

BEST PRACTICE

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

Winter 2016

Good health on the menu at St Andrew's

Embracing our heritage on Foundation Day

Making breakthroughs in chronic back pain

Revolutionising male sexual and reproductive health

Update



Welcome to our new look *Best Practice* featuring medical innovation and clinical developments in ICU, urology and pain services at St Andrew's War Memorial Hospital.

With 15 beds, the ICU, under

the leadership of Professor John Fraser, provides advanced treatment and care for critically ill patients. Uncommon in most private hospitals, our ICU has a research area that enjoys a strong partnership with The University of Queensland and Prince Charles Hospital under the umbrella of the Critical Care Research Group. This model ensures our ICU stays at the forefront of medical research and technological advancements to improve patient outcomes.

Our integrated Multidisciplinary Pain Service (StAMPS) offers comprehensive services from assessment and diagnosis to treatment and management of persistent or chronic pain. The increasing prevalence of chronic pain in the community is why StAMPS has been established.

Our urologists are also offering a new minimally invasive surgical procedure aimed at treating benign prostatic hyperplasia (BPH). GreenLight Laser Therapy is available at St Andrew's benefiting patients who are non-responsive to medical therapy.

With 2016 being the final year of the RACGP triennium, you are invited to take advantage of the remaining CPD meetings for the year.

I'd also like to take the opportunity to introduce some of our new VMPs to St Andrew's - Dr Ruth Hodgson, Dr Mahala Hudaverdi and Dr Hajir Nabi.

Dr Mellissa Naidoo

Deputy Chief Medical Officer – UnitingCare Health
 Director of Medical Services – St Andrew's War Memorial Hospital

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Reproductive health



Green light laser



Six million dollar man



Pelvic pain

New look BEST PRACTICE



L-R: Candice Crawford, Jamie Young (Brisbane Roar), Susan Walsh & Dr Michael Gillman at Sports Meet 2016, Brisbane

Welcome to our new look *Best Practice* magazine. We thought it was time to give our magazine a refresh so we hope you find the new layout and size more reader friendly and convenient. We welcome your feedback.

With the final year of the QI & CPD triennium now more than half way complete, it's been a busy year so far with many of our GP partners and VMPs attending and presenting at our range of CPD dinners, Saturday Symposiums and Weekend meetings. There is still time to fulfil your necessary accreditation requirements with the Royal Australian College of General Practitioners (RACGP). You will find the full listing of our remaining CPD activities on our website at standrewshospital.com.au/gp-education

Candice Crawford
Business Development Manager
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Our next event is our Women's Health Symposium - New Technologies and Innovative Solutions on Saturday 20 August at Sofitel, Brisbane. It's once again shaping up to be another interesting and topical day of education with topics covering IVF, menopause, endometriosis, breast and gynaecological cancer, sexual pain, polyps and incontinence to name a few. Don't miss this event.

Also coming up is our annual hospital black-tie Gala, this year called 'Cirque du St A'. This very special and engaging event provides an opportunity for all staff and friends of St Andrew's to come together and celebrate. More information about this event can be found on page 13 or by calling (07) 3834 4371.

Susan Walsh
Project & Events Manager
07 3834 4371

GP feedback received from our first CPD Weekend of the year held at the Marriott, Gold Coast in March.

'Well organised, excellent speakers, highly informative and relevant'
- GP, Scarborough

'Impressive activity is occurring at St Andrew's with new technology and treatment'
- GP, Auchenflower

'Excellent as usual. Very educational, informative and well organised! Worth attending everytime'
- GP, Marsden

'Excellent venue, quality of presentations, speakers and information presented. Thank you Dr Caron Forde for your warm and personal approach to introducing the speakers'
- GP, Robertson

VMP Profile Updates



Dr Ruth Hodgson

BA (Hons) MA MBBS, MRCP FRACP (Oxon)

Gastroenterologist

T 1300 270 365 or 0439 gastro (427 876)

Born in London to parents from NZ. Educated Westminster School with medical education at New College, Oxford (1983-6) and St George's Hospital Medical School, London (1986-9).

Specialist training in gastroenterology in Devon and London, including Hammersmith Hospital and St Mark's Hospital for Intestinal and Colorectal Disorders. Member of Royal College of Physicians London, Fellow of Royal

Australasian College of Physicians, GE Society of Australia (GESA) and GE Society of Queensland (GESQ), Australian Medical Association (Queensland) (AMAQ), American Gastroenterology

Association (AGA), Australian Society of Parenteral and Enteral Nutrition (AuSPEN) and European Society of Parenteral and Enteral Nutrition (ESPEN).

Specialist interests are nutrition, intestinal failure, inflammatory bowel disease, functional GE disorders, oesophageal physiology and endoscopy. Currently Senior Staff Specialist at The Prince Charles Hospital and Royal Brisbane and Women's Hospital and recently commenced private practice at St Andrew's.



Dr Mahala Hudaverdi

Clinical Cardiologist & Advanced Echocardiography Specialist

T 1300 306 358

Dr Mahala Hudaverdi is a Clinical Cardiologist and Advanced Echocardiography specialist with expertise in noninvasive cardiac testing, including exercise and dobutamine stress echocardiography, transoesophageal echocardiography, contrast and strain imaging.

Mahala has special interests in noninvasive testing, chest pain syndromes and structural heart disease including valvular heart disease and cardiomyopathy. She has a strong grounding in preventative cardiology and the effects of athletic training, as well as obesity on the cardiovascular system.

Mahala also has a strong interest in the investigation and management of heart disease in women, which often presents atypically and with different disease patterns in women compared with men. She has a 'patient centered' approach to care and is attuned to the emotional and

psychological impact of cardiac symptoms and disease.

