

BEST PRACTICE



NEW HEART PROCEDURE BEATING PERSISTENT ATRIAL FIBRILLATION



This year we have gratefully welcomed returning to a post-pandemic state of operation and we sincerely thank our specialists and GP partners for their support and cooperation since early 2020.

We're excited to share our latest updates from St Andrew's War Memorial Hospital in this edition of Best Practice magazine.

We continue our legacy and proud history of providing medical firsts in Queensland and nationally.

In January 2023, we became the first private hospital on the east coast of the country to perform a new cardiac procedure known as 'convergent', which treats longstanding persistent atrial fibrillation - a type of abnormal heart rhythm which can cause the heart to beat irregularly and fast.

Urological surgeon, Prof Eric Chung, performed another first at St Andrew's (also first in the southern hemisphere) with the insertion of the new and revolutionary Rigicon ContiReflex artificial urinary sphincter, designed to help men suffering urinary incontinence. You can read more about this on page 12-13.

We also achieved a major milestone, passing 1,000 Transcatheter Aortic Valve Implantation (TAVI) procedures in March, making St Andrew's the first private hospital in

Queensland to achieve this milestone

Thanks to Dr Alex Incani. Dr Karl Poon and the entire heart team, the case was live streamed to an international conference of interventional cardiologists from around the world at India Live 2023.

Our patient-centred Breast Care Service continues to thrive as we welcome more patients to St Andrew's for their breast care and screening journey.

In this edition, we also profile and welcome some new specialists from a range of specialty areas including gynaecology, ENT, orthopaedics and urology. You can find out more in our VMP Profile Updates section of the magazine.

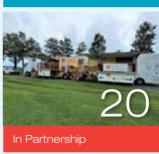
As always, thanks for your support and for partnering with us in caring for your patients. Of course, if I can provide any assistance, please don't hesitate to contact me.

Dr Michael Gillman MBBS, FRACGP **Director of Medical Services** St Andrew's War Memorial Hospital michael.gillman@uchealth.com.au









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UPPER LIMB ON CALL SERVICE

All upper limb trauma

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St Andrew's War Memorial Hospital **Emergency Centre**



Particle on North Street, Spring Hill

www.standrewshospital.com.au

VMP PROFILE UPDATES



Dr Martin Hanson ENT Surgeon T 07 3905 5999



Dr Lisa Harris
Obstetrician Gynaecologist
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Dr Martin Hanson is an Otolaryngology Head & Neck surgeon with advanced training and subspecialty interests in thyroid and parathyroid surgery, head and neck cancer surgery and facial plastic surgery (particularly in rhinoplasty and in optimizing aesthetic outcomes for cancer patients).

After successfully completing his Otolaryngology training in Queensland and being awarded his Fellowship from the RACS, Dr Hanson journeyed with his young family to the US to pursue further training. He had the honour of being the first Australian ENT surgeon to be awarded a clinical fellowship post at the prestigious Memorial Sloan Kettering Cancer Center (MSK) in New York, the cradle of modern Head & Neck Cancer and Thyroid Surgery.

He was in the first cohort of surgeons to be certified in the Trans-Oral Robotic Surgery (TORS) Fellowship training program conducted by the American Head & Neck Society.

Following his time in New York, Dr Hanson undertook a clinical fellowship in Facial Plastic & Reconstructive Surgery at the historic University of Virginia. Here Marty refined clinical & technical expertise with world leaders in total nasal reconstruction (for malignancy, trauma & nasal obstruction/OSA), cosmetic rhinoplasty, blepharoplasty and the resection and reconstruction of complex cutaneous malignancies of the face, nose, ears, evelids and neck.

Marty is committed to providing his patients with optimal treatments while also focusing on maximizing their quality of life.

Dr Lisa Harris is a highly regarded gynaecologist, obstetrician and fertility specialist. She is passionate about women's health and aims to provide the best possible personal care for her patients at Maiden Health.

She is experienced, confident and very capable. Dr Lisa is dedicated to the provision of evidence-based care, delivered in a warm and modern environment. She understands the importance of communication and works with women to ensure they understand and are comfortable with the treatments she recommends.

Dr Lisa is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and a member of the Fertility Society of Australia.

Dr Lisa has extensive experience in all aspects of general gynaecology, including laparoscopy, colposcopy for abnormal pap smears and vulval disorders, endometrial ablation and management of heavy bleeding, vaginal surgery (i.e. for prolapse), and fertility.



Dr Sarah Metz Orthopaedic Surgeon T 07 3059 6259

Dr Sarah Metz is a Queensland trained orthopaedic surgeon, based in Brisbane. She has a special interest in paediatric orthopaedics and also manages general adult orthopaedic conditions, in particular foot, ankle and knee conditions.

