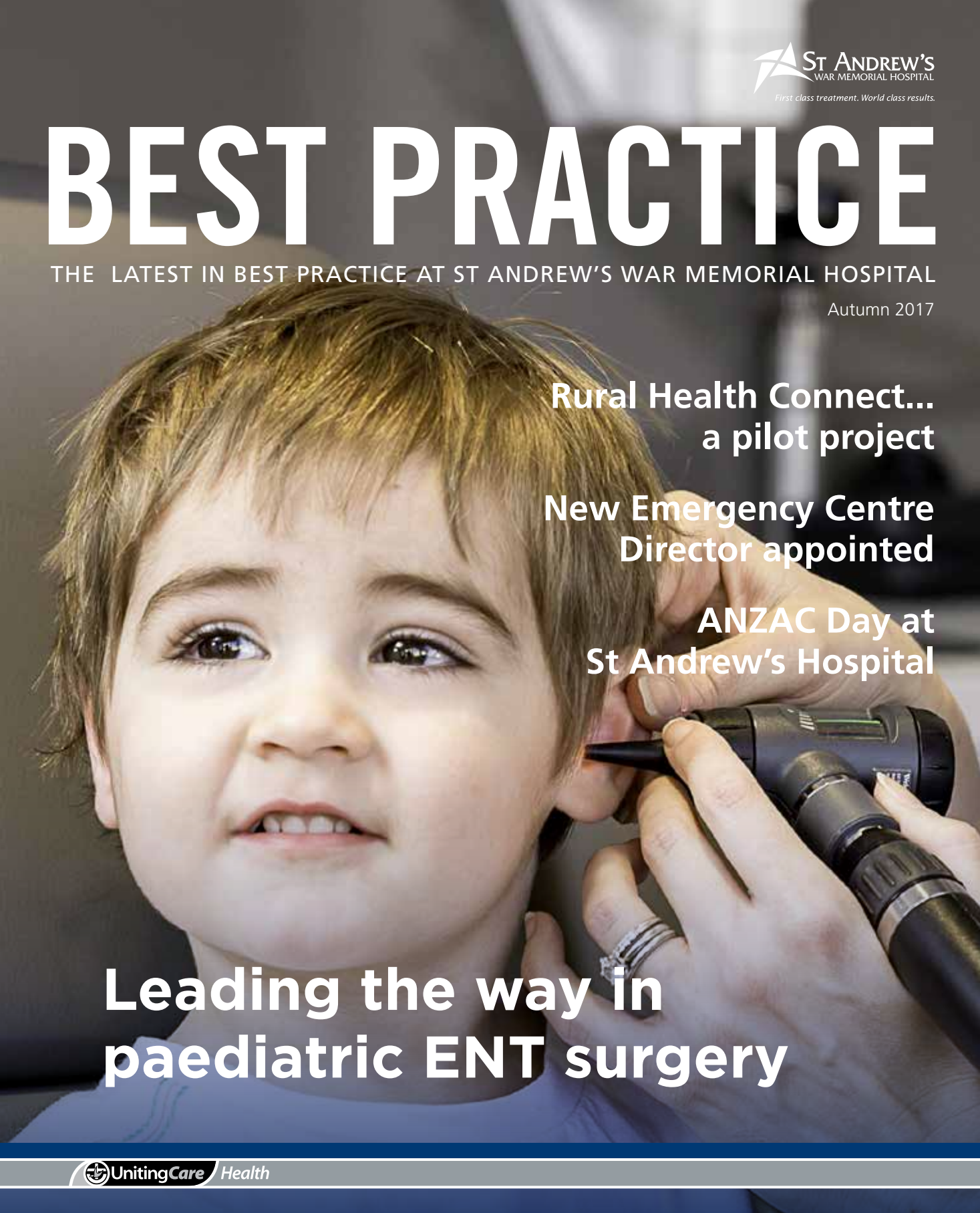
St Andrew's War Memorial Hospital

First class treatment. World class results.

BEST PRACTICE

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

Autumn 2017



Rural Health Connect... a pilot project

New Emergency Centre Director appointed

ANZAC Day at St Andrew's Hospital

Leading the way in paediatric ENT surgery

UnitingCare Health

Update

Welcome to the first edition of *Best Practice* for 2017. We have had a busy start to the year which includes welcoming all our new and continuing specialists whose presence at the hospital strengthens our ability to deliver the highest standards in patient care.

I would like to welcome Dr Kim Hansen who has been appointed our new Emergency Centre Director. Dr Hansen has considerable experience in emergency medicine in the public and private health systems, and is an advocate for Safety and Quality in Healthcare.

Her extensive involvement in the Australian College of Emergency Medicine (ACEM) and her aspiration to make a significant contribution to positive patient outcomes equips her well for this pivotal role. I am confident she will lead and strengthen our hospital's emergency centre, which is currently ranked as Australasia's Number one emergency department for patient satisfaction by the 2016 Press Ganey survey.

In this issue, find out more about paediatric ear, nose and throat surgery, our partnership with the Heart of Australia program and the latest treatments available for faecal incontinence. You will also read about how our complex care coordinators play a major role in assisting patients with care requirements that support them living in the community following their hospital stay.

This year St Andrew's will once again offer a comprehensive CPD program for GPs that will include dinner meetings, Saturday symposiums and weekends. We are widely recognised within the medical community for hosting the highest quality medical education program for GPs. Our programs are based on the expertise of our leading medical specialists who present the most up-to-date and relevant medical developments for their peers and associates.