Mahala was awarded her M.B., B.S. at the University of Queensland in 2003 and completed her advanced training in cardiology at The Prince Charles Hospital in 2010. She then completed a 2 year clinical fellowship in Advanced Echocardiology at The Prince Charles Hospital in Brisbane. She has been working in private practice in Brisbane since 2013, and recently joined the CVC Cardiovascular Clinics team at St Andrew's.

Mahala is available for consultation and testing at CardioVascular Clinics at St Andrew's War Memorial Hospital, Spring Hill where she performs exercise and dobutamine stress echocardiography as well as transthoracic and transoesophageal echocardiography.



Dr Hajir Nabi

AHPRA FRACS (Gen Surg) CSSANZ
Colorectal Surgeon
T 07 3226 3800

Dr Hajir Nabi is a Brisbane colorectal surgeon whose areas of interest include: colon and rectal cancer and polyps, inflammatory bowel disease, functional bowel disorders (including rectal prolapse), anorectal disorders, laparoscopic and minimally invasive surgery, colonoscopy and endoscopy.

His pathway to medicine was unorthodox having originally arrived in South Australia as a refugee at the age of six. With a great deal of hard work he completed all of his primary, secondary and tertiary studies in Adelaide. He completed his

general surgical training in South Australia predominantly based through the Royal Adelaide Hospital and Flinders Medical Centre.

He then completed a further two years of colorectal specific post-fellowship (CSSANZ) training in Sydney (Bankstown and St George Private Hospitals) and Perth (Fremantle and St John of God Hospitals). Dr Nabi recently commenced private practice at St Andrew's War Memorial Hospital.



Dr Matthew Peters

BSc. MBBS FRACS (Plast.)
Plastic & Reconstructive Surgeon
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Dr Matthew Peters is a Queensland trained Plastic and Reconstructive surgeon, obtaining Fellowship of the Royal Australasian College of Surgeons after undertaking training in both General and Plastic surgery. He is the Director of Plastic and Reconstructive Surgery at the Royal Brisbane and Women's Hospital, a Senior Lecturer at the University of Queensland School of Medicine and is a member of the Australian Society of Plastic Surgeons.

He has a broad practice encompassing an extensive range of plastic & reconstructive surgery, with a particular emphasis on

aesthetic and reconstructive breast surgery, complex trauma and cancer reconstructive surgery, skin cancer, hand surgery and body contouring.

Dr Peters consults at two locations – Everton Park for his north side patients and in his centrally located practice at Fortitude Valley, which is equipped with local anesthetic minor procedure facilities.





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The Lexus of Brisbane Group looks forward to our new relationship with St Andrew's War Memorial Hospital.

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Revolutionising male sexual and reproductive health

Erectile dysfunction (ED) is a common condition among men and can contribute to relationship problems, adversely affect self-esteem and cause significant psychosexual stress.

It can be an embarrassing issue deterring many men from seeking the appropriate help from their doctor.

However, ED is a common male health issue with a number of effective treatment options.

Associate Professor (A/Prof) Eric Chung, at the AndroUrology Centre for Sexual, Urinary and Reproductive Excellence says some men with ED may have an underlying cardio-metabolic-vascular issue.

“To deliver optimal healthcare for patients with this condition it is important to work in a multidisciplinary fashion with colleagues such as cardiologists, endocrinologists and GPs,” A/Prof Chung said.

A/Prof Chung offers advanced ED treatments such as penile reconstruction and prosthesis implant, and runs innovative clinical trials such as the use of shockwave therapy in ED.

“These state-of-the art surgical procedures give hope to many men who may not respond to medication,” A/Prof Chung said.

“One of the most effective treatment options for erectile dysfunction is penile prosthesis surgery.

“This involves the implantation of an erectile device inside the penis which allows the man to have an (artificial) erection anytime he wants and as long as he wants.”

A/Prof Chung and well-respected urologist Dr Ross Cartmill conducted an Australian-first clinical study into the efficacy of shockwave therapy for ED. The findings were published in the Urological Society of Australia and New Zealand issue of BJU International in 2015.

“We found that low-intensity extracorporeal shockwave therapy (LI-ESWT) improves erectile function, and about 30 to 40 per cent of men after shockwave treatment noticed a normal return to erection without the need to be on medication.”

A/Prof Chung says a common form of erectile dysfunction is Peyronie’s Disease, which causes a bend in the penis and can make an erection painful.

“Peyronie’s Disease, the hardening of tissue in the penis, is a condition affecting many men with symptoms namely ranging from penile pain, length loss, curvature, fibrous plaque and ultimately sexual dysfunction. The first national population survey revealed that close to 16 per cent of Australian men report some form of penile curvature or deformity,” he said.

“Treatment strategies offered to men will depend on several factors such as duration of symptoms, degree of penile curvature, co-existing complex penile deformity, size of penile plaque and presence of erectile dysfunction.

“Penile curvature and deformity can reoccur due to abnormal underlying penile tissue and healing complications.”

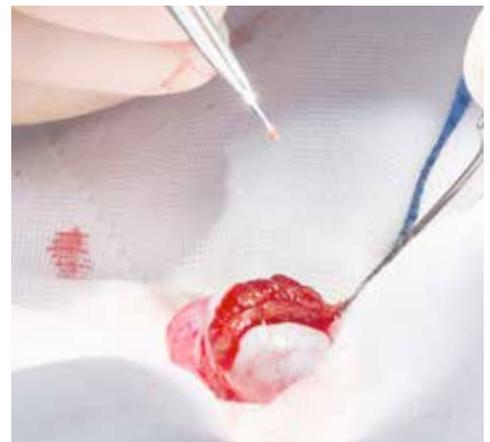
To rectify Peyronie’s Disease, A/Prof Chung outlines three common types of penile reconstructive surgeries: penile plication surgery, penile graft (and lengthening) surgery and penile prosthesis implant.

In addition to ED, A/Prof Chung specialises in treating male fertility disorders and other common prostate conditions such as BPH, a non-cancerous growth of the prostate.

