

IMPROVING ACCESS TO EMERGENCY CARE

Providing more timely access to emergency care is the driving factor behind the establishment of a newly opened clinic at Sandringham Hospital.

The Urgent Care Centre (UCC) – integrated with the emergency department – is a Victorian public hospital first and will ensure the growing needs of the bayside community can continue to be met into the future.

Director of emergency, Dr Adam Bystrycki, said while many patients require a clinically advanced and urgent response, it's not uncommon for some to visit a hospital in place of their local doctor.

"Emergency physicians are skilled at treating emergencies, and that's where we ideally need to focus our resources and efforts," Adam said.

"By establishing the UCC we maintain on-site capacity to care for patients with less serious conditions during busy times, while ensuring our skilled

emergency workforce remains available to respond to more serious cases.

Adam said patients who are triaged into the bulk-billed UCC – operated by an external provider – are seen in the order they arrive, reducing expected wait times.

"The emergency department continues to respond to typical emergency conditions such as chest and abdominal pain, allergic reactions, breathing difficulties and head injuries, while the UCC specialises in minor burns, wounds, rashes, infections, simple fractures and viruses.

"This new model strengthens Sandringham Hospital's critical care capacity, and is further complemented by a team of co-located GPs who are available to provide timely care to stable

patients who may otherwise expect to wait a long time."

The UCC operates from 8am to 10pm each day, while the emergency department remains a 24 hour service, and provides care for all patients when the clinic is closed.



Dr Adam Bystrycki with young patient, Sarah Goss.

TARGETING BRAIN INJURY

Victoria's first purpose-built centre of excellence in brain injury rehabilitation is scheduled to open at Alfred Health in September.

The \$36m Acquired Brain Injury (ABI) Rehabilitation Centre – on the Caulfield Hospital site – will provide leading care and treatment for patients with moderate to severe brain injury resulting from traumatic accidents, illness or stroke.

Associate Professor Peter Hunter, clinical program director of rehabilitation, aged and community care said the centre will enhance Alfred Health's ability to care for individuals who sustain a brain injury.

"We know that the sooner an individual can access rehabilitation and care tailored for their needs, in an environment that nurtures their recovery, the better their chance of maximising their potential," Peter said.

"We want to give patients referred from across Victoria every opportunity to return to independent lives, working in conjunction with their families and other service providers."

Continued on page 3.

3 HYPERBARIC EXPANDED

4 SPOTLIGHT ON RESEARCH

7 SECOND LOOK AT SKIN SPOTS

9 TECHNOLOGY AND CARE

INSIDE



Andrew Way
Chief Executive, Alfred Health

For the 90,000 patients who pass through our emergency department doors each year, the recently released National Health Performance Authority figures should bring some comfort.

The numbers revealed that that 77 percent of patients who presented to The Alfred's emergency department last year were either admitted to a ward or received treatment and were able to leave the hospital in less than four hours.

That puts us ahead of the existing Federal Government target – the only Victorian major metropolitan hospital to do so for 2013* – and is representative of a system that is continually improving while also getting busier.

Behind this achievement was a major redesign of how we assess and commence treatment for our patients – changing and enhancing the way in which Alfred Health works today, as we prepare for those who need our care tomorrow.

A senior doctor from an overseas hospital recently visited Alfred Health. On his departure he shared his enjoyment of witnessing the pride and energy associated with delivering best in class healthcare.

He said it was obvious that a quality and safety culture permeates our organisation. He spoke of the redesign work, and the efforts he witnessed around safety and bed access. He also acknowledged achievement through advanced teamwork, and the way in which change is visibly supported.

While it is necessary for hospitals to meet and benchmark against quality standards, and to meet performance targets, our efforts are sometimes most clearly defined when a peer taps us on the shoulder and points out that innovation themselves.

The feedback I receive from around the globe is very impressive, and testament to the daily efforts of all staff. It's this commitment, across all areas of the organisation, which leads to the delivery of safe, quality and excellence in care. Our patients and our community expect this of us.

* Figures published in the report: *National Health Performance Authority 2013, Hospital Performance: Time patients spent in emergency departments in 2012 and 2013 (Update)*.

Living well with HIV: lecture

A public lecture, entitled: *Challenges of living well with HIV: Where to from here*, will be held on Thursday 10 July.

The Alfred's inaugural Professor-director of HIV medicine, Professor Jennifer Hoy, will speak about how a viral infection (HIV) changed our world. Prof Hoy, who has 30 years experience in HIV clinical research and patient care, will describe the transformation in the lives of people with HIV, how her current research is changing the way doctors help people with HIV and outline the challenges ahead.

Attendees are asked to arrive at 6pm for a 6.30pm start. The free lecture, to be held in the AMREP lecture theatre, will be followed by a Q&A session. RSVP to 9903 0026 by 4 July.

REVOLUTIONARY TREATMENT FOR COMMON CANCER

An international study has shown that giving prostate cancer patients a higher dose of radiation increases the cancer control rates by over 40 percent.

Director of the William Buckland Radiotherapy Centre at The Alfred, Associate Professor Jeremy Millar said that the study began 15 years ago when a group of doctors asked why radiation wasn't effective on all patients.

"Back then we thought that it might have something to do with the amount of radiation we were giving," Jeremy said.

"However the trouble with theories is that they have to be tested and prostate cancer can be fatal almost 15 years after diagnosis.

"So we collaborated with hospitals from all over the world, and did a 'big radiation versus little radiation study' with over 800 men over a 15 year period."

The UK based study, in which The Alfred was the largest Australian patient contributor, also highlighted the importance of the sophisticated technology used at The Alfred, which enables the higher doses to be safely given.

Radiation is used to treat about 25 percent of males with prostate cancer in Victoria. Of those, it cures about 75 percent. Surgery is used in less than half of men and about a quarter have no initial treatment, for a variety of reasons.