You can view this year's full program here - **standrewshospital.com.au/gp-education**

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Faecal incontinence

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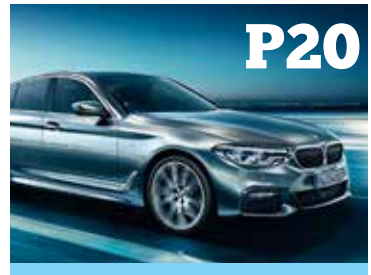
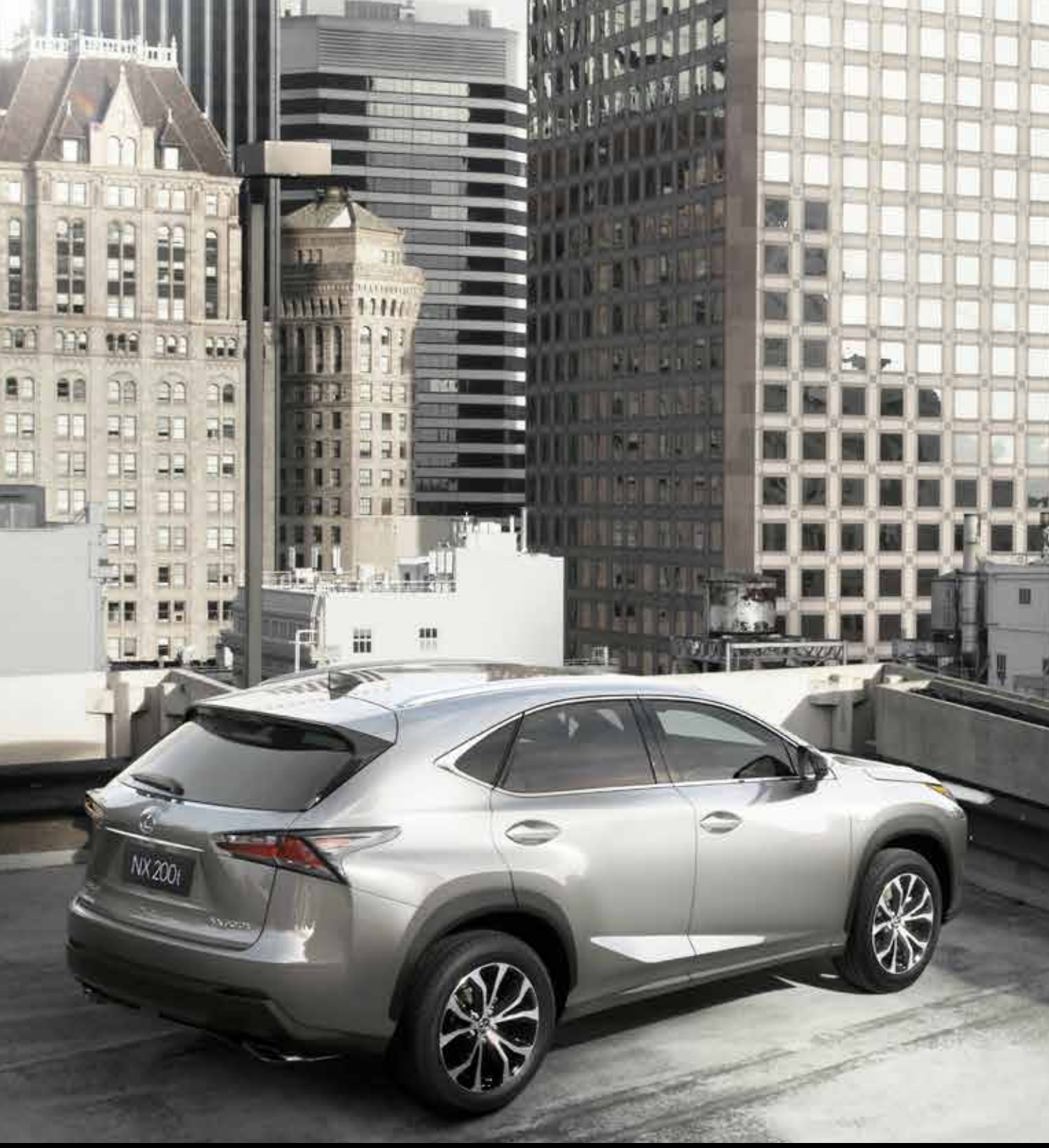


Free prize draw



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St Andrew's – leading the way in paediatric ENT surgery

Advice from Dr Elizabeth Hodge, ENT Surgeon

In 2016 over 700 children were admitted for Ear, Nose and Throat surgery at St Andrew's. For the vast majority of these families, this was their first exposure to the hospital system. Understandably, there may be some anxiety with the idea of hospital admission, however, for common ENT problems, the guidelines for when surgery is recommended has remained fairly consistent over the last decade.

In 2008 The Australian Society of Otolaryngology, Head and Neck Surgery, in conjunction with the Paediatric and Child Health Division of the Royal Australasian College of Physicians, released a position paper outlining when adenotonsillectomy was recommended in children.

The indications included:

1) Upper Airway Obstruction in Children with Obstructive Sleep Apnoea

Loud snoring, pauses during breathing while asleep, night time waking, poor concentration, restless sleep, behavioural problems, teeth grinding and bed-wetting all may be signs of obstructive sleep apnoea. Untreated sleep apnoea has been shown to potentially impact long term on growth and brain development. The removal of the tonsils and adenoids can resolve these issues in 80-90% of these children.

2) Frequent Recurrent Acute Tonsillitis

Repeated episodes of tonsillitis can impact greatly on a family particularly in terms of missed school, daycare and work. As a guide, seven episodes in the preceding 12 months, or 5 in each year for 24 months, or 3 per year for 3 years is considered frequent enough to warrant a tonsillectomy.