“BPH was nationally managed by GPs about

||
These state-of-the art surgical procedures give hope to many men who may not respond to medication





A/Prof Eric Chung
AndroUrology Centre
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228,000 times per year and about a third of men in the GP waiting area will have some voiding issue," he said.

"As bladder outlet obstruction progresses, BPH can result in urinary tract infections, bladder stones and haematuria. If untreated too long, acute urinary retention and renal failure can develop."

A/Prof Chung offers all various prostate surgeries for BPH, which include conventional Transurethral Resection of the Prostate (TURP) gland, laser surgery and UroLift system treatment, a new minimally invasive prostate day surgery.

When it comes to male fertility issues A/Prof Chung can perform complex microsurgery for sperm retrieval, a method used to harvest sperm from the testis for IVF purposes. He also performs various microsurgery reconstructive surgery for male infertility

disorders.

He will start the first clinical trial in Australia on Profertil (micronutrients supplement) to improve sperm quality and quantity for men with fertility disorders.

A/Prof Chung is the first urologist in Australia to complete an Andrology (male sexual, urinary and reproductive study) fellowship that is accredited by the Sexual Medicine Society of North America.

Apart from male voiding dysfunction, he also sees women with bladder issues such as overactive (urgency) bladder and urinary incontinence, and offers various management strategies such as urodynamics study (functional study of bladder activity), bladder botox, minimal invasive slings surgery and sacral neuromodulation.

Urology and Pelvic Health

10 things you may not know about Benign Prostatic Hyperplasia (BPH)

#1 BPH is so common it has been said that all men will have an enlarged prostate if they live long enough.¹

It is not understood what causes BPH, but experts agree that aging and testosterone are the primary influences on its development.² Men who have had their testicles removed at a young age do not develop BPH. Similarly, if the testicles are removed after a man develops BPH, the prostate will begin to shrink in size.¹

#2 BPH can have serious complications if left untreated.

Many men assume that urinary symptoms are part of the aging process and therefore accept the symptoms, accommodating their lifestyles accordingly.³ However, if left untreated, BPH can cause complications that are not just bothersome, but detrimental to one's health.

#3 Long-term BPH can cause a thickened bladder wall with a reduced capacity to store urine.

As the prostate enlarges, it presses on the urethra - constricting it - which causes an obstruction to the natural urine voiding process. To compensate for the obstruction, the muscular wall of the bladder contracts more strongly to expel urine. These strong contractions cause the bladder wall to thicken, making the bladder cavity smaller, which decreases its capacity to store urine. Over time, the bladder holds smaller and smaller amounts of urine, which results in the need to urinate more frequently. As the urethral obstruction worsens, the contractions can no longer empty the bladder completely, causing urinary retention.²

#4 Residual urine in the bladder can become infected and/or lead to the formation of painful bladder stones.²

Microorganisms are especially likely to multiply and cause infection in stagnant urine.⁸ Bladder stones may occur when urine in the bladder is concentrated and materials crystallize. Symptoms occur when the stone irritates the lining of the bladder or obstructs the flow of urine from the bladder, and can include^{1,7}:

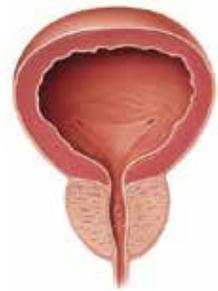
- Abdominal pain and pressure
- Abnormally colored or dark-colored urine
- Blood in the urine
- Difficulty urinating
- Frequent need to urinate
- Inability to urinate unless in certain positions
- Interruption of the urine stream
- Pain or discomfort in the penis
- Urinary tract infection
- Painful urination
- Fever
- Incontinence

#5 BPH is not cancer, and it does not raise your risk for prostate cancer.⁴

While the two conditions are separate, they can occur together. Therefore, it is important for a physician to perform thorough tests to determine an exact diagnosis.

#6 Untreated BPH can lead to kidney damage.

Increased pressure on the kidneys from an overworked bladder can damage the kidneys, as can an infection that has spread from the bladder to the kidneys.²



A normal prostate



A severe prostate

GreenLight Laser Therapy resulting in better outcomes for patients at St Andrew's

#7 Untreated BPH can lead to acute urinary retention.

With acute urinary retention, you can't urinate at all, even if you have a full bladder. This is a medical emergency requiring prompt action.⁵

#8 BPH can cause severe urinary tract infections (UTI).

A severe UTI is associated with fever and chills, and it requires medical attention.⁶

#9 Untreated BPH can lead to visible blood in the urine, which requires urgent medical attention.

Called gross hematuria, blood in the urine is caused by the dilated veins on the surface of the prostate gland. You can see this blood with the naked eye, and it should never be ignored.¹

#10 Untreated BPH can lead to chronic renal failure.

When urine cannot drain, it backs up into the kidney(s) and causes swelling. When the blockage causes urine to back up into both kidneys, high blood pressure and kidney failure can result.⁷

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GreenLight has a low complication rate with fewer side effects and quicker recovery times compared to Transurethral Resection of the Prostate

Urologists at St Andrew's are providing green light laser surgery, a new minimally invasive procedure for the prostate suited for a wide range of patients. The procedure involves using a state-of-the art green light laser to treat the enlargement of the prostate gland or benign prostatic hyperplasia (BPH).

Randomised controlled trials have shown that GreenLight has a low complication rate with fewer side effects and quicker recovery times than traditional surgery. Compared to Transurethral Resection of the Prostate (TURP), GreenLight has lower rates of severe bleeding, equivalent symptom scores and peak flow rates and shorter catheterisation and hospitalisation times.

The procedure has a slightly higher rate of dysuria/urgency at three months (resolved at one year) and marginally longer compared to TURP.

When waiting and medication do not work, this laser therapy will be discussed with patients. The therapy involves guiding a fibre through the urethra and using the laser to vaporise, cut or burn away tissue that obstructs the urine flow. Tissue effects vary depending on the type of laser used.

