition: Use of convexity to manage a retracted, irregularly shaped stoma with peristomal skin affected by psoriasis – Joyce Gordon

Wound management

September 2006 issue

• Comparison of topical silver dressings with traditional SSD cream in the management of burns – Robyn Raynor

• Process for standardisation of wound products in the Northern Rivers Area Health Service – Bill Tyrrell

• Case study: wound care in Indonesia – Rita Yosephne & Margaretha Edang

Continence management

June 2006 issue

• Case study: incontinence due to myelomeningocele – Andrea Thatcher

September 2006 issue

• Case study: bowel and bladder management programme for a woman with spinal cord damage (with assessment checklist) – Robyn White

Professional issues

March 2006 issue

• Story telling in nursing (Editorial) – Julia Thompson

• Nurse mentors – Californian Nurses Foundation

• The AASTN credentialing process

• Continuing Professional Development Record of Activities

• Recredentialing: reflective journal on paediatric stomal therapy – Julie Hoyle

• Stomal therapy nurse education programme (Tas) – Nola Polmear

June 2006 issue

• Emotional intelligence and stomal therapy nursing (Editorial) – Julia Thompson

• Recredentialing portfolio: care of a man with rhabdomyosarcoma (with pictorial care plans) – Ros Probert

• A student’s reflective portfolio report from the Graduate Certificate Course in Stomal Therapy Nursing – Maria Stapleton

• AASTN 35th Conference report (Gold Coast) – Lorrie Gray

• NNO meeting report – Liz Spencer & Lesley Everingham

• Report: News and views of President of Australian Council of Stoma Associations (ACSA) – Gerald Barry

September 2006 issue

• Carers… anyone, anytime (Editorial) – Julia Thompson

• Towards recredentialing: a reflective journal about caring for a man undergoing formation of an ileal conduit – Sue Delanty

• Life membership awarded to Cynthia Smyth – Rosalind Probert

• NNO meeting report – Liz Spencer & Lesley Everingham

Book review & resources

March 2006 issue

• International Ostomy Association Charter of Rights

• Gynaecological cancer care: a guide to practice – Trish Lancaster & Kathryn Nattress (Eds)

• Gastrostomy care: a guide to practice – Catherine Barrett

September 2006 issue

• Stoma care and rehabilitation – Brigid Breckman
Ostomy management

March 2007 issue
- Take a walk in my shoes: an insight into paediatric bowel disorders – Eunice Gribbin
- Case studies using convexity – Julia Kittscha, Carol Stott & Paris Purnell
- Managing complications associated with a high output jejunostomy using convexity – Ian Whitley
- Making sense of convexity – Rae Bourke, Elizabeth Davis, Susan Dunne, Carmen George, Julia Kittscha, Carol Stott & Paris Purnell
- Thank you Mr Eakin, I love your seals (letter) – Jessica

June 2007 issue
- The challenge of changing consistency: a case study using convexity – Maria Stapleton

September 2007 issue
- Challenge of managing a retracted stoma on a large abdomen – Liz Howse
- From community to acute care: an audit study of clients living with a stoma – Susan Farquhar, Charme Flowers, Patricia Griffin, Margaret Rigoni, Mary Ryan, Paul Ryan, Debbie Streames & Ann Watt
- Right product, right fit – Leonie Cartlidge-Gann
- Beneath the waves (ileostomate and scuba diver) – Grant McLaren

Wound management

June 2007 issue
- Case study: sacral pressure ulcer – Emily Brown
- Compression, compression, compression! – Lucy Daniels

Continence management

December 2007 issue
- The prevention and management of faecal incontinence – Sule Sutcu
- Current research: randomised controlled trial of biofeedback guided anal sphincter exercises in faecal incontinence – Jenny Rex

Professional issues

March 2007 issue
- Using De Bono’s six thinking hats (Editorial) – Julia Thompson
- AASTN Education and Professional Development Subcommittee: Chairperson’s report – Cynthia Smyth
- NNO meeting report – Lesley Everingham
- Congratulations to Brenda Fowler (ACT Community Nurse of the Year)

June 2007 issue
- AASTN Education and Professional Development Subcommittee: Chairperson’s report – Conference March 2007 – Cynthia Smyth
- New national database for stomal therapy nurses (START) – Nola Polmear
- AASTN 36th Annual Conference report (NSW) – Lorrie Gray
- Life membership awarded to Julia Thompson – Lesley Jack
- Open forum

September 2007 issue
- It’s our website and journal (President’s report) – Leeanne White
- Risk management in stomal therapy practice – Nola Polmear
- YOU Inc. President’s report March 2006 – Feb 2007 – Margaret Allan
- WCET report (Indonesian enterostomal therapy course) – Carmen George