3) Peritonsillar Abscess

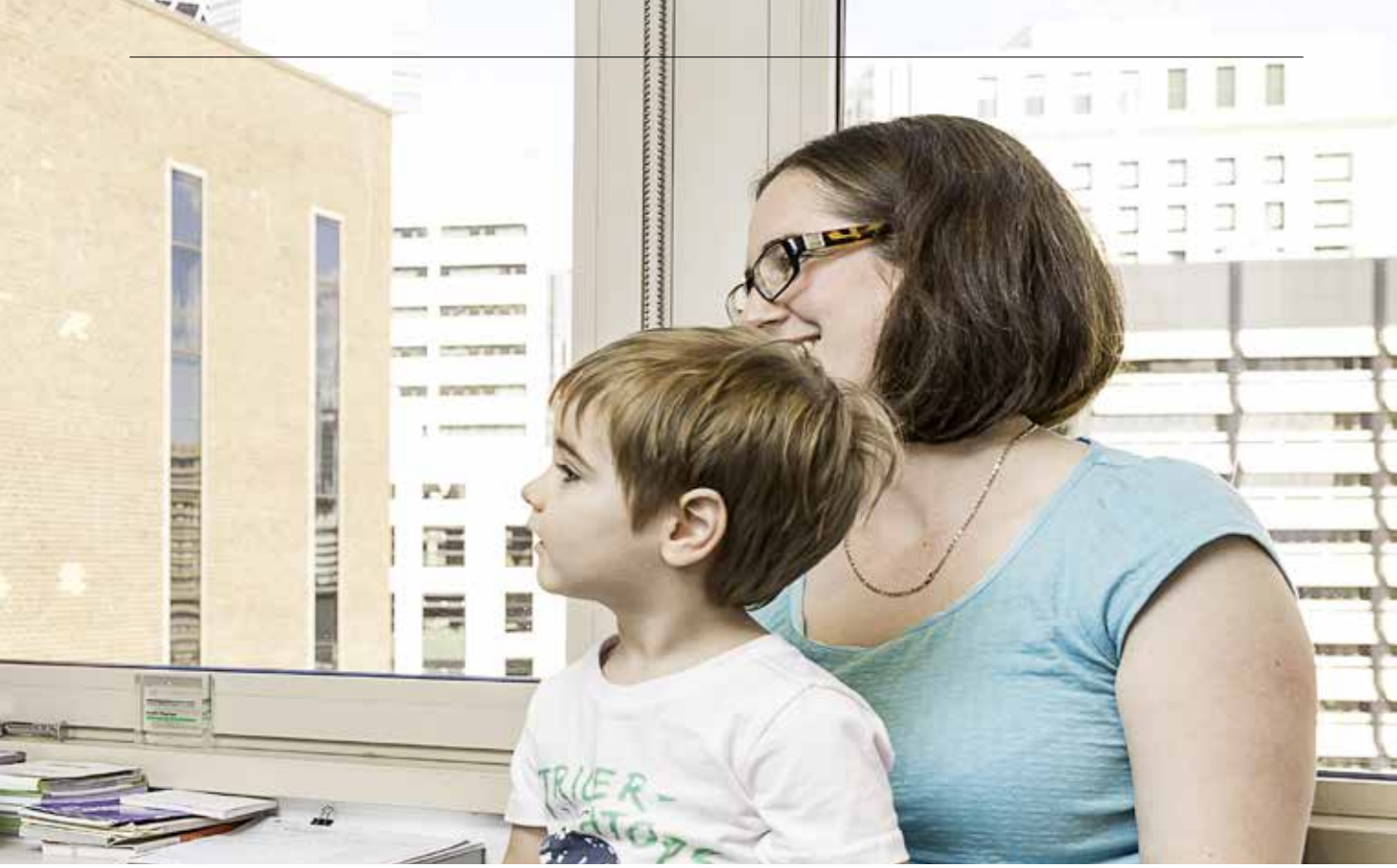
4) Suspected Neoplasm

While intratonsillar lymphoma is rare, unilateral enlargement of a tonsil, particularly of a short duration, necessitates investigation

5) Uncommon Indications

- Chronic diphtheria carrier status after failed antibiotic eradication
- Recurrent large tonsilloliths or tonsillar cysts
- Recurrent tonsillar haemorrhage

Myringotomies and the insertion of ventilation tubes (grommets) are another commonly performed ENT procedure. Indications for these may include:



1) Recurrent ear infections

Ninety percent of children will have at least one ear infection by the age of three. However, frequent or severe ear infections may need surgical intervention to prevent future complications.

2) Otitis media with effusion (glue ear)

Otitis media with effusion is defined as the presence of fluid within the middle ear. Ninety percent of children will have OME prior to school age and the vast majority will resolve without intervention. However occasionally the persistence of glue ear may necessitate surgery. The American Academy of Otolaryngology-Head and Neck Surgery recently published updated guidelines for the diagnosis and treatment of otitis media with effusion. Recommendations included:

- Clinicians should manage the child with OME who is not at risk with watchful waiting for 3 months from the date of effusion onset (if known) or 3 months from the date of diagnosis (if onset is unknown)
- Clinicians should recommend against using intranasal steroids, systemic steroids, systemic antibiotics, antihistamines, decongestants, or both for treating OME
- Clinicians should recommend ventilation tubes when surgery is performed for OME in a child <4 years old; adenoidectomy should not be performed unless a distinct indication (eg, nasal obstruction, chronic adenoiditis) exists other than OME
- Clinicians should recommend ventilation tubes, adenoidectomy, or both when surgery is performed for OME in a child aged 4 years or older.

Many hundreds of children will require ENT surgery this year and St Andrew's will continue to offer evidence-based treatment in a caring environment.

