

BEST PRACTICE

THE LATEST IN BEST PRACTICE AT ST ANDREW'S WAR MEMORIAL HOSPITAL

APRIL 2016 | ISSUE 12



*Emergency care good
enough to Roar about*

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- Spotlight - top clinical outcomes for rehabilitation patients
- Service update - fibroscan now available at St Andrew's
- Innovation - harnessing the healing power of art

Update



Welcome to this edition of St Andrew's War Memorial Hospital's *Best Practice* which showcases the medical innovation and outstanding clinical services offered by the Visiting Medical Practitioners (VMPs) at the hospital.

I commenced at St Andrew's as Director of Medical Services last October and am proud to have joined an organisation with such a strong reputation

for excellence in clinical care and outcomes. I have enjoyed meeting many of our dedicated VMPs and staff whose clinical expertise contribute to this reputation, and have also attended a number of GP events where I have had the pleasure of hearing directly from GPs who refer to St Andrew's.

Best Practice is our key communication to GPs, informing you about developments at the hospital and the many specialities that may benefit your patients. I'm very keen to hear from you about your experiences with the hospital and how we can continually improve.

In this edition, we feature several new VMPs who have recently joined us at St Andrew's and I'd like to personally welcome Dr Samuel Yang, Dr Craig Harris and Prof Andreas Obermair. We also introduce Dr Caron Forde, Gynaecologist and Chair of the

Medical Advisory Committee which plays a pivotal role in the medical leadership and clinical governance of the hospital.

Research and innovation remain an integral part of delivering excellence in care at St Andrew's and the hospital was well recognised at the UnitingCare Health Innovation and Excellence Awards for our excellence in patient outcomes in falls prevention and rehabilitation program outcomes both featured in this magazine. Our doctors also featured strongly in the Wesley Medical Research Awards with the St Andrew's Director of Intensive Care Professor John Fraser named UnitingCare Health Researcher of the Year and several VMPs recognised for clinical research.

The hospital also recently became the first in Queensland to utilise new technology to obtain high resolution three dimensional maps of the heart which will benefit patients with irregular heartbeat undergoing cardiac ablation.

Also in this issue, we have interviews with local GP Dr Mark Fletcher, and a feature on the fibroscan liver fibrosis test which is now available at St Andrew's.

I trust you will find this issue of *Best Practice* informative and relevant to your practice.

Dr Mellissa Naidoo

Director of Medical Services - St Andrew's War Memorial Hospital
T 07 3834 4209
F 07 3834 4330
E mellissa.naidoo@uhealth.com.au



ON THE COVER

Front row (l-r): Tommy Barron & Ted Barron
Back row (l-r): Jack Hingert (Brisbane Roar), Devante Clut (Brisbane Roar), Andrew Barron (St Andrew's General Manager), Dr Sean Rothwell (UCH Metropolitan Director of Emergency Medicine), Dr Peter Forgiarini (St Andrew's Emergency Centre Specialist)

VMP Profile Updates



Dr Craig Harris

MBBS (Hons) BSc (Hons) FRACS
Colorectal & General Surgeon,
Gastrointestinal Endoscopist
T 07 3226 3800

Dr Craig Harris is a specialist Colorectal Surgeon with a special interest in minimally invasive colorectal surgery. His surgical training was completed in South

East Queensland at the Royal Brisbane & Women's Hospital and affiliated hospitals. Subspecialty colorectal surgery training was then undertaken with national and international fellowships at Christchurch Hospital New Zealand, Concord Hospital Sydney, and Royal Prince Alfred Hospital Sydney.

Dr Harris practices across all aspects of colorectal surgery

with a particular interest in laparoscopic colorectal cancer surgery, inflammatory bowel disease and benign anorectal disorders. He has published and presented internationally on pelvic exenteration surgery outcomes for recurrent rectal cancer. Upon returning to Brisbane, Dr Harris was appointed Consultant Colorectal Surgeon at the Royal Brisbane & Women's Hospital and the Mater Adult's Hospital Brisbane, and is a Senior Lecturer with the University of Queensland. He is accredited to perform colonoscopy and upper endoscopy, and is a member of the Colorectal Surgical Society of Australia and New Zealand (CSSANZ).

Dr Harris is pleased to announce he has commenced private practice at St Andrew's War Memorial Hospital where he performs colorectal surgery, general surgery and colonoscopy.



Prof Andreas Obermair

MD (VIE) FRANZCOG CGO
Gynaecological Oncologist
T 07 3847 3033

Andreas Obermair is a gynaecological oncologist in Brisbane specialising in surgery for uterine, ovarian, cervical, vulval and vaginal cancer

as well as surgery for complex pelvic gynaecological surgery. Andreas has a special interest in laparoscopic surgical techniques including laparoscopic hysterectomy, assessment of pelvic masses and prevention of familial gynaecological cancer.