GreenLight Laser Therapy is offered by the following Urologists at St Andrew's War Memorial Hospital:

- Dr Jo Schoeman
- Dr Peter Campbell
- A/Prof Eric Chung

Patient tracking system

St Andrew's War Memorial Hospital has a new visual tracking system enabling enhanced communications to progress. Monitors are located throughout the hospital and patients are given a unique code which family members can use to track their progress from admission to discharge.

Checked into Facility	Patient arrives at admissions front desk
Ward In	Patient admitted to ward
Preop In	Patient moves to Pre-op area
OR In	Patient moves to procedural / operating room
PACU In	Patient moves into recovery unit
Stage 2 In	Patient moves into recovery unit in day surgery
Ready for Discharge	Patient ready for pickup by family
Discharged	Patient discharged from hospital
Transferred to Ward	Patient transferred to the ward post procedure

The Hospital Admissions Booking System

UnitingCare Health's Hospital Admissions Booking System (HABS) allows patients to book their hospital procedure online and provide clinical information via a secure portal to streamline your patient's journey from admission to discharge.



Partnering with consumers

Let us know

Program for patients and family

Let Us Know provides information and assistance for patients and families on how to raise concerns directly with their care team including doctors and nurses, as well as the Clinical Nurse Manager or Team Leader after hours. This tool acts as a safety net and empowers patients and families to escalate any concerns in a patient's condition that is not always present in the clinical assessment.



St Andrew's is committed to consumer engagement and has an active Consumer Advisory Group. The group meets quarterly and is made up of four consumer representatives from the community and seven hospital representatives including the general manager, director of nursing and director of medical services. The Consumer Advisory Group provides advice to improve hospital services for patients.



STEP 1 TALK to your nurse or doctor

If you are still concerned

STEP 2 TALK to the nurse in charge

Still concerned?

STEP 3 CALL 1800 960 388

Your call will be taken by a senior clinician

Fellowship stimulates Parkinson's research



Parkinson's disease is the second most common neurological condition in Australia after Alzheimer's dementia.

Dr Philip Mosley from St Andrew's War Memorial Hospital received a \$180,000 Advance Queensland Research Fellowship for his work on overcoming the negative impact of Deep Brain Stimulation (DBS) treatment on some people with Parkinson's disease. Dr Mosley has also received additional support from QIMR Berghofer and industry totaling over \$500,000 to progress his research. Parkinson's disease is the second most common neurological condition in Australia after Alzheimer's dementia. DBS is a surgical procedure involving the implantation of electrodes in both sides of the brain and has proven to be an effective treatment option for most people with Parkinson's disease.



Good health on the menu



Serving up a delicious meal is a constant challenge for any restaurant chef, but in a hospital kitchen, the heat is turned right up for highly nutritious and tasty meals.

Malnutrition affects 35 per cent of the elderly in Queensland hospitals and people often need a high level of nutrition when hospitalised due to illness.

"As a result, strict guidelines for safety and nutrition are followed at St Andrew's but nevertheless taste is still a priority," says St Andrew's Head Chef Keith Munt.

"If the food doesn't taste good, patients may find it unappetising and patients need to eat well to regain their health."

Keith, who previously worked in the overseas airline catering industry, says his team of 10 chefs hail from across the world.

"We have chefs from Austria, Belgium, Germany, and various Asian and south east Asian countries all with various international experiences in resorts, five-star hotels and restaurants," Keith said.

"Because of the multi-cultural diversity and broad overseas experience of our team of cooks and chefs, we can create meals that suit any ethnic group."

Working closely alongside the chefs, is a team of Accredited Practising Dietitians including Senior Dietitian Sharyn Denmeade, who check

and advise the chefs on all aspects of the menu planning to ensure all meals meet the required Queensland Health Nutritional Standards.

"The dietitians analyse all the menu recipes' nutritional value, this includes checking each ingredient and providing direction on modifying recipes for improved nutritional value," Sharyn said.

"Sometimes this involves recommending to chefs the use of a different brand for use across a broader patient group and/ or inclusion of other ingredients to improve the nutritional value of meals for patients."

This strict process occurs across all items of the hospital menus, which are rotated on a 14-day cycle.

As well as nutrition, addressing the ever-growing area of food allergies and intolerances of patients is a major focus of St Andrew's foodservice program.

To help manage patient's food allergies and food intolerances, St Andrew's uses Delegate, an electronic menu system set up by the dietitians to remove any food items and recipes from a patient's menu selection if it contains a food the patient has a reaction to.



L-R: Sharyn Denmeade, Manmeet Singh, Alain Brochard, Andrea Wilson and Keith Munt

Also key is communication between clinical and food service staff.

Hospital admissions for severe allergic reactions have doubled for adults over the last decade while increasing five-fold for children in Australia.

Sharyn says there is no clear reason why food allergies are on such a rapid rise.

“Many food allergies are not severe and most children will grow out of them,” Sharyn said.

“Allergies to nuts, seeds and seafood are likely to be life-long allergies developed as a child and continued into adulthood.”

Sharyn says reactions to food are usually immediate and can be severe and even life-threatening with symptoms including swelling, hives, eczema, diarrhea, vomiting, breathing difficulties and anaphylaxis.

She says food intolerances are more common than food allergies and are not life threatening. Intolerances may include reactions to wheat, gluten, lactose, fructose, additives and naturally occurring chemicals such as salicylates, amines and glutamates.

“Reactions can take hours to days and are dependent on how much of the food that the person is intolerant to has been consumed. Symptoms include hives, skin rashes, headaches, digestive problems, asthma and eczema,” Sharyn said.

St Andrew’s whole team approach and commitment to delivering tasty and nutritional food that accommodates various food allergies and intolerances has been reflected well in patient satisfaction surveys.

