NEWSLETTER

Hong Kong Association of Critical Care Nurses (HKACCN)
Vol. 8, No. 1, January 2007

Message from the Chief Editor

CHIANG Vico
Chief Editor
HKACCN Newsletter
Teaching Consultant
Dept of Nursing Studies, HKU

Welcome to the first issue of Newsletter for 2007! On behalf of the HKACCN we wish you all a Happy New Year and a prosperous and productive 2007.

During the year of 2006 HKACCN achieved a lot of things, for instance the acquisition of a new office and training venue in Wanchai; delivery of a number of critical care courses/seminars/ professional exchanges (both locally and nationally); and the history making first ACLS course conducted in China (which will be reported in this issue), etc. The HKACCN must take this opportunity to thank all members of the professional development committee for their support and professional commitment to the work of HKACCN in the past year.

If you remember from the last issue when we were ready to say goodbye to 2006, highlight on the importance of evaluation and forward planning for the years to come cannot be ignored. When we evaluate, audit, quality assure and research our practice, evidence can be discovered and acuminated to form the basis of practice development for the benefits of patients.

In the 2003 Newsletter (Issue 1) our ex-chief editor Professor Violeta Lopez, after the 12th Congress Western Pacific Association of Critical Care Medicine, stated that there were 6 barriers for evidence-based practice (EBP) in the Western Pacific Region,

1. lack of knowledge in research process,
2. lack of support from the organization,
3. lack of time to implement the findings,
4. lack of recognition of the importance of practice development,
5. lack of good research mentors, and
6. lack of communication between nurses about research.

These barriers are still present and adding to this list I believe is the lack of specific funding and resources for nursing research.

On reflection of 2006, what is our status and plan regarding the above 7 big 'Ls' which have become the major obstacles to achieve our mission of EBP in critical care? While we recognize learning about research and applying the results of research are life-long activities, I urge you to support, participate or initiate research of various kinds aiming at practice development and evidence building in critical care. Furthermore, translation of research into practice has been one of the major focuses of health care practices in recent years. We need to seriously consider how we may implement the results generated from research or systematic evaluation/auditing of the services.

Simply speaking translational research is a process of investigating and testing the effects of methods, interventions and variables on promoting and sustaining EBP (Titler, 2004). Nevertheless how to apply and induce changes from research evidence are also the essence of translational research and EBP.

Farquhar, Stryer and Slutsky (2002) pointed out that there is no single way to translate research findings into practice and a combination of strategies may be more effective than a single approach. The impact of these strategies will depend on the context in which they are applied, and will be affected by factors including incentives, healthcare settings, practitioner and patient perceptions, and the desired behavioural change. However, little is know about which combination of strategies are effective in which clinical contexts, and for which clinical conditions. The mission of EBP remains our major goal and crucial for professional development. Like other professions, this is a long journey for us to travel (one of the attributes to nursing as a profession is to develop and advance its practice through various forms of inquiries in a scientific and continuous manner). Remember our nursing pioneer Florence Nightingale (cited in Hunt, 2001) once said,

> *For we who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it we are going back* (p.87)

I take this as the motto for 2007, and I hope you do too.

Reference

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Project Sharing: Safe Transport of Critically ill Patients

TSANG Po Yee Angel
Nurse Specialist
ICU, Caritas Medical Centre

Introduction

Transport of critically ill patients can be intra-hospital or inter-hospital. Intra-hospital transport refers to the movement of patient to a different department within the hospital. This movement is usually required for diagnostic or therapeutic procedures which technically cannot be performed in ICU (Stearley, 1998). Inter-hospital transport means transferring a patient to a "higher / tertiary level of care" hospital where the required service is not available in the original institution (Warren, Fromm, Orr, Rotello, and Horst, 2004).

Critically ill patients usually have a deranged physiological status, who require invasive monitoring and intensive organ support. They are at risk of higher morbidity and mortality during transport because of, for examples, unsuitable environment, insufficient manpower support and/or equipment, etc (Wallace & Ridley, 1999).