Dr Elizabeth Hodge

Suite 104, Level 10,
Silverton Place
101 Wickham Terrace
Spring Hill QLD 4000

T 07 3831 5294

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2017 DINNER FOR THE PROFESSION

Friday 16 June 2017

6.30PM FOR 7PM START - 11PM

Marquee, Victoria Park Golf Club

HERSTON ROAD, HERSTON

Black tie

AMA Queensland proudly presents an evening of elegance and celebration of the medical profession. Enjoyed over a three-course dinner, the evening will include the ***Presidential Inauguration*** and awards of distinction. Entertainment will feature a **silent auction** with all proceeds being donated to the AMA Queensland Foundation.

AMA Queensland members
$125

Non-members
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Group booking (table of ten)
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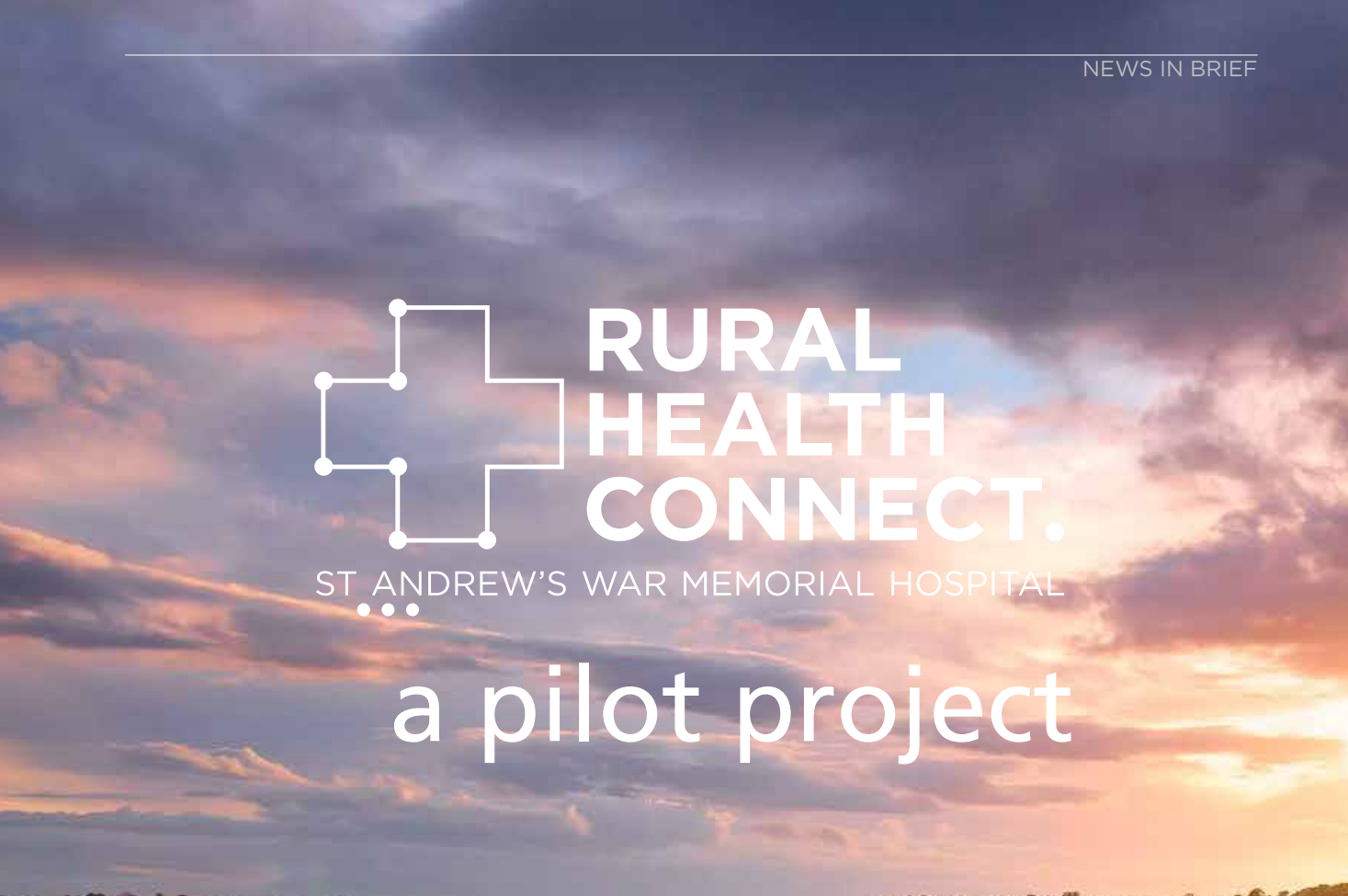
To book tickets, please email registrations@amaq.com.au.
For any enquiries, please contact the Events Team on (07) 3872 2222.



St Andrew's War Memorial Hospital is committed to improving services to our regional referring clinicians and patients. We have listened to our regional partners in health and are responding to their needs by introducing a new service, 'St Andrew's Rural Health Connect'.

Commencing Monday 6 March and running for 8-10 weeks a small selection of regional GP clinics will trial the service which aims to improve and ease access to specialist appointments for regional and remote patients.

Many referring clinicians and patients find it difficult to coordinate appointments for regional patients when more than one specialist consultation is required. Patients often drive from hospital to hospital for various appointments and consequently need to stay in Brisbane longer than necessary. This service will ease the burden by ensuring that patients will be seen as a priority in the shortest possible time frame.

We have created a central phone number and appointed a coordinator. GP's, practice staff and patients can call this number to request appointments with various specialties and the coordinator will arrange the appointments for them.

Our St Andrew's general physicians are also on-call to assist in the triage and coordination of the care of complex patients should this be required. They will happily arrange phone calls and Telehealth consultations as required and upon request.

In addition, Wesley Medical Research (WMR) have agreed to assist in assessing the outcomes of the Rural Health Connect project and are committed to working on secondary prevention strategies for patients discharged from St Andrew's back to rural communities.

If you wish to enquire about this project, please contact Candice Crawford.