More than 90 per cent of patients at St Andrew’s rated their satisfaction with the hospital’s patient foodservice as either very good or good according to a validated Acute Care Hospital Foodservice Patient Satisfaction Questionnaire conducted in late 2015.

The survey gauged food quality, meal service quality, staff/service issues, physical environment, meal size, hot foods, hunger and food quality and overall satisfaction.

Keith says despite the huge array of foods including 28 soups, mild curries, vegetarian and ethnic dishes, the traditional roast is still by far the most popular choice for patients at St Andrew’s.

“I think this shows, in particular for our long-stay patients, that people look for ‘comfort food’ or food that reminds them of home,” Keith said.

To create a more homely dining experience for long-stay patients, St Andrew’s recently revamped its dining room for the patients in the rehabilitation ward. Focusing on the communal dining experience as part of the rehabilitation recovery process, this allows selected patients from the rehabilitation ward to enjoy their meals in a social environment.



More than 90 per cent of patients at St Andrew’s rated their satisfaction with the hospital’s patient foodservice as either very good or good...



Getting to know

Sharyn Denmeade

Senior Dietitian, Allied Health Service

What is the importance of good nutrition?

If a patient becomes malnourished, it can lead to prolonged hospitalisation, decreased quality of life, increased risk of infection and increased risk of unsuccessful outcomes of treatment. Good nutrition can prevent and reverse malnutrition.

Why does St Andrew's invest in highly nutritional food?

We invest in providing adequate food and fluids or nutrition for patients to improve their chances of successful treatment outcomes and to enhance their quality of life. Good nutrition can benefit patients in these ways:

- Return home earlier rather than later
- Decrease risk of falling
- Improve wound healing
- Promote strength and reduce infection

Malnutrition is associated with increased costs to health services due to prolonged hospitalisation and therefore investing in good nutrition pays off for patients and health services.

What are the latest trends in nutrition?

About one in 20 children and one in 100 adults suffer from food allergies according to The Australasian Society of Clinical Immunology and Allergy (ASCI 2016). Food allergy affects 10 per cent of children up to 1 years of age, between 4-8 per cent of children aged up to 5 years of age and 2 per cent of adults.

FACTS

A total of 119 patients from St Andrew's completed the survey (56 per cent response rate). Overall satisfaction was 4.42 for St Andrew's. This is above the 4.0 benchmark by a 0.5 difference, which is considered quite significant.



Sharyn Denmeade

Senior Dietitian,
Allied Health Service

St Andrew's War
Memorial Hospital

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Foundation stone unearthing rich heritage

The hospital's rich heritage of service since it was founded post World War II, was recently revisited for St Andrew's War Memorial Hospital's Foundation Day celebrations.

Donors, supporters and volunteers many of whom have helped the hospital become the world class facility it is today, gathered for the hospital's Foundation Day anniversary on 13 May.

St Andrew's War Memorial Hospital General Manager Andrew Barron says the hospital has grown substantially in the past 58 years, and now treats more than 31,000 patients and performs 24,000 operations per year and employs more than 1000 staff.

"We continue to be leaders in cardiac surgery with our three state-of-the-art cardiac catheter labs and Hybrid Theatre, which is equipped to perform highly complicated surgery through small incisions, resulting in fewer risks for patients and faster recovery times than conventional open heart surgery," Mr Barron said.



Dr Caron Forde speaking at the event

"Our work in endovascular surgery and trans catheter aortic valve implantation is two other key examples of the hospital's ability to successfully



The foundation stone

perform highly complex surgical procedures with excellent patient outcomes.

"Our orthopedic services continue to support the growing need among our aging population as well as providing for the niche area of sports injuries – we have expanded in this way with our connections and partnerships with top sporting organisations such as the Brisbane Roar."

Speaking on the day, Dr Caron Forde, St Andrew's Director of Gynaecology and Chair of the Medical Advisory Committee, spoke of her pride in being a St Andrew's VMP and why the hospital is her first choice for her patients.

Director of Nursing, Rosemarie White said, "Many of our founding members and volunteers, some of whom were there for the setting of the foundation stone, can feel honoured and proud that their vision and hard work for a living war memorial hospital has not only come to fruition but continues in that spirit of serving people at a time they need it most."

St Andrew's has grown substantially in the past 58 years, and now treats more than 31,000 patients and performs 24,000 operations per year and employs more than 1000 staff



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Advancing ICU Care



Here we have everything the best of modern medicine can provide and now we are trying to extend this level of treatment and care to disadvantaged countries

While the advent of bionic hearts and lungs at St Andrew's War Memorial Hospital may be some way off, this does not stop the Intensive Care Team researching and putting into practice the best evidence available.

Their motto is the quality of life has to be worthwhile.

Professor Fraser says critically ill patients want quality of survival and not just survival at any cost. As a result St Andrew's is investigating a range of technologies to improve outcomes in intensive care.

"One device we have researched for sometime is the use of high flow oxygen therapy. We showed it is beneficial for patients post cardiac surgery to assist their breathing and allow them to mobilise more easily," Professor Fraser said.

"Subsequently we have gained support to use a similar device in the treatment of our bariatric patient population. These patients can suffer from hypoventilation and restricted chest movement. Through the use of this device we believe the air is pushed deeper into the lungs reducing the risk of pneumonia and improving the clearance of carbon dioxide.

"To assess this we will use Electrical Impedance Tomography to assess real time without radiation the movement of air in the segments of the lungs. I believe we are the only private hospital in Australia to have such a device.

"The technology behind high flow is fascinating and we also run a study in Central Africa using this technology for children with Pneumonia."

Professor Fraser says high flow makes a huge difference to intensive care in Australia.

"Here we have everything the best of modern medicine can provide and now we are trying to extend this level of treatment and care to disadvantaged countries," he said.