December 2007 issue
- Maintaining professional respect (Editorial) – Diana Hayes
- AASTN Education and Professional Development Subcommittee: Thinking about your Continuing Professional Development portfolio?
- Congratulations to Lorraine Andrews (Winner ConvaTec Scholarship)
- An Indonesian experience – Sharmaine Peterson
- WCET report: Professional worldwide connections – Carmen George
- AASTN Education and Professional Development Subcommittee: Chairperson’s report – Workshop October 2007 – Cynthia Smyth

Book review & resources

March 2007 issue
- The stoma care manual: a guide for people with a stoma – Diana Hayes
- Group for Kids Inc. – information, handbook and order form
- Gastrointestinal therapeutic guidelines (4th ed)

June 2007 issue
- Development of the STN database
- Book review: The stoma care manual: a guide for people with a stoma – Mary Ryan

September 2007 issue
- Elinor Kyte Research Grant

December 2007 issue
Ostomy management

March 2008 issue

- Does a modified diet reduce the incidence of fluid output in people with an ileostomy? A preliminary study – Diana Hayes
- Case study: using a convex appliance to achieve a variety of positive outcomes – Carmen George
- Case study: conservative management of a necrotic colostomy – Ian Whiteley

June 2008 issue

- Hirschsprung’s disease: my personal experience – Carolynne Partridge
- Management of a retracted stoma – Leonie Cartlidge-Gann
- Flatus: prevention and management – Angela Castle

September 2008 issue

- Stoma, wound and fistula management in gynaecological oncology patients – Carol Stott & Jennifer Duggan
- Case study: partial jejunal resection for mesenteric infarction – Lesley Jack

December 2008 issue

- How my first stoma encounter lead me to a career in stomal therapy nursing – Nobuki Murphy

Wound management

September 2008 issue

- A study to evaluate the effectiveness of daily TenderWet Active 24® dressings as a wound debridement agent – Annie Thompson, Gaye Speed & Sunita McGowan

Professional issues

March 2008 issue

- News and views from the Australian Council of Stoma Associations (ACSA) – Gerald Barry (ACSA President)
- WCET Australian delegate election forthcoming – Carmen George
- AASTN Education and Professional Development Subcommittee: Chairperson’s report – Workshop October 2007 (repeat) – Cynthia Smyth

June 2008 issue

- News headlines: AASTN holds AGM via national tele-video for first time (President’s report) – Leeanne White
- Seeking stories on the history of stomal therapy in Australia (Editorial) – Diana Hayes
- Preoperative information for colorectal cancer patients: does it make a difference? – Maria Stirling, Veronica Knowles & P Livingston
- Patient story telling and qualitative nursing research – Ian Whiteley
- AASTN Education and Professional Development Subcommittee: Chairperson’s report – AGM March 2008 – Cynthia Smyth
- WCET report: WCET 30th anniversary – Carmen George

September 2008 issue

- Historical edition (Editorial including referencing) – Diana Hayes
- Probiotics – Teena Cornwall
- A stomal therapy nurse abroad: a Canadian experience – Patricia Sinasac
- Historical perspectives: Pioneer stomal therapy nurses welcome a new group beginning their STN journey (WA) – Lorrie Gray
- Historical perspectives: Early stoma appliances in Australia – Terry Carver
- Conference report: 1st International paediatric enterostomal therapy convention – caring for children! Montreal, Canada – Lisa Kimpton
- Behind the scenes: Phil Morton (Website Coordinator) and Robyn Simcock (AASTN Membership Coordinator)
- ACSA report: Partnerships in progress – AASTN / ACSA – Peter McQueen (ACSA Vice President)
- WCET report: Hello from your new WCET ID – Brenda Sando
- Credentialing report: Congratulations to all! – Sue Delanty
- WCET Congress report: Ljubljana, Slovenia 2008 – Carmen George
- Congratulations to Fiona Bolton (Winner of Shelley Simper Award – SA)
- Congrats to Sarah Axman-Friend (AASTN Treasurer) on birth of Chloe

December 2008 issue

- Stomal therapy nursing: participation, publication and research (President’s report) – Leeanne White
- Towards nurse practitioner status (Editorial) – Diana Hayes
- Comparing the Australian and Danish health financing systems: a focus on health insurance and payment for medical services – Diana Hayes
- WA stomal therapy nursing education programme 2008: a student perspective – Beverley Offer
- Conference report: 17th Biennial WCET Congress Ljubljana, Slovenia – Heather Hill
- Coalition of National Nursing Organisations (CoNNO) report – Lesley Everingham
- Australian Council of Stoma Associations Inc. (ACSA) report: STNs and ostomates: an evolving relationship – Peter Lopez
- WCET report: Greetings from your Aussie ID! – Brenda Sando
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