The results recently published in *Lancet Oncology* have helped transform treatment for prostate cancer patients worldwide, with all hospitals now using the higher radiation dosage as a standard of care.

Publisher: Public Affairs, Alfred Health
This publication is subject to the
Copyright Act 1968 (Cwlth)

Editor: Heather Thomas

Contributing writers: Brendan Carroll, Hannah Chipp, Corey Nassau, Heather Thomas.

Enquiries about *Alfred HealthLink* can be directed to healthlink@alfred.org.au or phone 9076 2266.

For more on Alfred Health visit www.alfredhealth.org.au

TARGETING BRAIN INJURY

3

From page 1.

The establishment of the centre will see eligible patients leaving acute hospitals sooner, continuing their treatment and commencing rehabilitation in a specialist setting, modelled completely around their clinical needs.

“We want to extend on Alfred Health’s track record in providing leading treatment and care for patients who sustain a brain injury, and the ABI Centre will help us deliver that,” Peter added.

This best practice approach to care will be supported by a talented team of specialist staff. This will be further enhanced and developed through continued research.

The ABI Rehabilitation Centre is jointly funded by the Australian Government and the Victorian Transport Accident Commission with the support of the Victorian Government through the Department of Health.

NEW PROFESSOR

Congratulations to Alfred respiratory physician Glen Westall, who now has a new title added to his name through Monash University, after much hard work. Associate Professor Glen Westall specialises in lung transplantation and has looked after many of the hospital’s paediatric lung patients.

TRANSPLANT GAMES

The 2014 Australian Transplant Games are set to be held in Melbourne over eight days in September. With more than 21 competitive sports and 10 special events, the 2014 games will be Australia’s largest single event promoting organ and tissue donation.



The new centre will extend on the specialist services already available on the Caulfield Hospital site.

Alfred hyperbaric service expanded

Patients needing hyperbaric oxygen therapy now have greater access to treatment with two new single hyperbaric chambers installed at The Alfred.

Hyperbaric consultant Dr Andrew Fock says the expanded service at The Alfred makes it the largest and most technologically advanced public hyperbaric service in Australia.

“The additional chambers ensure we are best placed to treat more patients with this effective form of therapy. We use it for a variety of conditions, such as treating divers with the bends to complications arising from diabetes as well treatment for complex infectious diseases such as necrotising fasciitis,” Andrew said.

“The new chambers are very comfortable, with enough room for patients to roll onto their side, lay on their stomach or on their back and they can watch television while receiving treatment as well.”



Max Collins (pictured) was one the first patients treated in the new chambers and he says it’s made all the difference. “As you can see I have plenty of space to move around. It was very comfortable;

I really enjoyed the experience.” The two new chambers were made possible thanks to the generosity of community donations.

RESEARCH SPOTLIGHT

LANDMARK STUDY CLEARS FIRST ANAESTHETIC

An anaesthetic drug used more than one billion times on patients undergoing surgery has finally been declared safe – putting an end to one of modern medicine’s great debates.

While nitrous oxide, better known as ‘laughing gas’, was first used to put patients to sleep more than 160 years ago, increasing concern over possible side effects has seen this icon of anaesthesia increasingly retired in favour of newer, more expensive drugs.

The Alfred’s director of anaesthesia and perioperative medicine, Professor Paul Myles says that is all about to change with results from one of the largest ever anaesthetic drug studies confirming nitrous oxide is safe.

“More than 230 million people undergo surgery each year – including more than two million Australians,” Paul said.

“Small nitrous oxide studies over the past decade have led to conflicting findings, creating uncertainty for doctors looking after patients having major surgery, and also for women in labour, and for parents of children undergoing procedures.”

To reveal the truth, Professor Myles and The Alfred led a six-year 45-hospital study that monitored more than 7,000 surgical patients across Australia, Asia, North America and Europe.

“Patients are at no greater risk of complication when given nitrous oxide over another drug,” Paul said. “The risk of heart attack, stroke or infection is very low and unaffected by the anaesthetic.”

“Although our study did not measure children having surgery, or women using nitrous oxide in the labour ward as pain relief, we can be confident that it is also safe to use in those areas.”



Professor Paul Myles.

“Nitrous oxide is cheap and easy to use and, because it’s been around for a long time, these results are very reassuring for people having surgery, and good news for anaesthetists who use nitrous oxide or want to use it more often.”

“Medical research is crucial in helping us identify better and safer ways to improve comfort and safety both during and after surgery, and anaesthesia is far safer today than it has ever been.”

The ENIGMA-2 trial was funded by the National Health and Medical Research Council and the Australian and New Zealand College of Anaesthetists. The results were presented for the first time at the Royal Australasian College of Surgeons (RACS) and the Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting in Singapore in May 2014.

THE HISTORY IS NO LAUGHING MATTER

It has been credited as heralding the modern era of painless surgery, but when nitrous oxide or ‘laughing gas’ was first publicly demonstrated more than 160 years ago, not all went according to plan.

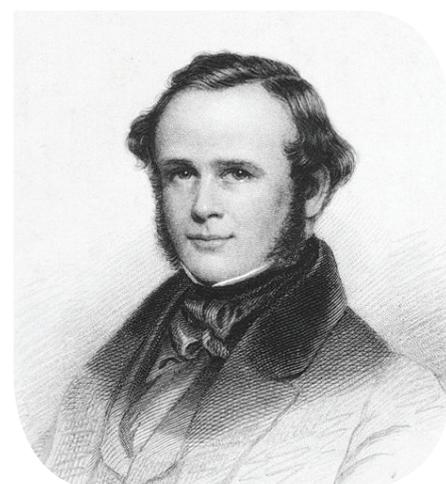
Connecticut-based dentist, Horace Wells travelled to Boston in 1846 to demonstrate his extraordinary technique in front of an audience at Massachusetts General Hospital.