Andreas obtained his MD at the University of Vienna and

was awarded his Fellowship from the Royal Australian and New Zealand College of Obstetrics and Gynaecology and completed his advanced surgical gynaecological oncology training in Brisbane and Perth in 2002.

Andreas established the Queensland Centre for Gynaecological Cancer Research based at The University of Queensland. Together with 9 other gynaecological oncologists he leads internationally recognised research into more effective and less invasive treatments for gynaecological cancer. This ensures that patients received up-to-date surgical service consistent with national and international standards.

Prof Obermair enjoys excellent professional relationships with colleagues from various clinical specialties and has worked in private practice since 2003.



Dr Samuel Yang

BSc (med) MB BS FRACS (Plas)
Plastic & Reconstructive Surgeon
T 07 3831 7618

Dr Samuel Yang is a Brisbane born and Queensland trained plastic and reconstructive surgeon. He has an interest in skin cancers (particularly melanomas and skin

lesions that are located in functionally and cosmetically sensitive areas), cosmetic and reconstructive breast surgery, abdominoplasties, body contouring surgery and microsurgery.

Upon the completion of his plastic and reconstructive surgery training in 2011, Sam undertook a clinical fellowship for 13 months at the Oxford University Hospitals, UK. Here he gained further experience in melanoma management, breast surgery, head and neck surgery and microvascular surgical techniques.

Sam continues to hold a public position as a specialist VMO at the Princess Alexandra Hospital. At the PA Hospital, he is involved with the Melanoma Unit and deals with a varied case mix that typically includes head and neck, breast and lower limb reconstructions.

Sam's private consulting rooms are in Fortitude Valley, Brisbane. He also consults in Cleveland and Rockhampton.

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Emergency care good enough to Roar about

St Andrew's offers recognised sporting organisations or schools, a reduced out-of-pocket consultation fee of \$75 when they present to our Emergency Centre.

The centre's waiting times are among the lowest in the country, which means most patients are seen immediately.

UCH Metropolitan Director of Emergency Medicine Dr Sean Rothwell said early diagnosis and treatment of sporting injuries can reduce the amount of time away from playing sport and remaining active.

"It is important to receive treatment from the appropriate specialists as soon as possible. At St Andrew's Emergency Centre, we can start people on the road to recovery 24 hours a day, seven days a week," Dr Rothwell said.

Dr Rothwell said common sports injuries presenting at the hospital's Emergency Centre included knee, shoulder and ankle ligamentous injuries, upper and lower limb fractures, head injuries and lacerations.

"We are honoured to be Brisbane Roar's choice for emergency and sports injury care"

Making the most of St Andrew's sports injury service is the Brisbane Roar, who have partnered up with our hospital to ensure their athletes are in good hands.

St Andrew's General Manager Andrew Barron said the hospital's Emergency Centre, led by a team of experienced emergency medicine specialists, provided quality and timely emergency care for all patients.

"We are honoured to be Brisbane Roar's choice for emergency and sports injury care," Mr Barron said.

"The centre provides emergency care across most specialties. If required, patients with sports-related injuries can be referred to our leading group of orthopaedic specialists who are available onsite at the hospital."

"We always strive to offer our patients first class treatment and world class results."

St Andrew's Emergency Centre is available for adults and children, 24 hours a day, seven days a week, including public holidays.

St Andrew's War Memorial Hospital is part of UnitingCare Health, a not-for-profit organisation which invests profits back into its hospitals to ensure the community's biggest healthcare needs are being met.

St Andrew's Emergency Centre
North Street, Spring Hill, Brisbane
T 07 3834 4455
www.standrewshospital.com.au

L-R: DR PETER FORGIARINI, JACK HINGERT AND DEVANTE CLUT



L-R: DR SEAN ROTHWELL, DR PETER FORGIARINI, DEVANTE CLUT & JACK HINGERT

Dr Mellissa Naidoo at the helm of St Andrew's medical services

For Dr Mellissa Naidoo, St Andrew's War Memorial hospital ticks all the right boxes – a values-based organisation supporting person-centred care, engaged staff and excellent clinical outcomes.

Dr Naidoo joined the St Andrew's executive team as the Director of Medical Services in November last year, taking over from Dr Christian Rowan, who stepped down after five years in the role.

Dr Naidoo has been impressed with the positive patient feedback and high staff morale at the not-for-profit's 250-bed facility.

"I've been hearing about the great work that we do from those who have had personal and professional interactions with the hospital. It's a nice sized hospital – small enough to maintain that personal interaction but big enough to provide world class care and services," Dr Naidoo said.

After completing a Bachelor of Science at The University of Queensland and Honours in perinatal research at the Perinatal Research Centre at the Royal Brisbane and Women's Hospital, Dr Naidoo studied medicine at Flinders University in South Australia. She then returned home to Queensland to complete her internship at Nambour General Hospital and pursue paediatric training at the Royal Children's Hospital in Brisbane.

Later in her career, Dr Naidoo trained in Medical Administration at the Princess

Alexandra Hospital, completing a Masters of Health Management and combining her interest in medical education by taking on the role of Deputy Director of Clinical Training, while completing her fellowship in Medical Administration.

