

# BEST PRACTICE

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

NOVEMBER 2013 | ISSUE 4



*Continence and Confidence*  
Women in hibernation and older  
men flying below the radar

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- Coeliac disease: screening and diagnosis
- Studer Award for St Andrew's

# Update

## Community Credentials

Welcome back to the fourth edition of St Andrew's War Memorial Hospital's Best Practice in which we continue to showcase medical innovation and the outstanding clinical services offered by our visiting medical practitioners (VMPs).

In addition to our continuing emphasis upon innovation and excellence in patient care, St Andrew's War Memorial Hospital is also proud to showcase our community credentials. In this issue of the magazine we highlight the outstanding work being done to promote and host the creative work of the 'Art From The Margins' project and also to raise awareness of some unique service delivery models in primary care for Aboriginal and Torres Strait Islander communities.

St Andrew's is also pleased to announce the appointment of our new General Manager, Mr Andrew Barron. Andrew was selected after an extensive executive search and brings extensive health management knowledge to the role.



**Dr Christian A.C. Rowan**

MBBS (Qld) MDipTrade (Mon) FRACGP  
FARGP FACRRM FRACMA FACHAM (RACP)  
Deputy Chief Medical Officer – UnitingCare Health  
Director of Medical Services – St Andrew's War Memorial Hospital

Andrew has served as Director of Corporate Services at St Andrew's for the past five years and prior to this served as Chief Operations Manager for Invivo Medical. I would like to formally welcome Andrew in this new and exciting role.

I hope to catch up with many of you before the year is out, and wish you all a safe and restful holiday season ahead.

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ON THE COVER: Urologist Dr Jo Schoeman from the Pelvic Medicine Centre with some of the GP delegates from our September CPD Weekend at Sanctuary Cove.

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# New doctors welcomed



## Dr Ben Green

MBBS FRACS Breast  
and Endocrine Surgeon  
T 07 3182 3100

Dr Ben Green completed his medical training at the University of Tasmania in Hobart and completed his advanced surgical training here in Queensland.

Dr Green's surgical fellowship included training at the Mater

Hospital in 2011 at the Royal Brisbane & Women's Hospital in 2012 where he specialized in breast and endocrine surgery.

Dr Green continued on as a staff specialist in breast and endocrine surgery at Royal Brisbane & Women's Hospital and

has a range of experience in thyroid surgery, minimally invasive parathyroid surgery, laparoscopic adrenal surgery and breast cancer, focusing specifically upon breast conservation.

Dr Green's current research interest involves breast cancer genetics and recurrence detection methods. He is currently undertaking a PhD with the aim of the potential discovery of peripheral blood biomarkers to monitor breast cancer treatment and early detection of recurrence. This is a 5-year prospective study being conducted at the University of Queensland Centre for Clinical Research (UQCCR) and the Royal Brisbane and Women's Hospital Breast Unit.

Dr Green is a Breast Cancer sub-committee member as well as a member of the Queensland Cancer Control Analysis Team and his main consulting room is at St Andrew's War Memorial Hospital, Brisbane.



## Dr Chung Won

MBBS FRACS General Surgeon  
T 07 3831 1516

Dr Chung Won moved to Australia with his family from South Korea as a young child and attended school in Sydney. Dr Won completed his medical training at the University of New South Wales and began his formal training in general surgery at the Royal

Brisbane and Women's Hospital in 2005.

Dr Won completed his training and obtained a FRACS in General Surgery in 2009 with fellowships in Upper GI/ Hepatobiliary/ Bariatrics following residencies at the Royal Brisbane and Women's Hospital, Concord Hospital in Sydney and at St Vincent's Hospital in Melbourne.

Following the completion of his fellowship in Melbourne in January 2012, Dr Won commenced work as a staff specialist in the Acute Surgical Unit at Princess Alexandra Hospital (PAH). Dr Won's current position sees him looking after all acute admissions to the PAH and in-hospital consults with general surgical issues including multi-injured trauma patients.



## Dr Michael Muller

MBBS MMEDSCI FRACS  
General Surgeon  
T 07 3831 0699

Dr Muller gained his undergraduate degree at the University of Queensland and a state government scholarship saw him working as a GP in one-doctor towns until starting surgical jobs, first in Mackay and then

Townsville. He became a Fellow of the Royal Australasian College of Surgeons in 1991. His general surgical fellowship at Greenslopes Repatriation Hospital was followed by Clinical and Research Fellowships in Burns at the Shriners Burns Institute, University of Texas Medical Branch, Galveston Texas.