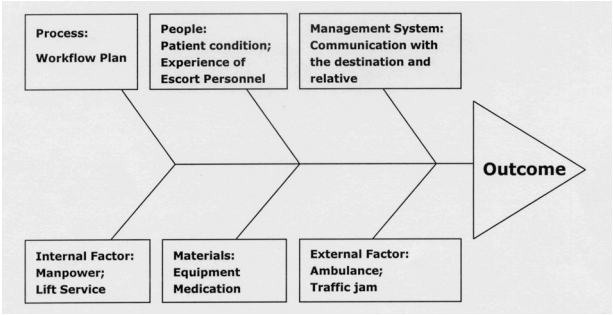
In order to reduce the risk and improve outcome, transport process must be well organized and efficient in operation (Warren et al, 2004). The longer the duration the patient stays away from ICU, the higher the occurrence of problems. Therefore, accurate assessment and optimal stabilization of patient before transport are important. Pre-transport coordination and communication, levels of experience of transport personnel and equipment for monitoring are essential components to achieve safe transfers (Anonymous, 2003; Caruana & Culp, 1998).

Project Objective and Rationale

This project aims at developing a set of comprehensive guidelines with a checklist. The guidelines and checklist will facilitate safe intra and inter-hospital transport of critically ill patients under care of the ICU in CMC.

Project Design and Planning

A project team was set up including doctors and nursing staff from the ICU in January 2003. Past incidents and published studies in critically ill patient transfers were reviewed; and the risk areas in patient transport were identified. They were illustrated in the following fishbone diagram:



As informed by the above identified factors, an initial set of ICU patient transport guidelines was developed to aid precaution and minimize the high risk.

Implementation

The developed guidelines were used to guide practice from July 2003 to June 2006. Internal training classes were held for staff to familiarize the guidelines. Operation performance and outcomes were tracked for monthly evaluations. The guidelines were then modified periodically according to the monitoring results to better facilitate the safety of ICU patient transport.

Pre-transport Planning and Co-ordination

Managerial agreement had been made to facilitate the process which includes application of an emergency lift control key; negotiation with other departments to have 10-15 minutes preparation time after case calling; and to summon 'priority one' ambulance service for inter-hospital transport.

At the operation level, the set of guidelines reminds colleagues to have effective communication with staff in other departments and hospitals for an efficient patient reception; to have patient and relatives informed about the transportation process; to control transport lift with the lift control key to reduce waiting time; to initiate the transport of patient to the destination 15 minutes after a call was received to ensure immediate reception of the patient there; and to activate road block service as necessary for inter-hospital transport.

Personnel Responsible for Transport

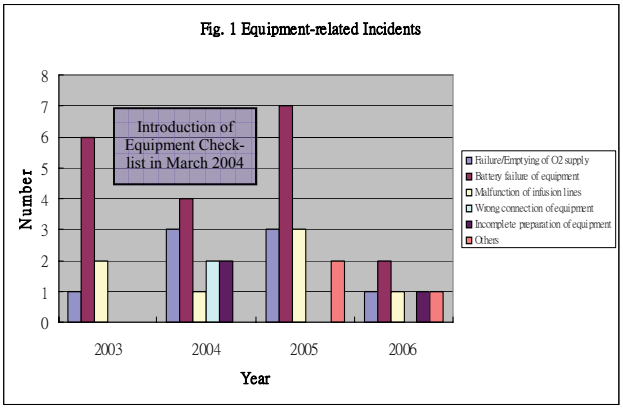
Staff involved in intra or inter-hospital transports were assessed for their capacity to perform the transport process safely. If staff development was required, direct coaching would be given to ensure patient safety by senior staff. In some cases, additional personnel would be assigned in escorting complex critically ill patient. Periodical multi-disciplinary in-service talks on the knowledge and skills in transportation were conducted by experienced nurses and doctors to enhance staff competency.

Equipment

In order to minimize misuse or malfunction of equip-

ment, an additional equipment checklist was added in March 2004. This checklist focused on assuring effective functioning of the transport equipment. The items included mandatory checking of transport monitor and infusion pumps with full functional batteries before the transport process; spare batteries to bring along for long journey; connection into AC power in the CT suite and combined endoscopy unit for longer procedures; adequate amount of oxygen; connection of the portable ventilator to wall supply oxygen socket in the CT suite with special long hose for prolonged procedures; and medication support for at least two hours. Furthermore, normal operation of equipment was ensured with regular equipment maintenance. Identified damages are reported and if necessary the equipment is replaced as soon as possible.

With the implementation of the set of equipment functional checklist, the related incidents were decreased greatly since its introduction in March 2004 to 2006, as demonstrated in Figure 1 below.