Wells planned to painlessly pull some teeth from a medical student who had volunteered. Unfortunately, the apparatus or technique was off target and the student, who was not properly asleep, sat up and cried out in pain. The audience

labelled it a humbug affair and Wells was booed out of the lecture hall.

Wells was reportedly humiliated and fell into despair. He sold his business, his family left him, and he went on to become an alcoholic and drug addict. Wells was later jailed for throwing sulphuric acid at prostitutes in New York City and, while in prison, committed suicide.

Despite its shaky start, nitrous oxide eventually took its place as a mainstay of anaesthesia. General anaesthesia is one of the greatest discoveries in medicine. It provided the base needed for all types of surgery to develop, offering cure and relief of painful conditions for billions of people since the mid-nineteenth century.



Horace Wells pioneered the use of anaesthesia in dentistry.

Planning is underway for a multi-million dollar upgrade of The Alfred's Emergency & Trauma Centre (E&TC).

The works, which will be the focus of this year's Father's Day Appeal fundraising efforts, will see clinical areas expanded by 50 per cent.

E&TC director Dr de Villiers Smit says the department's new model of care sees patients assessed and treated quicker. It is proving successful and there are no longer large numbers of patients in the waiting room.

"We now bring patients directly into the department to be seen and observed closer, so we could better utilise the waiting area space," de Villiers said.

"The new model of care, which has the patient journey at top of mind, has been working well over the last 18 months and we need an environment that's reflective of that, to match the expert care. The goal is always to minimise time waiting for diagnosis or treatment."

Approximately 60,000 people come to The Alfred's E&TC each year for treatment.

"We need to plan for the future. Like most hospital departments, we have a two to three percent rise in presentations each year so going forward, treating more and more patients is going to be a challenge," de Villiers added.

With our new system of streaming patients directly into the E&TC, rather than using waiting rooms, there is a need to redesign the space and better accommodate more patients. With a more dedicated space for patients to go on arrival, they will be seen promptly by a clinical team who will make an assessment and quickly decide what needs to happen next.

Designed to be very patient-centred, the new layout will be configured to also allow better monitoring of patients and enhanced communication between staff and patients.

The Alfred Foundation is aiming to raise enough funds to purchase an additional CT scanner and build a new digital x-ray area within the refurbished E&TC.

Construction is expected to start in 2015.



Vision for the future

The new look E&TC will include:

- a new, purpose-designed reception and Rapid Intervention and Treatment Zone with a greater number of clinical assessment areas;
- 12 cubicles in the Fast Track area (up from the current six);
- a new, dedicated digital x-ray service, co-located within Fast Track. These patients will no longer have to walk through the main department to be x-rayed.

- A second CT scan machine, so two critically ill patients can be scanned at the same time, while decreasing wait time for less urgent patients. The adjacent control booth will be expanded to view and operate both machines.
- More clinical spaces created along the main corridor from ED reception to the hospital foyer.

*** Donations to the E&TC redevelopment can be made via phone 1800 888 878 or email: foundation@alfred.org.au**

NEW ACT

Significant changes to mental health legislation come into effect from 1 July, with the introduction of the Mental Health Act 2014, which replaces 1986 legislation.

The new Act will change the way that mental health services make decisions about and deliver care to consumers and their families.

More information for staff is available through the Mental Health Act implementation intranet page.

ALFRED WEEK NEW SLOT

We have a new time to celebrate the many achievements of The Alfred.

From this year, Alfred Week will be held in the last week of October. So mark your calendars now – the events will begin from 27 October and run throughout the week.

Latest wake-up call to drivers

The latest hard-hitting Transport Accident Commission (TAC) campaign that targets the dangers of driving while fatigued has been endorsed by one of Australia's leading sleep experts at The Alfred.

The advertisement, launched in April, raises awareness of the science of sleep, in a bid to stop people falling asleep at the wheel. It also aims to debunk the myth that drowsy driving is a danger only when taking long trips.

Professor Matthew Naughton, head of general respiratory and sleep medicine at The Alfred, praises the new television campaign, saying it reinforces driver fatigue as a serious issue responsible for an estimated 30 per cent of motor car accidents in Victoria each year.

"Insufficient sleep after 17-hours is equivalent to a blood alcohol reading of .05," Matthew said.

"Too many people are seemingly unaware of the importance of sleep, thinking they can defeat drowsiness by driving with the window down, turning up the music or overcoming it by consuming caffeinated drinks.

"Sleep is the brain's housekeeper. The brain produces toxins when we're awake and they are removed by cells that are activated during sleep in preparation for the next period of wakefulness."

On average, a healthy adult needs seven to nine hours of quality sleep to function properly.

To view the latest campaign visit www.tac.vic.gov.au/roadsafety

HEALTHY CHOICES LEADERSHIP SUCCESS



Alfred Health's successful Healthy Choices initiative has led to an invitation by the Victorian Government to join its Victorian Healthy Eating Enterprise (VHEE).

Kirstan Corben (pictured above), lead for population health and health promotion, is the representative for the health services sector.

"It's a great honour to be invited and a real recognition of our leadership in this area," Kirstan said.

Established by Health Minister David Davis in 2012, the VHEE aims to create a vibrant, healthy eating culture in Victoria. Its objectives include improving consumption rates of fruit and vegetables, improving access to nutritious food and reducing consumption of energy dense and nutrient poor food and drinks, as well as increasing the numbers of children and adults in the healthy weight range.

"At the first strategic roundtable I attended in April, there was huge interest on how Alfred Health has approached our onsite retailers to increase access to healthy foods and

reduce access to less healthy foods," Kirstan said.

"The group has been impressed that Alfred Health has led by example. We've had real action with positive outcomes and we're looking at going further.

"The next step for Alfred Health is to further increase access to healthier 'green' foods and further reduce 'red', unhealthy foods across our onsite outlets. We're looking at the financial viability of healthy food being retailed on our site – it is one of the biggest barriers – as outlets are uncertain whether they will thrive financially by reducing 'red' foods. We are trying to prove that it is very feasible.