Dr Muller is a pre-eminent Staff General Surgeon at the Royal Brisbane and Women's Hospital where his practice involves

acute general surgery, trauma and burns. He was the founding Director of the Trauma Service at RBWH and he attained a Masters of Medical Science in Surgery with the University of Queensland in 2001.

Dr Muller is an Associate Professor in Surgery at the University of Queensland and is involved in teaching medical and physiotherapy students and has an active research program. He has 93 publications and is on editorial boards of medical journals such as: Burns (Senior Member), Journal of Burn Care, Rehabilitation and Injury. He has served on the executive of many national and international professional bodies. He has been a Visiting Professor to Los Angeles County Hospital, and Brooke Army Medical Centre, San Antonio.

Dr Muller's general surgical areas include gallbladder surgery, hernia surgery, skin cancer surgery, pilonidal disease, vasectomy and burn reconstruction.

# Continence and Confidence

Women in hibernation and older men flying below the radar

Most general practitioners will be aware of the high prevalence of incontinence with both community dwelling and residential care facility sufferers comprising over 25% of the Australian adult population. Incontinence affects both men and women – regardless of their age, gender or cultural background with women more susceptible due to life stages such as pregnancy and menopause. And because of this higher population of female sufferers of incontinence, males over the age of 55 can slip under the radar for screening and diagnosis.

Dr Jo Schoeman is a Urologist based at the St Andrew's War Memorial

Hospital's Pelvic Medicine Centre. Dr Schoeman emigrated with his family to Australia in 2007 following his medical and postgraduate urological studies at the University of Pretoria, College of Urologists of South Africa (2003) and subsequent Royal Australian College of Surgeons Fellowship in 2008.

The St Andrew's Pelvic Medicine Centre offers a unique concentration of specialists with urologists, gynaecologists and colorectal surgeons striving to offer the highest levels of patient care through a combination of shared location, facilities and communication. An important ingredient to the successful functioning of the clinic

is the collegial dynamic of professional communication between practitioners across all disciplines.

The creation of a purpose built centre where both electronic and interpersonal communication was at the centre of the design ethos, plays an important part in the openness of this environment. And while sharing of patient notes through referral is at the core of clinical practice in most contemporary medical settings, the speed and ease with which specialists across these disciplines can zoom in on patient needs seems to be the key ingredient in this centre's service delivery excellence.

Dr Schoeman observed that:

*"In general this kind of setup is unique in the sense that you don't usually have onsite urologists and gynaecologists in the same place at the same time. Usually it would be one or the other doing the urodynamic study and the evaluations. What makes this centre unique is that we are onsite at the same time and should there be a need to discuss and assess a patient we can do it immediately to facilitate a multidisciplinary action-plan for the patient's problem."*

Women suffering from incontinence tend to go into domestic hibernation, they don't go out to events, they tend to withdraw both socially and professionally and generally lose confidence. The centre also offers a magnetic chair onsite which allows women to retrain their pelvic muscles and assist in the treatment of stress incontinence by targeting and activating the appropriate muscles.



DR JO SCHOEMAN PRESENTING AT A ST ANDREW'S CPD MEETING





DR SCHOEMAN WITH GP DELEGATES AT THE SEPTEMBER CONFERENCE

*“The centre also combines a colorectal surgical team, sexual health, men’s health physician and also a psychologist to help address the psychological issues surrounding sex and sexuality generally.”*

*“The centre also combines a colorectal surgical team, sexual health, men’s health physician and also a psychologist to help address the psychological issues surrounding sex and sexuality generally.”*

While they have been very slow out of the blocks, younger men are actually starting to talk about their health, both



with each other and to their doctors. But in the over fifty-five year age range, unless a PSA result has lead to a prostate exam, most men of this age aren’t discussing incontinence with their friends or their doctors.

*“Define the causes for incontinence: so a good patient history, a thorough examination to exclude prolapses amongst other causes, and to confirm stress incontinence. A large prostate in men may mimic all the symptoms of an overactive bladder. A urine analysis forms an important baseline of the*

*investigations, if there’s any blood in the urine these patients require a referral on to urology to exclude any malignancies. An ultrasound confirms proper bladder emptying and also excludes the presence of bladder or renal masses or stones. Once infections and cancers have been excluded, then the treatable causes of incontinence are addressed. This may include a referral for urodynamic testing with a view to surgical management.”*

Most general practitioners will successfully screen and diagnose incontinence if their patient presents with a complaint. But unless GPs are asking specific questions about the patient’s urogenital system, their incontinence or prolapse, then this issue may be missed in the consultation. ■

# Open 24/7

The Future of Emergency Medicine at St Andrew's War Memorial Hospital



DR SEAN ROTHWELL  
(DIRECTOR) AND  
ANNETTE BAILEY  
(CLINICAL NURSE MANAGER)

With St Andrew's War Memorial Hospital's reputation for excellence in cardiac care, you could be forgiven for assuming that the St Andrew's Emergency Centre was focussed primarily on these patient types. And while myocardial infarctions, cardiogenic shock and abnormal rhythms are core business for the St Andrew's EC, a range of other emergencies can present to the department, ranging from intra-abdominal complications, such as acute bowel obstructions and severe pancreatitis to vascular emergencies,

ectopic pregnancies and acute infections such as meningitis and severe sepsis.