Patients

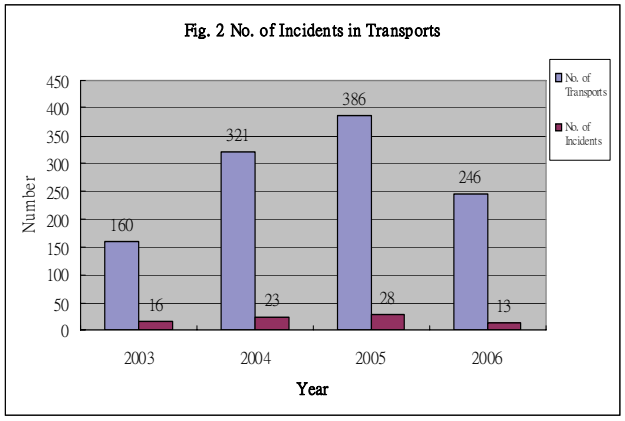
With careful assessment on the need of transporting a critically ill patient and vigilant efforts to stabilizing patients before transport, there were still 26 out of the 80 incidents (32.5%) related to haemodynamic instability or respiratory uncompromised of the patients (patient-related factor). Nevertheless, no detrimental effects occurred in this group of patients.

Results

A total of 1,115 transports were recorded with the use of guidelines and checklist during the study period (from 2003 to 2006) (ICU = 877, CCU = 37, and HDU = 201). Among them, 87.2% were intra-hospital transports and 313 patients were intubated who required ventilatory support. A total of 80 incidents occurred in which 26 cases were patient-related, 41 cases were equipment-related, 12 cases were system-related, and 1 case was related to missing documentation (Figure 2).

Outcomes

After a few years auditing and monitoring on the transport of critically ill patients, the following outcomes were achieved.



1. A set of refined systematic transport guidelines was developed to facilitate the effective transportation in ICU (Wai Shun 5A), as well as an equipment checklist.
2. In-service training needs were identified to which a direct coaching system has been utilized to inexperienced staff for the transport of critically ill patients.
3. Streamlining and optimizing of service utilization between X-ray Department, Combined Endoscopy Unit, ambulance service (etc) were achieved with a more effective communication process.
4. There was a marked reduction in patient-related complications with the systematic categorization of patient and optimization of patient's condition before transport.
5. There was also a markedly reduction in battery failure of equipment through the use of a comprehensive equipment backup system as required by the checklist.

Conclusion

It was coincident that the guidelines and checklist developed for this project appear to be similar to the principles of the guidelines on Intra-Hospital and Inter-Hospital Transport of Critically Ill Adult Patient launched by HA in 2005 & 2006. Out of all, in this project, the hospital-wide checklist and guidelines were devised to clearly highlight the important areas of triage/appropriateness, communication, patient preparation, equipment preparation, drug preparation and documentation. There is room for reporting untoward incidents for subsequent review and evaluation in the future.

After the project, brief introduction for the full usage of new checklist and guidelines was conducted internally before its application. Five identical briefing sessions were held in early July 2006 for hospital staff. The author believes that implementationion of these new checklist and guidelines will help to minimize all preventable incidents during patient transport. Periodic auditing and reinforcement on the detected weak areas should be continued to further improve safe transportation of critically ill patients.

Recommendation

The data collected in this project demonstrates that adverse incidents relating to patient transport have been kept at a lower level. However, this does not imply that no more improvement is needed. With the implementation of new checklist and guidelines, another half yearly review and auditing will be conducted to monitor the progress and explore chances of further improvement. It may include negotiations with the personnel in the receiving end for more user-friendly admission policies to facilitate transport of critically ill patients. In addition, safe transportation is a multi-disciplinary contribution. Hence further collaborative relationship can be cultivated. Last but not least, administrative support and regular equipment maintenance are also crucial elements for safe transportation of ICU patients.

Acknowledgement

The author is grateful to the colleagues working in the ICU of CMC, and to the active team members of this project.

References

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Conducting the Critical Care Nursing Courses in Shanghai and the First ACLS Program in China

KONG Danny
Vice-chairperson, PDC
ACLS Coordinator, HKACCN

With the ambition to contribute to the development of nursing in China, HKACCN organized and conducted a total of four different programs during a teaching visit in Shanghai from 4th to 10th in December 2006. The programs included an ICU Enhancement Course, an Elementary Critical Care Course, two BLS and one ACLS class. These impressive professional activities were the result of our President's endeavors and efforts in coordination and lengthy negotiation with the government officer in Beijing and other Chinese officials, as well as the enthusiastic participation of members in the teaching team.