"What particularly interests me about medical administration is the ability to influence patient care on a broader scale and shape and improve healthcare delivery," she said.

In her previous role, Dr Naidoo was the Deputy Director of Medical Services for Children's Health Queensland, a state-wide hospital and health service which includes the Lady Cilento Children's Hospital. As a leader in the organisation providing family-centred healthcare services for children and young people in Queensland she oversaw key elements of the transition to the new Lady Cilento Children's Hospital and served as the Deputy Director of Medical Services at the tertiary teaching hospital.

"From a career perspective it was great to combine medical administration with my passion for paediatrics and child health and an exciting opportunity to move into a brand new state-of-the-art facility and experience all it takes to open a new hospital and move services," she said.

Following her appointment at St Andrew's, Dr Naidoo spent time learning about the hospital and its services and meeting many doctors, nurses and other hospital staff.

"I have enjoyed learning what we do at St Andrew's. I strive to contribute to the success of the hospital and bring my experience to the areas that matter – specifically, clinical governance and how we work with the doctors to deliver first class medical services. I believe in the importance of patient-centred care and that will be central to my thoughts as we plan for the future," she said.

Dr Naidoo has attended several General Practitioner education events and has met doctors from across Queensland.

"The GPs are our partners in care and it's a privilege to be looking after their patients in the hospital. I am pleased to have already attended two of our GP events and met GPs who refer to us who shared their experiences of the hospital."

"I'm always keen to hear directly from GPs so we can continue to provide the best care for their patients," she said.

St Andrew's General Manager Andrew Barron said Dr Naidoo's extensive medical and healthcare industry experience and expertise complemented the executive team and the hospital's vision.

"I feel Dr Naidoo is a good fit for our hospital and will work with us on our vision to provide our patients, and their families, with first class treatment and world class results," Mr Barron said.

"What particularly interests me about medical administration is the ability to influence patient care on a broader scale and shape and improve healthcare delivery"



Top clinical outcomes for rehabilitation patients

Rehabilitation patients admitted to St Andrew's War Memorial Hospital Rehabilitation Unit are achieving better clinical outcomes in a faster timeframe than national benchmark standards.

These national benchmarks are set by the Australasian Rehabilitation Outcomes Centre (AROC) which reports annually on the performance of individual rehabilitation facilities according to changes in patients' Functional Independence Measure (FIM) and their length of stay in hospital.

The St Andrew's War Memorial inpatient

rehabilitation multidisciplinary team, led by Rehabilitation Specialist Doctors Hoa Lu, Fiona Harris, Susan Graham and Phil Aitken, prides itself on delivering a first class service and achieving positive outcomes for their patients.

In the 2014-2015 financial year, rehabilitation patients admitted to St Andrew's 20-bed inpatient rehabilitation unit, stayed on average 2.4 days less than patients in other Australian rehabilitation units. These patients also achieved significantly better clinical outcomes, achieving on average a 20.3 point change for (FIM) assessment, that

are two points higher than the case-mix adjusted national average achieved by other rehabilitation facilities.

The inpatient rehabilitation Allied Health team was recently recognised by UnitingCare Health Hospitals in their annual Excellence Awards for excellence in patient outcomes through Project GIST.

Project GIST began in 2012 and a significant improvement in performance above national benchmarks have been maintained for the past three years.

Head of Occupational Therapy at St Andrew's, Stacey Johnson, said she

developed and implemented an allied health plan called Project GIST (Goals, Intensity, Specificity, Training) in order to improve patient outcomes and reduce recovery times at St Andrew's.

"We developed and implemented goal specific forms, completed training with an emphasis on setting SMART (specific, measurable, attainable, realistic and timely) patient-centred goals, set a standard with the expectation of 100 per cent compliance for goal setting, and regularly monitored and audited our performance," explained Stacey.

"We targeted our intensity by clearly communicating rehabilitation expectation and by making process changes such as getting morning and afternoon tea delivered to the gym to enable therapy to continue."

"We re-aligned our specificity by developing cross-functional teams that continually worked together on the same patient caseload and used the patient-

centred goals to direct and guide our therapy."

"Finally we tracked, monitored and shared our performance with the team by providing monthly reports and targets. We then used this to reflect on our practice and celebrate the success and wins along the way," Stacey said.

The St Andrew's War Memorial inpatient rehabilitation unit and day rehabilitation services are able to provide individually tailored orthopaedic, neurological, cardiac, pulmonary and reconditioning rehabilitation programs for patients. It also has specialty skills in the rehabilitation of patients with Parkinson's Disease and falls.

St Andrew's Director of Medical Services Dr Mellissa Naidoo says referring Medical Professionals can be confident that their patients will receive a first class service and coordinated care with proven rehabilitation outcomes.