Dr Sean Rothwell is the Director of the emergency centre and he is eager to broaden community perceptions as to the diversity and scope of emergency expertise available at St Andrew's. On the topic of acute infections, Dr Rothwell went on to say that:

*"Severe sepsis is something requiring early treatment. Recently we had a young lady in her early forties with a fairly benign*

*respiratory illness and mild shortness of breath. She became progressively quite unwell and was diagnosed with pneumonia, however complicating that pneumonia she developed severe sepsis and septic shock."*

In recent years in the critical care community early aggressive treatment of patients with sepsis has been shown to be of benefit. In the western world, the mortality of sepsis can be as high as 25 per cent, however early goal-directed



therapy commenced in the emergency department, has been shown to improve that mortality.

*“So we treated her aggressively, not just with fluids and the correct intravenous antibiotics, but by supporting her haemodynamics with certain medications and more specialised types of fluid. These patients really are critical care patients.”*

Following this aggressive and intensive early intervention in the EC, the patient was transitioned into intensive care and ultimately went home. This particular patient didn't require respiratory support however she was certainly at risk of respiratory failure and would have been ventilated in the EC if it was necessary.

With four to five doctors present each day, at least half of these are emergency specialists with the remainder experienced senior medical officers in this demanding environment.

With several of the senior medical staff having a special interest in emergency sports medicine combined with St Andrew's Hospital's proximity to most of Brisbane's contact sport arenas, the Emergency Centre has also developed a reputation for excellence in this area. With a large number of sports injury orthopaedic surgeons based at the hospital, the St Andrew's EC also offers a discount to patients who have received injuries during organised sporting events.

Over the past two years, there has been a significant investment in education and training at the St Andrew's EC as part of a plan to be accredited for emergency medicine training which is anticipated will commence next year.

*“These strategies are all part of building a centre of excellence in emergency medicine.”*

The St Andrew's EC already participates in a multi-centre training program with the Royal Brisbane Emergency Training every Thursday morning. The EC staff members, including nursing and medical students, participate in these sessions via interactive video conferencing. It is hoped that next year St Andrew's EC will become one of only two private emergency teaching facilities in Queensland.

*“In the past, private emergency departments like the St Andrew's Emergency Centre have been considered an after-hours general practice or an admitting service for the hospital, but its much more than that. The EC is a fully resourced and functioning Emergency Medicine Centre.” ■*

*“These strategies are all part of building a centre of excellence in emergency medicine.”*



DR SEAN ROTHWELL  
DIRECTOR  
ST ANDREW'S EMERGENCY CENTRE

# Art from the Margins

## A Picture of Health at St Andrew's War Memorial Hospital

Dr Hall is a gynaecologist and pelvic floor surgeon now working out of the St Andrew's War Memorial Hospital Pelvic Medicine Centre, the first multidisciplinary collaborative pelvic medicine clinic in a private setting in Queensland. Dr Philip Hall was raised in Ballarat, completed his medical training at Monash University and during a two and a half year residency in the United Kingdom fostered his professional interest in pelvic floor medicine.

*in people's lives take place in hospitals: births, deaths and treatment for serious illness or injury, and it's important our hospitals are places that help healing."*

After a move to Brisbane for some warmer weather, Dr Hall commenced studies in fine art at Queensland College of Art and after eighteen months of intensive study and studio work, Dr Hall decided his calling was to be a collector and curator, not a practising artist. He became involved with

*The contribution of the arts to health and wellbeing has long been recognised. ... In the wider community, the arts contribute to health and wellbeing, to enhancing social relationships, social cohesion and a sense of purpose and engagement, and to building social capital – a major determinant of health.*

*(British Arts Council)*

It was around this time that Dr Hall also started collecting his first small pieces of art. After twenty-seven years of practice in Ballarat, Dr Hall retired from practice (for a while anyway...) and continued in earnest to develop his private collection which has grown substantially since those first works gathered during his training in the UK.