T 07 3834 4293
M 0418 807 382
candice.crawford@uchealth.com.au

St Andrew's welcomes new Emergency Centre Director

St Andrew's is pleased to welcome Dr Kim Hansen, our new Emergency Centre Director. Dr Hansen, who has extensive healthcare and emergency medicine experience in senior leadership roles, commenced her new role at St Andrew's in mid February.

Kim said she was thrilled to be heading up an Emergency Centre renowned for its excellence among the medical community and looked forward to building upon the team's excellence in patient safety and flow.

"My particular interests within emergency medicine include patient flow, quality improvement and patient safety and I am keen to enhance all of these aspects at St Andrew's Emergency Centre," Dr Hansen said.

She added that she was attracted to St Andrew's EC due to its strong reputation, which includes being ranked the number one emergency centre in Australasia for patient satisfaction by the 2016 Press Ganey survey.

"St Andrew's as well as its emergency centre has an excellent reputation in the community for its highly talented specialists and staff," Dr Hansen said.

"I also have had many family members treated here over the years including my daughters and we have always had a good experience at the hospital."

St Andrew's General Manager Andrew Barron said as the Emergency Centre Director, Dr Hansen would play a key role in the hospital's commitment to providing best practice clinical outcomes to the Brisbane and the wider Queensland communities.

"At St Andrew's, we aim to care for our patients and their families in a manner we would want if it was us; not only does Kim show great medical expertise and experience, but she also shares the values of personalised and quality care that lay at the heart of our healthcare service," Mr Barron said.

"We are happy to have her on board, and I have no doubt that she will be a great asset to our organisation."

Dr Hansen will head up a team of 15 highly qualified emergency specialists, nursing staff and other professional staff. The department also has an education program aimed at educating registrars, interns and medical students.

Dr Hansen has worked at Prince Charles Hospital for about six years and continues there as a part-time Senior Emergency Consultant. Previously, she has worked at Holy Spirit, Box Hill Hospital and Royal Melbourne Hospital and has been practicing as an emergency specialist since 2007.

"The Emergency Department is where I feel I can do the greatest good for the greatest number of people, and that we are helping people when they really need help," she said.

St Andrew's is the only private, inner-city hospital that has an Emergency Centre on-site; and operates 24/7 providing a full range of emergency care.

Due to its direct billing arrangements with WorkCover and self insured companies, St Andrew's EC allows patients with work-related injuries to access immediate emergency care while bearing no expenses.

St Andrew's as well as its emergency centre has an excellent reputation in the community for its highly talented specialists and staff

Faecal incontinence

Socially isolating but readily treatable

Faecal incontinence is the involuntary passage of solid or liquid faeces, whereas anal incontinence also includes involuntary passage of flatus. The exact incidence of faecal incontinence is difficult to determine due to significant under-reporting, however is estimated to affect up to 17% of society. An Australian cross-sectional survey revealed a 12% incidence of faecal incontinence, with 52% reporting moderate or severe incontinence[1].

The aetiology of faecal incontinence is now better understood. The causes can be multifactorial and include dysfunction of the anal sphincters, alteration of the normal rectal compliance, conditions affecting rectal sensation, pudendal neuropathies, and alterations in stool consistency (mainly related to diarrhoea).

The continence mechanism is a complex interplay between many factors including mental function, stool volume and consistency, colonic transit, rectal distensibility, anal sphincter function, anorectal sensation, and anorectal reflexes. Interruption of any of the above factors can lead to distressing and involuntary loss of control of stool.

Patients with faecal incontinence require specialist assessment and workup to determine the cause and to institute appropriate therapy. A colonoscopy is generally performed to exclude any sinister anorectal pathology, and careful inspection of the anorectum at the time of colonoscopy can lead to the diagnosis of internal rectal prolapse. Anorectal manometry studies are performed in conjunction with tests of rectal sensation, pudendal nerve latency studies and an endoanal ultrasound. These investigations help identify the potential causes of incontinence and may reveal any occult sphincter damage occurring from previous childbirth or prior surgery. Further workup also includes a defaecating proctogram to assess the anatomy of the anorectum during defaecation. Internal intussusception (internal prolapse) of the rectum can cause faecal incontinence when it extends to the level of the anal sphincter complex, thereby causing reflex relaxation of the sphincters, long-term sphincter damage and resultant leakage.

Depending on the cause of faecal incontinence, treatment generally commences with non-operative intervention in the form of stool bulking, pelvic floor physiotherapy +/- biofeedback, and diet modification. For those who do not respond to non-operative management, the good news is that there are many effective surgical options that are not only low risk but also highly effective. Correction of high-grade internal prolapse (which is not noticeable externally on examination) improves incontinence scores in a high proportion of patients[2]. The most common operation to resolve this is a laparoscopic ventral rectopexy. Sphincter repairs are performed less commonly nowadays due to the poor long-term results.

Sacral nerve stimulation (aka sacral neuromodulation, SNS) has improved the quality of life of a great number of patients since its development. A small electrode is placed into the sacral foramen (usually at the level of S3) to provide low-grade electrical stimulation. A trial is first performed for two weeks to ensure patients receive a benefit, followed by placement of the permanent electrode and implantable stimulator (much like a pacemaker). Sacral nerve stimulation can improve incontinence by improving resting and squeeze pressures of the anal sphincters, rectal sensation, and by increasing retrograde colonic propagating sequences.

Dr Craig Harris

Colorectal Surgeon

Specialist Services Medical Group

St Andrew's War Memorial Hospital

T 07 3226 3800

harriscolorectal.com.au

When to refer?

Referral to a colorectal surgeon should be considered in patients who fail to respond to supportive therapy including pelvic floor physiotherapy, or for those in whom a malignant process has not yet been excluded. Treatment may still involve non-surgical options, however workup will help elucidate the cause of the incontinence in the individual. This allows us to tailor the multidisciplinary management of this distressing condition that has significant social and quality of life implications.