She undertook her early medical training in Scotland before moving to beautiful Queensland in 2008 to complete her specialist orthopaedic training. During her training she worked all over Queensland and even spent some time at the Shriners Hospital for Children in Portland, Oregon USA. After training she undertook additional specialist training in paediatric orthopaedics at British Columbia Children's Hospital (BCCH) in Vancouver, Canada.

She has a keen interest in research and is involved in the international hip dysplasia registry, the SLIP registry, and Cerebral Palsy Hip Outcomes Project (CHOPII). She is currently the principle investigator on an international Multicentre Randomized Control trial on paediatric elbow fractures.

Dr Metz is a member of the Australian Paediatric Orthopaedic Society (APOS), the Royal Australasian College of Surgeons (RACS) and the Australian Orthopaedic Association (AOA).



A/Prof Matthew Roberts Urologist and Robotic Surgeon T 07 3226 3800

Associate Professor Dr Matthew Roberts is a urologist consulting and operating at St Andrew's War Memorial Hospital.

A/Prof Roberts grew up in Brisbane and is a medical graduate from the University of Queensland. He undertook Urology specialty training in Queensland and New South Wales and gained his fellowship from the Royal Australasian College of Surgeons (RACS) in 2020.

He undertook dedicated training in robotic surgery and endourology (including HoLEP, PCNL) at Nepean Hospital, NSW and was certified as a robotic surgeon from the European Association of Urology Robotic Urology Section (ERUS). A/Prof Roberts currently works at the Royal Brisbane and Women's Hospital (RBWH) and Surgical Treatment and Rehabilitation Service (STARS) as a consultant Urologist and performs robotic surgery at both facilities, including as main clinical lead for implementation of the robotic surgery program at STARS and increasing robotic surgery access for patients across Queensland.

A/Prof Roberts has thrived on surgical innovation in urology, introducing new surgical techniques and patient care pathways backed by clinically-relevant world-class research to improve cancer outcomes and patient experience.

A/Prof Roberts is a member of the Prostate Cancer Outcomes Registry (PCOR) Steering Committee and USANZ Research and Education Committees, as well as the Metro North Robotic Surgery Steering Committee.

Outside of work Matthew enjoys spending time with his young family, playing competitive basketball and keeping fit.

VMP PROFILE UPDATES



Dr Meghan Stafford Gynaecologist T T 1300 624 336

Dr Meghan Stafford is a dedicated gynaecologist and fertility specialist who provides holistic care that is evidence-based in a calm and nurturing environment. She is available to women of all ages for the management of all general gynaecological conditions, preventative women's health care and fertility assistance.

Dr Meghan finds it a privilege to support women in understanding their bodies and gynaecological conditions. She takes care to communicate clearly and openly with her patients, and ensures they are given the time to raise all questions, concerns and wishes.

She has a strong respect for women's choice and provides the latest medical information and guidance to assist patients in making informed decisions about their own health.

Dr Meghan is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and a member of the Fertility Society of Australia.

Dr Meghan has extensive experience in all aspects of general gynaecology, including laparoscopy, colposcopy for abnormal pap smears and vulval disorders, endometrial ablation and management of heavy bleeding, vaginal surgery and fertility.

DOCS ON THE MOVE

Several of our St Andrew's Visiting Medical Practitioners have recently re-located their practice rooms. Please find new address details below.

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Dr Andrew Cartmill

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Inspiration Respiratory + Sleep (Dr Alex Ritchie, Dr Lauren Galt, Dr Tom Skinner)

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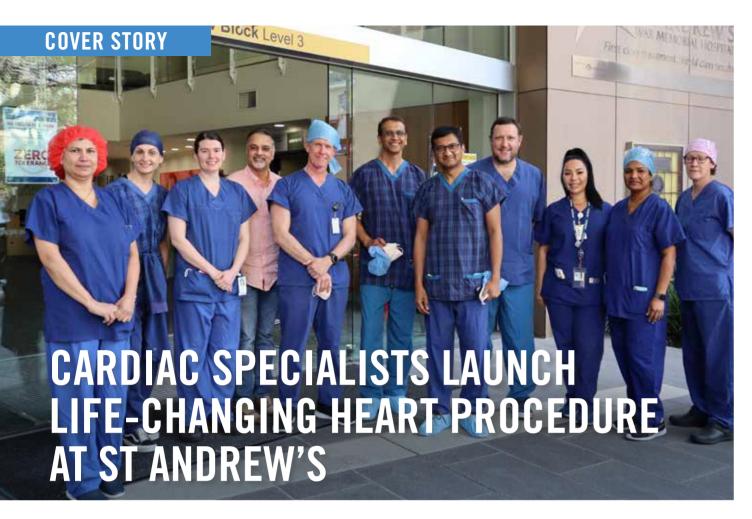


