

# HOSPITAL AND HEALTHCARE

APRIL/MAY 2025

**ALLIED  
HEALTH  
ISSUE**

**HIGH-FIVE**  
FOR A SUSTAINABLE  
PATH TO BETTER  
HAND HYGIENE

**NATIONAL ALLIED HEALTH  
WORKFORCE STRATEGY  
A LASTING REPRIEVE?**

**IN CONVERSATION  
WITH BRONWYN  
MORRIS-DONOVAN**

**CONNECTED CARE  
BRIDGING THE GAP**

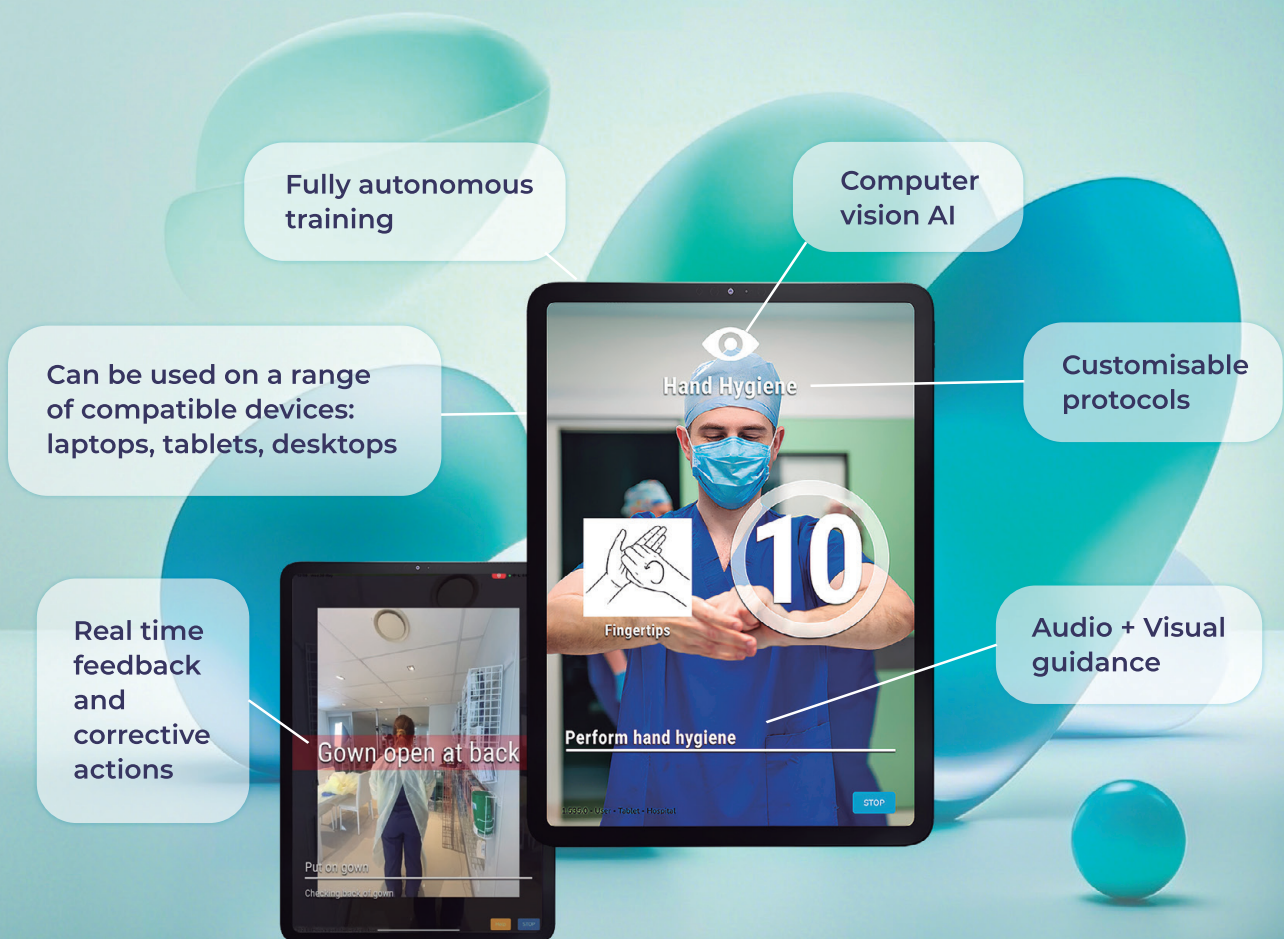




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# The Rounds

## Updates in health care



### Justin Untersteiner is new Ahpra CEO

The Australian Health Practitioner Regulation Agency (Ahpra) has appointed Justin Untersteiner as Chief Executive Officer (CEO), commencing April 2025. Untersteiner brings more than 20 years' experience in regulation and compliance, most recently as Chief Operating Officer at the Australian Financial Complaints Authority (AFCA).

"Justin's experience in leading change and bringing new approaches, combined with his knowledge of regulation and compliance, made him a standout candidate," Ahpra Board Chair Gill Callister PSM said. "Justin's appointment marks an exciting new chapter for Ahpra, and the Board is looking forward to working with him to build the next phase of Australia's health regulation system."

Untersteiner brings experience leading large, complex and transformational programs to Ahpra. At AFCA, he designed and led a significant change program. This included a major IT overhaul, the design and implementation of a new industry funding model and delivery of numerous positive changes that improved the organisation's operations and efficiency — efforts that effectively managed a substantial increase in complaints while simultaneously enhancing staff culture and wellbeing, Ahpra said.

"I welcome the trust the Ahpra Board has placed in me, and I am thrilled to be invited to lead an organisation that performs a critical role in the health sector and in service to the broader community," Untersteiner said. "I understand the significant responsibility I am accepting in balancing the roles of protecting public safety and supporting a safe and professional health workforce for Australia. I am committed to working with the professions and with the community to achieve these important goals."

Untersteiner succeeds Martin Fletcher, who completed his final term as CEO in December 2024. "I would like to acknowledge Martin for his contribution over the past 15 years and the solid foundations he leaves," Untersteiner said. "My aim will be to build on those foundations as Ahpra moves into its next chapter of growth and innovation, while upholding the highest standards of healthcare regulation and support for our professionals."

### Child's death prompts parliamentary inquiry into hospital

Following a request from NSW Health Minister Ryan Park to NSW Parliament Public Accounts Committee Chair Jason Yat-Sen Li, a parliamentary inquiry into the safety and quality of health services provided by Northern Beaches Hospital will be conducted.

The request follows the death of two-year-old Joe Massa, who died after receiving care at the hospital. In a statement on 27 February, the CEO of Northern Beaches Hospital operator Healthscope, Greg Horan, acknowledged, "There were unacceptable failings in the treatment of Joe, and we are sorry that Joe did not receive the care he deserved at our hospital."

The inquiry's scope will stretch back to the hospital's commencement as a privately operated facility from October 2018 and will consider incidents at the hospital, how the hospital responded and the extent to which it implemented changes prompted by those incidents. How the hospital supports patient and carer escalation, including the Recognise, Engage, Act, Call, Help is on its way (REACH) protocol — an initiative which was found to be insufficiently accessible in the case of Joe Massa — will also be looked at, as will the adequacy of processes and systems designed to prevent adverse events, and staff capabilities and standards.

"We made a commitment to Elouise and Danny [Massa] to undertake the necessary reviews to understand how they and their son have been let down, as well as to learn what changes need to be made to prevent such a tragedy from occurring again," Park said. "I am grateful to the Massas for their generosity in time and spirit in working with us to honour Joe's memory."

In 2019, the hospital was similarly the subject of another parliamentary inquiry. The 2019 inquiry was into its management and operation, while the safety and quality of health services at the hospital will be the focus of this upcoming inquiry. The upcoming inquiry will also have regard to the findings of the 2019 inquiry — in particular, the extent to which findings and recommendations from that inquiry have since been implemented.

"I understand the strong community interest in this matter, and I am confident the committee is well placed to undertake this important inquiry," Li said. "I am determined to get this inquiry underway as quickly as possible, but I also want to get it right."

The opening of submissions as well as hearing dates will be announced "in due course", Li said.







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## Welcome to the April/May 2025 Allied Health Issue

It's an honour to take the helm of *Hospital + Healthcare* at a critical time for Australia's allied health sector — and we have valuable insights for you.

We speak with the Australian Government's Chief Allied Health Officer, Anita Hobson-Powell, who is overseeing the soon-to-be released National Allied Health Workforce Strategy. With an additional 25,000 workers needed over the next five years, what levers can be pulled to make a lasting impact?

We also speak with the leader of Allied Health Professions Australia, Bronwyn Morris-Donovan, in our In Conversation series. Equal treatment and funding are among the reforms she is championing. Meanwhile, our A Day in the Life series spotlights Luke Snabaitis, an advanced exercise physiologist at Sunshine Coast Hospital and Health Service — the first exercise physiologist in Queensland Health history to manage a multi-stream clinical team.

We of course also bring you our usual breadth of coverage. A real stand-out this issue is our lead feature from emergency physician and Chief Medical Officer of the Australian Commission on Safety and Quality in Health Care, Conjoint Professor Carolyn Hullick FACEM. Ahead of World Hand Hygiene Day on 5 May,

Hullick explores proper hand hygiene and sustainable glove use.

Also in this issue, AdPha's *Don't Rush to Crush+*; a Design in Health soak in the local spirit of the under-construction new Footscray Hospital in Melbourne's west; a deep dive into 'connected care' with chief technology officer Farhoud Salimi, timely with the 'Sharing by Default' amendment bill; and key learnings from job market data, by senior economist Callam Pickering.

I hope you enjoy the read — and look forward to meeting some of you at Digital Health Festival, 13–14 May.

*As the new Editor of Hospital + Healthcare, I would like to acknowledge the excellent stewardship of my predecessor, Mansi Gandhi, who took over from Jane Allman in 2021.*

### Dr Joseph Brennan, PhD

Editor, H+H

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### WANT TO CONTRIBUTE?

We welcome articles and research reports from health professionals across Australia for review for the bimonthly print publication and our daily web page. If you have a story you think would be of interest, please send an email to [hh@wfmedia.com.au](mailto:hh@wfmedia.com.au).



# The Rounds

## Updates in health care

### Austin Hospital emergency department expansion

Designs of the entrance, main reception and public lobby have been released for the Victorian Government's \$275 million investment to expand the emergency department of Melbourne's Austin Hospital. The project will deliver an upgraded short stay unit and improved clinical administration areas as well as adding up to 29 extra emergency treatment spaces.

Main construction is on track to start later this year; once complete in 2028, the project will support an additional 30,000 emergency patients each year. Developed by architectural firm NH Architecture, these designs are inspired by organic shapes and include the use of natural materials to create welcoming and therapeutic spaces within the emergency department.



Artist's impression of an aerial exterior view of the entrance



Artist's impression of the exterior of the entrance



Artist's impression of the exterior of the entrance

### Victoria improves nurse and midwife to patient ratios

On 18 February 2025, the Victorian Government introduced amendments to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act, to put more nurses and midwives on shift — at all hours of the day. The legislation will see more nurses in the state's busiest metropolitan and regional emergency departments (EDs), intensive care units (ICUs), high dependency units (HDUs) and coronary care units (CCUs), and more midwives in maternity wards.