"Already, our work is leading to other health services implementing similar healthy choices programs, as will companies beyond the health sector."

Other peak bodies who are part of the VHEE include VicHealth, the Heart Foundation, Cancer Council, private sector companies and food industry groups. The VHEE will meet several times a year.

GLUTEN AND DEPRESSION LINK

A new study is investigating whether there is a link between gluten and depression.

Following a pilot study, Alfred and Monash University researchers found that many patients with self-reported non-coeliac gluten sensitivity continued suffering gastrointestinal symptoms on a gluten-free diet, but had an improved mental state.

Investigator Professor Peter Gibson, The Alfred's director of gastroenterology, said the results were surprising.

"We found that gluten ingestion was associated with significantly higher depression scores compared to a placebo diet," Peter said.

The pilot study of 22 people, with gastrointestinal symptoms similar to irritable bowel syndrome, took part in a dietary challenge. Participants followed three separate diets - one included gluten, another whey and the third diet acted as a placebo. Mental state was assessed at the end of each diet.

"While 90 percent had higher depression on the gluten diet, we found no difference in mood following the whey or placebo diets," Peter said.

"At the same time, there were no differences in overall gastrointestinal symptoms across any of the diets.

"It seems that short term exposure to gluten led to feelings of mild depression. Eating gluten seemed to have a detrimental effect on participants' mental state and made no difference in physical symptoms.

"This may explain why patients who don't have coeliac disease, which is aggravated by gluten, feel better on a gluten free diet, despite the continuation of their gastrointestinal issues. It could be that gluten disturbs feelings of

wellbeing rather than physical health in these people."

A larger study, currently in its recruitment phase, will further examine whether the perceived improvement in general wellbeing is due to avoiding gluten in those with sensitivity but not coeliac disease.

The study was recently published in the *Journal of Alimentary Pharmacology and Therapeutics*.



Professor Peter Gibson.

Unusual spots in the spotlight

Alfred skin cancer experts are calling on healthcare practitioners to take a second look at their patients for suspicious and potentially deadly skin cancers.

New research led by Associate Professor John Kelly, head of the Victorian Melanoma Service at The Alfred, found that close to half of skin cancer deaths are caused by an aggressive form of melanoma that may go unrecognised by patients and their doctors.

The research, presented at the annual scientific meeting of the Australasian College of Dermatologist, shows that

while the less pigmented nodular type melanomas comprise 15 percent of melanomas, they are responsible for almost half of all melanoma deaths in Australia.

"To the untrained eye, nodular melanomas can be easily overlooked," John said.

"The name of the game is to catch them early. They grow four times more quickly in depth and any delay carries a heavier penalty in life threatening potential.

"Nodular melanoma is more aggressive than other forms of melanoma and look completely different from the common type we've become familiar with. They

present as a firm, reddish, round nodule that has appeared relatively recently and is progressively growing. Inflammatory nodules are very common but are softer and fade within a month.

"Stable red nodules that are unchanged over more than a year are harmless benign skin tumours. Basal and squamous cell cancers may appear as firm, red nodules but also need excision and can generally be distinguished from nodular melanoma with dermoscopy."

Up to 1300 people die from melanoma each year in Australia. Of those, about 550 die from nodular melanomas.

TWINNING SUCCESS FOR HAEMOPHILIA CENTRE

The Alfred's Haemophilia Centre has been named 'Twin of the Year' for its successful four year twinning program in Hanoi, Vietnam.

The award was presented at the World Federation of Haemophilia (WFH) Congress, which was held in Melbourne for the first time in May.

As the statewide service for adult haemophilia care, The Alfred's team has been able to share much expertise with its "twin" city, according to Associate Professor Huyen Tran, director of the Haemophilia Centre.

"While the bulk of our patients have haemophilia A or haemophilia B, we have expanded our care into all inherited bleeding disorders, including some very rare disorders," Huyen said.

"We are the biggest treatment centre in the country for haemophilia and have close to 1000 patients with bleeding disorders in our care."

As treatment for haemophilia has vastly improved over the years, patients are now enjoying a similar lifespan to the general population.

"Historically our patients would live until their 40s or 50s. These days it's a chronic condition but very treatable. People very rarely die from it," Huyen said.

"Instead our focus has been on building a multidisciplinary team that knows how to deal with all the co-morbidities of this condition, such as arthritis from previous joint bleeds and exposure (in the 70s to early 90s) to hepatitis C and HIV and the impact of that on quality of life."

Unlike many other medical conferences, the haemophilia congress was open to patients. The Alfred's two haemophilia clinical nurse consultants Megan Walsh and Penny McCarthy and centre physiotherapist Abi Polus volunteered their time at the congress, providing emergency medical treatment.

NEW CLINIC A MEDICO-LEGAL FIRST

A free legal clinic for patients, the first of its kind in Australia, has been established within The Alfred as a pilot project.

Launched recently by former Justice of the High Court of Australia and well known human rights champion, the Hon. Michael Kirby AC, the clinic will initially operate for six months.

HeLP (Health Legal Partnership) is an alliance between law firm Maurice Blackburn (who are providing a lawyer pro bono), the Michael Kirby Centre for Public Health and Human Rights at Monash University (who will undertake the research), Justice Connect (who are providing additional training for clinic lawyers) and Alfred Health. The Legal Services Board of Victoria and the Victoria Law Foundation have provided some funding for the initiative. The clinic is based on similar ones established in US hospitals.

Lawyer Emily Hart is based in The Alfred's social work department each Tuesday and Thursday.

"The clinic is the first of its kind, as it is available to any hospital patient (and their families) with a health related legal problem. Already I've seen patients with a wide range of legal issues," Emily said.