"We targeted our intensity by clearly communicating rehabilitation expectation and by making process changes such as getting morning and afternoon tea delivered to the gym to enable therapy to continue"

Leading the way in falls prevention

Falls are a leading cause of hospital-acquired injury and may prolong or complicate your patient's hospital stay. At St Andrew's we have a falls prevention program focusing on identifying patients who are 'at risk' of falling according to a set of defined criteria.

The hospital's falls prevention program won a UnitingCare Health Innovation and



L-R: SHEILA GILRITCHIE, YVONNE BAKER, ROSEMARIE WHITE, JUDY DODD AND JO BASSETT

Excellence award in 2015 for having a multifaceted approach to reducing patient falls.

The reduction in falls and injury from falls has been outstanding and sustained. From 2011 to the end of the last financial year, there has been a 41.7 per cent reduction in total falls matched by a reduction in injury from falls by 35.3 per cent.

St Andrew's is committed to maintaining this and constantly reviews falls data. Each individual fall is reviewed with a focus on how the fall could have been prevented. Falls related data is publicly available via the St Andrew's website at www.standrewshospital.com.au/quality-of-care/patient-safety/falls-prevention

Dr Forde takes a lead on healthcare as MAC chair



DR CARON FORDE

As Chair of the St Andrew's War Memorial Hospital Medical Advisory Committee (MAC), Dr Caron Forde plays a vital role in the quality of healthcare services provided at the hospital.

Dr Forde is the Director of Gynaecology at St Andrew's War Memorial Hospital and has served on the MAC since 2009. She was appointed the Committee's first female Chair in January 2015.

The MAC is comprised of Visiting Medical Practitioners representing 17 specialties at St Andrew's War Memorial Hospital and provides clinical governance oversight of the hospital. The Committee meets bi-monthly with the

General Manager, Director of Medical Services and the Director of Nursing to analyse and benchmark clinical outcomes and review clinical practice. In addition, the MAC provides direction to the hospital Executive on decision making that supports quality patient care and is an important link between the Executive, patients and their families.

St Andrew's War Memorial Hospital was built as a living memorial to the men and women of the Australian Armed Forces of World Wars I and II. The ideals of service, honour and dignity are at the core of the hospital and provide the building blocks for the advice and decisions

of the MAC. The ideals are reflected in the doctors who choose to work at St Andrew's and this is particularly evident in the members of the MAC. The hospital is very proud of the leadership role of the MAC members and Dr Forde as Chair in the values of the hospital.

In addition to her clinical practice as a Gynaecologist, Dr Forde has held a number of positions including Senior Lecturer at The University of Queensland, a Senior Consultant at Mater Hospital, and as an examiner for the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

In 2010, Dr Forde was the Gynaecologist

for the International Olympic and Paralympic Committees for the Winter Olympics.

"the MAC provides direction to the hospital Executive on decision making that supports quality patient care"

St Andrew's War Memorial Hospital Director of Medical Services Dr Mellissa Naidoo, says the expertise of Dr Forde and other members of the MAC, is invaluable to the hospital.

"The MAC is the peak medical forum for the hospital and an important vehicle for ensuring medical input into issues of safety and quality of care, innovation and clinical excellence, and improved patient outcomes" says Dr Naidoo.

"The stronger the MAC, and this reflects the Chair, the better the hospital. The MAC and Dr Forde are a huge support to me in my role as Director of Medical Services in ensuring we do our very best for all patients."

Dr Caron Forde
Pelvic Medicine Centre
St Andrew's War Memorial Hospital
457 Wickham Tce
Spring Hill QLD 4000
T 07 3831 5315

Research excellence recognised

From intensive care practices to rectal cancer, St Andrew's War Memorial doctors pave the way in research excellence in improving patient care and quality of life.

Wesley Medical Research held its annual Achievements Function on 24 February in Brisbane attracting more than 80 guests ranging from prominent supporters, contributors, clinicians and researchers of medical research.

The Queensland Governor His Excellency the Honourable Paul de Jersey AC, presented St Andrew's Director of Intensive Care, Professor John Fraser with the award for UnitingCare Health (UCH) Researcher of the Year.

This award recognises a UCH clinician who has published the greatest number of high impact research papers in the past year.

Professor Fraser who will be featured in our next issue of *Best Practice*, published approximately 36 papers in 2015 and has driven research and medical achievements

across a broad range of clinical disciplines. He is particularly well-known for his involvement with the development of artificial heart and lungs.

Other awards announced on the night included UCH Paper of the Year 2015, which went to Visiting Medical Practitioners Dr Andrew Stevenson and Dr John Lumley for their research on rectal cancer.

Wesley Medical Research is the merger of Wesley and St Andrew's Research Institutes and is headed up by Professor David Paterson, Infectious Diseases Specialist, St Andrew's Hospital.