Extensive consultation with nurses and midwives, the Australian Nursing and Midwifery Federation and health services has resulted in the new ratios, which secure:

- the 1:1 nurse to occupied bed 'gold standard' ratio in ICUs on all shifts for all Level 1 and 2 hospitals, meaning that every occupied ICU bed has a dedicated nurse assigned to it at all times with ICUs also requiring a team leader and liaison nurse for the first time;
- improved staffing ratios in resuscitation cubicles in EDs on morning shifts, which bring morning shifts in line with afternoon and night shifts;
- a 1:4 midwife to patient ratio in postnatal and antenatal wards on night shifts (down from 1:6); and
- an in-charge nurse on night shifts in standalone HDUs and CCUs.

"We're strengthening ratios — because it means better care for Victorians and more support for our hard-working nurses and midwives," Victoria's Minister for Health Mary-Anne Thomas said, the changes that are intended to improve care across the state's health services.

In Victoria, nurse to patient and midwife to patient ratios were first introduced in 2000, with the state becoming the first in Australia to enshrine nurse- and midwife-to-patient ratios in law — in 2015. The improved ratios are backed by a \$101.3 million investment, to support health services with hiring or rostering additional nurses and midwives.

"Anyone who's experienced the incredible care of our nurses and midwives knows just how special their work really is," Victorian Premier Jacinta Allan said. "These reforms will mean an extra pair of hands, and an extra set of eyes, for some of our most precious patients."



# The Rounds

## Updates in health care



### Western Sydney Local Health District prosecution withdrawn

Following three weeks of hearings and the calling of 20 witnesses, a psychosocial risk prosecution against Western Sydney Local Health District (WSLHD) has been withdrawn by SafeWork NSW — as announced by Ashurst, which defended WSLHD in the proceedings. The withdrawal comes at a time when there has been increased regulatory focus on psychosocial safety, with Ashurst calling this a “landmark psychosocial risk prosecution”.

The prosecution — which is one of the first safety prosecutions considering alleged failures to manage psychosocial risks — commenced in 2022 when SafeWork NSW alleged that WSLHD failed to manage psychosocial risks when responding to and investigating complaints, concerns and grievances made about and by two nurses.

SafeWork NSW's withdrawal of the prosecution signifies the difficulty with proving breaches of the WHS Act in the context of managing psychosocial risks, Ashurst said in its announcement. The Ashurst team was led by partner Scarlet Reid.

“While it was acknowledged during the proceedings that complaint and grievance handling processes are inherently stressful, the Court noted that the causing of stress through these processes is not a breach of the WHS Act,” the Ashurst announcement read. “Due to the withdrawal of the proceedings by SafeWork, the Court was not required to make any determination about the types of steps that should be taken by an employer to avoid stress becoming a risk of psychological injury.”

Not published at the time of these proceedings, the SafeWork NSW Code of Practice on Managing Psychosocial Hazards at Work includes a section on reasonable management action. In the code it is noted that while managing psychosocial hazards and risks may require decisions that may be perceived as causing stress and therefore a WHS risk, reasonable management action — when carried out lawfully and in a reasonable way — is a legitimate way to manage workplace behaviours.

### Psychologist training pathway review launched

To reduce workforce shortages while maintaining current high standards of the profession, a review of the way psychologists are educated and trained in Australia has been launched. Launched by the Psychology Board of Australia and Australian Health Practitioner Regulation Agency, it currently takes six full-time years of education and training to become eligible for general registration as a psychologist, and eight years to become eligible for an area of practice endorsement. This review — funded by the Australian Government Department of Health and Aged Care — will have simplifying this process as its focus.

An aim of the review is to provide psychology students with a more efficient pathway to registration as a psychologist, with opportunities to develop practical skills throughout their program of study. “This project presents a once-in-a-generation opportunity to simplify the way we train psychologists to practice effectively and safely in Australia,” Psychology Board of Australia Chair Rachel Phillips said. “It is not about changing the threshold for general registration, but rather, simplifying the way we train psychologists to meet that high threshold.”



The appropriateness and proposed design of a single, shorter, more practical course of study to qualify as a registered psychologist in Australia; overall program monitoring and data collection, and standardisation of training pathways to address access and equity challenges for those seeking to attain general registration; and utilising the level of competency competencies and workforce potential of psychology students who do not complete the full training pathway, such as in a psychology assistant workforce, are among the key considerations of the review.

This review will continue the Psychology Board of Australia's reform agenda, which commenced by retiring the '4+2 training pathway' and also included developing new professional competencies for psychologists and the recent publication of the code of conduct (which will be coming into effect on 1 December 2025). The training and education review's project governance is now being established and a broad consultation process on the proposed changes will commence soon, including key stakeholders as well as members of the public. Updates on the review, including the forthcoming consultation process, will be provided by the Psychology Board of Australia's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au).



## Multiplex becomes Northside Hospital's early delivery partner

Multiplex has been appointed the early delivery partner for Northside Hospital. The Northside Hospital Project, which will transform the existing North Canberra Hospital campus in Bruce, will be the ACT's largest ever health infrastructure project — representing an investment of more than \$1 billion. Multiplex, who also partnered with the ACT Government to deliver the \$640 million Canberra Hospital Expansion in Garran, will work with the ACT Government on planning and design needed to start construction.

A competitive tender was undertaken in 2024 to secure a contractor early in the process, which built on the Early Contractor Involvement approach taken in the Canberra Hospital Expansion project. "Having delivered the University of Canberra Public Hospital in 2017 and the Canberra Hospital Expansion in 2024, we are eager to reconnect with the community and will be implementing specific initiatives to support local employment and training," Multiplex NSW/ACT Regional Managing Director David Ghannoum said.

"Infrastructure Canberra and Multiplex will work closely with Canberra Health Services over the coming months to develop a concept design for this new state-of-the-art hospital for Canberra's north, supporting our commitment to commencing construction in the term of government," ACT Minister for Health Rachel Stephen-Smith said. "Very early contractor involvement means we are bringing the delivery team together with the planning and design experts on the ground sooner to frame a vision for innovation, sustainability and exceptional clinical service delivery."

Stephen-Smith added: "Through this partnership there will also be significant opportunity for consumers, carers, our health workforce and the broader community to work with us on the planning and design of a modern and well-connected health facility."

The next phase of community consultation is expected to take place in mid-2025, with services continuing as usual at North Canberra Hospital while planning work progresses. You can find out more about the Northside Hospital Project at [www.act.gov.au/builtforcbr/browse-all-projects/health/new-northside-hospital-project](http://www.act.gov.au/builtforcbr/browse-all-projects/health/new-northside-hospital-project).



An indicative image of the future Northside Hospital

## Australia invests in manufacturing capability for IV fluids

The Australian Government has announced a \$20 million investment to expand Australia's only onshore manufacturer of IV (intravenous) fluids — the Baxter Healthcare production facility in Western Sydney. It has also been announced that Baxter Healthcare will match the investment with \$20 million of its own, to expand local IV fluid production by at least 20 million units.

A shortage of IV fluids began to be seen in Australia in early 2023, with the Therapeutic Goods Administration predicting that global supply issues are likely to continue during 2025. The medical supply of IV fluids is of critical importance for surgical operations and hospital care, among other medical uses, and the investment will ensure that from 2027, 80 million units are produced each year.

"Our investment will now cover IV demand for Australia and we will no longer be hostage to overseas supply," Australia's Minister for Health and Aged Care Mark Butler said. "Baxter Healthcare's facility has been an important part of manufacturing in Western Sydney for 50 years, and this investment will help it expand to produce another 20 million IV fluid bags every year."

This investment in Australia's sovereign capability in IV fluid production is part of a broader program of work to secure supply of this critical hospital medicine. This broader program of work includes a clinical review of the use of IV fluids in Australia to ensure the best use of them. It also includes establishing a panel of suppliers to help reduce any future shortfalls.



## Bill puts Queensland clinicians on hospital and health boards

The Queensland Government has introduced a new bill to parliament, to put clinicians on hospital and health boards. The Health Legislation Amendment Bill 2025 is intended to give frontline staff a voice in how their local health services are run. It will require all 16 of Queensland's boards to include at least one registered health practitioner who works for the local Hospital and Health Service.

"It just makes sense to include local clinicians on the boards that govern the hospitals and health services in their local communities," Queensland Minister for Health and Ambulance Services Tim Nicholls said. "They make critical decisions daily about how health care is delivered, how the workforce is mobilised, and how issues are managed. They have the expertise, experience and insights to provide valuable input into how the broader health service runs."

Once the bill has passed, the requirement to have local clinicians on Hospital and Health Boards will take effect on 1 April 2026, which aligns with the next round of board member recruitments.





# High-five

for a sustainable path  
to better hand hygiene

CONJOINT PROFESSOR CAROLYN HULLICK FACEM\*





Ahead of World Hand Hygiene Day on 5 May, Chief Medical Officer of the Australian Commission on Safety and Quality in Health Care (an emergency physician) explains why healthcare practitioners need to use proper hand hygiene all the time — and use gloves at the right time — to reduce unnecessary waste.

**G**ood hand hygiene has long been recognised as a cornerstone in preventing healthcare-associated infections and reducing the spread of pathogens. The benefit to both healthcare workers and patient outcomes is indisputable.

Handwashing was introduced to medicine and public health in the mid-19th century by Hungarian doctor Ignác Fülöp Semmelweis and the founder of modern nursing, Florence Nightingale.<sup>1</sup> Semmelweis is described as the ‘father of hand hygiene’ and Nightingale advocated for handwashing during the Crimean War. Nightingale is quoted as saying: “Every nurse ought to be careful to wash her hands very frequently during the day. If her face, too, so much the better.” Unfortunately, it was a long time before the hand hygiene practices that Semmelweis and Nightingale promoted were widely adopted.

The use of modern disposable gloves to reduce hand contamination and disease transmission was introduced much later. Natural rubber surgical gloves were first used in the 1890s and became routinely used from the early 1900s. It wasn’t until half a century later that the first disposable latex medical gloves arrived, revolutionising hand protection in health care and paving the way for more advanced materials like nitrile, which is now widely used in hospitals and healthcare settings.

As a practising emergency physician, I am so pleased that healthcare professionals can today achieve a high standard of infection prevention and control using evidence-based practices such as proper hand hygiene and glove use, where appropriate. The efficacy of gloves in health care has been demonstrated >

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in clinical studies, although as the World Health Organization (WHO) advises,<sup>2</sup> gloves do not provide complete protection against hand contamination.

## Saving lives — and the environment

A more recent consideration for healthcare professionals is that of sustainability in health care. While our overarching goal is always patient safety to ensure the best possible outcomes and save lives, most of us also share a commitment to saving the environment.

Plastics used in health care contribute to increasing environmental costs with one-third of waste generated coming from single-use plastics, including gloves. While the use of gloves is essential in protecting both healthcare workers and patients from infections, over-reliance on gloves without doing hand hygiene can lead to unnecessary waste. Gloves can also increase the risk of cross contamination when used incorrectly.

It is crucial for healthcare workers to understand that gloves are not a substitute for hand hygiene. In many situations, hand hygiene alone is sufficient to protect both healthcare workers and patients. The Australian Commission on Safety and Quality in Health Care (the Commission) is at the forefront of climate action in health care, driving change through the development of educational resources, strategic collaboration with key agencies and the promotion of local sustainability initiatives.

While Australia has one of the best healthcare systems in the world, it is estimated the health system is responsible, either directly or indirectly, for 5% of Australia's greenhouse gas emissions. Infection prevention and control practices, including hand hygiene and appropriate glove use, play an important role in improving environmental sustainability in health care.