*"Art in a hospital is much more than a decoration – beautiful works of art have a healing presence. Many major events*

the Art from the Margins project through a chance conversation with anaesthetist Dr Ian Airey in an operating theatre and the involvement of St Andrew's with this innovative project has progressed from there.

Art from the Margins began as a program to support homeless artists. The idea was born in a Brisbane park beside a coffee van when a member of the Albert Street Uniting Church's Servant Network was



DR PHILIP HALL

talking with an artist living in isolation. The artist spoke about the challenges confronting homeless artists who wanted to display their work to the public. How could he participate in the wider arts community? Wesley Mission Brisbane made the commitment to support artists whose creative development was limited by homelessness, disability, disadvantage or social isolation and Art from the Margins was created.

*"There's an old adage that 'artists need bread to eat', which is true. But it equally true that they need canvas to paint on and walls to exhibit and sell their work. When the new wing of the hospital was completed I found out that the hospital management was leasing artwork to cover the walls and public spaces. I asked the general manager if we could use that budget to purchase dynamic new art instead of renting tired and non-descript*





*mass produced art, and to their immense credit they said yes!"*

The Art from the Margins project has been evolving for five years now and, with a large component of the permanent collection on display in St Andrew's, Dr Hall has big plans to develop the artist development program which enables artists experiencing extreme disadvantage to access the resources they need to work and grow as practitioners.

Dr Hall is a passionate believer in the role that aesthetic environments can play in enriching the lives of their inhabitants. Dr Hall's personal challenge to his fellow medicos, both in private and public settings, is to toss your generic prints into the bin and start a collection that reflects your values, your community and most of all, your local artists.

*"The best hospitals are centres of care, not sterile institutions, and art has been found to contribute to patient recovery. I have been very pleased to volunteer for this important project and I really value the support of St Andrew's management and the UnitingCare Health group."* ■

For information on this project and how your clinic can benefit from this type of creative engagement, go the Art from the Margins website at [www.artfromthemargins.org.au](http://www.artfromthemargins.org.au)

# PELVIC MEDICINE CENTRE



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### PELVIC MEDICINE CENTRE

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T 07 3834 4399 [www.uhealth.com.au/sawmh](http://www.uhealth.com.au/sawmh)

**Gynaecologist / Pelvic Floor Surgeon**  
Dr Philip Hall

**Gynaecologist**  
Dr Caron Forde

**Urologist**  
Dr Eric Chung

**Urologist**  
Dr Jo Schoeman

**Urologist**  
Dr Peter Campbell

**Colorectal Surgeon**  
Dr Damien Petersen

**Men's Health Physician**  
Dr Michael Gillman

**HOW TO REFER:** Phone (07) 3834 4399

All referrals should be addressed to the Pelvic Medicine Centre unless a specific consultant evaluation is requested.



Dr James Daveson  
MBBS FRACP  
Gastroenterologist  
The Coeliac Centre



THE COELIAC CENTRE  
DIAGNOSTIC & MANAGEMENT SPECIALISTS  
SEPARATING THE FACTS FROM THE SYMPTOMS



Dr James Daveson is a gastroenterologist based at St Andrew's War Memorial Hospital and is the Director of The Coeliac Centre. Dr Daveson grew up in Mackay in North Queensland and following studies at the University of Queensland completed his training at the Royal Brisbane and Princess Alexandra hospitals where he developed an interest in small bowel diseases. He developed an interest in coeliac disease when involved in work using hookworms to modulate the immune system in people with coeliac disease.

Coeliac disease is a systemic disease triggered by gluten. While coeliac disease is usually managed by gastroenterologists, it can affect any organ in the body and its symptoms can include rashes, headaches, migraines, osteoporosis, infertility and malignancy.

Recent studies suggest that 1-1.6% of the Australian population may have coeliac disease. The incidence of coeliac disease is rising, not only due to better diagnosis rates but also due to a true increase in the incidence of the disease. Daveson notes that:

*"There is a bit of a misconception that you have to have the classical symptoms of diarrhoea or bloating to have coeliac disease, but in fact only about 30% of people suffering from coeliac disease present with symptoms at the time of diagnosis."*

# Coeliac Disease: A Best Practice Special Feature

## Part 1: Screening and Diagnosis

*"Unfortunately however, 75% of Australians who have the disease remain undiagnosed. With those sorts of numbers, something like 160,000 people in Australia has coeliac disease but don't know it."*

With this vast majority of people with coeliac disease remaining undiagnosed, the role of general practitioners could not be more critical in identifying this growing patient cohort. Of particular concern is the statistic that currently four out of every five children with coeliac disease remains undiagnosed.