"In Uganda and Kenya where we are running this study these children cannot even afford oxygen, subsequently mortality rates can be as high as 20 per cent. While he is proud of the excellent care at St Andrew's, he believes that only through research, with the patient at the centre can even better outcomes be achieved."

The Six Million Dollar Man.... Science fiction or tomorrows treatment?

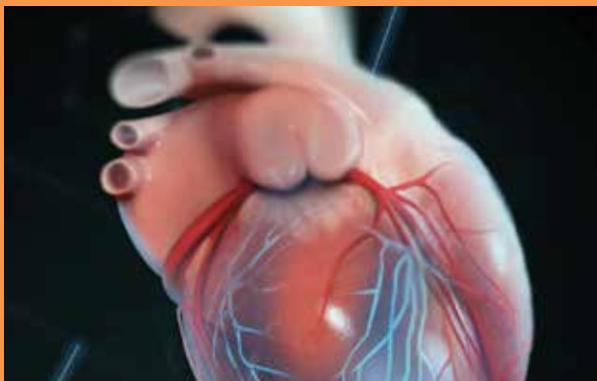
Professor John Fraser, Director of St Andrew's Intensive Care Unit, believes that what was once just the content of sci-fi TV shows is not too far away from clinical reality.

The Scotsman who founded the Critical Care Research Group in 2004 through The University of Queensland, The Prince Charles and St Andrews Hospitals believes the integration of engineering and medicine is proceeding at a tremendous rate.

In 2008, Dr Daniel Timms who invented BiVACOR joined forces with Professor Fraser to create a research program around the total artificial heart designed by Dr Timms to take over the complete function of a patient's failing heart.

After seven years in Brisbane, the programme moved to the USA, where it continues to grow from strength to strength with multiple successful trials, with animals surviving happily with no native heart and all circulation being provided by the titanium heart and its spinning, non-pulsatile impella.

The experience of working in a silo free environment of medics, engineers and scientists inspired Dr Fraser and his colleagues to develop one of the largest programs of Bionic Heart and Lung Research across Asia.



This program attracted one of only six National Health and Medical Research Council's Centres of Research Excellence grants to bring these devices to a wider clinical audience than ever before.

Professor Fraser says heart and lung disease is a major epidemic in Australia and across the world and donor hearts are in short supply.

"Our cardiology and surgical colleagues can do great things but there are increasingly more people dying of end-stage heart and lung disease," Professor Fraser said.

"While transplantation and organ donation still represent the key, it is essential that we have a device that is off-the-shelf which can be used when transplants cannot be found.

"Integrating titanium pumps and semipermeable membranes in a body does present problems. The body has evolved for millions of years without artificial parts within.

"Through this trans-Asian collaboration we are integrating how best to use these devices, inventing new devices and maximising the longevity of patients in whom they are implanted."

More recently, Professor Fraser has been involved in devising the Bionic Program, exploring ways the failing heart can be assisted by a mechanical pump while simultaneously infiltrating live heart stem cells into the same heart.

"The Holy Grail for which we aim will be that the pump will keep the patient alive and the other organs in perfect working order while the stem cells can regrow the damaged area of heart muscle which will eventually obviate the need for transplants and reduce the need for long term pumps," Professor Fraser said.

"It is an ambitious project but we have world leaders' from across Australia, China, Malaysia, Japan, Taiwan, Korea, United States and Europe.

"It's a long-term project but with world 1st XV of engineers, clinicians, scientists, surgeons epidemiologists and political heavy weights, we believe we can change outcomes in a group of patients that is only going to grow.

"People may say research is expensive but it is a lot less expensive than disease!"



Professor John Fraser

It is an ambitious project but we have world leaders' from across Australia, China, Malaysia, Japan, Taiwan, Korea, the USA and Europe

St Andrew's Multidisciplinary Pain Service (StAMPS)

Making breakthroughs in chronic back pain

Update from
Dr Jason Ray



Chronic back pain is a plague of the 21st century. Efforts to contain this plague have been largely unsuccessful despite great effort and expense.

Prevalent treatments such as opioid therapy and spinal surgery are often ineffective and are associated with significant adverse effects such as opioid-induced hyperalgesia and neuropathic post-surgical pain. However, there are now reversible, minimally invasive therapies that have better evidence for axial back pain than any prior therapy of any sort.

Pain medicine, long neglected in funding and research in favour of the acute medical specialties, has had a surge of attention in the past decade. This has been driven by the huge pain-related costs and disability in all developed economies. New, more powerful spinal cord stimulation paradigms are an example of the outcome of this surge of investment. Large randomised prospective trials have now shown outcomes never previously achieved in well-powered studies for any treatment.

St Andrew's Multidisciplinary Pain Service (StAMPS) incorporates the latest evidence into the therapeutic options offered to those suffering persistent pain of whatever source. Spinal pain is certainly overrepresented but the service helps those with any persistent pain.

Treatment options encompass Mindfulness and Cognitive-Behavioural techniques, neurophysiology education, graded exposure to activity to combat fear avoidance, sensory retraining and graded motor imagery from our interdisciplinary team of pain psychologist, physiotherapist, dietician and occupational therapist. These treatments are provided in the flexible formats of an introductory two-day pain education program (StART) or an intensive ten-day, small group, outpatient Persistent Pain Program (PPP).

Our team of specialist pain physicians perform comprehensive bio-psycho-social assessments of all patients before constructing multimodal management plans which would commonly include advice on pain medications, explanation of pain pathophysiology and interventions where indicated. These include minimally-invasive spinal procedures and peripheral nerve procedures usually performed as day case surgery. With few safe, effective medications available for persistent pain, non-drug therapy is the mainstay of treatment for many patients.

Liaison with a tight network of sub-specialised specialists including specialists from St Andrew's Pelvic Medicine Centre ensures holistic care for all patients referred.



How to refer to StAMPS

Medical Practitioners can refer to one of the individual StAMPS specialists or directly to StAMPS.