Each year on 5 May, health organisations across the world rally to promote proper hand hygiene for World Hand Hygiene Day (WHHD). The WHO theme for WHHD 2025 is: "It might be gloves. It's always hand hygiene".<sup>3</sup> That is, regardless of whether gloves are worn, hand hygiene at the right times and in the right way is still one of the most important measures to protect both patients and healthcare workers.

In Australia, the Commission's WHHD awareness campaign this year is aligned in our focus on the critical role of effective hand hygiene, and the appropriate use of gloves. Our theme is: "Gloves at the right time. Hand hygiene all the time: A sustainable path to better hand hygiene." We have developed updated resources for health services to share with their own clinicians and health workers.<sup>4</sup>

## Achieving sustainable health care in a changing climate

In October 2024, the Commission, the interim Australian Centre for Disease Control, Australian medical colleges and the Australian Indigenous Doctors' Association announced

an historic agreement to develop a framework for collaborative action on climate change and health.

The 'Joint statement: working together to achieve sustainable high-quality health care in a changing climate' represents a shared commitment to address the health impacts of climate change.<sup>5</sup> This was supported by Ged Kearney, Australia's Assistant Minister for Health and Aged Care and Assistant Minister for Indigenous Health.<sup>6</sup>

Some of the Commission's initiatives to address the health impacts of climate change and support appropriate clinical care include: an Environmental Sustainability and Climate Resilience Healthcare Module, national Clinical Care Standards, the Australian Atlas of Healthcare Variation Series and a User Guide for Reviewing Clinical Variation.

In the area of infection prevention, we need to support healthcare workers to use medical equipment — including gloves — correctly and sustainably. Our new fact sheet 'Sustainable glove use for healthcare workers' offers a practical checklist on glove use and explains environmental sustainability and the impact of inappropriate glove use.

## 5 steps for appropriate glove use

Healthcare workers can follow these five steps to enhance hand hygiene practices while reducing unnecessary waste.

### Step 1: assess the need for gloves

- Why are you wearing gloves?
- Is there a risk of blood or body fluid exposure?
- Who or what are you trying to protect?
- Would proper hand hygiene be as effective to reduce contamination?

### Step 2: choose the right gloves

- Use sterile gloves when performing aseptic procedures or for contact with sterile body sites.
- Use non-sterile gloves (eg, nitrile, latex, medical vinyl) if risk of contact with infectious material (eg, blood and body fluids).
- Use non-medical gloves (eg, vinyl) for food handling.

### Step 3: use the gloves correctly

- If gloves are not changed and hand hygiene is not performed between patient care activities, the risk of

cross contamination and healthcare-associated infections is increased.

### Step 4: remove and dispose of the gloves

- Remember that the outside of gloves is contaminated.
- Always grasp outside of glove with opposite gloved hand, peel off.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist.
- Peel the second glove off over the first glove.
- Discard gloves in appropriate waste container.

### Step 5: perform hand hygiene

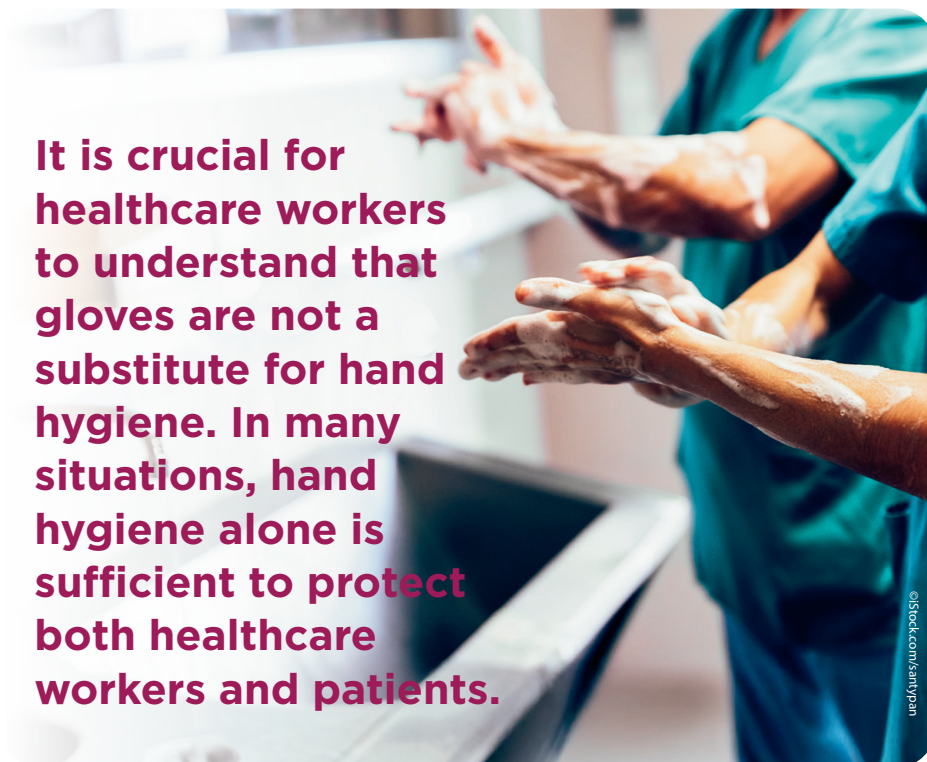
- Gloves do not provide complete protection from contamination.
- Hand hygiene must be performed immediately before putting on and after removing gloves.



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**It is crucial for healthcare workers to understand that gloves are not a substitute for hand hygiene. In many situations, hand hygiene alone is sufficient to protect both healthcare workers and patients.**



### Encouraging hand hygiene compliance

The National Safety and Quality Health Service (NSQHS) Standards also require supporting and monitoring the safe and sustainable use of infection prevention and control resources.

In Australia, hand hygiene compliance with the WHO's '5 Moments of Hand Hygiene' is a national indicator of the safety and quality of care provided to patients in hospitals. Monitoring hand hygiene compliance is a requirement for accreditation under the NSQHS Standards.<sup>7</sup> These Standards include actions that require hospitals to have a hand hygiene program (as part of their infection prevention and control program) that provides timely reports on the results of hand hygiene compliance audits — and then uses the audit results to drive quality improvement.

Appropriate hand hygiene practices contribute to high-quality sustainable health care, while reducing unnecessary glove use and the environmental impact.

Hand hygiene compliance by healthcare workers at specific times (or 'moments') before and after patient interactions and procedures is audited during three specific periods each year and reported against the current national benchmark of 80%. In the most recent audit period (1 July–31 October 2024) the national hand hygiene compliance rate was 86.8%. This is coordinated under the Commission's National Hand Hygiene Initiative.

### Leading the way in sustainable care

The 'Gloves off!' campaign at John Hunter Hospital offers a great example of how hand hygiene practices can be improved and

unnecessary non-sterile glove use reduced in a healthcare setting.<sup>8</sup> Prior to the 2023 campaign, hand hygiene compliance at John Hunter Hospital was 59%, with 60% of glove use deemed unnecessary and 70% of missed hand hygiene moments linked to improper glove use.

The campaign involved baseline data collection, ward-based education sessions and post-education evaluations. This initiative not only enhanced patient safety but also addressed environmental concerns, as John Hunter Hospital previously disposed of approximately 97 tonnes of gloves annually, equating to the carbon footprint of driving a fuel-efficient car around Australia 175 times.

It is heartening to hear of another recent campaign at Wyong Hospital on the New South Wales Central Coast, which discouraged the unnecessary use of disposable gloves and improved hand hygiene among clinicians.<sup>9</sup> The Wyong Hospital program also focused on educating staff to identify when proper hand hygiene was sufficient protection. A year after the program was introduced, disposable glove use in the emergency department at Wyong Hospital reportedly fell by 285,000 to about 1.3 million single gloves per year, while at the same time hand hygiene compliance increased from 80 to 85%.

As healthcare workers, we can all contribute to both safer hand hygiene and sustainability efforts by assessing whether gloves are needed, choosing the right gloves, using and disposing of gloves correctly and performing hand hygiene. Let's all consider what we can do in our healthcare services. Use the hand hygiene and appropriate glove use resources on the Commission's World Hand Hygiene Day<sup>4</sup> and 'Sustainability and infection prevention and control' webpages.

*If you have been involved in a successful sustainability healthcare project and would like to share your story, please contact [HA@safetyandquality.gov.au](mailto:HA@safetyandquality.gov.au).*

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*\*Conjoint Professor Carolyn Hullick FACEM is Chief Medical Officer of the Australian Commission on Safety and Quality in Health Care.*

# National Allied Health Workforce Strategy

a lasting reprieve?

AMY SARCEVIC\*



Australia's allied health sector is grappling with a major talent shortage and will require an additional 25,000 workers over the next five years to meet growing demand for its services. The soon-to-be released National Allied Health Workforce Strategy is expected to offer some reprieve. But in the face of a shrinking global talent pool and nationwide funding constraints, what levers can it pull — if any — to make a lasting impact?

*Hospital + Healthcare* speaks with the Australian Government's Chief Allied Health Officer, Anita Hobson-Powell, who is overseeing the strategy.



Anita Hobson-Powell





**A**nita Hobson-Powell believes data is the answer to Australia's undersupply of allied health workers and says measures to improve data access are a primary focus of her workforce planning.

Until now, a lack of data sharing agreements has left authorities unclear on how many allied health professionals Australia has; along with where, what and how often they practice.

"At present, the distribution of allied health professionals throughout Australia is not well understood, and this is, in part, because we don't have data sharing agreements between key entities.

"We need to be focused on building these agreements to ensure we build a clear picture of where there is met and unmet need throughout the country," she told *Hospital + Healthcare*.

### No agreed definition

Digging deeper, data issues also stem from a lack of agreement on what an allied health professional is — an issue the strategy is seeking to address.

"In its broadest form, allied health is everything that is not nursing or medicine, which is far too generic, and lends itself to a range of definitions at the federal and state level," said the leader of Allied Health Professions Australia (AHPA), Bronwyn Morris-Donovan, who has been a major contributor to the strategy.

"If you look at the Commonwealth, we recognise about 28 professionals through our various funding mechanisms — of which only 11 fall under the AHPA," Hobson-Powell added.

"Ahpri [Australian Health Practitioner Regulation Agency] professionals have some really good data about where people are working and they collect information about their plans and so forth. But with self-regulating professions, all of that data sits with the self-regulating entities and there are no data sharing agreements with them and the Commonwealth.

"So it's very hard for us to know exactly how many allied health professionals there are, where they are working, what type of work they are doing, in which sectors, and for how many hours. And these are the fundamentals we are firming up for our workforce planning."

### Knock-on improvements for funding and equity

An agreed definition of allied health would also have positive, knock-on effects for funding arrangements; in turn, boosting the supply of allied health workers.

In residential aged care facilities, funding constraints have already driven a range of allied health redundancies, deterring many from pursuing the industry, Morris-Donovan said.

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“When it comes to eligibility for funding, there’s always a list of which allied health professionals can work and be funded within a scheme — for example, under the Department of Veteran Affairs Scheme or through the NDIS [National Disability Insurance Scheme], or within aged care. But that list of professionals is different for every single scheme. And that makes it very hard for the consumer to know which allied health professional is funded under which scheme.

“It also creates quite intense competition between the allied health professions because when you look at, say, a diabetes group therapy item, exercise physiology is funded, but physiotherapy is not. And that creates inequity,” she said.