References

1. Ng K-S, Nassar N, Hamd K, et al (2015). Prevalence of functional bowel disorders and faecal incontinence: an Australian primary care survey. Colorectal Dis, 17(2), 150–9.
2. Gosselink M, Adusumilli S, Gorissen K, et al (2013). Laparoscopic Ventral Rectopexy for Fecal Incontinence Associated with High-Grade Internal Rectal Prolapse. Dis Col Rectum, 56(12), 1409-14.

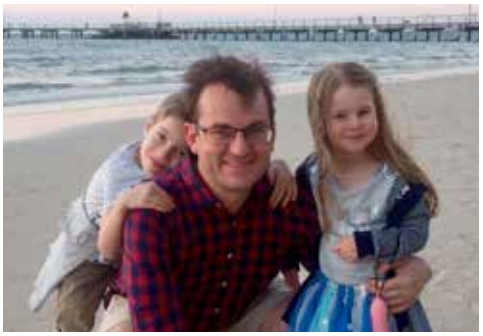
Getting to know

Dr Alex Ritchie

Thoracic and Sleep Physician

How long have you worked at St Andrew's War Memorial Hospital?
I started at SAWMH shortly after returning from my Vancouver Fellowship in 2015.

What do you love most about your job?
I love diagnostic challenge of complex respiratory disease and sleep disorders, integrating physiology with nuanced therapeutic interventions. Medicine in 2017 is so integrated across disciplines which naturally leads to a very satisfying collaborative and collegiate approach.



What's your favourite thing to do on a day off?
Hang out with my family and make sausages from scratch. I have a great recipe for Italian Pork and Fennel Sausage… There is something very restorative (Thanks Nigella) about cooking and eating together as a family. We have a huge (~16 people) Ritchie family dinner every Sunday night!

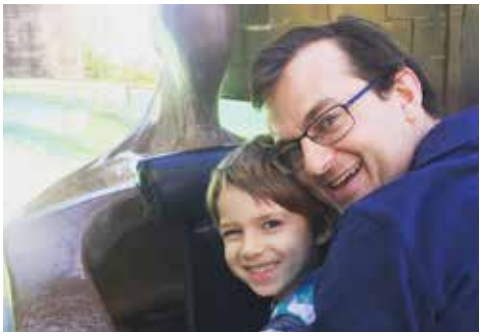
What or who inspired you to choose medicine as a career?
My Parents – Dad (David) has served the community of St Lucia and surrounds GP for more than 40 years. I am always meeting patients that he has helped in some way! My Mum (Gillian) has been at QML for a similar length of time where she works as an anatomical pathologist. I remember going in on the weekends to sit at the bench while she processed operative specimens. It was fascinating to watch!

What do you find the most challenging in your everyday work?
Getting home to get the kids to bed! I am certainly not immune to the perennial work-life balance problem but I'm working on it!

What's the next big thing in your field?
Lung cancer screening is coming and is going to be very important. Of course, screening will need to be done carefully with due consideration to resources for all patients, regardless of their location. The tyranny of distance will be a factor not encountered in other locations (USA, UK and Canada for example).

Bronchoscopic tumour ablation for early lung cancer is another area to watch. Diagnostic bronchology has developed enormously and now techniques, such as endobronchial ultrasound, are regarded as standard of care for biopsy of nodes and lung nodules. Once we can find a small tumour, we should be able to treat it – combining technologies such as microwave ablation, brachytherapy or photodynamic therapy. Very exciting!

What is your greatest achievement?
My awesome family! Kate, Sammy (6), Chloe (4) and Alice, born 9 March 2017.



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com.au

Holding true to our war memorial origins

Brisbane's only living war memorial hospital will pay tribute to past and present servicemen and servicewomen on Monday, 25 April during an afternoon ceremony on ANZAC Day. The annual service attracts more than 200 locals, staff and patients. The hospital's General Manager Andrew Barron said after World War II, hard-working men and women from the local community strove to bring about Brisbane's first hospital that would stand as a living memorial to those who fought in the two world wars. "People in the 1940s and '50s showed great determination for building a hospital in Brisbane that would best commemorate the fallen," Mr Barron said. "After years of hard work, St Andrew's opened it doors in 1958 in order for the nation's servicemen and servicewomen to be remembered in a living war memorial. The ideals of service are honoured and continued at St Andrew's in the care given to all patients."

> **General public is invited to attend at 2.10pm for a 2.30pm start with the service launching with a performance by The University of Queensland's Emmanuel College Highlanders. Other program highlights include The Somerville House Choir, ADF Catafalque Party, Dignitaries and Keynote Speeches. To RSVP email lisa.aitken@uchealth.com.au**

In keeping with our historic roots, St Andrew's also proudly provides care for Department of Veteran Affairs (DVA) patients. Last year, about 2000 DVA patients were cared for at St Andrew's and in the last five years more than 9,000. St Andrew's complex care coordinators also assist GPs in providing their DVA patients appropriate care in their communities following discharge from hospital.

> People in the 1940s and '50s showed great determination for building a hospital in Brisbane that would best commemorate the fallen

Thinking ahead
- supporting our patients beyond their hospital stay

St Andrew's War Memorial Hospital aims for best practice principles to achieve sustainable discharge for improved patient outcomes. Critical to achieving a gold standard for the discharge of patients with complex healthcare needs is our complex care coordinator model.

The model, comprising of two highly qualified complex care coordinators, facilitates the seamless transfer of patients with complex care needs to their homes and communities, following a hospital stay.

Complex Care Coordinator Rosemarie Klingberg says effective discharge planning optimises positive post-hospital physical and mental health outcomes for patients and can increase their independence.