*"I think this is a tragedy because those kids will be turning up to school, not feeling well because they probably had gluten in their breakfast, and potentially underperforming in their classes and other areas of their social and emotional development. In all likelihood they will continue to be fed gluten throughout the day. With a simple blood test they can be screened for coeliac disease and go on to have a biopsy followed by an accurate diagnosis and the institution of appropriate management."*

Approximately 6% of the population will return a positive result to the screening blood test for coeliac disease, though with only about 1.6% of the population having coeliac disease. The blood tests required to screen for coeliac disease are:

**Anti – tTG (tissue transglutaminase) IgA Antibody**

**Anti – DGP (deamidated gliadin) IgG Antibody**

**Total IgA (immunoglobulin A) levels**

Unless the patient has co-existent dermatitis herpetiformis (a skin rash caused by coeliac disease), the only way to identify the 1.6% of the population

who have returned a positive result for this blood-screening test is by referring them to a gastroenterologist for a small bowel biopsy.

*"It's these patients who have been screened that we need to get through our door so that we can prioritise their endoscopy, interpret the results correctly, exclude other diseases (which can result in a false positive result) and to properly diagnose the condition. Out there in the community a lot of people might have the blood test, it comes back positive and they think 'Oh, I've got it! I'll just go on the gluten free diet and not worry about the biopsy.' Once you're on a gluten free diet it is very difficult to accurately diagnose coeliac disease. Equally a number of people may be following a gluten free diet unnecessarily without a correct diagnosis or may be missing other serious diseases."*

As with any disease, and particularly a systemic disease such as coeliac disease, we need to know whether our patients have it or not. Anyone who is a first degree relative of someone with coeliac disease should also be screened because there is a >10% chance they will have the disease. Screening patients who are symptomatic remains very important. Patients with bloating, diarrhoea, constipation, reflux, recurrent headaches or migraines, unexplained infertility, rashes, those with short stature, those with depression should all be screened for coeliac disease.

*"There's plenty of things that can be done, but it's diagnosing the disease properly in the first instance that is going to have the maximum impact for the patient. If they present with any of these symptoms my advice to every general practitioner is to have them screened - it is as simple as a blood test." ■*



# A Country Hospital

Dr James Telfer is a country boy, born and bred and hails from the pastoral idyll of Renmark in the Riverland area of South Australia. Dr Telfer grew up on his family's rural property and took his father's advice and chose a career that didn't rely upon the vagaries of the weather. Following a post-secondary school career in the Royal Australian Air Force, Dr Telfer entered the graduate entry medical program at Flinders University in Adelaide.

Having spent time based at Townsville's RAAF base Dr Telfer pursued a Queensland Health Rural Scholarship while completing his final years of medical study at Flinders University which obligated him to return to Queensland to practice. Following two years in Mackay and some postgraduate work in anaesthetics, and some interim work in Toowoomba, Dr Telfer took on the position of Senior Medical Officer with Queensland Health at Stanthorpe Hospital.

*"It's a fantastic job and I have no intention of leaving!"*

Dr Telfer has been based at the Stanthorpe Hospital for seven years now and says that he has no intentions of going anywhere. With duties that include anaesthetics, emergency department, outpatients and maternity, Dr Telfer also has an opportunity to work closely in palliative care, his area of special interest.



DR JAMES TELFER  
SENIOR MEDICAL OFFICER  
STANTHORPE HOSPITAL  
MBBS FRACGP FACRRM

## A Country Hospital - continued

*"The anonymity of the city is something that has never really appealed to me, and in a country town the local doctor is somebody in the community. The lack of awareness of other people is a fairly typical experience in the city. You walk down the street and nobody wants to catch your eye, and if they do they quickly look away. It's just not like that in the country."*

Raising a family in the country is different experience to that in the city, and most people who have grown up in the country speak fondly of the freedom and independence that growing up in the outdoors can offer. Now with three young children, Dr Telfer emphasises the importance he places on the relaxed parenting style that country living can offer.

But it's not just the lifestyle, with a generalist role in the local hospital the full extent of his medical training is rewarding. And this combined with the close connection with families where you are involved from birth right through all of their various illnesses to end of life management.

*"Variety is the key. Scope of practice is broad as a generalist, but it's broader in a rural setting where the aim is to keep and treat patients in the community wherever possible. Avoid the travel, the separation from family wherever possible. So we would tend to undertake treatment and management of patients beyond what you might do as a generalist in the city where the nearest specialist is just up the road."*

The acknowledgment of the patient's role within both a family and a community emerges as a recurring theme in rural medicine. The proximity of significant others in the communication of patient needs and the relative ease with which this support can be garnered seems to make the vocation of medicine a more immediate and connected profession.