### Addressing cultural equity

Data is also helping to address the underrepresentation of Aboriginal and Torres Strait Islander people in allied health — a move that could boost overall workforce numbers.

Despite representing 3.8% of the national population, people from this cultural background make up less than 1% of the allied health workforce.

“Data will give us insight into where and why these inequities exist, giving us direction on

**“We will carefully review the relevant policies, strategies and models of care currently in place and with that knowledge develop an evidence-based strategy to move forward with attraction and retention initiatives.”**

how we can boost workforce participation among Aboriginal and Torres Strait Islander people,” Hobson-Powell said.

### We have the data, now what?

By understanding the nature and distribution of Australia’s allied health workforce, Hobson-Powell says the Department of Health and Aged Care will gain perspective on the factors and reforms that influence the supply and demand of allied health professionals.

“We will carefully review the relevant policies, strategies and models of care currently in place and with that knowledge develop an evidence-based strategy to move forward with attraction and retention initiatives.

“This could mean recommending initiatives for working in rural, regional or remote settings, or it could mean recommending ways to support fluidity of allied health professions across the various sectors in which they work,” she said.

*The final strategy is currently being drafted, with evidence from two public rounds of consultations, and a series of online forums that occurred between May 2024 and March 2025.*

\*Amy Sarcevic is a freelance science and technical writer who regularly writes for *Hospital + Healthcare*. She has an academic background in psychology.





# Kitchen hygiene solutions for healthcare

**F**rom hospitals to nursing homes, kitchen settings within healthcare facilities rely on dosing, dilution and dispensing solutions that are as reliable as they are effective.

SEKO, a world leader in the design and manufacture of chemical control products, looks at the characteristics required from these systems to allow healthcare operators to improve performance and reduce costs in their on-site kitchens.

## Cleaning chemical dispensers

For the effective cleaning of countertops, floors and other surfaces, it's essential that cleaning chemical dispensers feature dilution adjustment that is precise and consistent, as this optimises chemical performance while reducing consumption and the associated financial and environmental impacts.

Robustness is of course a key element, particularly in installations that are not regularly monitored or that receive harsh treatment. This includes excessive force (heavy-handed operatives may attempt to extract chemical even when the supply runs dry) and accidental collisions typical of high-pressure, fast-paced environments.

Therefore, a tough, impact-resistant design helps to ensure consistent, reliable performance while reducing the cost of maintenance, repair and replacement. Lightweight systems may be cheaper per unit but such systems are unreliable and have a short lifespan, plus can lead to inadequate cleaning.

When it comes to chemical handling, integrated storage and dispensing systems

enable operators to not only save space and make cleaning stations tidier and more presentable, but also provide vital health and safety benefits by removing the need for manual handling, keeping chemicals off the floor and avoiding possible spillage and trip hazards.

Such systems typically feature a cabinet-style enclosure where various-sized chemical containers can be stored and connected to the built-in dispenser. Lockable cabinets help to prevent theft and tampering and protect employees against exposure to harsh concentrated chemical.

## Warewash dosing systems

Warewash machines handling high volumes of crockery, cutlery and glassware should be built with premium-grade components that offer superior chemical compatibility.

This means parts are more resistant to degradation from harsh concentrated detergents, helping to deliver repeatable results and extensive equipment lifespan while reducing maintenance requirement.

The integration of Internet of Things (IoT)-enabled technology in warewash dosing equipment is allowing managers and technicians to monitor detergent consumption statistics and system status at their convenience via smart device, PC or laptop.

As well as giving operators a clear understanding of their application's cost, this cutting-edge connectivity also helps them to identify areas where chemical is being wasted and adjust programming accordingly.



Plus, technicians may be alerted to anomalies immediately, allowing them to schedule maintenance and avoid costly unplanned downtime as part of an efficient, well-run operation.

## Drain dosing equipment

Managers of busy hospital kitchens face the ongoing challenge of keeping drain lines clear of blockages and unpleasant odours caused by the buildup of fat, grease and oil.

Resolving this issue is both costly and time consuming, which is why operators turn to specialist drain dosing systems. These devices periodically inject an enzyme-based chemical into the drain line, which breaks down fat before it can accumulate, solidify and create a blockage.

These systems operate automatically with minimal maintenance requirement and are available in both battery and mains-powered versions, offering a discreet, low-cost solution to help healthcare managers avoid expensive remedial action.

Explore SEKO's innovative solutions for healthcare hygiene by visiting [seko.com](http://seko.com) today.

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For more information visit [www.seko.com](http://www.seko.com)

# Connected care

## Bridging the gap

FARHOUD SALIMI\*

With the My Health Record ‘Sharing by Default’ amendment bill now in effect, understanding the benefits of ‘connected care’ and leveraging strategies to achieve interoperability and compliance has never been more relevant.



**C**onconnected care — the seamless flow of patient information through different care settings — represents the cornerstone of health care’s future within Australia, where seamless information flow will drive enhanced patient outcomes through more accessible and actionable data. But the journey towards *fully* connected care presents significant challenges and will require innovative solutions.

Today’s greatest barriers to improved care delivery are the technological and organisational silos operating in isolation, hampering collaboration and operational efficiency. We also stand at the cusp of a transformative era as technologies like cloud computing and generative AI mature, promising unprecedented benefits for both healthcare practitioners and patients. This industry transformation requires time, particularly as we integrate diverse systems across the healthcare ecosystem.

Each step towards connecting these components and fostering intelligent collaboration also strengthens our ability to capture, maintain and leverage high-quality data, ultimately advancing healthcare delivery for all Australians. But there are significant challenges and to overcome these we must navigate legacy systems and complex compliance frameworks, and find a balance between enabling data accessibility while also ensuring robust security measures. Success in the face of these challenges will demand innovative solutions implemented with precision and forethought.

### Understanding challenges and how to overcome them

The path to connected care begins with identifying the gaps requiring our attention. Healthcare data currently resides in technological and organisational silos that impede true interoperability — the ability to

move information easily between people, organisations and systems. While healthcare providers often allocate resources for system implementations and upgrades, many overlook interoperability and integration requirements during initial planning stages. To drive meaningful improvement, we must prioritise system interoperability and data integration from the outset, rather than treating them as secondary considerations.

Equally crucial is maintaining the delicate balance between robust data security and accessibility. As Australian Government policies and regulations evolve, organisations must ensure compliance while preserving data availability for authorised users. Furthermore, successful digital transformation hinges on stakeholder engagement, particularly from clinicians and patients. While some will embrace digital systems readily, others will require comprehensive support and training





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to transition effectively from legacy technology and paper-based processes.

### Achieving interoperability and compliance in connected care

Essentially, connected care is about ensuring that all available information about a patient can flow seamlessly through different care settings and be accessible to different healthcare providers in real time. To achieve this ambition, a strategic approach to modernising healthcare platforms and enabling greater interoperability through the adoption of a standard like FHIR (or Fast Healthcare Interoperability Resources) is essential.

By ensuring solutions are aligned to a standard for exchange, data can be seamlessly and securely shared across different healthcare settings and jurisdictions. This FHIR-based interoperability layer allows clinicians to access a patient's complete

health history, regardless of where the data is stored, ultimately improving the quality and continuity of patient care. This approach not only enhances patient outcomes but also supports healthcare providers in delivering more efficient and effective care.

In addition to interoperability, ensuring healthcare solutions remain compliant with the latest industry regulations and standards is a given. Technology leaders working within the healthcare sector must continue to collaborate closely with government agencies — such as the Australian Digital Health Agency — on issues like compliance, to ensure technologies align with evolving compliance and governance requirements.

Enhancing reporting and analytics capabilities will help healthcare providers meet their regulatory obligations more efficiently. For example, advanced analytics can help healthcare IT teams to track key

performance indicators, identify areas of risk or non-compliance, and generate the required regulatory reports with greater efficiency. Additionally, the ability to draw insights from comprehensive, integrated datasets allows for greater proactivity in addressing compliance issues, rather than reactively responding to audits or regulatory inquiries. This will help ensure a stronger compliance posture and avoid potential penalties or reputational damage.

### What is the connected care future?

The future of connected care holds the promise of a more efficient, effective and patient-centric healthcare system. While this future is within our grasp, achieving it also demands sustained commitment, strategic planning and collaborative innovation. High-quality data and interoperable systems are fundamental to bridging healthcare gaps, driving innovation and fostering technological advancement.

Exploring how AI and IoT devices can collaborate to generate comprehensive population health data that offers deeper insights into community health and wellbeing will enhance our ability to anticipate future healthcare needs, resource requirements and treatment strategies. When integrated into a connected healthcare ecosystem — where patient information flows seamlessly across care settings — this vision will not only improve patient outcomes but also elevate care standards to meet contemporary consumer expectations.

The ongoing development of research initiatives supporting these objectives continues to inspire, and the sector should remain committed to investing in transformative solutions. Initiatives such as the Sparked FHIR Accelerator and Modernising My Health Record in Australia are advancing data and technology standardisation to enable personalised and precision medicine, contributing to the broader health ICT ecosystem.

While achieving truly connected care presents complex challenges, a focused commitment to interoperability through adoption of standards and comprehensive stakeholder support will help create a healthcare system that is more efficient, accessible and genuinely patient-centred.



\*Farhoud Salimi is Chief Technology Officer at Telstra Health.

# Featured Products

## Personal fall-detection alarm

The LiveLife Alarm is an SOS pendant with automatic fall detection technology. As it uses the Telstra or Optus network, the alarm is mobile, making it suitable for people who want to feel safe out in the community, not just at home. It is designed to work anywhere in Australia where there is network coverage.

In the event of an emergency or fall, the alarm will send an SMS to the elected contacts, alerting them of the event, and giving the wearer's location via Google Maps. The alarm then starts the call sequence and when the emergency contact answers, the wearer can talk hands-free through the pendant. Anyone who knows the number of the pendant can call it and it will answer in speakerphone mode.

The alarm can be programmed to contact either family and friends or the LiveLife A1 graded 24/7 monitoring centre. There are no lock-in contracts, allowing users to switch between service models as their situation changes.

Available in black or white, the pendant is showerproof and comes with three complimentary accessories: a lanyard, wristband and clothing clip. The alarm comes fully programmed and the company said it has free lifetime support. Additional optional features include: geofencing, medication alerts, whitelisting, voice prompts in multiple languages and activity reminders.

### LiveLife Alarms

[www.livelifealarms.com.au](http://www.livelifealarms.com.au)



## Recyclable hollowware range

CubeWare 2.0 is the latest evolution in MULTIGATE's hollowware range. Designed with both healthcare professionals and the environment in mind, it optimises performance while significantly reducing environmental impact. Its rectilinear shape is stated to save on space requirements by up to 30%, new step graduations clearly indicate fluid volume and enhance structural integrity, while rounded corners and nesting hooks improve usability. With new sizes and configurations, CubeWare 2.0 provides greater flexibility.

CubeWare 2.0 is described as representing a major step forward in sustainable medical product design, creating up to 42% less waste, up to 46% reduction in greenhouse gas emissions and up to 55% reduced water use. This is intended to deliver outstanding environmental benefits without compromising performance. The range is made from 100% recyclable polypropylene and supplied climate-neutral.

### MULTIGATE Medical Products

[www.multigate.com.au](http://www.multigate.com.au)



The dressing protector that keeps wounds dry while showering

## Keep-Dri Dressings



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## HEPA filter

The Absolute VGHF compact HEPA filter is engineered for air handling units that demand exceptional airflow and minimal pressure drop. Designed with a modern plastic frame and a unique V-shaped pleat pack arrangement, this filter achieves high capacity while remaining lightweight, making it a good choice for various applications.