There are four options for referring:

1. Refer online at standrewspainservice.com.au
2. Refer by fax to 07 3834 4291
3. Refer by email to sawmh_preventionandrehab@uhealth.com.au
4. Post referral to StAMPS

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457 Wickham Terrace
Spring Hill QLD 4000
T 07 3834 4285

Persistent Pelvic Pain: A Hidden Epidemic

Persistent Pelvic Pain is pain below the umbilicus on most days of the month for more than three months.



There is no data on the prevalence of Persistent Pelvic Pain in Australia, however estimates of community prevalence in the USA are 15 per cent and in New Zealand 25.4 per cent. This condition may also be underreported as it is often considered by some as 'normal' or too embarrassing to discuss with family, friends or healthcare providers.

Persistent Pelvic Pain usually impacts patients at a time in their life where they are usually establishing careers, studying, meeting life partners and exploring life pathways. The cost to our community from Persistent Pain related to endometriosis (only one cause of PPP) is estimated to be more than \$6 billion dollars in direct costs annually.

Pelvic Pain has been traditionally difficult to treat due to the fact that there are often multiple (and under recognised) sources of pain in the pelvis and the involvement of multiple, fragmented health care providers.

Viscerovisceral hyperalgesia is a sensitisation process whereby the persistent nociceptive input from one type of pelvic organ causes sensitisation of others. In order to manage Persistent Pelvic Pain it is important to ask about and to manage all sources of pain in the pelvis. Most patients will have a combination and varying degrees of some or all of the following: dysmenorrhea, Irritable Bowel Syndrome, bladder irritability and pelvic muscle spasm.

Overlying this pelvic organ sensitivity is a state of central pain sensitisation. These central changes have been shown to occur on functional MRI

along with reduced pain thresholds after only three months of dysmenorrhea.

Opioids are being clearly shown in medical literature as likely to be harmful to our patients with some types of persistent pain. In addition to the expected opioid tolerance and dose escalation, opioids may sensitise pain neural pathways, exacerbate bladder symptoms and cause constipation – all of these flare and maintain the Persistent Pelvic Pain condition. Also of relevance to a usually younger patient cohort, long-term opioids suppress the HPA axis. Low dose anti-neuropathic pain medications are often effective and can be used long term.

Psychological sequelae usually accompany the persistent pain state in some form and in varying degrees. It is important to manage coexistent sleep disorder, depression and/or anxiety along with withdrawal from social activities, study or employment.

Owing to the complex nature of Persistent Pelvic Pain, early multidisciplinary intervention and attention to all causes of pain in the pelvis is the most effective way to help patients manage Persistent Pelvic Pain to minimise the effect on function, wellbeing and quality of life.

Our team at StAMPS (see referral information on page 20) provides access to a cohesive and experienced multidisciplinary team of pain psychologists, pelvic floor physiotherapists, dieticians and occupational therapists.



Dr Jayne Berryman

Useful resources:
pelvicpain.org.au

References:

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3. Vincent K, Warnaby C. Dysmenorrhea is associated with central changes in otherwise healthy women. *PAIN* (152) 2011 1966-1975

The value of volunteers in a healthcare setting



Many of our volunteers come here for the opportunity to help others and to lift the spirits of patients, their family and friends in their time of need

St Andrew's War Memorial Hospital acknowledged the important role volunteers play in the patient and the visitor experience during National Volunteer Week (9-15 May) and thanked them for their diligence and contribution.

St Andrew's has an active group of about 80 volunteers from a cross-section of age groups and backgrounds.

Volunteer Services Manager Cathy Cash says volunteers are well trained on tasks to improve the patient experience or to support staff in providing world-class care.

"As part of orientation and ongoing training and support, we ensure our volunteers understand the purpose behind their tasks and duties such as how they are supporting successful medical outcomes and hospitable human experiences for our patients," Mrs Cash said.

"We especially instil in our volunteers the importance of warmly greeting our patients and their family and friends to add to the pleasant, friendly and compassionate environment that our hospital is so well known for.

Mrs Cash added that the hospital provided one of the most comprehensive volunteer programs in Queensland to achieve a high-level of patient satisfaction.

"Volunteers have opportunities to concentrate on one role or to multi-skill across several roles, depending on volunteers' preferences, skills and availability," Mrs Cash said.

"Many of our volunteers come here for the opportunity to help others and to lift the spirits of patients, their family and friends in their time of need."





Michele Walmsley

I mainly work with the Patient4Patient (P4P) group and do visits with pre-and post-coronary patients. I also help with other patient visits, including patient liaison interviews and patient escorts and help desk.

I started volunteering with the P4P group because when I was patient at St Andrews for my bypass operation, I had the pleasure

of a visit from a lovely man called Darcy and he made such a difference to my fear towards the operation. I really appreciated his time spent with me, that I thought it would be great thing to do. I love visiting patients and have met some wonderful people. Hopefully I brighten up their day just a little bit.



Jenny Gray

I had been around St Andrew's with my Mum & Dad since I was a child (over 45 years ago). Helping at Scottish Fairs and door-knock collection days.

I take the Auxiliary trolley around the wards. We carry almost anything people might want, from razors and shampoo to pencils and erasers. Magazines and sweets other items we sell.

I do it because it is a rewarding way to spend a morning. It is a great service to patients and their families as well as raising money for the hospital. It also gives some people a chance for a chat especially if they are from out of town and don't have many visitors.



Natalie Nguyen

Some days, I get to assist patients who are receiving intravenous therapy infusions and staff in the day infusions department. This

involves making and serving patients' morning tea, taking lunch orders, offering them a warm blanket and providing administration support. I usually finish by lunch time and help a fellow volunteer with distributing hand washers to immobile patients and assisting the elderly with cutting up their lunch.