*"One of the things that give me most satisfaction in my job is the ability to really improve somebody's life. In particular those diagnostic ticks you might get with rare cases, they take time, but you put a lot of thought and effort into them and you send them away and it's validated that 'Yes, that's exactly what was going on.' And then you fix them! That's a very valuable part of the job for me."* ■

## NEWSFLASH

St Andrew's War Memorial Hospital was recently crowned International Healthcare Organisation of 2013, Quarter Two - only the second Australian hospital to win the prestigious Studer Group award.

The Studer Group, an international healthcare consultancy, selected St Andrew's for the achievements made in improving patient safety, patient satisfaction, staff satisfaction, staff turnover, and clinical quality.

Former St Andrew's General Manager Dr Ian England said: "This award is really exciting for the whole team at St Andrew's and is recognition for what we are doing.

*"It's a really big achievement for us, probably the most internationally recognised award this hospital has won to date.*

*"There has been a great team effort and this award is due to everyone at*

*St Andrew's, in every ward and every department, pulling together to make this happen."*

*"It recognises that we've made long-term, continuing improvement. Over the past two years our patient satisfaction has continued to grow, the quality of patient care has improved, with patient falls, pressure injuries and infections continuing to be reduced."*

The Studer Group's Healthcare Organisation Award of the Quarter, which started in 2010, has only been presented to one other Australian hospital, Epworth Eastern, which won the award in late 2012.

Lysanda Hollands, Lead Coach and Director of Studer Group, Australia, presented the Crystal Flame trophy to Ian and the St Andrew's staff.



LYSANDA HOLLANDS, STUDER GROUP AND IAN ENGLAND, FORMER GENERAL MANAGER

A recorded message from Studer Group Founder Quint Studer is available on the St Andrew's YouTube channel: [www.youtube.com/Standrewshosp](http://www.youtube.com/Standrewshosp)





DR GREG READING & JENELLE READING (ALEXANDRA HEADLAND)



ANDREW BARRON (GENERAL MANAGER), DR TOM MOORE (BROWNS PLAINS), DR MICHAEL GILLMAN AND DR BOB COPLEY (CLEVELAND)



DR PHIL HALL AND LACHLAN DAVIES (MEDTRONIC)



DR LUIS PRADO, TONY JONES AND DR CHRISTIAN ROWAN AT THE Q&A



DR ROD KRUGER, KATHY KRUGER AND DR GREG BEAVER AT THE Q&A



TONY JONES WITH PANELLISTS FROM THE Q&A

# The Institute of Urban Indigenous Health

## Health Care in the Suburbs can be Deadly Work

In 2005 the then Aboriginal and Torres Strait Islander Social Justice Commissioner, Professor Tom Calma delivered his Social Justice Report to the Australian Human Rights Commission. The poor health status of Aboriginal and Torres Strait Islander peoples in relation to chronic and communicable diseases, infant health, mental health and life expectation was a key finding of the report.

Professor Calma acknowledged the importance of detailed strategies and national frameworks in the engagement with Aboriginal and Torres Strait Islander peoples, and clearly articulated the need for a holistic approach to Aboriginal and Torres Strait Islander health.

The Institute for Urban Indigenous Health (UIIH) was established in July 2009 as a strategic response to the significant growth and geographic dispersion of Aboriginal and Torres Strait Islander peoples within the South East Queensland Region. The vision of UIIH is to achieve equitable health outcomes for urban Aboriginal and Torres Strait Islander peoples and to ensure that all Aboriginal and Torres Strait Islander people in the South East Queensland region have access to culturally safe and comprehensive primary health care.

Dr Carmel Nelson is the Director of Clinical Leadership with the Institute for Urban Indigenous Health. Dr Nelson grew up and was medically trained in Melbourne and followed this by moving to Townsville to complete a Master's





Degree in Public Health Tropical Medicine at James Cook University. The exposure to indigenous health that Dr Nelson found in North Queensland led her to accept a position in Arnhem Land where she was based for the next 3 years.

Following obstetrics training at John Hunter Hospital in Newcastle, Dr Nelson spent the next thirteen years working in the remote Kimberley region in northern Western Australia. With a postgraduate career that has been spent almost entirely in regional and remote Australia, Dr Nelson moved to Brisbane in late 2011 to take up the position of Director of Clinical Leadership with the Institute for Urban Indigenous Health.

A broad community perception exists that in an urban environment rich with services, access to health services will not be an issue and therefore there would not be a corresponding need for Aboriginal-specific services.