"Some cases have been simple such as helping patients prepare a power of attorney or plan for end of life issues; others have included giving advice on immigration, tax, domestic violence, asbestos exposure and family law."

The legal clinic provides free advice on all health-related legal issues, except for those which already have set processes in place including TAC and Workcover.

Emily has a triage and referral role, referring patients and families to private law firms who may supply their services pro bono, as well as to community legal centres.

"The idea is to help people early and catch those who may fall through the cracks," Emily said.



Hon Michael Kirby AC.

Following the pilot stage, the HeLP clinic will be evaluated to determine its effectiveness in assisting patients and their families to navigate the legal problems that can impact on their health.

Alfred Health chief executive, A/Prof Andrew Way said that the US experience tells us that patient health improves when their associated legal problems are addressed.

"We expect the free clinic will deal with a range of patients' legal issues, such as domestic violence, unpaid fines, gambling addiction, immigration problems, criminal charges and homelessness," Andrew said.

"Often these problems lie at the centre of a person's health condition, and this initiative is an opportunity to see if the US experience can translate into the Australian context."

TECHNOLOGY AND PATIENT CARE COMBINE

A new initiative by The Alfred is aiming to continue the care of hospital patients, long after they leave hospital.

Believed to be a world-first, CareTV (or Care Transfer Video) was recently introduced by the General Medical Unit to strengthen the communication between hospital medical teams and patients, who often misunderstand or forget important information about self-care at home.

CareTV takes the form of a three to five minute video of a ward round prior to the patient's discharge. It is filmed at the patient's bedside with the interdisciplinary general medicine team (including nursing, medical staff, the bedside nurse, pharmacist, family or carers and an allied health representative).

Each video includes a lay summary of the patient's diagnosis, response to treatment and follow-up plan plus answers any questions asked by the patient or family. It also includes contact details for the medical team, should the patient need to further clarify any care.

The patient or carer is given a copy of the video on a USB or DVD to take home and watch through their tv or home computer.



Associate Professor Harvey Newnham, The Alfred's director of general medicine, said there is often a problem getting patients to remember or understand ongoing care, to the detriment of their health.

"In hospitals, the morning of discharge is often very busy and somewhat rushed, with concentrated bits of information delivered verbally to patients by doctors and pharmacists. The information can be overwhelming, misunderstood or simply

forgotten by the time the patient gets home," Harvey said.

"Ongoing care around medications, wound care and diet can be very important for continued recovery.

"The hope is that the video will help the patient and their family retain and understand important medical details."

The Alfred's General Medicine department is currently gathering feedback on the new program, with the hope of expanding it, should it prove successful.

Time for techno

Successful treatments and long lifespans have led to an explosion of technology use in the medical field.

The latest seeing the need for a different type of care is The Alfred's Haemophilia Centre. As the biggest treatment centre in the country for haemophilia, it cares for close to 1000 patients with inherited bleeding disorders.

Those with bleeding disorders like haemophilia have to self-administer intravenous injections at home up to three times a week to prevent bleeding episodes.

Haemophilia clinical nurse consultants Megan Walsh and Penny McCarthy say the way in which they interact with patients has had to change.

"We have had to explore smarter and more efficient ways to monitor patients who are self-treating in the community," Penny said.

Web-based technology has become a crucial tool in caring for people who manage their haemophilia treatment at home. Patients are now able to download a free app - "My ABDR" - which links into a national registry for patients with bleeding disorders.

The app allows patients to record bleeds and treatment, manage their treatment product stock and share all this information with the haemophilia nurses in real time

"Now, with improved management, people with haemophilia have a lifespan similar to the general population. Our patient group continues to grow with many reaching a ripe old age," Penny added.

NURSES NUMBER ONE

Alfred Health's nurses were celebrated during May, with each campus rewarding those who go above and beyond in their duties.



Sean Smyth with Andrew Perta.

The winner of Caulfield Hospital's Nursing Services Award for 2014 was community health nurse Sean Smyth. Sean, who works in the community rehabilitation program in South Melbourne, was nominated alongside eight other finalists.

As the only nurse in a team located offsite with limited medical support, Sean is the "go-to" person for a broad range of issues raised when clients attend the community rehabilitation program. Sean was nominated for working hard to engage clients and remove barriers for them in managing their own health, often over and above expectations. Known for contributing to a positive team atmosphere, Sean was also described as a leader, providing education and support.

Congratulations also to shortlisted nurses Rachel Morris, Jo Canty, Kathy Zhang, Blanca Jerez, Cinderella Tiangco,



6West nursing team

Janice Inting, Carla Gregory and Molly Perumpillil.

Four winners took out awards during The Alfred's nursing awards this year. The nursing services patient centred care awards were awarded to nurse practitioner candidate Peter Tregaskis from renal services and registered nurse Katharine Troup from 7East.

The Alfred Nurses League Patient Centred Care Team Awards went to the ICU Behaviours of Concern Group and the 6 West Nursing Team.

The past 12 months has seen Sandringham Hospital undergo significant upgrades and two nurses shone during the transition.

Sandringham Hospital's emergency nurse manager Chris Batey and after hours coordinator Deb Pringle were both awarded for excellence in patient centred care.



Alison Palmer with Chris Batey and Judy Reeves.

Judy Reeves, director of nursing, clinical service director, paediatrics at Sandringham Hospital says there have been major changes from a patient care, environment and workforce perspective at Sandringham recently.

"Chris' leadership has helped shape the patients' pathway throughout these changes. Patient feedback has been extremely positive as she has supported their seamless journey," Judy said.

Deb's role is to ensure a seamless transition between day and night.

"Deb has shown a professional and skilled approach to supporting staff through the recent changes and has been excellent coaching them through RAP rounding, bedside handover and changes to the patient journey through the emergency department."

Top nursing graduate

Alfred nursing graduate Duncan Maughan was named a finalist of the HESTA Australian Nursing Awards, a national program.