Meeting with senior health care workers in Shanghai

The teaching team with a government officer from Beijing and an assistant from Laerdal (China)

The 9-member teaching team included the ICU enhancement and elementary course instructors Dr Alex Chiu, Ms Yuk-Ling Fung and Grace Wong, as well as BLS and ACLS instructors Mr Danny Kong, Mr David Chan, Dr Gary Chu, Ms Lucy Clarke, Ms Frandia Wong and Mr Kam-Wai Lai. The team leader was Ms Esther Wong, President of the HKACCN.

The teaching team members made their way to Shanghai individually or in group from the 3rd to 7th December 2006 according to their availabilities. In Shanghai, they were arranged to stay in the Specialist House of the Shanghai Children Medical Centre in Pu Dong. It took about 40 minutes to travel to the main teaching place: The Advanced Nursing Training Centre of the famous Ruijin Hospital in Shanghai. The team members experienced the cold weather in Shanghai during the teaching period and generally speaking, all were good.

The ICU Enhancement program, with participants of 137, was conducted by three HKACCN lecturers. David began the first day with the topic of respiratory care, and Dr Alex Chiu and Ms Yuk-Ling Fung shared topics in the second day on acute care

of cardiovascular problems and renal failure.

The Elementary Critical Care program, with participants of 98, it carried a 2-day and 2-evening schedule which covered 17 hours of topics on respiratory, cardiovascular, renal, neurological, infection control, CPR 2005 guidelines and basic ICU bedside care. In addition to the Ruijing Hospital, another teaching venue, the Shanghai East Hospital was included.

The 2 BLS programs and 1 ACLS program were delivered in the Ruijin Advanced Nursing Training Centre. We were very glad that Laerdal (China) sponsored most of the major equipment like CPR manikins, simulators, and bag-valve-masks. Together with the equipment borrowed from Hong Kong and also the full support of Shanghai East International Medical Centre (SEIMC), the Ruijin Hospital and Shanghai's 120 Emergency Resuscitation Centres, the standard skill stations were set up. Furthermore, with the advice from Ms. Lucy Clarke (Director of the ECT-HK) and Mr. Ge-Xin Wang, a government officer from the Ministry of Health in Beijing (he was the ITO and ECT of China designated by ANA in the US), the program ran smoothly. On behalf of the Emergency Care Training (China), Mr Wong, who stayed along with all the programs, issued license cards for those passed the examination immediately upon completion of the classes.

The first BLS class was conducted on the 5th of December, which was also the first conducted in Putonghua. The candidates were tested with a pre-course examination The program commenced at 8;30 am and finished at around 2:30 pm. All the 24 candidates received a pass in the final assessment. The English-teaching BLS and ACLS classes followed the BLS (Chinese). There were also 24 candidates for the half-day English BLS class and all the participants passed the assessment as well.

The First ACLS Class in China

Concerning the ACLS class, it was the first of its kind in Shanghai, or even in China formally!

Candidates included 9 expatriate doctors and 14 English speaking nurses from the local area and foreign countries. After 2 days teaching and facilitation, all the 23 candidates (one candidate fell sick) went through the practical and written assessments.

Mr Wang Delivering a Graduation Speech

Finally came to the graduation ceremony and apart from the congratulations, Mr Wang and Ms Wong in their speeches highly appreciated the organization and the delivery of programs (especially the pioneer ACLS class which became the history of CPR training in China!). In addition, they thanked the assistance from all parties involved and the diligent candidates, as well as the enthusiastic instructors. All the successful candidates received their license cards issued by Ms Wang and Mr Wong with great pleasure, and had pictures taken subsequently in groups and in turns.

Ms Esther Wong delivering a graduation speech

In reviewing this Shanghai trip, we were delighted to see that the candidates were very eager to learn and to be involved in resuscitation. Both the Enhancement and Elementary programs had gained positive and encouraging feedback. We were impressed by their eagerness to learn, many of them rushed to attend the lectures after duties while some needed to go back to work after the lectures. In the BLS and ACLS programs, instructors had longer time to contact and communicate with

candidates, in which the instructors could answer the candidates' questions directly. These candidates were professional health care workers who were ambitious to obtain latest knowledge and skills as well as the world-wide recognized license in the practice of CPR. The high scores in written assessment reflected their diligence and good preparation for the programs. Most of them felt most interested in attending and going through the skill stations in the ACLS program, and the new learning method in the BLS programs.