However there are significant gaps in service delivery for Aboriginal and Torres Strait Islander clients within urban areas, and with the vast percentage of the Australian Indigenous population living in urban and regional centres, the Institute for Urban Indigenous Health has a significant challenge in developing and promoting a service delivery model to meet these growing needs.

*"In many instances there are a range of factors that restrict access for Indigenous clients to health services. Some of these include socio-economic barriers such as lack of transport, particularly for large families. Other issues include the receptiveness and responsiveness of medical centre staff to the needs of Aboriginal and Torres Strait Islander people."*

The Indigenous population of Queensland is not a homogeneous group and there is no single service response that will

meet these diverse needs. However understanding of culture, familiarity and friendliness can play a very important role in engaging with this diverse population group.

*"As we establish new clinics where there are larger Aboriginal populations in South East Queensland, the uptake of these services has been incredibly rapid. And very often new clients coming to those services have had the experience of drifting between a collection of mainstream services, but not really connecting with a mainstream general practice in a way that provides real continuity of care."*

The barriers to sustained engagement by mainstream medical centres with this urban Indigenous population are many and varied, and with the prevalence of chronic diseases in this population, the Institute for Urban Indigenous

Health are kicking some significant goals with their unique and inclusive wraparound services. ■

*"The Indigenous population of Queensland is not a homogeneous group and there is no single service response that will meet these diverse needs."*

If you would like more information about the work that the Institute is doing, you can contact the Institute on: (07) 3648 9500 or visit the IUIH website at: [www.iuih.org.au](http://www.iuih.org.au)



DR CARMEL NELSON  
DIRECTOR OF CLINICAL LEADERSHIP  
MBBS MPH&TM FRACGP FACRRM

# Queensland first: St Andrew's offers innovative asthma therapy

An innovative new treatment for people with chronic asthma, which has been shown in clinical trials to substantially reduce severe asthma attacks and hospital emergency visits, is now available at St Andrew's War Memorial Hospital.

St Andrew's is the first hospital in Queensland to offer this bronchial thermoplasty treatment. It is a minimally invasive procedure, performed under light anaesthesia, which delivers controlled radiofrequency energy to a patient's lung airways to gently heat and shrink the smooth muscle in the airway wall.

People with severe asthma have abnormally thick smooth muscle circling their airways and this smooth muscle contracts during an asthma attack, squeezing the airways and constricting breathing.

Visiting thoracic specialist to St Andrew's, Dr Samuel Kim, began treatments at the hospital in July 2013.

*"With bronchial thermoplasty it is the underlying smooth muscle, and not the airway lining itself, that is sensitive to the low frequency radio waves, so this is a gentle, non-surgical outpatient procedure.*

*Once we decrease the smooth muscle to about 20 percent, there is less narrowing of the airways during an asthma attack and less likelihood of a severe attack.*

*The procedure is indicated for adults with moderate to severe asthma, who are on heavy doses of steroids and preventers, who have persistent asthma symptoms, and who present to hospital emergency several times a year because of difficulty in breathing. Asthma severely affects these patients' quality of life."*

In international Asthma Intervention Research 2 (AIR2) clinical trials, 79 percent of severe asthma patients who received bronchial thermoplasty reported significant improvements in their quality of life following treatment\*.

The latest trial data published in September 2013 in The Journal of Allergy and Clinical Immunology in the United States shows that five years after treatment, patients had an average 48 percent decrease in severe asthma attacks and an average 88 percent decrease in visits to hospital emergency rooms. \*\*

Dr Kim participated in dedicated bronchial thermoplasty training with Associate Professor Pyng Lee from the National University of Singapore School of Medicine, and Professor of Respiratory Medicine at Perth's Sir Charles Gairdner Hospital, Dr Martin Phillips, who was involved in the AIR2 clinical trials.

Bronchial thermoplasty involves three separate treatments several weeks apart – one for each lung's lower lobe, and the third for the upper lobes of both lungs. The radiofrequency energy is delivered via an expanding catheter inserted into a standard flexible bronchoscope, which is introduced into the lung via the patient's nose or mouth. Each treatment usually takes about an hour, and is performed at the St Andrew's Endoscopy Centre.

Dr Kim said the first patient at St Andrew's to receive the three treatments, a 59-year-old Brisbane woman with severe persistent asthma, has seen noticeable improvements.