With the ability to handle airflow rates of up to 2.3 m/s, the Absolute VGHF is designed to ensure efficient air purification in environments requiring stringent cleanliness standards. Its compact design allows for easy integration into existing systems, facilitating a seamless upgrade to HEPA filtration.



One of its standout features is its complete incinerability, making disposal environmentally responsible and compliant with waste management regulations. Additionally, the filter's design simplifies the HEPA upgrade process for air handling units, enhancing overall system performance without extensive modifications.

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# Don't Rush to Crush+

the new digital edition



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**A**dvanced Pharmacy Australia has released a fully digital edition, *Don't Rush to Crush+*, expanding accessibility and ensuring regular updates to support healthcare professionals. This trusted resource, included in the Pharmacy Board of Australia's essential reference list, now provides comprehensive information on more than 600 oral medicines available in Australia. It is accessible via the eMIMS and AusDI platforms, offering an efficient and convenient way for pharmacists, nurses, speech pathologists and other healthcare providers to access critical information.

The transition to a fully digital format reflects the evolving needs of health professionals who rely on up-to-date, easily accessible data. This shift allows for a more flexible presentation of monographs and a more agile response to new developments in medication safety. Updates will now be released quarterly, focusing on a different therapeutic class each time. While the digital edition is now the primary format, we recognise the importance of accessibility. *Don't Rush to Crush+* may still be printed on demand, ensuring that all users

can access this vital information in a way that best suits their needs.

This transition also reflects a commitment to environmental sustainability, reducing unnecessary printing while maintaining essential healthcare support. Dr Lisa Pont, Chair of the *Don't Rush to Crush* Editorial Committee, highlights the enhanced focus on patient safety in this first digital edition: "In collaboration with the University of Tasmania's Department of Pharmacy and Pharmacology, our most extensive dispersion testing to date has informed the latest recommendations, with more than 160 medicines assessed for their suitability for administration via enteral feeding tubes."

An additional 150 medicines are currently undergoing testing, ensuring that future updates remain evidence-based and clinically relevant. Moreover, the new edition introduces a clear identification of large tablets and capsules, addressing growing concerns about choking risks — even for individuals without diagnosed swallowing difficulties. With this transition, *Don't Rush*

*to Crush+* continues to be an indispensable tool for Australian healthcare professionals, supporting safe and informed medication administration. It is now available via the eMIMS and AusDI platforms, ensuring seamless access to the latest guidance on oral medicine administration. Learn more at [www.adpha.au/drtc](http://www.adpha.au/drtc).



Kristin Michaels, Chief Executive of Advanced Pharmacy Australia (AdPha)



## Single-use medical devices

With its Danish heritage dating back to 1937, Ambu's medical devices exhibit Scandinavian progressiveness and the company has made significant contributions to sustainable single-use medical devices.

Ambu offers a range of single-use medical devices within endoscopy, anaesthesia and patient monitoring. The products are designed to optimise workflows, save lives and improve patient care through intelligent, functional solutions.

The portability, sterility and instant availability of Ambu's single-use solutions aim to provide reliable patient visualisation. They are engineered as a more sustainable and reliable alternative to many conventional medical devices used in anaesthesia, pulmonology, urology, ENT and gastroenterology.

With single-use endoscopy, users always have a scope available. Disruptions to workflow can be reduced as there is no need to wait for reprocessed scopes or repairs, or feel restricted by risk of breakage. A wide array of endoscopes and functionalities allows users to react, pivot and make decisions quickly as situations change.

By the end of 2024, all Ambu endoscopes will have handles made from bioplastics — a plastic made from 50% second-generation bio-based feedstock, blended with 50% fossil-based raw materials. This material offers the possibility of repurposing organic waste associated with food and agriculture production.

**Ambu Australia Pty Ltd**  
[www.ambuaustralia.com.au](http://www.ambuaustralia.com.au)

# Identity at the Heart of Healthcare Security

Nam Lam, Managing Director, Australia and New Zealand, SailPoint

**T**he healthcare industry remains one of the most targeted sectors for cyberattacks, facing relentless threats that put patient data, operational continuity, and financial stability at risk. As attacks escalate, healthcare organisations must reassess the critical nature of their data and take decisive steps to strengthen their security posture before they become the next cautionary tale.

According to the Office of the Australian Information Commissioner (OAIC)'s latest report, healthcare was the top sector to report data breaches in the first half of 2024, accounting for 15% of all notifications with 102 reported breaches.

Now this is not a race any industry wants to win, but it's a daily reality.

SailPoint's Healthcare Identity Security whitepaper highlights that a staggering 93% of healthcare organisations have experienced data breaches over the past two years, with average costs exceeding \$10 million per breach — the highest of any industry. The root cause? Compromised credentials, excessive access permissions, and a lack of visibility into who has access to what.

Indiscriminating ransomware gangs have shown no mercy in exploiting identity security gaps to gain access to highly sensitive data. The recent ransomware attack on Australian

IVF provider Genea, which resulted in highly confidential patient information being posted on the darknet and a shutdown of some critical systems, serves as a sobering reminder of the devastating impact security breaches can have on both healthcare organisations and their patients.

This is an industry that cannot afford interruptions. In recognition, the Australian federal government has made its contribution by awarding a \$6.4 million grant to not-for-profit cyber intelligence sharing network CI-ISAC Australia to boost cyber security in the healthcare sector by creating the Health Cyber Sharing Network, which will allow healthcare entities to effectively and securely exchange threat intelligence specific to their industry.

The healthcare industry stands at a critical junction and modern identity security — powered by AI — is its lifeline. It is essential for reducing risk, streamlining operations, enhancing clinician productivity, meeting regulatory requirements, and ultimately improving overall patient care.

## AI-Driven Identity Security as the Path Forward

For years, hospitals have relied on network-based security — firewalls, VPNs, and perimeter defences — but in today's cloud-first, hybrid environments, these

approaches are no longer enough. Healthcare organisations must manage a complex identity landscape, where identity is the new gateway to every system, application, and data source.

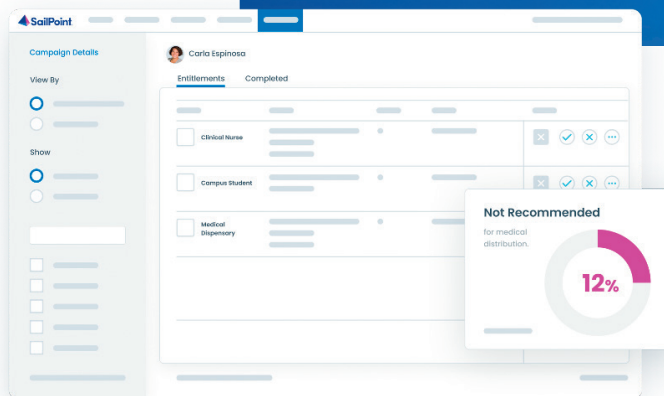
Non-employee access risks are particularly concerning, with healthcare being the most common victim of third-party breaches in 2022, accounting for 35% of all incidents. Hospitals oversee access for full-time clinical staff, non-employee contracted staff, students, volunteers, as well as third-party vendors, each with unique access needs. Inactive user accounts often remain enabled well past their expiration, creating persistent security gaps. At the same time, hospitals and healthcare systems must balance security with operational efficiency — ensuring clinical staff receive seamless, day-one access to systems, applications, and data without delays that could impact patient care and costs.

To address modern cyber threats while enabling efficiency, healthcare organisations are turning to AI-driven identity security. Advanced identity governance platforms leverage AI and automation to reduce onboarding time from weeks to minutes, ensuring timely access while also detecting and removing excessive permissions to mitigate credential-based attacks. By automating identity processes, IT workload





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is reduced, allowing teams to focus on strategic initiatives while improving compliance with frameworks like NIST, HIPAA, HITRUST, and GDPR.

Modern identity security requires a unified approach that integrates governance, access management, threat detection and risk management. With SailPoint's acquisition of Imprivata Enterprise Access Management, healthcare organisations gain seamless, secure access while maintaining compliance. They can provide secure day-one access, automate complex identity lifecycles across all systems, and extend governance controls to non-employee identities such as contractors and affiliate physicians. By streamlining processes and eliminating redundant infrastructure and services, they also reduce operational costs.

## AI Agents and Machine Identities: The Next Frontier

Beyond human identities rises a new challenge: the rapid proliferation of machine identities and AI agents. Today's healthcare organisations are managing a growing population of non-human identities, including service accounts, bots, APIs, and increasingly, agentic AI systems that can autonomously perform tasks, make decisions, and access sensitive systems.

Our research shows that nearly half of all organisations typically have far more machine identities than human ones, often by a factor of 10 or more. These digital entities require the same robust governance as human users, yet 75% lack designated ownership and 72% of identity professionals find them more challenging to manage than human identities.

Now, while AI agents hold immense promise for reducing administrative burden, potentially cutting paperwork by 30% according to recent studies, and have the potential to enhance care coordination and clinical decision-making, these systems also introduce new security considerations as they require access to multiple data sources and systems to function effectively.

Forward-thinking healthcare organisations are already addressing this challenge by extending their identity security strategies to encompass all entities accessing their systems — human and machine alike.

## Future-Proofing Healthcare Organisations

The journey toward digital transformation in healthcare continues to accelerate, and with it, the critical role of identity security. Imagine a future where clinicians move seamlessly between departments and facilities while their access permissions automatically adjust

in real time. Where AI systems quietly work in the background, learning patterns and preventing potential breaches before they occur, all without disrupting the vital work of patient care.

Across Australia, healthcare security is evolving. The days of working in isolation are giving way to collaborative communities where insights are shared, and collective defence becomes possible.

Australian healthcare organisations are uniquely positioned to lead in identity security. The sector has always understood that patient care requires both accessibility and protection. We're now seeing this same philosophy applied to digital identities and ensuring the right people have seamless access to critical systems while maintaining the highest standards of security and compliance.

## Ready to Transform Your Healthcare Identity Security?

SailPoint helps healthcare organisations of all sizes modernise their identity security strategies.

Learn more about how AI-driven identity security can transform your healthcare organisation by visiting SailPoint's healthcare resource centre, joining one of their upcoming healthcare-focused webinars or heading to this year's Digital Health Festival to hear from Nam Lam himself.



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For more information visit  
[www.sailpoint.com](https://www.sailpoint.com)



# Local spirit







Image courtesy COX

The new Footscray Hospital, currently under construction in Melbourne's west, is partly a result of local community campaigning, leading to it being affectionately referred to as “the People's Hospital” — a genesis woven into its design.

**M**elbourne's new Footscray Hospital — now rising on the corner of Geelong and Ballarat Roads — is a tertiary hospital with a design ethos encapsulating the spirit and dedication of the local populace who helped create it; being both in and of its community.

The new Footscray Hospital is being delivered by Plenary Health, in partnership with the Victorian Government and Western Health. Rather than a single monolithic structure, the campus-sized precinct consists of five buildings that surround a central village green, with pedestrian connections into and through the site. Its central green space works as a focal point, inviting the community in.

&gt;



Image courtesy COX





Image courtesy COX

This more than \$1.5 billion health infrastructure project is among Victoria's largest ever. With an increase of almost 200 beds, the new hospital will treat approximately 15,000 additional patients and enable around 20,000 additional people to be seen by the emergency department each year.