St Andrew's Breast Care Service

Prompt, professional, personalised

- + The latest in breast mammography technology, specialised radiologists and expert surgeons for your patients' screening, diagnostic and treatment needs
- + Our Breast Care Nurses will guide your patients every step of the way
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For more information or to make a referral, please contact: St Andrew's Breast Care Service St Andrew's War Memorial Hospital, 457 Wickham Tce, Brisbane T 07 3834 4488 F 07 3834 4291 E sawmh.breastcare@uchealth.com.au W standrewshospital.com.au/breast



A new heart procedure performed for the first time on the east coast of Australia at St Andrew's War Memorial Hospital is delivering exceptional outcomes for patients with long-standing persistent atrial fibrillation, a type of abnormal heart rhythm which can cause the heart to beat irregularly and fast.

Christopher Mills, an active 75-year-old father and grandfather from Townsville, was one of the first to benefit from the procedure which has already led to the reversal of heart failure caused by the condition.

Chris, a former naval officer of 35 years and practicing solicitor, was diagnosed with atrial fibrillation after a heart attack in 2019.

"I was tired and irritable, I had vertigo and nausea every day. That's when I was referred to see Dr Tomos Walters in Brisbane. Dr Walters told me my heart function was at 22 per cent, and normal function is around 60 per cent," Chris said.

Chris underwent a cardioversion procedure, which is used for the treatment of atrial fibrillation and involves delivery of a controlled electric shock to restore regular heart rhythm. He remained in sinus rhythm, or normal rhythm, for the next year.

"I was going along merrily and then I fell out of sinus rhythm and was feeling unwell again. I was really unhappy, so I went back to see Dr Walters and that's when he offered me the option of trying a new procedure." Chris said.

"We looked at all the information about the new procedure, and Dr Walters explained why it would be suitable for me. He explained the remarkable results achieved in the United States and in Perth, and I said I'm in."

Known as the Convergent procedure, the treatment combines two different types of ablation, surgical and catheter, provided in two stages about three months apart to treat both inside and outside the heart.

Cardiac ablation is a common treatment for arrythmia and uses energy to create lesions on the heart in an effort to block the erratic electrical signals which cause atrial fibrillation.

The procedure is a convergence of techniques which complement each other to provide a more effective outcome, and is being made possible for patients at St Andrew's by electrophysiologist cardiologist, Dr Tomos Walters, and cardiothoracic surgeon, Dr Rishendran Naidoo, and their multi-disciplinary team.

Dr Walters said the Convergent procedure is targeted at patients with long-standing persistent atrial fibrillation which has continued for a year or longer.

"Now, with the Convergent procedure we have something to offer patients with long-standing atrial fibrillation. It's opened up a cohort of patients who can benefit from advanced rhythm control and we're really excited about that," Dr Walters said.

"When a patient has atrial fibrillation, we're interested in helping in a few ways. Our focus is on improving quality of life for our patients, improving symptoms, minimising risk of stroke, protecting heart function or improving heart function if atrial fibrillation has affected it.

"We do that with a combination of blood thinning medications, anti-arrhythmic medications and catheterablation to suppress atrial fibrillation. Patients who benefit most and respond best to these treatments are those who have relatively early disease.

"In this new procedure we are not doing anything radically different, the key difference and what makes it more effective for long-standing atrial fibrillation, is the combination of the surgical procedure and catheter procedure, and there is good evidence to support this," Dr Walters said.

Chris Mills successfully underwent the first stage of the Convergent procedure, a minimally invasive procedure provided by cardiothoracic surgeon, Dr Rishendran Naidoo, in October 2022.

"This procedure offers a surgical option which is less invasive when combined with the interventional cardiology catheterablation approach as well," Dr Naidoo said.

"The first stage involves a small incision to access the back

wall of the left atrium of the heart. First, we ablate the back wall of the left atrium, before we insert a device known as the Atriclip.

"The Atriclip is used to reduce clot formation in the left atrial appendage – a small pouch which is found in the top left of the heart – which is a risk for patients with atrial fibrillation," Dr Naidoo said.

In January 2023, Chris underwent his second procedure, a catheter-ablation with Dr Tomos Walters.

"The outcomes for Chris have been really good. Chris was symptomatic and he'd developed heart failure as a result of atrial fibrillation. When the heart is failing, it means it's becoming weak and not pumping blood efficiently and this contributes to the symptoms the patient feels," Dr Walters said.

"Since the procedure and being back in normal rhythm, Chris' heart failure has been reversed already."

For Chris, the Convergent procedure has not only improved his symptoms, but it's helping him get back to normal life and everything he enjoys.