One group of candidates Awarded with the License Cards

The teaching schedule was tight. As the schedule was filled with different topics from morning to evening, and that individual instructors had to teach long hours in a new environment, they were exhausted. Nevertheless, they enjoyed the comfortable accommodation and meeting the senior nursing leaders of various hospitals in Shanghai during dinner time. The most interesting and valuable experience were the closed interactions with health care providers in Shanghai. We could directly exchange ideas and views on CPR practice and training. Individual instructors could also squeeze time to pay visits to the famous sight-seeing places in Shanghai. One of the exciting events was the visit to Shanghai 120 Medical First Aid Centre, where their sophisticated communication and control network of surveillance, and responses to emergency calls for dispatching 320 ambulances from 26 depots to the scenes was very impressive. In addition, equipment in the ambulance and CPR training venues of the Centre were introduced.

All HKACCN lecturers and instructors of these programs gained a lot of experiences from this trip. Besides, a positive image of the HKACCN could be promoted and friendship between health care workers in Hong Kong and Shanghai was established. The most invaluable achievement of this trip was the practical information and experiences obtained during the entire teaching period. This will provide an important and useful reference to the future planning of similar programs in China.

INAUGURATION of the HKACCN Ltd DINNER

2007

Date:
27 April 2007

Time:
6:00pm—10:00pm

Venue:
City Hall Maxim's Palace Restaurant
Lower Block, 2/F, City Hall, Central, Hong Kong

Fee:

Member	$50.00
Non-member	$250.00

Guest Speaker:
Ms. Belle Rogado, President of the World Federation of Critical Care Nurses (WFCCN)

Please encourage your colleagues to join and send the reply slip with payment to the designated coordinators in your hospital on or before **14th April 2007**.

For details please visit
http://www.medicine.org.hk/hkaccn/activities.htm

COMING COURSES OF THE HKACCN

PDC Activities 2007

CHAN David
Chair, PDC

In 2007, the HKACCN will continue providing some training courses and seminars to its members and all health care colleagues.

A) Local Program

1) ECG course for Beginners
   - The ECG course is designed to help frontline nurses understand basic ECG concept and common arrhythmias. All nurses who show interest to ECG are welcome to join this course.

- This year, the ECG course will change to a 4-session course with 3 hours' each. It will be held every Thursday evening. There will be 6 courses in this year.

2) Elementary Critical Care Nursing (ECCN) Course Series

- The ECCN series is designed to enable frontline nurses to understand the basic concepts in the monitoring and management of critically ill patients in the critical care areas.
- It consists of 3 modules:
  1. Module 1 (Respiratory Care Module, Feb-Apr 2007), 8 Monday evenings
  2. Module 2 (Cardiovascular Care Module, Jun-Aug 2007), 8 Monday evenings
  3. Module 3 (Neuro-Reno-Trauma Care Module, Oct-Dec 07), 8 Monday evenings

3) Nursing Seminars

Seminars will be run at roughly 3 monthly intervals. The seminar is designed for all nurses currently working in critical care areas for updating their concept in the management of critically ill patients. Tentative topics of these seminars have been suggested: Radiology in Critical Care, Head injury Management & Neurological Monitoring Update; Endocrine Emergency in Critical Care; & Toxicology in Critical Care. Some ad-hoc post-conference sharing sessions may also be held, if needed. Most of these seminars will fall on Wednesdays.

4) BLS & ACLS Program

As usual, the HKACCN will continue running a number of the AHA BLS and ACLS provider course for all the health care professionals.

BLS	ACLS
15, 16 March 2007	20-21, 23-24 April 2007
8:30am—1:30pm	8:30am— 4:30pm
A & E Training Centre 3/F, Tang Siu Kin Hospital Wanchai, Hong Kong	

5) New courses

1. Clinical Assessment Skills in Critical Care: It is designed for experienced & trained ICU nurses to top up their experience in clinical assessment skills (Details to be confirmed later).
2. Auscultation Workshop: It is a one-evening 2-hour workshop designed for nurses to have a better understanding about heart sound & lung sound. The course fee will include a stethoscope (Class 1: 25 April; Class 2: 27 June; Class 3: 29 August 2007)
3. Medical Putonghua Course (醫學普通話班): It is designed for all health care workers about the use of medical Putonghua. It will be a 10-session course (3 hours' each), and will be held every Friday evening.