As a finalist in the Outstanding Graduate section, Duncan was flown to Sydney for the awards dinner.

The outstanding graduate, who must have completed their graduate year

between January 2013 and February 2014, is seen as the future of Australian nursing and midwifery. The finalists were honoured for their exceptional qualities in areas like providing holistic patient care, coming up with initiatives to improve their workplace, team relationships and participation in quality improvement processes.

Executive director nursing services Janet Weir-Phyland congratulated Duncan.

"It's very impressive to make this shortlist – Duncan has been recognised as one of the top five nursing graduates in the country," Janet said.

"We're very proud of his achievements."

RECORDING EXCELLENCE 11

Alfred Health has received a commendation in the Sir Rupert Hamer Records Management Awards.

The Womens@Sandringham Medical Record project was awarded the Victorian Government Agency award commendation, with a certificate presented jointly to the Royal Women's Hospital and Alfred Health.

The Royal Women's Hospital (RWH) entered into partnership with Alfred Health in 2013 to provide obstetric and gynaecology services at Sandringham Hospital.

Records management was a key feature of the project's success and included implementing a shared medical record number for RWH patients being treated at Sandringham Hospital. The project required strong liaison between the two hospitals' medical records staff and significant preparation work to share patient information, both paper and electronic.

Alfred Health director of health information services, Ross Buchanan, says it was a pleasure to receive the commendation.

"As there were a number of well regarded nominations, the Public Records Advisory Council reserved the right not to grant an award winner. Instead, two agencies received commendations including Alfred Health/RWH," Ross said.

The awards are now in their 16th year and are managed by the Public Records Advisory Council and Public Record Office Victoria. The annual awards recognise the importance of preserving the past and the present for future generations.



Alfred, Sandringham and RWH HIS team representatives.

Top honour leads to Oxford

One of medicine's most prestigious awards has been bestowed upon Alfred intern Genevieve Martin.

Genevieve, who is currently working in the hospital's vascular surgery unit, has been awarded a John Monash Scholarship. The scholarship, which is awarded for academic excellence and potential to contribute as a future Australian leader, will allow Genevieve to complete her DPhil (PhD) in virology at the University of Oxford next year.

Genevieve is one of just 15 winners nationwide across all fields of study.

"Winning this scholarship is an absolute honour," Genevieve said.

"The achievements and future plans of the other recipients of this scholarship are truly inspiring and it is humbling to be considered amongst this group."

At Oxford, Genevieve's focus will be on novel therapeutic strategies for infectious diseases, particularly HIV.

"I have chosen the University of Oxford because the chance to be mentored by the world's leading researchers in this field will provide me with unique opportunities to establish my future research career," Genevieve said.

"Infectious diseases particularly interests me because of the diversity of illnesses seen, the public health importance of infectious disease and the close integration of research and clinical practice. Furthermore, the management of chronic viral infections, such as HIV, requires working closely with patients and other health professionals in a way that resembles primary healthcare, an aspect that I particularly enjoy.

"I am grateful to the General Sir John Monash Foundation for giving me this opportunity," Genevieve added.

Dr Lee Hamley, executive director medical services, congratulated Genevieve upon her award.

"This is a very prestigious award and an impressive achievement," Lee said.

The scholarships were awarded by Prime Minister Tony Abbott at the Shrine of Remembrance.



Award winner Genevieve Martin with Prime Minister Tony Abbott. Photo courtesy: the General Sir John Monash Foundation and Susan Gordon-Brown Photography.



MRI manoeuvres

When The Alfred's new 3T MRI was delivered recently, the installation involved two cranes, the partial closure of Punt Rd and a carefully planned and delicate night-time operation to install the hospital's newest high-tech equipment.

The 3T MRI machine was delivered to The Alfred Centre late at night and installed in the wee hours of the morning, way before morning peak hour traffic arrived. Partially removing a wall on the side of The Alfred Centre was required so two cranes could drop the equipment into place.

The state-of-the art MRI was bought with generous donations, totalling \$4.5million (for purchase and installation), from hospital supporters.

Professor Ken Thomson, director radiology at The Alfred said: "For a radiologist, image quality is the most important thing. MRI imaging is vital for diagnosing a huge range of conditions – and the 3T provides the fastest and clearest image possible".

CAULFIELD DESIGNED BRACE LEADS TO CHAMPIONSHIPS

Three years ago, 42-year-old Amanda Reynolds, had to make the choice between a life of chronic pain and losing her right leg.

Since a knee condition at 17, she has undergone 20 years of countless operations and managed an increasingly painful and difficult condition.

Unable to move most days, due to chronic pain and a central nervous system disorder, Amanda was unable to work or even go for a walk with her two boys. She decided to undergo an amputation.

"Although the decision to lose my leg was a scary one, looking back it was the best choice I could have made," Amanda said.

"You get to a place where you can only live on the drugs for so long. It doesn't just affect you, but your whole family."

Now off all pain medication, Amanda has discovered an incredibly active lifestyle, having found her passion for kayaking.

Amanda has qualified for the Kayaking World Championships, where she will compete in Moscow this July.

In an Australian-first, Amputee Unit rehabilitation staff at Caulfield Hospital have designed and built a brace for Amanda's kayak, which bolts into the seat and keeps her stump stable and under control while on the water.