"With atrial fibrillation, I felt extreme tiredness, it's exhaustion. You're dragging yourself around and your heart is pumping like crazy. To do anything is exhausting and it's really noticeable," Chris said.

"Now that my heart function has improved and I'm in normal rhythm, it also means that I can now be considered for another procedure I need for my hip, which would have been too risky before. With that complete, I'll really be able to get back to my normal active lifestyle.

"I'm very happy that I had the procedure. I look forward to staying in normal rhythm, if I can do that, my life will be good," Chris said.

The Convergent procedure is available to patients from across Queensland and beyond at St Andrew's War Memorial Hospital in collaboration with our partners at AtriCure. To learn more about the procedure, please visit

www.afibinstitute.com.au

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Dr Rishendran NaidooCardiothoracic Surgeon
Brisbane Heart & Lung
Surgery
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NEWS IN BRIEF

SPECIAL MILESTONE FOR NEW DIRECTOR OF SPECIALTY ►

Congratulations to Dr Ano
Navaratnam who has been appointed
Director of Urology at St Andrew's.
The appointment coincided with Dr
Navaratnam celebrating his 500th
robotics procedure in April 2023, which
he celebrated with cake for the team.

Other new Head of Specialty appointments include Dr Douglas Wall, Director of Cardiothoracic Surgery and Dr Patricia Tucker, Director of Anaesthetics.





■ A BESPOKE TRIBUTE TO ST ANDREW'S BY RENOWNED AUSTRALIAN POET, RUPERT MCCALL OAM

He's paid tribute to heroes and legends from Sir Donald Bradman to The Royal Flying Doctors. Last December, it was St Andrew's turn.

You can read and hear the full version of 'The Spirit of St Andrew's' by renowned Australian poet, Rupert McCall on our website at

standrews.ph/TheSpiritofStAndrews



▲ ST ANDREW'S PHYSIO SERVICE IS READY TO LOOK AFTER YOUR PATIENTS

St Andrew's Physiotherapy service offers personalised, hands-on, exercise-based treatment for any musculoskeletal, orthopaedic, sports or work-related injury, along with women's and men's health conditions.

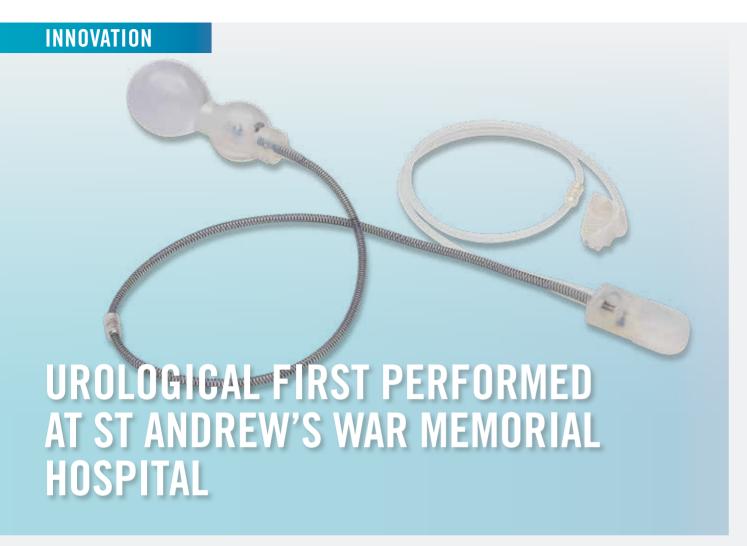
They also provide neurological and healthy ageing physiotherapy and are here to help your patients with a graduated and safe return to normal activity and exercise following surgery.

Our team of passionate and experienced physiotherapists provide treatment for a broad range of injuries and conditions, including specialised men's and women's health physiotherapy.

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- Located centrally at St Andrew's War Memorial Hospital in Spring Hill.
- Competitive prices and HICAPS availability.
- Outpatient service no referral required.

For more info, phone 07 3834 4285.



Revolutionary device set to help men suffering urinary incontinence.

Australian males suffering from stress urinary incontinence now have access to a new and advanced artificial urinary sphincter, inserted for the first time in the southern hemisphere at St Andrew's War Memorial Hospital.

St Andrew's urological surgeon, Professor Eric Chung, performed the first surgery in November 2022 to insert the revolutionary Rigicon ContiReflex artificial urinary sphincter, designed to restore urinary continence and

improve quality of life for men suffering from reduced bladder control.

"The new Rigicon ContiReflex device is a state-ofart device that provides the surgeon with the ability to individualise antibiotics selection, offers more cuff size choices and makes an easier connection between the device components compared to existing urinary sphincter devices on the market," Professor Chung said. "This unique device has a 'smart' pressure regulating balloon that guards and provides additional compression of the urethra so patients stay dry during physical activities.