For more information about Wesley Medical Research, visit www.wesleyresearch.org.au



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Prof Michael Muller
General Surgeon

Dr Keith Towsey
General Surgeon

Hernia: Pitfalls and Progress

Advice from Prof Michael Muller and Dr Keith Towsey

Ventral/incisional hernia repair has undergone dramatic change with marked improvement in outcomes for patients. The aim of surgery is to correct anatomy, restore abdominal wall function and close defects with techniques that minimise complications and improve long term success.

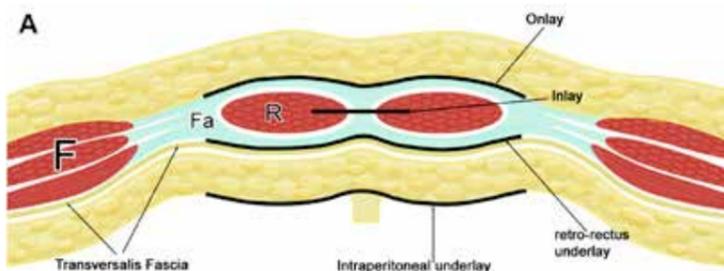
A small asymptomatic hernia with an aperture less than 2 cm may not need surgery. If the (umbilical) hernia is hurting or enlarging then surgery is indicated. Smaller apertures < 6 cm can be managed with both laparoscopic or open techniques depending on patient and surgeon preference with those patients with multiple small defects benefitting from a laparoscopic approach although multiple previous abdominal operations may prevent this approach.

A hernia aperture of between 6-12 cm, especially if recurrent, may need open repair

Large ventral hernia require the retro-rectus release combined with **component separation**. This is a technique that Dr Towsey has pioneered in Brisbane and is now an international teacher of the technique. Component separation involves dividing one of the layers of the abdominal wall- either external oblique fascia or transversalis fascia.

These operations are not to be taken lightly and patients need to prepare properly. If overweight, they need to reduce below a BMI of 35, diabetes must be under tight control, and this procedure is not undertaken if smoking abstinence has not been achieved for at least 6 weeks. With good preparation and meticulous attention to detail great results can be achieved.

Divarication of the recti is not a hernia per se but a thinning of the linea alba and



with a technique of retro-rectus sublay of mesh. This is a relatively new procedure that involves incising into the rectus sheath, lifting the rectus muscle off the posterior rectus sheath. This allows 'give' with mesh supported closure.

separation of the rectus (six pack) muscles. The initial management is weight loss and exercise to rehabilitate the abdominal wall and the most common cause is constant stretch from intra-abdominal content- fat- especially in males.

The other common cause is pregnancy with stretch of both skin and abdominal wall. Despite patients best efforts they sometimes cannot restore their abdominal wall. In these cases, a combined procedure with a plastic surgeon with retro-rectus mesh repair and abdominoplasty gives great results.

The Hernia Clinic of Brisbane
St Andrew's War Memorial Hospital
T 07 3831 0699
E admin@shsg.com.au
www.herniaclinicbrisbane.com.au

Harnessing the healing power of art



ANDREW HEWKIN AND DR PHILIP HALL

St Andrew's recognises the powerful role artwork plays in helping patients heal and displays a collection of paintings and drawings in its corridors and wards.

Well respected London artist Andrew Hewkin visited the hospital to discuss art and health in mid-March.

Mr Hewkin is a former patient of Dr Tony Rahman who has started a liver service at St Andrew's.

Mr Hewkin says art gives patients 'hope', something that many hospitals do not embrace as willingly as St Andrew's.

"Some artists like to offer their work to hospitals to give patient's hope... but sadly, hospitals don't always make the time or find the space to feature the works," Mr Hewkin said.

Taking the charge on art at St Andrew's

is the hospital's art collection's honorary curator Dr Philip Hall.

"Art creates a visually engaging and positive healing environment"

Dr Hall says modern hospitals tend to be sterile while St Andrew's aims to find the time and space to display art throughout its corridors.

"Art creates a visually engaging and positive healing environment," Dr Hall said.

"In modern hospitals, white walls and bright lights and hustle and bustle can remove the humanity from a hospital.

"As evidence-based research shows, art

improves a patients' mood and they require less pain relief and will recover in a shorter time."

Dr Hall added that art at the hospital is appreciated by staff, patients and their families.

"Staff have a keen interest in what has been hung on the walls. With each exhibition, I have multiple conversations with staff, ranging from the security and hospital staff, the porters to the nurses and doctors," Dr Hall said.

"Art creates conversations and gets people who would not normally interact with each other, talking - whether that be they like the art or they hate it - art stimulates interaction."



DR JOHN HAYES

New cardiac technology assists patients with arrhythmias

Thirty years after becoming the first private hospital in Queensland to perform open heart surgery, St Andrew's has again showed it is at the forefront of cardiac care.

St Andrew's is the first hospital in Queensland to use new technology to obtain high resolution three dimensional maps of the heart which will benefit patients with irregular heartbeat undergoing cardiac ablation.

The Rhythmia Mapping System (RMS) captures maps of complex arrhythmias in the heart more quickly and accurately than other systems, saving time and potentially increasing the success rate of the cardiac ablation procedure.