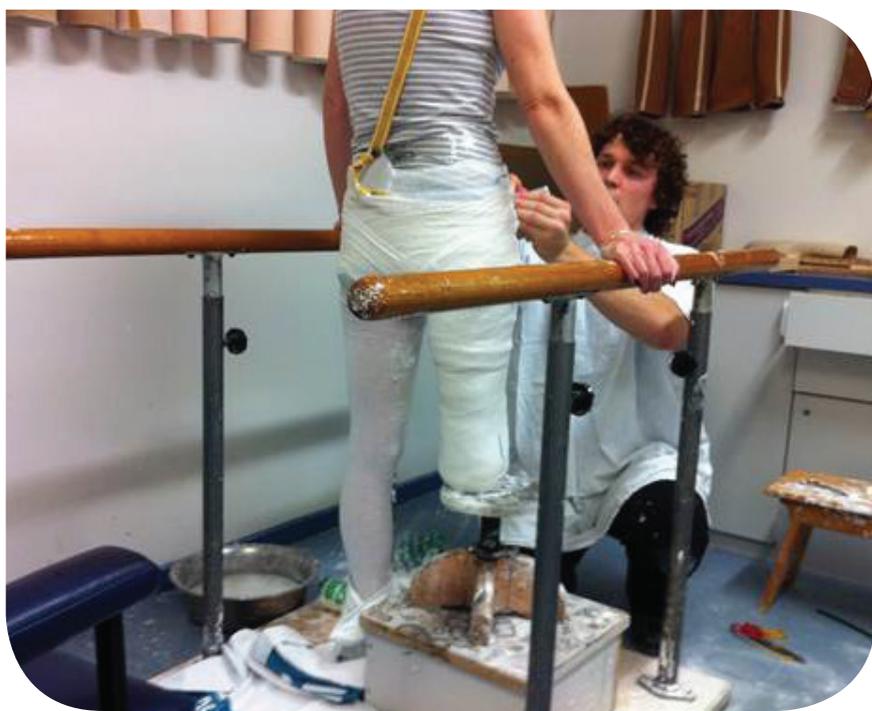
"The staff were amazing. Without them I might never have been able to get back into the kayak," Amanda said.

"The furthest I've ever been overseas is Phillip Island and now I'm preparing to compete in Moscow for Australia. It's unbelievable how far I've come in two years."

Amanda's prosthetist at Caulfield Hospital, Nathaniel Kenyon, says returning to a level of function experienced prior to amputation can take a new amputee months, while many will never reach that level at all.

"Amanda has not only returned to where she was previously, but has far exceeded it - and in a relatively short period of time. To go from being bound by crutches and heavy medication to Australian kayak para-champion, all within the space of two years, is like nothing else I've seen," Nat said.

After Moscow, Amanda is hoping to qualify for the Paralympics in Rio.



Alfred Health's Out of Hours Workforce Model and Training Program has been named a winner in the Victorian Government's inaugural People in Health Awards.

This program was awarded the Metropolitan Health Workforce Initiative prize.

Dr Owen Roodenburg, ICU deputy director and supervisor of training, led the initiative together with organisational development's Mark Krnjaic.

The award winning program addresses problems that face most hospitals at night – in the past there has been little integration between medical and nursing teams and not enough senior oversight, or robust governance. These issues were identified by The Alfred when examining the after hours workload in a bid to develop systems to improve and progress patient care.

One arm of the strategy developed included the creation of a new senior medical role, the after hours clinical lead (AHCL), which is staffed by senior ICU registrars. This role is combined with a novel, in-house, training program which develops leadership, mentoring, teamwork and negotiation skills in the AHCL candidates. The leadership program is built around three learning principles: experience, exposure, and education.

"This completely new system, which combines improved patient care with unique and high quality non-clinical



ICU director Professor Carlos Scheinkestel, Minister for Health David Davis and chief operating officer Andrew Stripp

training, has improved the care of patients, enhanced the breadth of experience for senior sub-specialty trainees, and boosted the profile and reputation of the hospital whilst aiding recruitment," Dr Roodenburg said.

Professor Carlos Scheinkestel, director of intensive care & hyperbaric medicine is proud of the new program.

"The benefits of this role have been abundant: patient management and progression have been improved, the AHCLs have developed skills in leadership, mentoring, and working autonomously. AHCLs also now deliver quality teaching and training to the night time junior medical staff, where previously there was none," Prof Scheinkestel said.

"We believe that internationally some large centres are incorporating The Alfred model into the development of new out of hours systems."

The new People in Health initiative is designed to recognise excellence in Victoria's health education, training and development sector and most importantly, to allow organisations to learn from each other.

Congratulations also to 4GMU nurse Jason Turpin, who was a finalist in the metropolitan learner award section, one of only four up for the award. Jason completed his graduate year on 4GMU in 2013, caring for acute and complex patients on a daily basis and was nominated for his excellent patient centred care.

SORRY DAY

National Sorry Day was celebrated on Monday 26 May. Alfred staff listened to Elder Aunty Carolyn Briggs and her inspirational stories of reconciliation in Australia.

The Aboriginal health branch of the Victorian Department of Health presented the signed Statement of Intent to Alfred Health's Chief Operating Officer Andrew Stripp.

The Statement of Intent is an agreement to work together to achieve equality in health status and life expectancy of Aboriginal and Torres Strait Islander peoples at Alfred Health.

Those gathered stayed for a traditional Aboriginal smoking ceremony.



Darren Clinch from Department of Health, local Aboriginal elder Carolyn Briggs, Alfred Health chief operating officer Andrew Stripp and Mark Stracey from the Department of Health with the signed Statement of Intent.

BE INFLUENTIAL: KNOW THE FACTS



Getting vaccinated against influenza greatly protects you from being unknowingly exposed to the virus.

Studies show around five percent of patients with influenza in hospital acquire the infection after admission.

An annual vaccination can more than double your protection from influenza.

- Influenza is a serious illness. More than 10,000 people were hospitalised in Australia from the virus in 2012.
- A flu vaccination each year greatly decreases the risk providing 50-70 percent protection against the virus.
- A flu vaccine greatly decreases the risk of pregnant women transmitting the virus to their unborn child by 63 percent.

Sometimes people confuse flu and cold symptoms. Sore throat, runny nose and sneezing are typical signs of the common cold. Influenza is characterised by high fever, severe cough, chills, headaches, muscle aches and pains and sore throat.