"Once patients with urinary incontinence are fitted with an artificial urinary sphincter, they're no longer constrained by the fear of wet pants or malodorous smell, and will be able to enjoy normal social interactions without the need to wear incontinence pads," he said.

The first patient in Australia to benefit from the Rigicon ContiClassic artificial urinary sphincter was a 68-year-old man who developed urinary incontinence after radical prostatectomy and radiation therapy for prostate cancer.

"The patient wore four to five incontinence pads a day despite working on his pelvic floor exercises for several years. Since recovering from surgery, he is very grateful to be completely dry with his new Rigicon ContiReflex device." Professor Chung said.

"It's an honour to be the first surgeon in Australia and the southern hemisphere to use this revolutionary artificial urinary sphincter from the Rigicon company.

"As a surgeon, we need to stay at the forefront of technology and be able to offer the most effective treatment options to our patients suffering from urinary incontinence so they can regain continence and quality of life."

Professor Chung is the Chair of the Male Lower Urinary Symptoms section for the Urological Society of Australia and New Zealand. He has published extensively in this field and is the only Australian urologist invited to be a member of the Surgical Management for Male Urinary Incontinence Committee at the latest 7th International Consultation on Incontinence, the foremost authority body to produce international guidelines on all incontinence matters. More recently, he has been invited to be the

Guest Editor for a special publication to commemorate the 50th anniversary of the modern artificial urinary sphincter for Translational Andrology and Urology journal.



Professor Chung preparing the new Rigicon ContiReflex artificial urinary sphincter in theatre.

Prof Eric Chung

Urological Surgeon Andro Urology Centre St Andrew's War Memorial Hospital Suite 3, 530 Boundary St Spring Hill Qld 4000 T 07 3832 1168 F 07 3832 8889

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St Andrew's War Memorial Hospital's cardiac team celebrated 1,000 Transcatheter Aortic Valve Implantation (TAVI) procedures in March 2023 making St Andrew's the first private hospital in Queensland to achieve this milestone.

In 2015, Dr Karl Poon and Dr Alex Incani were the first to provide the TAVI procedure at St Andrew's.

In March, less than eight years later, the same team performed our 1,000th TAVI, live streamed to a conference of interventional cardiologists from around the world at India Live 2023.

With this extensive experience, last year, the CardioVascular Clinic (CVC) team at St Andrew's were also named Australia's first and only TAVI Teaching Centre of Excellence, in recognition of the experience, outcomes and teaching contribution of Dr Karl Poon and Dr Alex Incani in the Asia Pacific region.

For patients diagnosed with aortic stenosis, a condition

which causes narrowing of the aortic valve, the cutting-edge keyhole TAVI procedure provides a superior alternative to open heart surgery.

Dr Poon said the milestone signified 1,000 patients who have avoided the need for open heart surgery.

"We are humbled to be entrusted by our colleagues and so many patients with their structural heart care needs," Dr Poon said.

"To be able to share this milestone at India's largest meeting of interventional cardiologists at India Live 2023 was the icing on the cake.

"Ongoing learning and research with key leaders in the field is at the centre of our Teaching Centre of Excellence motto. This milestone inspires us to continue to innovate and improve," he said.

In July 2022, TAVI was approved for almost all patients with aortic stenosis, meaning today the procedure is an option for most patients with suitable anatomy.

"A decade ago, the TAVI procedure was provided as a treatment which aimed to improve the quality and longevity of life for patients who would otherwise be deemed untreatable." Dr Alex Incani said.

"Today, a whole range of patients stand to benefit from this minimally invasive procedure and we're thrilled to have been a part of making that possible for people here in Queensland.

St Andrew's General Manager, Mairi McNeill, said the achievement was a great example of the St Andrew's commitment to innovation and to providing patients with high quality cardiac care.

"At St Andrew's we have a long history of innovation and excellence in cardiac care and we're extremely proud to add this to our list of achievements," Mairi said.

"1,000 TAVI procedures doesn't happen without great teamwork, collaboration and dedication. This really is a testament to our exceptional team and their determination to achieve excellence and improve outcomes of those we care for. "I congratulate and thank each and every team member, past and present, who has been involved in the making of this milestone," Mairi said.

At St Andrew's, a multidisciplinary team, combining the expertise of interventional cardiologists, cardiothoracic surgeons, echocardiologists, intensivists, anaesthetists, geriatricians, and other health professionals, work together to decide the best treatment plan for each patient and assess whether TAVI is an option.

The designation of the CardioVascular Clinic team as a TAVI Teaching Centre of Excellence was made by Edwards Lifesciences in 2022.