Volunteering was something that I always wanted to try in this lifetime, but it became more apparent after seeing how happy and relieved an elderly woman was when I picked up tins of canned food that had fallen off her walker onto the footpath and road while she got off the bus. After this incident, I realised that I wanted to help others, make other people's lives a little bit easier and to brighten up their day. Combine this with the hope of one day working in a hospital laboratory, volunteering at St. Andrew's has allowed me to help the community while experiencing what it's like working in a hospital environment.

||
Volunteers have opportunities to concentrate on one role or to multi-skill across several roles, depending on volunteers' preferences, skills and availability



Andrew Morton

I work in the Surgical Admissions Lounge (SAL) from 6am to 8.30am each Wednesday before I attend lectures at

medical school.

I check patients' charts on arrival in SAL and hand out nursing histories for completion, then arrange charts for the admitting nurses in theatre list order.

I wanted to volunteer so I could get better acquainted with the hospital environment. I've been lucky enough to meet some surgeons and have had the privilege to observe some major surgeries first hand – opportunities for which I'm very grateful.

Getting to know

Dr Sunny Lee

Gastroenterologist, St Andrew's War Memorial Hospital

How long have you worked at St Andrew's War Memorial Hospital?

Coming up to two years shortly, the time has certainly passed very quickly since moving back to Australia from Vancouver BC, Canada.

What do you love most about your job?

Getting to know a variety of people from all walks of life and helping them through what is often a difficult situation during their illness.

What's your favourite thing to do on a day off?

Relaxing with the morning paper and a cup of tea.

What or who inspired you to choose medicine as a career?

There was a Time magazine article from the mid 90s on Dr Fred Hollows, which read, "His life was spent in an unswerving belief that the answer to human misery is action, not despair." To my teenage self, choosing medicine as a career seemed to epitomise those sentiments.

What do you find the most challenging in your everyday work?

The time pressures of expediting care for all my patients.

What's the next big thing in gastroenterology?

We're more aware that the communities of bacteria in our digestive tract, known as the human microbiome, play a significant role in our health. Beyond just digestive diseases, it can influence how our immune system behaves. We are investigating the possibility that manipulation of the microbiome may be able to treat a variety of diseases both within and outside of the digestive tract.

What is your greatest achievement?

There have been various milestone achievements in my career, which I'm all very proud of. However, what I'm most thankful for is the incredible relationships I've been able to form over those years. From the personal to the professional, they have stood the test of time and a cherished aspect in my life.



My favourite thing to do on a day off is relax with the morning paper and a cup of tea



Dr Sunny Lee

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Winter is coming...

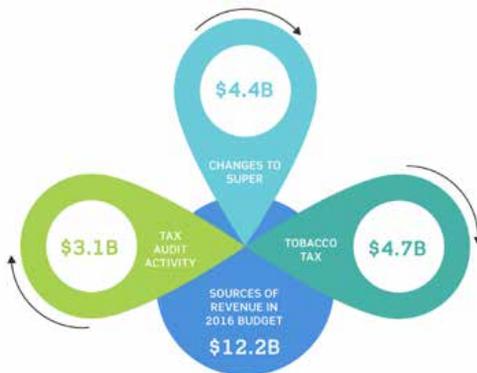
The rise of the tax audit

This year's Federal Budget attracted a lot of attention. It was the first budget in several years with a number of changes. Add an election to the mix and the media had a lot to talk about.

One aspect of the budget that really stood out to us was the announcement of the establishment of a new Tax Avoidance Taskforce. This taskforce's sole focus will be the pursuit of tax avoidance by 'high risk' taxpayers, which includes high net worth individuals.

The government has proposed a 55% increase in audit funding over the next four years.

As noted in the diagram below, tax audit activity will make up nearly 25% of the major new sources of revenue for the federal government.



Pilot Partners is a full-service, Brisbane-based chartered accounting firm. We have successfully managed a large number of ATO audits on behalf of our clients. Our medical services division is headed up by Angela Stavropoulos and Kristy Baxter. They are committed to providing specialised business and advisory services to the medical community.

If you have any questions or concerns relating to your audit insurance policy or have been contacted by the ATO, call Kristy or Angela on (07) 3023 1300.

Why now?

The Australian Tax Office (ATO) has access to a lot of data. Although this is not a new fact, they have historically never really effectively managed the information provided in that data.

This has changed. Over the past few years we have witnessed the ATO becoming more agile and better at deciphering information.

Our recommendations

1. Invest in audit insurance

If you or your practice doesn't have audit insurance, now is the time to invest in the right policy.

2. Review existing insurance policies

Take a look at what your audit insurance covers. Questions for consideration include:

- Does it cover the practice as well as individuals?
- Does the policy also include payroll tax or SMSF audits?
- What terminology does your policy use? Does it say 'audit' or does it only note 'reviews' and 'enquiries.'

3. Know where your bodies are buried

Know the risks within your group. Should the ATO come knocking, understand the consequences and costs should those bodies be uncovered. An expert can complete a risk analysis and advise as to how best to structure your practice and affairs accordingly.

4. Don't try and be a hero!

If you are contacted, don't speak to the ATO before speaking to an expert. Your first response will set the tone with the ATO throughout the entire process.

An expert has the experience and know-how to manage and guide the ATO accordingly. This will most likely minimise the pain and cost to you in the long-term.

Final thoughts

As of today, the ATO is actively looking to bank \$1 billion per year. This amount can only be reached by widening the net and taking a closer look at the data they have on file about you.

Winter is coming... don't lose your head.

St Andrew's Sports Meet Symposium, 28 May, Sofitel Brisbane



Jamie Young, Dr James Fardoulis & Dr Mellissa Naidoo



Dr Dale Rimmington



Jonathan Poon & Corey Hagell



Sports Meet delegates



Raewyn Morris, Emergency Centre with conference delegates



A/Prof Patrick Weinrauch, Dr James Fardoulis & Dr Dale Rimmington

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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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