Cardiologist Dr John Hayes, who first used the RMS in arrhythmia procedures at St

Andrew's last September, said the system was vastly superior to previously available mapping technology.

"Our commitment to provide the most advanced cardiac care to our patients continues today"

"As an example, a map with current systems might have 150 activation points and take 30 minutes to generate whereas the RMS will generate an activation map of 5000 points in 10 minutes," Dr Hayes said.

"It's like the early digital photos taken with

a one megapixel camera versus a new 50 megapixel camera.

"The resolution of the images are so much better, particularly when you blow them up.

"These high resolution images help us to locate difficult arrhythmias more precisely and allow us to ablate them and cure them."

Dr Hayes said he was delighted to be able to offer this new technology to assist in the management of patients at St Andrew's.

"I am very appreciative of the hospital's administration for their support with innovative new technologies which allows us to lead the country with these ground breaking therapies," he said.

St Andrew's General Manager, Andrew

"These high resolution images help us to locate difficult arrhythmias more precisely and allow us to ablate them and cure them."

Barron, said the hospital has a long history of cardiac care and innovation.

"Thirty years after our first open heart surgery, we are now the first hospital in Queensland to utilise the Rhythmia Mapping System in a hospital setting which offers benefits to doctors and patients," Mr Barron said.

"Our commitment to provide the most advanced cardiac care to our patients continues today."

The RMS has previously been used at the Royal Melbourne Hospital for research purposes but St Andrew's is the first facility in Australia to use it in a clinical practice.



Dr Tony Rahman
Gastroenterologist

Fibroscan now available at St Andrew's

St Andrew's War Memorial Hospital is one of a handful of Queensland hospitals with a dedicated specialist clinic for those with liver and hepatobiliary conditions.

The clinic provided by Brisbane Gastro recently introduced Fibroscan, a relatively new test that can reveal fibrosis (scarring) or fatty deposits within the liver.

Dr Tony Rahman from Brisbane Gastro said Fibroscan was a non-invasive, quick and simple test that worked using ultrasound and produced an immediate result.

"Determining liver fibrosis will assist disease risk stratification, staging, guide prognosis and aid in treatment decisions," Dr Rahman said.

"It may provide reassurance to both patient and practitioner, reducing the anxiety of further blood tests and follow up."

It can be performed on a yearly basis to track liver fibrosis progression or regression."

Any individual with suspected liver disease can be considered for a Fibroscan including conditions such as hepatitis B & C, nonalcoholic fatty liver disease (NAFLD), nonalcoholic steatohepatitis (NASH), alcoholic liver disease, HIV, thalassaemia, haemophilia and cystic fibrosis. Pregnant patients or

those with pacemakers or ascites cannot use Fibroscan.

Dr Rahman said Fibroscan is able to detect minimal disease and could diagnose cirrhosis with about 95 per cent positive predictive value.

GP referrals are welcome and should include the reason for the request, height, weight, BMI, liver function tests (LFT), full blood count (FBC) and INR results (approximately within 4 weeks of the referral).

Both GP and patient will be mailed a formal report, which will provide the liver stiffness measurement and a description of how this relates to the patient.

Patients found to have overt cirrhosis or other pathologies will be followed up in Dr. Rahman's clinic with appropriate clinical and radiological investigations.

Dr Tony Rahman
Brisbane Gastro
Suite 309, Level 2, St Andrew's Place
33 North Street
Spring Hill Qld 4000
T 1300 270 365
F 07 3319 6917
brisbanegastro@gmail.com

The GP as a medical detective



Dr Mark Fletcher loves a medical mystery. As a GP based at busy Coorparoo Clinic on Brisbane's south-side, he sees a wide range of patients and medical conditions. But it is the challenging cases with no obvious diagnoses that pique his interest.

"One of the most rewarding challenges is when someone arrives at my surgery with nebulous or strange symptoms and I am initially unsure what to make of it. But as I listen to them and help them



tell their story, I may find they have an unusual condition. With the scans and investigations that are now available, it's possible to reach a diagnosis from those initially unclear symptoms."

"I suggest that they look at these patients as you might look at a crime scene – there are clues but someone has removed the fingerprints"

Dr Fletcher uses a crime scene analogy to explain his thinking:

"I tell medical students to never be put off by someone who has complex symptoms and not to be too quick to refer them on. There is a role for the general practitioner in listening to their story and beginning the investigation.

"I suggest that they look at these patients as you might look at a crime scene – there are clues but someone has removed the fingerprints. By that I mean the patient may not immediately give you all of the information straight away. You may need to ask questions several times in different ways. That could lead you to target a particular test and help a diagnosis to emerge. You can then send



them to a specialist with complete scans and a much clearer diagnosis..."

Dr Fletcher hosts medical students at his surgery and recognises the shared learning that occurs.