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Dr Karl Poon
Cardiologist
CardioVascular Clinics
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A novel approach in vascular surgery is giving patients with knee pain caused by osteoarthritis a new treatment option to help reduce pain and improve function before knee replacement surgery is recommended.

Known as geniculate artery embolisation, the procedure uses a tried and tested vascular technique in a new adaptation and is being made possible for the first time in Queensland at St Andrew's War Memorial Hospital by vascular and endovascular surgeon, Dr Andrew Cartmill.

Dr Cartmill said the new approach has a place between conservative treatment measures and total knee replacement, and is provided in consultation with orthopaedic surgeons.

"Geniculate artery embolisation has been done in large numbers around the world since 2018, it's an emerging application of a well-established technique with an overall low risk and mostly very favourable outcomes." Dr Cartmill said.

"Current treatment for these patients involves a dichotomy of conservative measures to hold out for as long as possible before contemplating knee replacement surgery. Geniculate artery embolisation is not a treatment for osteoarthritis, rather, an adjunctive therapy to help patients manage their symptoms while they are in 'the grey area' which does not yet justify knee replacement.

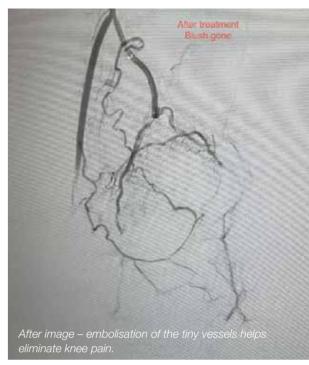
"This procedure has a potential role for two groups of patients. Firstly, in patients diagnosed with mild to moderate arthritis with a non-operative approach. The second group are those who have had a knee replacement, where an orthopaedic surgeon has assessed the knee joint to be functionally and architecturally sound, but the patient has ongoing or late presenting symptoms of pain," he said.

Using micro-catheterisation, the minimally-invasive procedure targets tiny capillaries in the knee joint to reduce inflammation and in turn pain.

"The geniculate arteries form the blood supply around the knee. Using angiogram imaging, what we are looking for is an inflammatory 'blush' and we try to correlate areas of significant pain identified by the patient with a blush of capillaries," Dr Cartmill explains.

"From within the artery, we then use a cohesive





embolisation glue to occlude the microvasculature to reduce inflammation. To use an analogy, this procedure is like pruning the leaves of a tree, rather than cutting the tree off at the trunk

"The procedure is provided as a day procedure in most cases, and we expect patients to be back to normal activities within a few days," he said.

By combining investigation and treatment, the procedure is expected to improve symptoms in about 80 per cent of patients.

"There is an opportunity not to proceed with embolisation in patients who are identified through the investigation to have little to no benefit, which means most patients who continue to geniculate artery embolisation have good outcomes," Dr Cartmill said.

"We expect to see maximal benefit two to three months post-procedure and the most significant benefit is an improvement in pain.

"In the first two to three months after the procedure, based on data from around the world we expect to see a reduction in pain scores from around 80 to 20 on the Visual Analogue Scale (VAS), and in trials we see those trends continue for two years," he said.

Impact of osteoarthritis

Osteoarthritis is a chronic inflammatory process estimated to affect approximately 10 percent of Australians, or 2.5 million people, and 22 percent of people over the age of 45.

The condition typically affects females at a greater rate than males, and by age 65, more than 40 percent of females have significant problems with osteoarthritis.

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The Atrial Fibrillation Institute has been proudly established within the Queensland Cardiovascular Group (QCG) to provide a focussed, specialist service for people with Atrial Fibrillation (AFib) and their support communities, including family members, referring doctors and other professionals.

The launch officially 'kicked off' with a GP networking dinner and education session in September 2022, hosted by the team of Cardiac Electrophysiologists (EPs): Dr John Hayes, Dr Michael Adsett, Dr Robert Perel, Dr Kin Chee and Dr Tomos Walters.

A New Institute, but a leader for over 30 years

The AFib Institute has been built upon the innovative treatment services developed over the last 30 years at the Queensland Cardiovascular Group (QCG). In fact, QCG established the first private EP Service in Queensland in collaboration with St Andrew's War Memorial Hospital in 1992.

Since then, they've built an internationally recognised reputation for innovation, working collaboratively to access early technologies and in supportive care for their patients.

As Dr John Hayes explained, "We are excited to further

enhance our management of Atrial Fibrillation for our clients through a dedicated Atrial Fibrillation Clinical and Research Institute. This will deliver the best experience, both in terms of care and outcomes, for our patients."

Changing the way Atrial Fibrillation is treated

Advancing technology and improved understanding of AFib have brought significant changes in treatment in recent years.

"Gone are the days of accepting AFib in everyone with simple rate control and lifelong anticoagulation – we now have many more options available to improve patients' quality of life," Dr Hayes explained.