Please visit our Web-site for details of the above programs/courses.
http://www.medicine.org.hk/hkaccn/activities.htm

B) China & Macau Program

In 2007, the HKACCN will continue mobilize its expertise, manpower and resources to help running programs in different parts of China, including Macau.

Radiology in Critical Care: CXR, CT Scan & MRI

Speaker:
Dr. WONG Kim Ping REX
MBBS, FRCR, FHKAM (Radiology)
SMO, Department of Radiology, RHTSK

Date and Time:
28 Feb 2007 (Wed), 6:30-8:30 pm

Venue:
LG1 Lecture Theatre, Ruttonjee Hospital

Target Group:
All nurses are welcome

Language:
English & Cantonese (with English Handouts)

Award:
A certificate of attendance will be issued to those who have attended the Seminar (2 CNE Points).

Program Fee:
HK$50 (Member), HK$150(Non-member)

醫學普通話班 (重點放在危重病學)

上課日期:
2月 9, 23日,
3月 2, 9, 16, 23, 30日,
4月 13, 20, 27日 (共10晚)

上課時間:
逢星期五 晚上 6時30分 至 9時30分

上課地點:
香港危重病學護士協會 (HKACCN)

香港灣仔道230號佳城大廈501室

人數:
15人

講員:
楊詠男老師
理工大學普通話兼職講師
前城市及浸會大學普通話講師

教學語言:
普通話為主, 輔以廣東話

學費:
$ 1500 (會員), $2000 (非會員)
包括課本及補充材料
出席率達80%,可獲發本會之修讀證明書及繼續學分30分 (Attendance Certificate, 30 CNE points)

Application and Payment
Please send your completed application form by post (with a stamped envelope) or in person to,

Rm 501, 5/F Great Smart Tower,
230 Wan Chai Road, Hong Kong,
(香港灣仔道230號佳城大廈501室)

together with a crossed cheque payable to "Hong Kong Association of Critical Care Nurses".

Enquiry : 2861 2972 (Leo)

Email: hkaccn@yahoo.com.hk

Web-site:
http://www.medicine.org.hk/hkaccn/introduction.htm

CONFERENCE ANNOUNCEMENT

17 & 18 March 2007
The Society of Critical Care Medicine's Asian Forum
"Mechanical Ventilation and Critical Care Response in Epidemics: Advances and Controversies" (A 2-day educational event)
Singapore

http://www.sccm.org/SCCM/Conferences/Topics/Mech+Vent-Asian+Forum/

24 – 25 March 2007
Society of Trauma Nurses (STN) 10th Annual Conference
Innovations & Outcomes
Las Vegas, USA

http://www.traumanursesoc.org/edu_conf.html

20 – 21 July 2007
ACCCN Queensland State Conference
Cairns, Australia

http://www.acccn.com.au/images/stories/QLDCourses/flyerqld.pdf

14 – 17 August 2007
Critical Care Critical Time Congress (Critical Society of Southern Africa, in association with WFCCN)
Sun City, South Africa

http://www.criticalcare.co.za/

USEFUL LINKS

Australian Collage of Critical Care Nurses
http://www.acccn.com.au/

Australian & New Zealand Intensive Care Society (ANZICS)
http://www.anzics.com.au/

European Federation of Critical Care Nurses(EfCCNa)
www.efccna.org

World Federation of Critical Care Nurses (WFCCN)
www.wfccn.org

CONTRIBUTIONS TO THE NEWSLETTER

The HKACCN Newsletter is published quarterly. The editor welcomes articles reporting news and views relevant to critical care nursing. The following deadlines for submission of issues, news clips, short articles, and research briefs must be adhered to for 2007. Please email your contribution to:

Dr. Vico CHIANG at vchiang@hkucc. hku.hk
and
Mr. David CHAN at hkaccn@yahoo.com.hk

Article Preparation
Individual submission should be double-spaced and can be sent through emails. Accompanying photographs must be of good quality. The editor reserves the right to accept, modify, reject and/or check material to corroborate information.

Submission Deadlines
April 2007 issue - 28 February 2007
July 2007 issue - 30 May 2007
October issue - 30 August 2007
January 2008 issue - 30 November 2007