

NEWS AND COMMENT

NSW HEALTH OUTCOMES PROGRAM FUNDED PROJECTS

The NSW Health Department invites proposals for funding for projects which show how an outcome-oriented approach to the planning, implementation and evaluation of public health and clinical services can produce measurable improvements in health outcomes.

In 1992-93 the Department funded health outcomes projects in cardiovascular disease, diabetes, critical care, injury, tuberculosis, immunisation, Aboriginal health, information system development and pregnancy outcomes. While these priorities remain, the Department seeks proposals in other areas, especially mental health, aged care and community health.

Proposals which bring clinicians, managers, consumers and public health professionals together to identify priority indicators and plan the use of appropriate indicator information are particularly sought. Proposals for workshops to identify minimum datasets and action plans to implement outcome-oriented approaches are encouraged.

Projects to be funded in 1993-94 should cover one or more of the following:

- development of clinical data systems with the potential to produce standardised outcome information throughout NSW by 1995;
- application of outcome and/or cost-effectiveness information to improve health service provision; and
- development and application of methods for outcome evaluation of health technologies, procedures or services.

Preference will be given to projects which:

- build on existing work in the development of outcome indicators;
- provide information to health outcomes councils in Area or District Health Services;
- promote collaboration among different sectors of the health system; e.g. public health and clinical services;

- involve consumers in the evaluation of health outcomes and the use of outcome data in decision making;
- show evidence of consultation and collaboration among clinicians, health service administrators, public health specialists and consumers; and
- include the development and/or implementation of standardised information systems, procedures and practices suitable for ready adoption in multiple sites in NSW.

Projects must be completed by January 1995. To obtain a copy of an application kit, telephone (02) 391 9219, or send a request by facsimile to (02) 391 9232. Closing date for applications is December 20, 1993.

Inquiries may be directed to Dr George Rubin, Director, Epidemiology and Health Services Evaluation Branch, telephone (02) 391 9191.

BEE STING WARNING

The NSW Apiarists' Association has issued advice about bee stings. Secretary Fred Benecke has warned that using insect repellants when going near bees will usually ensure a severe stinging, because repellants can make bees aggressive. He also said the way to remove a bee sting is to scrape it off, usually with a fingernail. The nail slips in under the venom sack and removes it without allowing any more venom into the puncture made by the barbed sting. The affected area should be washed, as venom on the skin may attract other bees.

REHABILITATION AND PAIN MANAGEMENT CONGRESS

The International Federation of Physical Medicine and Rehabilitation will hold its 12th world congress from March 27 to 31 in Sydney, in conjunction with the annual scientific meetings of the Australasian Faculty of Rehabilitation Medicine (RCAP), the Australian Pain Society and the New Zealand Pain Society. For information about the congress contact the IFPMR Secretariat, PO Box 629, Willoughby NSW 2068. Telephone (02) 417 8525; Facsimile (02) 417 8513.

Immunisation census

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rates may be much lower in children of these families. The PHU's experience supports this view after a large outbreak of measles occurred in this district in November-December 1992, during which most children seen did not have records of immunisation against measles.

While much information obtained from Central Sydney is missing, useful statistics were able to be derived: the maximum and estimated proportions of children who were fully immunised. The maximum rates are much lower than the results obtained for Southern Sydney and low by Australian standards. The estimated rates are even lower and, if close to the true values, reveal a situation which is clearly inadequate. The PHU experience with measles outbreaks in the Area (February-March 1991, April 1992, December-January 1993) and the high number of measles

cases reported in the Area for 1992 (54) also suggest that immunisation rates are low.

Introduction of compulsory documentation of immunisation in 1994 will not only facilitate accurate assessment of immunisation rates but will also encourage parents to regard childhood immunisations as an important issue.

Conclusion

Based on parental recall, rates of children fully immunised at school entry in 1992 were found by this census to be 88.3 per cent in the Southern Sydney Area and were estimated at 77.8 per cent in the Central Sydney Area. The central Sydney rates had to be estimated due to substantial amounts of missing data (the estimate is not highly reliable). In addition, there was concern about the accuracy of data based on parental recall.

Acknowledgement

We thank the child health nurses of Central and Southern Sydney Areas for providing the data for this census.