The Institute team support patients throughout their journey with Atrial Fibrillation incorporating services for diagnosis, medication options, a range of procedures that can reduce the severity of symptoms, reduce risk of stroke,

and slow the progression of the condition.

Education and support before and after appointments

The Institute has crafted its own new model of care for people with AFib, including a digital patient experience program, and follow up by cardiac nurses.

To date, over 500 patients have been through the new clinic model, and the feedback has been overwhelmingly excellent.

"The Centre has created a unique way to help patients understand their diagnosis and the possible steps forward for them. It was particularly helpful to have a follow up call with a nurse which gave further opportunity to explore, discuss and ask questions. This gave me a sense of being a valued person, not just another patient or possible operation" – deidentified patient feedback

Access the new educational resources available for referring doctors & patients

For more information about Atrial Fibrillation, please visit the Institute's dedicated website www.afibinstitute.com.au or phone (07) 3016 1111.

Scan the QR code for resources you can share with your patients:





St Andrew's War Memorial Hospital is proud to continue partnering with Heart of Australia, as the service gets ready to launch cardiology and diagnostic testing services in three new communities in 2023.

The specialist healthcare program will soon start visits to Atherton, Tully and Georgetown in Far North Queensland, onboard their fit-for-purpose Heart Trucks. The addition of these towns to the Heart of Australia Northern Route will provide much-needed support to the local GPs in these communities.

Founder and Director of Heart of Australia, Dr Rolf Gomes, says with each new town the Heart Trucks visit, there's an opportunity to provide additional support to the local healthcare system.

"Our aim is to deliver a holistic healthcare service to these country towns which goes above delivering specialists and their equipment," Dr Gomes said.

"We provide education and professional development opportunities for local GPs so that they can feel supported in their knowledge and stay on top of the latest medical innovations that can help them provide better outcomes for their patients."

Heart of Australia's latest education initiative, the Structural Heart Program, is aimed at GPs to help develop their awareness around the latest therapies available in structural heart disease. Comprised of four, free sessions – presented both in-person and via webinar – the specialised series is helping regional GPs understand what new innovations are available in heart disease.

By providing both the medical and professional support to our rural and remote GPs, Heart of Australia works to strengthen communities and ensure all Australians are getting the same chance at a long and healthy life.

The program's Queensland footprint now spans to 45 towns, with specialist services including cardiology, endocrinology, neurology, gynaecology, gastroenterology, geriatric medicine, radiology, and sleep and respiratory.

St Andrew's is proud to provide clinical aid for the program so that our country Australians receive the same equitable access to specialists that those in major cities have. As the sole hospital partner of Heart of Australia, we're thrilled to see our doctors get involved in this lifesaving service, contributing their skills and time to a program which has subsequently seen over 15,000 patients and saved close to 600 lives.

For more information about Heart of Australia, visit heartofaustralia.com





With more than 15 years' experience in nursing and Breast Care, Clinical Nurse Consultant Catherine Gillam recently joined the team at St Andrew's Breast Care Service.

It was the fascinating dinner table conversations of her parents, who both worked in the medical field that led Cath to a career in healthcare.

"Initially I wanted to be a paramedic, but Dad encouraged me to complete my nursing degree first. He held nurses in high regard," Cath said.

"Once I started studying nursing and experienced my first clinical placement in a palliative care facility, I just loved it. I remember my mum said to me if you are enjoying it now, you are going to enjoy nursing," she said.

Soon Cath had her sights set on further study in midwifery, and that goal led her to applying for the Graduate Registered Nurse Program at The Wesley Hospital.

"I started at The Wesley and by chance I was sent on a rotation to a plastics and breast surgical ward, it was an amazing experience with nurses who valued teaching and staff who were extremely happy to come to work," Cath said "What I enjoy most about nursing is I have the opportunity to create a very genuine connection with my patients, the aim is to make a stressful time a lot more bearable," she said.

Since then, Cath has gained a broad range of experience in her field, opening herself up to every learning opportunity available which has enabled her to specialise in Breast Care.

"Based out of The Wesley, I have worked within the clinical education team, the Breast Care service and Choices Cancer Support Centre. I have also been fortunate to work closely with and learn a great deal from oncoplastic surgeon, Professor Owen Ung, for the past 10 years," Cath said.

When an opportunity came up to join the Breast Care Service at St Andrew's permanently, Cath jumped at the chance.

She joins a multi-disciplinary team at St Andrew's including fellow Breast Care Nurse, Sophie, radiologists, breast surgeons and medical/radiation oncologists. The team take a multidisciplinary approach and meet regularly to plan the treatment and care of their patients.

