



Dear colleagues,

Queensland Cancer Centre – project update

Construction of the new Queensland Cancer Centre (QCC) will commence next year, with demolition of both the Centre for Clinical Nursing (Building 34) and the Hospital Alcohol and Drug Service (Building 52) planned to commence in early 2025.

To allow for the demolition works to get underway, staff and services located in Building 34 begin a busy week next week as they relocate to Building 7, Level 8, and our B34 gardening team relocates to a new site on campus.

Staff and patients located in Building 52 will relocate in early 2025.

I wanted to thank all teams involved in the B34 relocation. The process required them to be agile in their ability to respond to all the demands that come with change, and especially in the busy Christmas holiday lead-up period, teams certainly came together to achieve the milestones necessary to ensure a smooth move next week.

Last month the QCC Project Team hosted the first QCC All Staff forum and we welcomed over 450 online participants to the meeting, along with those in the room. There is definitely a great deal of interest in this \$1.125 billion building.

I look forward to sharing further news in the new year, as well as information about the construction process and the communication strategies in hand to ensure that our patients, staff and other stakeholders are well informed about the project and the site activities occurring on campus.

New Director of HIRF

I would like to warmly welcome the new Director of the Herston Imaging Research Facility, Roslyn Francis, who commenced her role in November.

Roslyn is a Nuclear Medicine Staff Specialist at RBWH and brings extensive clinical and research experience to the role, providing an important link between the clinical, academic and research partnership that underpins HIRF. I look forward to working with her.

Senior Correspondence Officer

Julie Onn commenced in my office this week in the new role of Senior Correspondence Officer. Julie will work closely with members of the Executive Leadership Team and other facility and clinical leads within RBWH to coordinate the management of critical correspondence within the hospital and up to Metro North. I'm pleased to welcome her to the team.

Mass casualty disaster sim



Recently the TACT team ran the first multidisciplinary, multi-departmental mass casualty simulation involving clinicians and support officers from across the hospital.

The scenario involved six major trauma patients who had been injured in the community and was a test of communication, departmental responses to disasters and an opportunity for the system to be stressed to help improve the hospital disaster plan for the future. Hospital staff from the Emergency and Trauma Centre, Trauma Service, Blood Bank, Intensive Care, Operating Theatres, Anaesthetics, Patient Support Services, Switchboard, Radiology, Internal Medicine and Administration came together to understand how the organisation would respond to multiple high-acuity patients presenting at once.

Many great lessons were learned, with plans to use this initial exercise to improve everyone's understanding and ability to respond when needed, especially with the Olympics just around the corner.

SOAR peer-to-peer burns support program an Australian first

Phoenix SOAR is a program of the US Phoenix Society for Burn Survivors, offering one-to-one peer support to burn survivors and their family/carers. There are 85-plus SOAR hospitals in the US and Canada.

The RBWH Stuart Pegg Burns Centre is the first Burn Centre in Australia and NZ to establish and implement SOAR peer support. The program has been funded by the RBWH Foundation via a donation from Anglo American Australian Mining.

RBWH burn survivors and carers from across Queensland have volunteered to undergo training to offer peer support, under the supervision and mentorship of the Burn Psychologist Dr Lynne Heyes.

“Peer burn support provides a unique opportunity to address issues such as loneliness, isolation and fears of the future a burn injury often evokes. It meets a critical psychosocial need that health professionals cannot provide, and provides an intangible powerful experience for all

involved,” Dr Heyes said.

Peer support can be offered in person at the hospital or via telehealth. Look for the posters in clinic and scan the QR code.

[Photo: Burns survivor and SOAR peer responder Susan Power and Dr Lynne Heyes.]

Positive experience at the Royal

I'd like to share this positive feedback we received recently:

I would like to provide my deep gratitude, firstly to the Neuro Surgery team for the emergency surgery performed on my dear wife recently after she suffered a serious stroke. I believe that the surgery was performed urgently which saved her life. Secondly my deep gratitude also goes to the staff of the hospital who cared for her so nicely, post operatively. Thank you very much to all of those people.



Thank you for your ongoing commitment to our patients.

Kind regards,

Louise Oriti

Executive Director,

Royal Brisbane and Women's Hospital

We respectfully acknowledge the Traditional Owners and Custodians of the land on which our facilities are built. We also pay respect and acknowledge Elders past, present and the future.

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