The hospital's human-centred design means that every step of the patient journey has been considered from the perspective of reducing stress, utilising views of nature to support orientation and wayfinding. Immersion in external spaces through the many departments of the hospital enables a retreat for patients, families and healthcare staff.

Buildings are scaled to suit the site and massed to encourage sunlight penetration and provide wind protection to outdoor amenity. Functional beyond its pragmatic requirements, it blurs the traditional boundaries between healthcare facilities and

## Its central green space works as a focal point, inviting the community in.

community wellness spaces — being a new type of hospital, in and of its place.

Highly Commended in the Future Projects — Health category of the 2024 World Architecture Festival Awards, the new Footscray Hospital will be a major piece of placemaking — where the community it will serve, and its spirit, has been built into its design. On track for completion late this year, you can learn more about the project at [www.vhba.vic.gov.au/health/hospitals/new-footscray-hospital](http://www.vhba.vic.gov.au/health/hospitals/new-footscray-hospital).





Image courtesy COX



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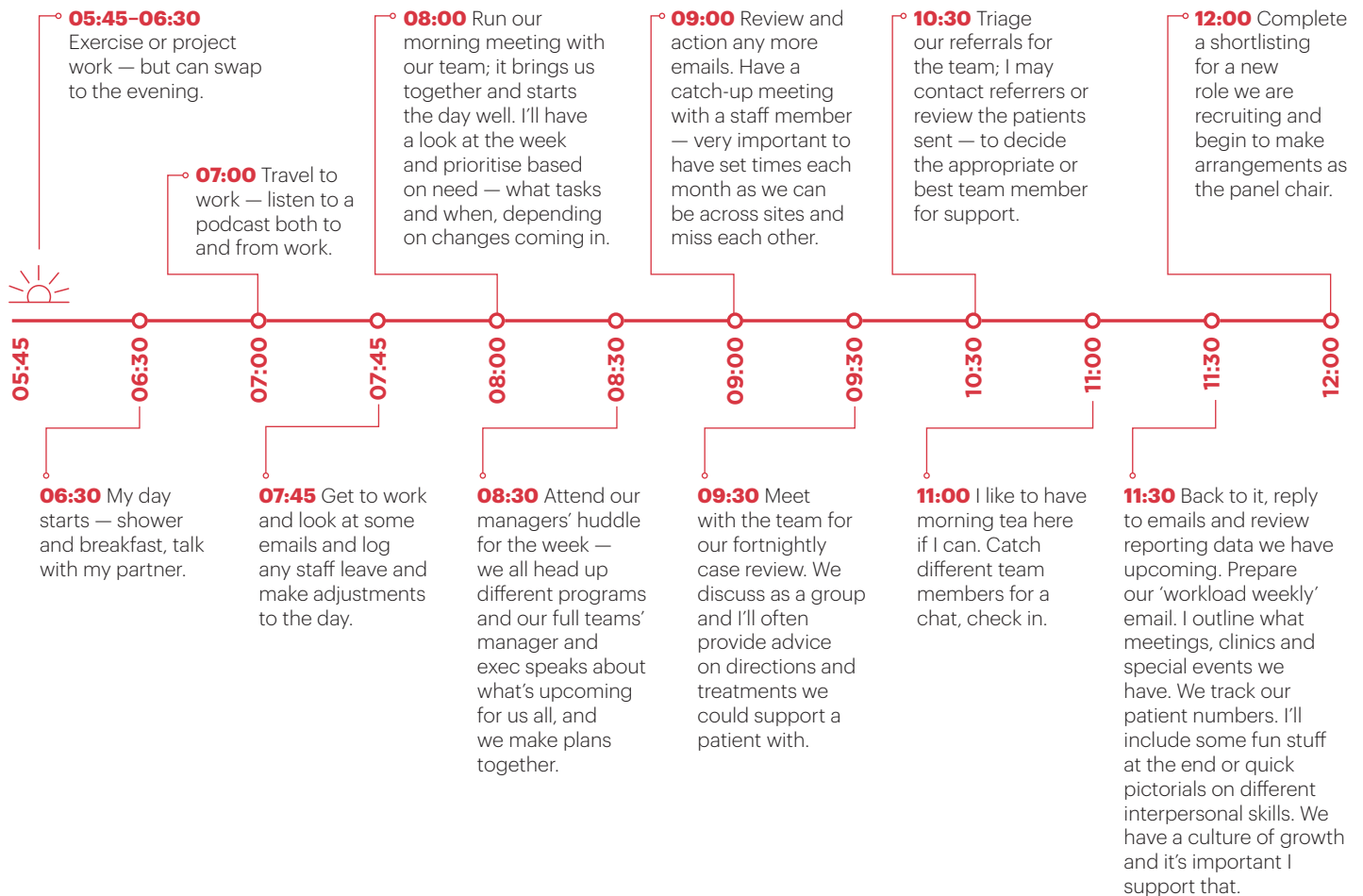


# A day in the life of Luke Snabaitis

an advanced exercise  
physiologist



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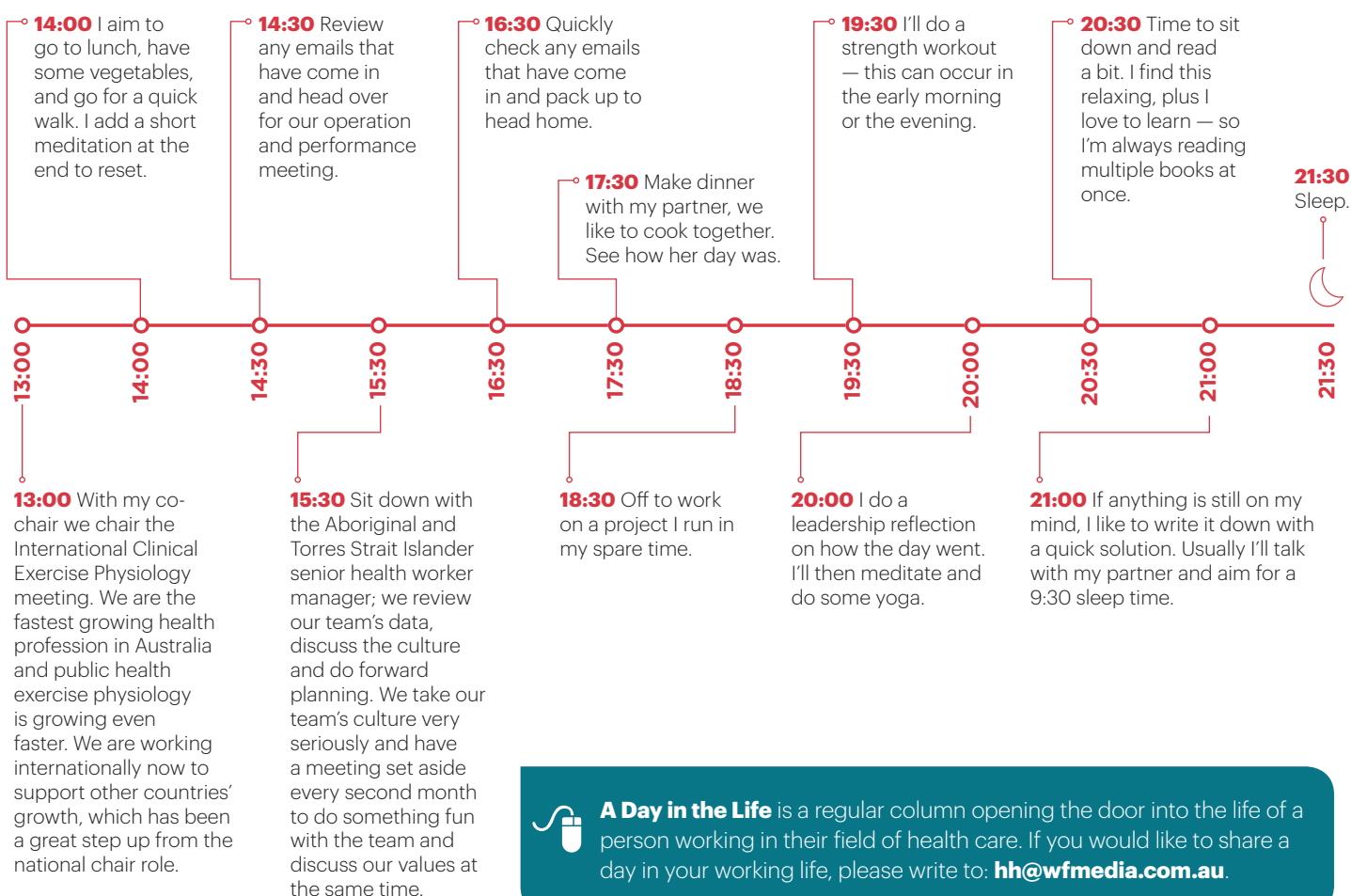




**A**boriginal and Torres Strait Islander Preventable Health Pathways Clinical Team Manager Luke Snabaitis is the first exercise physiologist (EP) in Queensland Health history to manage a multi-stream clinical team. Based at Sunshine Coast Hospital and Health Service, he is also a nominee for EP for the year and for the members' award from his governing body, Exercise & Sports Science Australia. Here's a day in his life.



Luke speaking to trainees on career options



**A Day in the Life** is a regular column opening the door into the life of a person working in their field of health care. If you would like to share a day in your working life, please write to: [hh@wfmedia.com.au](mailto:hh@wfmedia.com.au).



## Simple sessions for paediatric critical care staff wellbeing

“It has never been more critical to understand what threatens and protects the wellbeing of health care professionals who work in critical care,” Dr Liz Crowe et al. from The University of Queensland’s Centre for Health Services Research wrote in a 2023 study on the subject; Crowe’s PhD research explored risk and protective factors contributing to paediatric intensive care staff burnout, with recommendations to reduce burnout and promote wellbeing.

Recently, in the UK, the Staff Wellbeing (SWell) project — in collaboration with Birmingham Children’s Hospital and NHS England — has developed two simple, low-resource wellbeing sessions that can be delivered by staff for staff without specialist training; the results of which were published this year in *Nursing in Critical Care*.

This UK-based research set out to bridge a current gap in understandings, by developing interventions to mitigate risk factors and build protective factors for wellbeing that will enable staff working in PCC to deal with the coexistence of a deep sense of work satisfaction alongside the psychological distress often experienced.

### The need for interventions

In addition to worldwide evidence consistently showing that PCC staff have higher levels of burnout, post-traumatic stress and moral distress than other healthcare staff groups, PCC staff also often feel little is offered to help them with their mental health. Further, a literature review by SWell project lead Professor Rachel Shaw from Aston University’s Institute of Health and Neurodevelopment revealed that there were no existing, evidence-based interventions specifically designed to improve PCC staff wellbeing.

In the initial stages, the SWell project team identified the ‘active ingredients’ likely to create successful intervention designs, with the aim of the project being to determine the acceptability and feasibility

of implementing wellbeing interventions for staff working in PCC in UK hospitals. In total, 14 of the 28 UK PCC units were involved, 104 intervention sessions were run and 573 individuals attended.

“The significance of healthcare staff wellbeing was brought to the surface during the COVID-19 pandemic, but it’s a problem that has existed far longer than that,” Shaw said. “As far as we could see researchers had focused on measuring the extent of the problem rather than coming up with possible solutions.”