"I've hosted students on-and-off for 20 years. While it can be hard work, it's definitely rewarding. I encourage them to find recent articles about those conditions so they are taking in the most recent material on interesting cases that we have but I also get them to give me a tutorial on what they have learned so it is a

"The care plan becomes an integral part of my patient's ongoing medical management and we give them the plan and all their referrals in a folder. We review it every six months – it helps patients to take control of their treatment."

valuable two-way learning process.

"Also, having the students here challenges me to explain and justify my decisions from an evidence based perspective. As with most experienced GPs, I rely on my knowledge and instincts but it is very valuable to be questioned and made to justify those decisions."

Turning to the management of more complex conditions, Dr Fletcher says:

"Initially I was cynical about the Enhanced Primary Care Initiatives (now known as Chronic Disease Management), however, in our practice we trained our nurses to the highest standard in care planning.



This gives access to allied health services subsidised by Medicare. The care plan becomes an integral part of my patient's ongoing medical management and we give them the plan and all their referrals in a folder. We review it every six months – it helps patients to take control of their treatment."

In addition to his work as a GP, Dr Fletcher has made five trips to the Solomon Islands with 'Solutions Pa Marovo' a non-profit organisation based in the islands. He travels to the Marovo Lagoon area in the Western Province of the Solomon Islands, about 200km from the capital Honiara.

The community of about 20,000 people is very remote and isolated from medical facilities.

"While the community has a hospital and a recently constructed operating theatre, they do not have any surgeons," Dr Fletcher explains "so we take surgeons as well as GPs, physios, dieticians and many other specialists.

"Last time we saw more than 1,200 people and performed about 40 surgeries.



We try to look way beyond the critical issues by looking at prevention through tackling conditions such as diabetes, high blood pressure and obesity. It can be a tough transition from a city practice to a poor remote community but it's a hugely rewarding experience."

Coorparoo Clinic
332 Old Cleveland Rd
Coorparoo QLD 4151
T 07 3397 4151

Planning on an overseas sabbatical? Don't forget about your SMSF!

For medical practitioners, taking an overseas sabbatical can be a life-changing experience. Whether you are looking to learn new skills, gain a fresh medical perspective or simply giving back to a community in need.

Transitioning patients and management of the practice will always take priority when preparing to leave for a sabbatical. With the multitude of tasks ahead of you, reviewing your self-managed super fund (SMSF) is most likely not sitting at the top of the 'to-do' list. However, failure to satisfy the SMSF's residency rules will result in the super fund losing its tax concessions (this means, among other things, having the top marginal tax rate applied to the entire asset value of the SMSF less undeducted contributions).

If the following applies to you, then read on:

- You are the trustee of an SMSF, and
- Planning to leave the country for more than two years, or
- Leave temporarily and become a non-resident for tax purposes.

Residency Qualification Tests

To qualify for concessional tax treatment, an SMSF must be a complying super fund. That means the SMSF must, among other things, be a 'resident-regulated superannuation fund.' To qualify it must always pass three residency tests.

In general terms, the Australian Tax Office (ATO) will check that the fund meets the following expectations:

1. The fund was established in Australia, and
2. All strategic decisions for the fund are made by a trustee who is located in Australia, and
3. More than half of the superannuation balance in the fund belongs to an Australian resident.

How to Avoid Residency Issues

As an SMSF trustee, there are several different strategies that you could consider before heading overseas. For instance, you could arrange for contributions to be made to another industry fund in your absence. The total contribution could then be rolled into the SMSF once you return. Another option is to consider delegating selected duties to another Australian resident.

In Summary...

SMSF trustees are responsible for ensuring their fund remains compliant. It is therefore crucial you seek advice on how your SMSF will be managed before you go overseas. An experienced advisor will be able to ensure that your SMSF satisfies the ATO's residency tests. They can also make sure your fund continues to perform in an effective manner that will benefit you in the long term.

Our Associate Directors Angela Stavropoulos and Kristy Baxter head up the medical services division at Pilot Partners. Our accounting firm understands the unique professional pressures and time constraints faced by medical practitioners. Together, Kristy and Angela have more than 30 years of experience providing accounting, tax and business advice to the medical community. If you are considering a sabbatical in the near future, please contact them on (07) 3023 1300 to learn how they can help ensure your SMSF remains compliant.

Angela Stavropoulos
Business Advisory



Kristy Baxter
Business Advisory

MEET OUR EXPERTS

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AFTER YOUR PATIENTS

(07) 3023 1300
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ST ANDREW'S EMERGENCY CENTRE Rapid Chest Pain Protocol



High Risk Features

- Recurrent/ongoing pain despite emergency care
- Diabetes
- ECG changes
 - persistent or dynamic ST depression >0.5mm
 - new T wave inversion >2mm
 - transient ST elevation >0.5mm
- Haemodynamic compromise
- Arrhythmia
- Syncope
- Chronic kidney disease
- Prior percutaneous coronary intervention within 6 months or prior CABG
- Elevated initial troponin