"As complex care coordinators we focus on the continuity of care for the patient with complex health care needs that support their short and long term health requirements," Ms Klingberg said.

This role supports the medical and allied health team to coordinate care and achieve timely and effective care plans.

To achieve appropriate and timely discharge planning, the complex care coordinators meet with the patient and their families at the time of hospital admission and regularly throughout their stay.

"Consultation may also occur with the patient, GP's and community care providers ensure that we establish an appropriate discharge plan."

The complex care coordinators play an important role in the ongoing communication and coordination between hospitals and community based services such as the Department of Health's Primary Health Networks (PHNs) to ensure, safe, effective and efficient discharge from hospital to the community.

"We do access Brisbane North Primary Health Network's Team Care program for those patients who are living in the catchment area who require care coordination and support to implement the hospital care team's recommendations," Ms Klingberg said.

We assist patients and their families navigate the community and aged care sector. Home Care Packages (HCP), Commonwealth Home Support Program, post acute services and transitional care services are integral to the support of our patients and their families.

> As complex care coordinators we focus on the continuity of care for the patient with complex health care needs that support their short and long term health requirements

Ms Klingberg says she would encourage GPs and practice staff to liaise with St Andrew's complex care coordinators about their patients' care needs when they are admitted to St Andrew's.

"We work with a multi-disciplinary approach in the hospital that includes allied health workers and have access to quality outpatient services such as our day rehabilitation services," she said.

Our goal is for patients and their families to live a healthy and independent life to the best of their abilities.

For more info and/or to refer:

Rosemarie Klingberg
Complex Care Coordinator
St Andrew's War Memorial Hospital
M 0400 798 998
F 07 3834 4563

We assist patients and their families navigate the community and aged care sector. Home Care Packages (HCP), Commonwealth Home Support Program, post acute services and transitional care services are integral to the support of our patients and their families.

Wesley Medical Research recognises distinguished neurology researchers

Wesley Medical Research recognised ten neuroscientists and neurologists for their research contribution to improving the care, outcomes and quality of life of patients with neurological conditions on Thursday 2 March.

These neuroscientists specialise in the treatment and management of neurological diseases and were awarded for researching new therapies and management techniques that may slow the progression of neurological diseases, particularly for neurodegenerative conditions, such as Parkinson's Disease (PD), Multiple Sclerosis (MS), Motor Neuron Disease (MND), Friedreich's Ataxia (FA), Huntington's Disease (HD) and Alzheimer's disease.

Emeritus Professor Mervyn Eadie AO was presented with a Lifetime Achievement award.

Wesley Medical Research Chief Executive Officer and Director of Research, Professor David Paterson, said Professor Eadie is an internationally-respected researcher and physician in neurology, especially in the treatment of conditions like epilepsy and migraines.

"Professor Eadie has continued researching and teaching in the neurosciences since his retirement in 1997, adding book chapters, research papers and journal articles in medicine utilisation and treatment for epilepsy, migraines and headaches to his vast output of work," said Prof David Paterson.

"We are very fortunate to have Professor Eadie as the Chair of our Neuroscience Research Committee since last November to help further our mission of improving patient care and outcomes."

In November 2016, Wesley Medical Research (WMR) has placed a stronger focus on patient-focused medical research in seven disease area-based themes: Neuroscience, Cardiology and Cardiac Surgery, Cancer, Infections and Critical Illness, Women's and Children's Health, Surgical and Medical Innovations, and Rural and Remote Health.

> Two people die from MND each day in Australia. With no known cure or effective treatment, research into ways for improving the care, outcomes and quality of life for patients with these devastating conditions is definitely one of our top priorities

Brazils with awardees and Prof David Paterson

The Neurology Achievements Awards Function is part of a major neurological program at WMR generously funded by the Brazil Family Foundation. This program currently focuses on making grounds in neurodegenerative diseases that are becoming more prevalent in Australia's ageing population.

Dr Susanna Mantovani, who was recognised as one of the Emerging Leaders in Neurology Research, is comparing the sleep patterns of neurodegenerative patients with the healthy population to find ways to slow the progression of neurodegenerative diseases like Motor Neurone Disease (MND).

"Two people die from MND each day in Australia. With no known cure or effective treatment, research into ways for improving the care, outcomes and quality of life for patients with these devastating conditions is definitely one of our top priorities," said Professor Paterson.

Award	Awardee
Lifetime Achievement	Emeritus Prof Mervyn Eadie AO
Senior Research Fellowship	Professor Pamela McCombe
	Professor John O'Sullivan
	Associate Professor Rob Henderson
	Dr Noel Saines
Emerging Leaders in Neurology Research	Dr Shyuan Ngo
	Dr Frederik Steyn
	Associate Professor Trent Woodruff
	Dr Richard Gordon
	Dr Susanna Mantovani

We want your feedback

ENTER THE DRAW TO WIN

If you have a view or opinion about something you've read in this edition of *Best Practice*, why not write a letter to the editor? Letters exist to provide a forum for public comment or debate and provide an opportunity for you the reader to express your opinion or point of view.

If you have an idea for a story that you would like to see included in the next edition of Best Practice, email your suggestion with a short description of why you think the topic will be relevant to Queensland GPs. Please email submissions to susan.walsh@uchealth.com.au

All entries will go into a draw to win a BMW for the weekend! Entries close 19 May 2017.

Why contractors are your biggest tax risk

The use of limited liability companies have been an integral part of our commercial system for many years, allowing entrepreneurs the freedom to take risks when building their businesses.

In recent times the Australian Tax Office (ATO) has grown increasingly concerned about companies taking advantage of the limited liability protection to avoid paying creditors, most often their employees and the ATO.

This forced the ATO to take action to protect employees and creditors by introducing Director Penalty Notices (DPNs).