You can read a preview of Dr Crowe et al.’s ‘Factors that may threaten or protect the wellbeing of staff working in paediatric intensive care environments’ at [doi.org/10.1016/j.iccn.2023.103476](https://doi.org/10.1016/j.iccn.2023.103476); while Dr Crowe’s 2022 PhD thesis — ‘Understanding the risk and protective factors for burnout and wellbeing of staff working in the Paediatric Intensive Care Unit: PICU staff wellbeing’ — has been published open access in UQ’s eSpace and you can read it at [doi.org/10.14264/d6cde7e](https://doi.org/10.14264/d6cde7e).

### Sessions

The two sessions were called ‘Wellbeing Images’ and ‘Mad-Sad-Glad’.

#### Wellbeing Images

In ‘Wellbeing Images’, images representing wellbeing are shown to a small group of staff, with a facilitated discussion using appreciative inquiry, which is a way of structuring discussions to create positive change in a system or situation by focusing on what works well, rather than what is wrong.

#### Mad-Sad-Glad

‘Mad-Sad-Glad’ is another small group reflective session; here, participants explore what makes them feel mad, sad and glad, and identify positive actions to resolve any issues raised.





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## AUSTRALIAN CONTEXT

The SWell project researchers point out that there is a paucity of research examining PCC staff's own perceptions of workplace wellbeing, though an Australian study is a notable exception.

With Crowe as lead author, this study — published in *Intensive and Critical Care Nursing* in 2023 — was set in four paediatric intensive care units (PICU) in Australia and found that PICU staff identified threats to their wellbeing, including: feeling under-prepared for the role, distress associated with 'lingering' cases, non-accidental injuries and the feeling of isolation due to being unable to share their distress with others.

Twenty staff were recruited for semi-structured interviews in this Australian study, the participants consisting of nine senior physicians, eight registered nurses and three allied health professionals whose time working in PICU ranged from 16 months to 36 years — though most (15) had worked in PICU for more than eight years.

The study concludes: strategies that enhance PICU work "as meaningful and stimulating, promote a sense of belonging to the team, and support the use of humour, may assist health professionals to achieve a balance between risk and protective factors for wellbeing".

## Key ingredients

Social support, self-belief, and feedback and monitoring are the key ingredients in both sessions:

- social support involves providing a psychologically safe space where sensitive experiences and emotions can be shared without judgement, providing support for each other.
- self-belief involves boosting staff's self-confidence and ability to identify and express their emotions in response to work; and
- feedback and monitoring encourages staff to monitor when they experience challenging emotions, what increases their stress and what might help boost their wellbeing in those scenarios.

## Feedback

The project received high satisfaction and feasibility ratings, with feedback from staff both participating in and running the SWell interventions being very positive.

"We were relatively new to implementing wellbeing initiatives, but we recognised the need for measures to be put in place for an improvement in staff wellbeing, as staff had described burnout, stress and poor mood," said Donna Austin, an advanced critical care practitioner at University Hospital Southampton paediatric intensive care unit.

"SWell has enabled our unit to become more acutely aware of the needs of the workforce and adapt what we deliver to suit the needs of the staff where possible. Staff morale and retention has been the greatest outcomes from us participating in the SWell study and ongoing SWell-related interventions."

One hospital staff member responsible for delivering the sessions said: "Our staff engaged really well, and it created a buzz around the unit

with members of the team asking if they could be 'swelled' on shift. A really positive experience and we are keeping it as part of our staff wellbeing package."

## Conclusions

The project concluded that it is feasible to deliver SWell sessions even on busy PCC units. In addition, staff wellbeing and depression scores improved following the sessions, indicating their likely positive impact on staff — though further evaluations are needed to determine whether positive changes can be sustained over time following the SWell sessions.

"The SWell project was initiated to understand the challenges to wellbeing when working in paediatric critical care," Shaw explained, "to determine what staff in that high-pressure environment need, and what could actually work day-to-day to make a difference.

"Seeing PCC staff across half the paediatric critical care units in the UK show such enthusiasm and commitment to make the SWell interventions a success has been one of the proudest experiences in my academic career to date."

'Building evidence-based interventions to improve staff well-being in paediatric critical care using the behaviour change wheel', a 2025 paper about the SWell interventions involving 14 of the UK's 28 PCC units, has been published open access in *Nursing in Critical Care* and you can read it at [doi.org/10.1111/nicc.13228](https://doi.org/10.1111/nicc.13228). Resources and further information on the SWell is available at [www.swell-staff.com](http://www.swell-staff.com).

If you are affected by any of the issues discussed in this article, help is available. Beyond Blue has a 24/7 support service, please call 1300 224 636.



# Healthcare jobs rising

## key learnings from a job site's data

CALLAM PICKERING\*

Australian healthcare jobs are on the rise. Drilling down into its own data and survey findings, a job site's senior economist draws out some key learnings.

Indeed data highlights that the healthcare sector is one of our country's biggest drivers of employment. In fact, over the past year, around 57% of Australia's job gains came from healthcare and social assistance alone. Yet, despite these figures, tens of thousands of healthcare roles remain unfilled across Australia — a fact that's unlikely to come as a surprise to anyone working in the industry.

Also highlighted by the data is that registered nurses and disability support workers remain among the hardest positions to fill, consistently ranking in the top 10 vacancies across states. New South Wales is experiencing a particularly significant demand for registered nurses, while Queensland, South Australia, Victoria and Tasmania are also reporting high numbers of job postings in health care — from clinical nurses to general practitioners.

Beyond doctors and nurses, the allied health sector is also facing mounting workforce challenges. Physiotherapists (PTs), occupational therapists (OTs) and other allied health professionals are in high demand across the board as Australia's ageing population and an increasing prevalence of

chronic conditions drive the need for more rehabilitative and supportive care services.

### What the healthcare industry can expect

It's clear that competition for skilled healthcare professionals is intensifying — making it more important than ever for healthcare employers to focus on attracting and retaining top talent. This demand is almost certain to remain high in the next few years and beyond, driven both by an ageing population and strong population growth generally. In fact, Australian Bureau of Statistics data shows Australia's population growth is currently sitting at a healthy 2.1% — up from just 0.1% at the peak of COVID-19 — influenced by a combination of overseas migration and new births.

Adding to this, our population is currently older than it's ever been before, with around 29% of people aged 55 or older. As Australia's population continues to grow and age, our healthcare needs are only going to increase — placing even more pressure on our healthcare workforce across the country. And as young families and new migrants increasingly seek

affordable housing opportunities in regional areas, the demand for healthcare in these communities will escalate.

Regional hospitals, clinics and allied health services will need to compete with those in larger cities to attract and retain skilled health professionals — a considerable challenge in an already competitive labour market. In addition to this, a growing cohort of older Australians will drive greater demand for aged care and home care services, chronic disease management, preventative health programs and rehabilitative care.

Allied health fields like PT, OT and speech pathology can also expect to see increased demand, with an ageing population inevitably leading to higher rates of chronic health conditions, disability and age-related illnesses, all of which will likely require allied health support to maintain independence and quality of life. At the same time, rising awareness and diagnosis of mental health conditions and neurodiversity across all age groups will further increase the need for certain allied health services, with psychologists, OTs and speech pathologists likely to be in hot demand.

### How healthcare employers can attract talent

Findings from a recent Indeed survey reveal Australian employees' top priority for 2025 is to boost their earning capacity — unsurprising in a persistent cost-of-living crisis and uncertain economy. This suggests that when it comes to attracting and retaining talent, salary remains the biggest influencing factor. Employers should therefore aim to review



pay regularly to ensure competitiveness, particularly in allied health fields where private roles may offer higher remuneration than public or not-for-profit sectors.

Including pay information in job ads can also help attract talent. In fact, survey data revealed 65% of job seekers believe salary transparency is essential in a job ad. Compared to other industries, healthcare employers tend to rank high for salary transparency — in 2024, around 61% of nursing job ads included pay information — but if the labour market continues to tighten, this number may well increase as healthcare employers seek to stand out from their competitors.

### What those entering the industry can expect

For those considering a career in health care — whether school-leavers or those looking to switch careers — the current job market presents a wealth of opportunity. Health care is, and will continue to be, one of Australia's most stable industries, with demand for skilled professionals only set to increase in the next five years and beyond. Nursing and medical graduates can expect strong employment prospects across the board, with growing demand in regional areas. Allied health graduates can likely expect the same, particularly in PT, OT and mental health services.

As a consequence of widespread talent shortages, early career professionals may also find faster pathways to leadership roles

— a fact that may help to attract ambitious candidates. For those looking to change careers, the healthcare industry offers many different entry points — like vocational training, university pathways and government-supported retraining initiatives. Allied health assistant roles, for example, provide a stepping stone into professional practice, allowing career-changers to gain experience before pursuing further study.

Australia's demand for healthcare talent isn't likely to ease any time soon — and the challenge for healthcare employers will continue to be how they meet this demand. Employers who proactively adapt to workforce challenges — by offering competitive salaries and career development opportunities — will be best positioned to attract and retain skilled professionals, both now and into the future.



\*Callam Pickering is Senior Asia-Pacific Economist at Indeed.

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A spiral painted in a zwitterionic coating is revealed after it is dipped in water with food dye

## Surface coating may prevent blood clots in medical implants

Zwitterions — a common macromolecule found in human cells — are being used by researchers at The University of Sydney to create materials that could stop blood clots from forming in medical devices like heart valves and stents. Such devices play a crucial role in saving lives, yet proteins in blood can cling to the sides of the medical implants, building up over time and forming a blood clot; an occurrence that often requires invasive surgery to remove or replace the implant.

Zwitterions are a remarkable molecule because they are positive and negative at the same time, making them neutral — the word ‘Zwitter’ meaning ‘hybrid’ in German. These molecules are especially effective at forming bonds with water molecules and are already in our cells as part of the cell membrane. They create a thin layer of water and make sure blood and other proteins travel through the heart and other organs without sticking to other surfaces.

Now, inspired by the cell membrane, biomaterials engineer Dr Sina Naficy is leading a research team developing heart valves that are more resistant to blood clots — homing in on the zwitterion’s chemically neutral but water-loving ability.

“Medical implants are constantly under pressure to perform in the human body. A heart valve is constantly under high pressure to pump blood, opening and closing half a billion times over 10 years,” Naficy said.

“The current average lifespan of existing heart valve implants is less than 10 years and there is always a risk of them degrading or complications occurring,” Naficy added. “By using zwitterion-coated

materials, we aim to decrease the risk of blood clots and increase the lifespan of heart valves and other medical implants.”

A zwitterionic coating has been created by the team, and it has been found that on areas of the material ‘painted’ with the coating — only a few nanometres thick — it successfully created a layer and bubble of water, like a ‘watery armour’. On material without the coating, it repelled and spread water beyond the material’s boundaries.

“We are currently exploring new formulations capable of being chemically attached to the surface of any type of implant (made from tissues, metals, or plastics/rubbers) with the aim of reducing their interactions with blood,” said another University of Sydney researcher, Dr Sepehr Talebian, who along with Naficy is a member of The University of Sydney Nano Institute. The team’s greatest challenge is to determine how many zwitterions are ‘just right’; something the university has described as “a biomedical goldilocks problem”.

The interplay between grafting density and protein biofouling of polymer brushes: curious case of polyzwitterions’, a 2025 paper by the team on the potential of zwitterions in biomedicine — intended to provide an in-depth blueprint for the design of surface coating technologies — has been published open access in *Cell Biomaterials* and you can read it at [doi.org/10.1016/j.celbio.2024.100005](https://doi.org/10.1016/j.celbio.2024.100005).