FRONT ROW: LEFT TO RIGHT: DR SAMUEL KIM, GRACE GAO, AISHLING BOURKE, JUDITH TYRRELL, CLAIRE CASEY  
 BACK ROW: LEFT TO RIGHT: KATE BELLHOUSE, JULIA NASH, FIONA MCCRACKEN, NARELLE BERNIA, KEN SELLICK

DR SAMUEL KIM  
PERFORMING BRONCHIAL  
THERMOPLASTY



*"The patient has had multiple allergies and intolerances to medications over the years. In the two years prior to the bronchial thermoplasty, she'd been seen by her GP and specialist 34 times and admitted to hospital five times because of her asthma."*

*"Since the bronchial thermoplasty, she has been able to wean off her chronic oral steroid therapy and reduce her dependence on inhaled corticosteroid therapy. She has reported substantial difference in how she can breathe and exercise, even planning a long-awaited holiday with her husband. And she has been proactive, introducing diet and lifestyle changes to receive maximum benefit from the procedure."*

Asthma is a serious and costly disease in Australia. According to latest available figures from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare, about 2.3 million people in Australia suffer from asthma; in 2011 asthma caused 378 deaths and 37,830 hospitalisations; and in 2008-09 direct spending on asthma (prescription medications and medical services) was \$655 million.

*"Bronchial thermoplasty is not a quick fix or cure for asthma. It is a novel therapy to improve patients' quality of life, reduce the number of severe asthma attacks, reduce their admissions to hospital and their dependence on steroids and other medications." ■*

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References:

\* Castro M, Rubin AS, Lavolette M, et al.: Effectiveness and safety of Bronchial Thermoplasty in the treatment of severe asthma: a multicenter, randomized, double-blind, sham-controlled clinical trial. American Journal of Respiratory and Critical Care Medicine. 2010 January 15; 181(2): 116-124.

\*\*Wechsler ME et al.: Bronchial thermoplasty: Long-term safety and effectiveness in patients with severe persistent asthma. The Journal of Allergy and Clinical Immunology. Published online September 3, 2013



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# Investec In Yourself



Long or short lease? The choice may be daunting, but there can be an upside to taking the longer option or even purchasing the property: the difficulties of moving on if a short lease ends or isn't renewed after years of building a business in that location, are minimised.

*"Earlier this year I read an article about that very topic," says Simon Moore of Investec. "It described the risks of long leases, the difficulty and expense of moving on and the loss of patient goodwill attached to the location when the lease comes to an end. It can often be out of your control. The premises may be sold or the whole building may be going through a refurbishment. It reinforced our thinking around the benefits of purchasing the property instead."*

The key benefit, according to Simon, stems from the ability to enter retirement with a saleable asset—not just the physical property, but also the associated goodwill.

However, the benefits don't end with the security of tenure and control of goodwill—owning your own property also presents the potential for capital growth and provides the option of introducing a doctor tenant to the property as part of your retirement plan.

To help doctors make the most of this opportunity, Investec offers finance products specifically targeted to the medical profession, including a 100% financing option when buying your practice property compared to most financial institutions that only offer between 60-70% for the purchase of commercial property. "The reason that we're able to offer 100% finance with no deposit is that we realise the security may not necessarily be just the property but the doctor themselves. Investec is a lender to the profession not just the asset," says Simon. "We understand this sector and we'll do extraordinary things to look after doctors."

This trust also stems from the longevity inherent in the medical industry, with practitioners very likely to stay on the same premises for the duration of their career.

Investec are also able to offer leases for equipment and cars, everyday bank accounts, goodwill funding for purchasing practices as well as exceptional 24/7 customer service. A welcome feature for doctors who cannot always access 'office hours only' banking.

*"When you actually do the numbers often the cost of borrowing 100 per cent versus your rent is not much different," says Simon. "More often than not it's entirely outside your reach and it allows you, with very little contribution, to take control of your property. Plus, whilst your rent will usually increase every year, as an owner your loan balance will most likely decrease every year!"*

Of course, as with any major investment, there are a number of factors to consider when selecting a suitable property - the cash flow of the business, your future growth plans, the area and position and carefully structuring in order to maximise tax benefits.

*"I think that from an investment point of view, it becomes difficult for a doctor to have the time to look for good options" comments Simon. "What better way than to invest in your own practice, freehold and really, yourself?"* ■

**For more information please contact Simon Moore, Investec Medical and Dental Finance in Brisbane on 07 3018 8114 or visit [www.investec.com.au](http://www.investec.com.au)**



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Pelvic Medicine Centre	07 3834 4399
Day Infusion Centre	07 3834 4493
Sleep Centre	07 3834 4959
Business Unit	07 3834 4210



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 practise and complies with the 10 standards set by the Australian Commission on Safety and Quality in Health Care.



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