The hidden traps for medical practitioners

DPNs force a company to take action for any unpaid debts in respect to:

- Tax withheld from employee wages (PAYGW); and
- Compulsory superannuation.

Directors are put on notice that they will be personally liable for these debts unless they take prescribed action.

This also applies to directors of trustee companies who operate their businesses through trusts, so it potentially catches service entities as well as medical practice companies.

Initially, DPNs could only be used to chase known debts. Due to this, the ATO has tightened the provisions to make directors personally liable for any PAYGW and employee superannuation that remain unpaid, and where the existence of the debt is not reported within three months of its due date.

Contractors

If you hire an individual as a contractor principally for labour, they are considered your employee for superannuation purposes even if they've quoted an Australian Business Number.

The ATO generally accepts that contractors engaged through a proprietary limited company are not due superannuation.

Contractors will only be due superannuation if they are principally paid for their labour. In assessing this, the factors taken into account include:

- The level of independence - who, when, where and how the work is performed;
- Rates of pay and how they are negotiated;
- Their appearance to the world at large - does it look like they represent the company?

In Summary…

If your practice deals with contractors then it is worth taking a look at their superannuation eligibility. Many company directors are unaware that they could be personally liable for unpaid superannuation and are potentially easy targets for the ATO.

Our Associate Directors Angela Stavropoulos and Kristy Baxter head up the Medical Services division at Pilot Partners. Our accounting firm understands the unique professional pressures and time constraints faced by medical practitioners. Together, Kristy and Angela have more than 30 years of experience providing accounting, tax and business advice to the medical community. They can be contacted on (07) 3023 1300 with any questions you may have in relation to your contractor exposure.

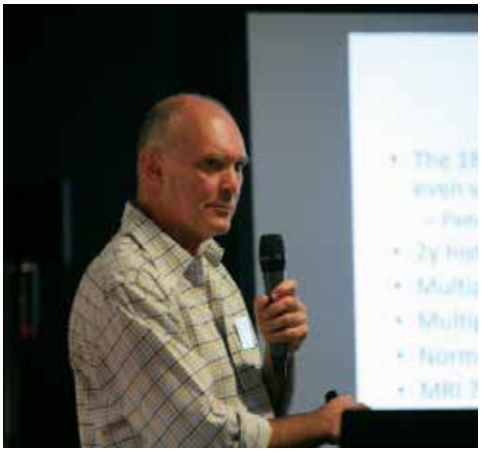
St Andrew's *Pre-Game* Sports Meet

Friday 3 February and Saturday 25 March, Suncorp

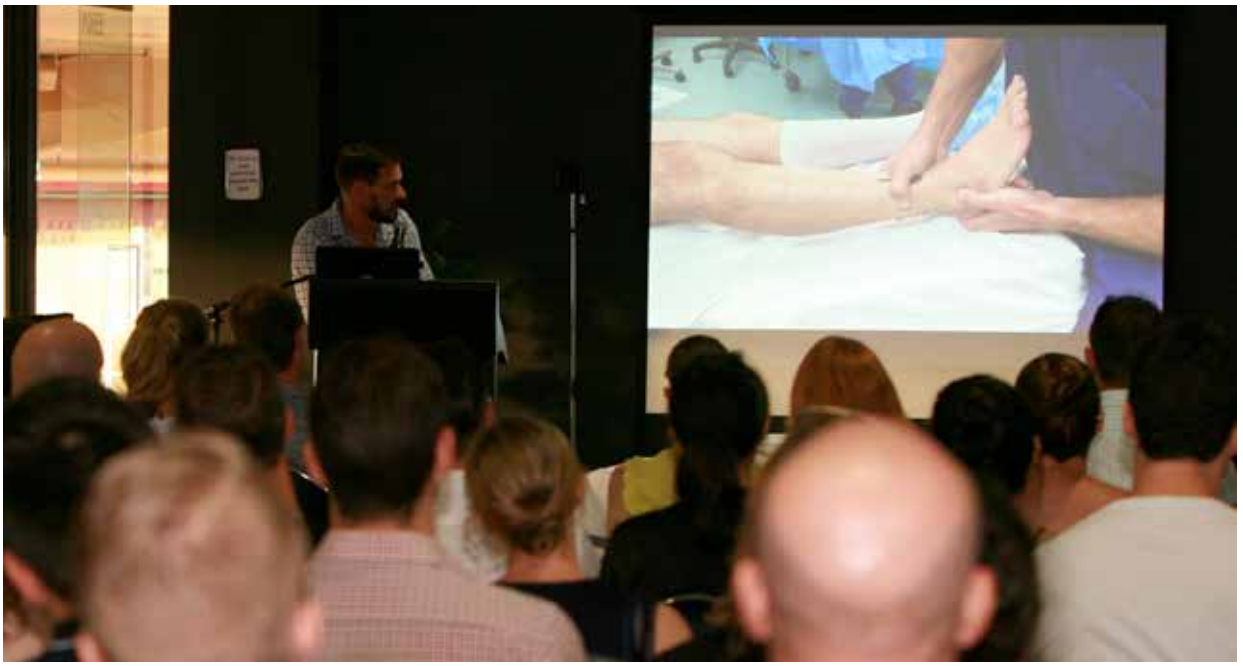
Dr Greg Sterling

Candice Crawford, Dr Michael Gillman, Susan Walsh and Brandon Borrello from Brisbane Roar

Dr Dale Rimmington



Dr Jim Fardoulys



Dr Greg Sterling

ST ANDREW'S
WAR MEMORIAL HOSPITAL

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

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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.

ST ANDREW'S WAR MEMORIAL HOSPITAL

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heart **matters**

SATURDAY 29 APRIL 2017

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For more information please contact Susan Walsh

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