## CASE STUDY



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# Tipping the scales against chronic pain

One in five — or 1.6 million — Australians struggle with chronic pain, an acute and debilitating condition. Globally, the figure is higher, at around 30% of the population, with higher rates among women and people who are overweight or obese. But there's an easy and accessible way for sufferers of chronic pain to reduce its severity, a study from the University of South Australia has shown.

By exploring associations between body fat, diet and pain, researchers found that a greater consumption of foods within the Australian Dietary Guidelines was directly associated with lower levels of body pain, particularly among women. Notably, these findings were independent of a person's weight. This means that a healthy diet can help reduce chronic pain, regardless of body composition.

"It's common knowledge that eating well is good for your health and wellbeing. But knowing that simple changes to your diet could offset chronic pain, could be lifechanging," one of the researchers, Sue Ward, said. "In our study, higher consumption of core foods — which are your vegetables, fruits, grains, lean meats, dairy and alternatives — was related to less pain, and this was regardless of body weight."

'Better diet quality is associated with reduced body pain in adults regardless of adiposity: findings from the Whyalla Intergenerational Study of Health', a 2024 paper on this study, has been published open access in *Nutrition Research* and you can read it at [doi.org/10.1016/j.nutres.2024.08.002](https://doi.org/10.1016/j.nutres.2024.08.002).

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# In Conversation

## with Bronwyn Morris-Donovan

AMY SARCEVIC\*

For our Allied Health Issue, *Hospital + Healthcare* speaks with the leader of Allied Health Professions Australia, Bronwyn Morris-Donovan. Among the many reforms she is championing are equal treatment and funding for the allied health sector.

**W**hen Bronwyn Morris-Donovan calls for the better treatment of allied health, she feels it, quite literally, to her core.

Living with a chronic back condition — the management of which falls beyond the scope of allied health professionals — Morris-Donovan knows the importance of this multidisciplinary care stream, first-hand.

That, and a lifetime of working through the industry ranks, have lit a fire within her — the heat from which she channels into her advocacy work.

Among the many reforms she is championing are equal treatment and funding for the allied health sector.

### Stark disparities

"Allied health is the primary handler of Australia's most prevalent and chronic conditions, like diabetes, which affects one in 20 people and accounts for 11% of deaths. And yet, when you compare the allied health sector with [the] medical there are stark inequities," she told *Hospital + Healthcare*.

"For example, the Chief Allied Health Officer is a part-time role — and therefore not equivalent to the Chief Nursing and Midwifery Officer.

"Then, in residential aged care facilities, you have mandatory minimum nursing minutes, but no such thing for allied health. This is despite more than half of aged care residents living with multiple chronic conditions."

Private health insurance also tends to undervalue allied health, categorising it as an



**Allied Health Professions Australia (AHPA) CEO & Company Secretary  
Bronwyn Morris-Donovan**

ancillary service — despite its significant role in managing chronic disease.

Medicare, too, is more judicious in rebating allied health services, subsidising just five allied health services per calendar year under the MBS Chronic Condition Management item.

"In diabetes management, the majority of patients' care is managed from outside the hospital setting and requires a multidisciplinary team of allied health professions — such as a credentialed diabetes educator, a dietician, a podiatrist, an exercise physiologist. A single discipline approach would reduce health outcomes for people with this condition," Morris-Donovan said.

The situation looks unlikely to change soon, with the government recently announcing it will invest \$8 billion into general practitioner (GP) bulk billing incentives, matched by the Coalition, with no equivalent funding for allied health.

Meanwhile, the sector has been impacted by reforms to the National Disability Insurance Scheme (NDIS), which has not seen changes to its allied health fee indexation in the last five years.

"It's a complex scheme, and it's becoming a very difficult scheme for allied health professionals to work in," Morris-Donovan said.

NDIS aside, the sector as a whole is becoming more treacherous for workers, having incurred widespread job losses as a result of funding inequities.

Ironically, these losses have come at a time when the sector is facing a talent shortage, to the tune of 25,000 workers.

"We have allied health professionals who were in what they understood to be secure jobs — as occupational therapists and speech pathologists in residential aged care facilities





**“The sector is grossly under-valued. Across the health sector and the community, we highly value nursing and general practice, and rarely question its worth. In contrast, we spend a lot of time questioning the value allied health brings — often looking at it as a luxury, rather than a necessity.”**

— having their employment pulled away from them because of the funding constraints.

“Decades ago, GP consultations were probably sufficient for most of your health concerns. But now the population has this really high burden of chronic and increasingly complex conditions. When you consider the level of unmet need we have for these professionals — and how much more is forecast for the future — it is alarming many are being driven out of their roles.”

### Cultural change is needed

At the crux of these inequities are misconceptions, under-estimations and, at times, wilful ignorance around the value that allied health brings, Morris-Donovan argued.

“The sector is grossly under-valued. Across the health sector and the community, we highly value nursing and general practice,

and rarely question its worth. In contrast, we spend a lot of time questioning the value allied health brings — often looking at it as a luxury, rather than a necessity.

“As advocates, much of our time is spent demonstrating that, yes, you really do need all of these health professions to work together to bring about the best health outcomes for the consumer; that a single-discipline model isn’t going to cut it.”

With the sector now boasting a substantial evidence base to verify its impact on patient outcomes, Morris-Donovan has concluded that it is largely culture perpetuating the inequity.

“It has become so normalised to have an under-funded allied health sector,” she said.

For meaningful change, Morris-Donovan calls for proportional funding mechanisms

to enable genuine multidisciplinary team care, and access to direct in-scope referrals between allied health professionals and specialists.

At a minimum, she would like to see increased recognition of allied health in government spheres.

“We spend our precious advocacy resources trying to get a seat at the table, when we want to spend these resources developing quality submissions.

“And yes, we are often given that seat — but if you’ve got 25 professions under the allied health umbrella, one seat is not enough.

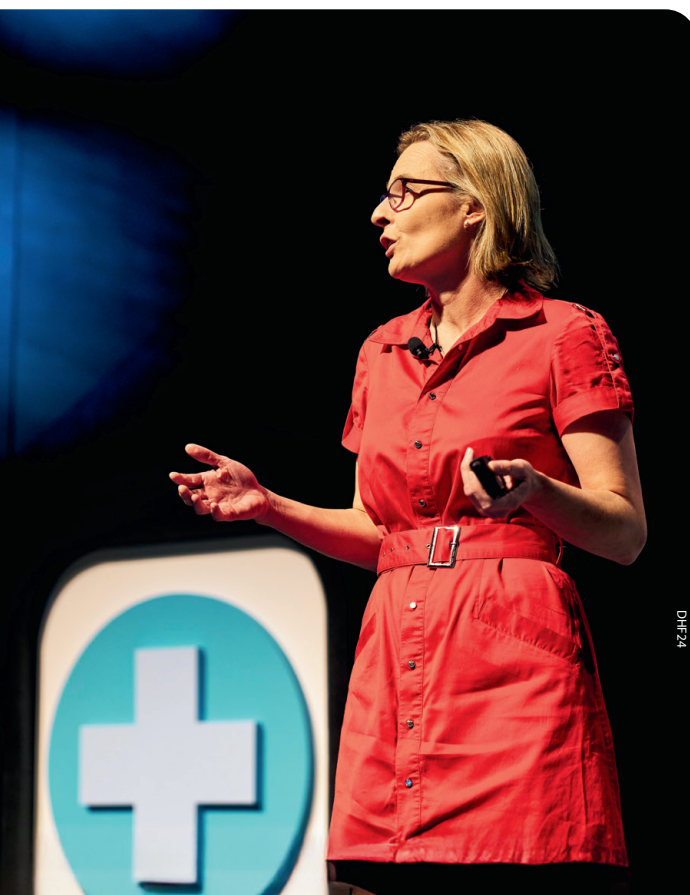
“It is progress, but we can’t stop there.”

\*Amy Sarcevic is a freelance science and technical writer who regularly writes for Hospital + Healthcare. She has an academic background in psychology.

# Digital Health Festival

## transformation through connection

Across two days in May, DHF25 will bring together 8000 attendees, 400 speakers and 200 exhibitors with the theme “transforming healthcare through connection”.



DHF24

**D**igital Health Festival 2025 (DHF25) comes to the Melbourne Convention and Exhibition Centre on 13–14 May with the aim to connect hospital and healthcare professionals and an ethos that the future of health care is digital. Established in 2021, the festival offers insights into the technologies and trends that are transforming clinical care, patient experiences and the industry as a whole.

Some of the festival's key streams include:

- aged care innovation — how cutting-edge solutions are being designed to enhance caregiving, promote independence and streamline healthcare management;
- AI — how clinicians are implementing AI today, building ethical frameworks and seeing the solutions of tomorrow;
- cyber security — how a safer future for care is being secured;
- digital practice — how primary care is changing in the face of a digital revolution;
- health and wellness — how devices of tomorrow are improving preventative care and chronic disease management, boosting productivity and promoting overall wellbeing;
- interoperability — how communication and collaboration across healthcare providers has become front of mind and pathways towards clean, safe data exchange; and
- women in digital health — hearing from those women leaders who are forging a way for health care's digital future.

Highlight talks include:

- ‘Digital health — the key to modernising Australia's health care system’ by Daniel McCabe — Medicare Benefits and Digital Health First Assistant Secretary;
- ‘AI in healthcare: a dystopian quest for perfection?’ by Dr James Somauroo — Co-Founder and Chief Executive Officer (CEO) of SomX and host of Britain's *The Healthtech Podcast*; and
- a session called ‘Women CEOs on the biggest stage’, which is chaired by NSW Health ICT Program Director Juliana Iles-Mann — joined by Healthdirect Australia CEO Bettina McMahon, Magentus



DHF24

**What**  
Digital Health Festival  
**Where**  
Melbourne Convention  
and Exhibition Centre  
**When**  
13–14 May 2025

Group CEO Rachael Powell and Elizabeth Koff, Managing Director of Telstra Health and former NSW Health Secretary.

With 10 conference theatres running simultaneously and 40% of attendees being decision-makers from Australia's leading health services, brands and government, Digital Health Festival General Manager and Director Terry Cornick said there's something here for everyone.

“Digital health is no longer just healthcare IT, it's intertwined with medtech, pharma, biotech, cybersecurity, wellness, virtual care and more,” Cornick said.

“Think of it as your backstage pass to the digital health revolution. Whether you're navigating AI adoption, tackling cybersecurity or brainstorming how to personalise care for the tech-savvy consumer, DHF25 gives you the tools, connections and inspiration to thrive.”

For more information about DHF25, visit [www.digitalhealthfest.com.au](http://www.digitalhealthfest.com.au).



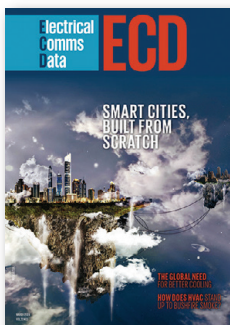
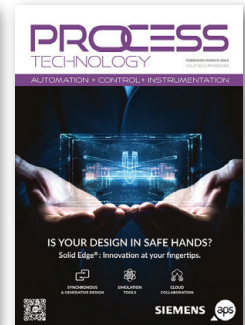
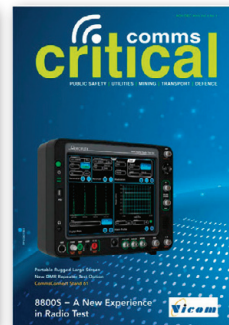
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