"I was interested in this role at St Andrew's because it provides the opportunity to be involved at every stage. Right from the start at diagnosis we are key and become a familiar and consistent support," Cath said.

"Our patients will see only my partner Sophie or myself, so there is wonderful continuity and personalised care for the patient," she said.

Cath said her goal for her new role is simple and much like that of the St Andrew's Breast Care Service, to make

the experience of breast cancer easier for patients.

"What our patients are going through is huge, so we're here to help them navigate through what can be a very complex system," Cath said.

"We would like our patients to have a positive experience and walk away surprised by what we can offer.

"Really, it's just about giving patients what you'd want to give your mum or your sister."

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MONEY MATTERS

SUPERANNUATION TAX BREAK CHANGES

Hot on the heels of the release of a consultation paper proposing a legislated objective for superannuation, the Government has called for a 'modest adjustment' to super tax breaks by proposing an additional tax on the earnings of those members with balances above \$3 million.

Who will it affect

From the 2025/26 year, it will affect those members who have a total superannuation balance (TSB) of more than \$3 million at the end of each financial year. The government estimates this to be less than 0.5% of the superannuation population.

How will it apply

- The additional tax will be levied at 15% on a proportion of 'earnings' allocated to fund members.
- The ATO will administer this tax by using existing super fund reporting to calculate the TSBs of members.

How will it be calculated

The calculation method is as follows:

Earnings	TSB Current Financial Year - TSB Previous Financial Year + Withdrawls - Net Contributions
Proportion of Earnings	(TSB Current Financial Year - \$3 Million)/ TSB Current Financial Year
Tax	15% x Earnings x Proportion of Earnings

If the earnings calculation results in a loss, it will be carried forward to reduce the tax liability in future years, not refunded.

Treasury describes the change as bringing the headline tax rate on the proportion of earnings for those affected to 30%.

However, the additional tax is not calculated on taxable income. Instead, it is calculated on this new definition of 'earnings' made up of entirely different components that include non-discounted unrealised gains.

Example calculation:

Mary has \$4m in superannuation at 30 June 2025 and \$4.5m at 30 June 2026. During 2025/26, she draws down \$150,000 and makes \$20,000 of concessional contributions into her fund. Her contributions net of 15% tax are \$17,000.

Earnings = \$4.5m-\$4m+\$150,000-\$17,000 = \$633,000 Proportion of Earnings = (\$4.5m-\$3m)/\$4.5m = 33.33% 2025/26 Tax = 15% x \$633,000 x 33.33% = \$31,650

How will it be assessed

- The tax will be levied on the members, not the super fund.
- Members will have the option of requesting a release from their funds to pay the tax, similar to other super-related taxes.

When will it apply

- It will apply from 1 July 2025. A member's TSB as at 30 June 2026 will become the first important measurement date.
- The first notices of tax liabilities for the 2025/26 year are likely to be issued late in the 2026/27 year.



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Concerns

- The \$3m threshold will not be indexed. This may capture many more members in years to come due to inflation over time. The 0.5% of total members affected is likely to rise considerably.
- The government has opted for simplicity in calculating the additional tax based on its definition of earnings that includes unrealised gains. However, this contradicts normal taxing principals and has the potential of assessments being made purely on market movements, impacting cash flow.
- There is little detail at this stage as to what is included in 'withdrawals' and 'contributions'. For example, the death of a spouse could result in the surviving spouse getting caught under these rules, either by inheriting a reversionary pension or commencing a death benefit pension that takes them above the \$3m threshold. Are these pension values to be treated as 'contributions' for this purpose?
- No distinction is made between pension and accumulation balances. This means that a super balance in full pension that has grown in excess of \$3m at 30 June 2026 continues to generate taxexempt income but will be subject to the new tax.
- Treasury has not addressed defined benefit interests and will be consulting on the appropriate treatment.

Where to from here

Although the measures are due to start from 1 July 2025, they will need to go through the usual parliamentary process before they become law. We would expect further consultation, a little more detail and perhaps some tinkering of the proposals between now and then.

Issues that may come into play:

- Another reason to consider 'equalising' spouse superannuation balances by implementing contribution splitting, or withdrawal and recontribution strategies between spouses, where applicable.
- More focus on liquidity in the investment strategies of certain super funds.
- More scrutiny on valuations in view of the new tax on unrealised gains.

While there may be some hesitancy in retaining more than \$3m in super, any alternatives would need to be carefully considered and discussed with your relevant advisors.

The expectation is that there will likely be more to come in terms of superannuation tax, so this topic is a definite 'watch this space'.

To discuss how these proposed changes might impact you, contact Angela Stavropoulos or Kristy Baxter on taxmed@pilotpartners.com.au or (07) 3023 1300.

24 BEST PRACTICE WINTER 2023



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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.



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