Intermediate Risk Features

- Chest pain or discomfort in the last 48 hours
- Age > 65
- Two or more of the following risk factors: Hypertension, family history, active smoking, hypercholesterolaemia
- Prior regular aspirin use
- Known coronary artery disease (> 50% stenosis)

Low Risk Features

- No high or intermediate risk features

Source: St Andrew's Emergency Centre Chest Pain Protocol 2016

If you would like a copy of this protocol for your practice, contact the St Andrew's Business Unit on 07 3834 4371 or email sabu@uhealth.com.au

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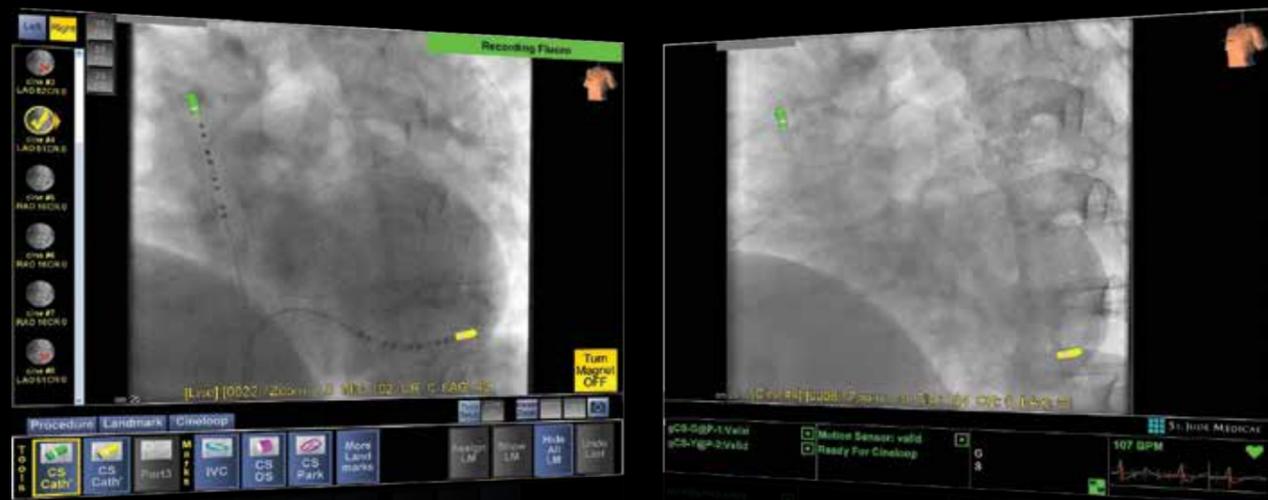


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Strata titled individual floors for sale from 98 sqm to 125 sqm or multiple levels with secure basement car parking offering prime exposure. Just metres from St Andrew's War Memorial Hospital and precinct, Brisbane Private Hospital and minutes to Royal Brisbane and Women's Hospital and Brisbane CBD. Invest, expand or practice in this new purpose-built project featuring heritage cottage and architecturally designed six level boutique tower.

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0412 512 846
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McGrath



Emergency Centre	07 3834 4455
GP Hotline	07 3834 4490
Rehabilitation	
Inpatient Services	07 3834 4391
Day Patient Services	07 3834 4285
StAMPS	
St Andrew's Multidisciplinary Pain Service	07 3834 4285
Pelvic Medicine Centre	1300 698 699
Day Infusion Centre	07 3834 4493
Sleep Centre	1800 155 225
Business Unit	07 3834 4371



Quality
in Health
ISO 9001+
Core Stds
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St Andrew's War Memorial Hospital's quality management system has received ISO 9001 certification ensuring the hospital's safety and quality system meets the highest international and national standards. St Andrew's earned ISO 9001:2008 and Core Standards for Safety and Quality in Health Care certification in October 2012 after a very successful audit.

St Andrew's War Memorial Hospital's certification is aligned with international best practice and complies with the 10 standards set by the Australian Commission on Safety and Quality in Health Care.

GP EDUCATION – 2016

DATES FOR YOUR DIARY

CPD Weekends

22 - 23 October	Pioneering the way...advanced healthcare solutions	Intercontinental, Sanctuary Cove
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Saturday Symposiums

28 May	Sports Meet 2016	Sofitel, Brisbane
20 August	Women's Health Symposium	Sofitel, Brisbane

CPD Evenings

11 May	Liver Disease / Gastroenterology	Gambaro Hotel, Brisbane
13 July	Respiratory / Urology	United Service Club
14 September	Bariatric Surgery / Endocrinology	Gambaro Hotel, Brisbane

St Andrew's Country Connect Series

26 July	Complex Cardiology / Cardiac Surgery	Hervey Bay
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**Venues and topics are subject to change*

For more information:

Contact Susan Walsh, Business Unit, on T (07) 3834 4371
F (07) 3834 4576 or email: susan.walsh@uhealth.com.au
www.standrewshospital.com.au/gpeducation

*We look forward
to seeing you
in 2016*