It's important to note that the flu vaccine is not a live virus, which means you cannot get influenza from the vaccination.

DOCTORS GET THE FLU TOO

When Alfred Health renal specialist Dr Marco Bonollo was struck down by influenza, he quickly learned, like many others have, that he had underestimated the power of the virus.



Feeling unwell, and dismissing it for what he thought was the common cold, Marco went to bed one evening thinking he would quickly bounce back. The next day he found himself lying in a bed at The Alfred.

"It was a conceited arrogance. I thought I was too well and that only others got the flu," Marco said

"In retrospect, the symptoms I had always thought were the flu weren't the flu at all. I eventually discovered that real influenza was completely debilitating."

Marco recalls feeling the first signs of the virus during his drive home from work.

"It wasn't a particularly cold day but I remember turning up the heating in the car because I was feeling chilly. By the time I got to bed I felt a little hotter but ridiculously reassured myself it was just the common cold and that I would be back at work the next day.

"The following morning I got out of bed and collapsed with dizziness. I had to

scrape myself up off the ground – feeling chills and aching all over. I felt delirious," Marco said.

"A short time later I found myself in our own emergency department, as a patient."

Doctors diagnosed Marco with influenza. He had severe dehydration requiring intravenous fluids and spent several days recovering in hospital.

Marco said he learnt just how unbearable the flu can be the hard way, and now he doesn't think twice about getting the influenza vaccine.

"If I had been vaccinated that season, I may not have become so seriously unwell, required urgent hospital treatment and time off work. I also potentially exposed my patients, my fellow co-workers and my family to the flu virus." Marco stresses the importance of healthcare workers looking after their patients, family and colleagues by getting vaccinated early against influenza each year.

NEW APPROACH TO DEPRESSION

15

An accelerated treatment program may be the answer to more effective care for those with severe depression.

Professor Paul Fitzgerald, deputy director, Monash Alfred Psychiatry Research Centre (MAPrc), says major depressive disorder is a severe, common illness and there are few treatments that actually work.

“A significant percentage of patients fail to respond to standard treatments and continue to experience marked disability and high morbidity,” Paul said.

One therapy that has had some success in those with treatment-resistant depression is the use of repetitive transcranial magnetic stimulation (rTMS).

“Previous research conducted by our group and others clearly indicates that rTMS has antidepressant activity and that the response to rTMS is clinically meaningful. It is now being increasingly used in clinical practice in the US and more recently in Australia,” Paul added.

“However, a major barrier to the utilisation of rTMS is a relatively slow rate of response to treatment. Often patients need daily treatments over a four to six week period.”

As well as the time commitment required, the therapy is not considered appropriate for acutely suicidal patients. The accelerated rTMS may fill the gap for those needing rapid results.

Researchers at MAPrc believe by compressing the time of rTMS by almost half, the treatment would become more acceptable to patients and also cheaper to administer.

“The primary goal of this study is to investigate whether response to rTMS can be substantially enhanced through the use of an accelerated treatment protocol,” Paul explained.

“We are comparing antidepressant response between a standard and an accelerated rTMS protocol. The hope is that by accelerating treatment and its response, it would then become a viable alternative strategy for the treatment of patients who are acutely suicidal or have other acute depression related risks, such as those who have stopped eating and drinking.



Professor Paul Fitzgerald.

“Our pilot data is showing equivalent responses to standard treatment.”

The study is currently in recruitment stage. Call 9076 6595 for details.

Go dry in July

The fundraiser that challenges people to go booze-free for the month of July is back and for the first time The Alfred is proud to be on board as a beneficiary of the cause.

Dry July will once again distribute funds to a range of cancer services. As home to one of the busiest cancer centres in Victoria, A/Prof Jeremy Millar, director radiation oncology at The Alfred, says he wants to see more people give their liver a holiday in July to help make a difference.

“I encourage anyone whose life has been impacted by cancer to do something positive. Giving up the turps for a month will make a big difference in our patients’

lives, not to mention our livers,” Jeremy said.

“We treat thousands of patients a year and we know that this can be the most difficult and challenging time in their lives.

“Projects funded by Dry July focus on making things easier for cancer patients by supporting ways of making their life better and a little more comfortable.

“Dry July is a challenge of determination, giving you the chance to also focus on your own drinking habits and the value of a healthy, balanced lifestyle.”

Visit dryjuly.com to sign up and help support The Alfred care for adults living with cancer.



A NEW P.A.R.T.Y. COMES TO TOWN

The Alfred Prevent Alcohol and Risk Trauma in Youth (P.A.R.T.Y.) outreach program recently visited Bendigo, with senior students coming face to face with the tragic personal impacts of trauma.

An extension to the P.A.R.T.Y. program at The Alfred, the P.A.R.T.Y. outreach experience gave senior students living in regional Victoria a chance to participate in a tailored version of the program locally. For most of these schools, a trip to Melbourne can be difficult.

Professor Russell Gruen, director National Trauma Research Institute, says taking the successful Alfred program to regional centres in Victoria could help reduce the over-representation of youth in trauma.

“Trauma is responsible for 40 percent of deaths in 15-25 year-olds. Many more are disabled from the effects of injuries sustained in a major trauma situation,” Russell said.

“With the right education, major trauma - especially preventable trauma resulting from the use of drugs, alcohol, reckless



Alfred emergency clinical nurse specialist Paul Liston with Michelle Barnes, Bendigo Health emergency clinical nurse specialist, explain to Bendigo students the traumatic consequences of poor social choices.

driving or assaults - could be reduced in the local area.”

The program includes student participation and experience of what it is like to be

involved in a trauma, which will hopefully assist them in making better decisions in social situations to avoid harming themselves and others in the future.

Sandy's first doc celebrates 50 years

Fifty years on and Sandringham Hospital's first doctor still stands proudly by his community hospital.

Dr Howard Farrow came back to Sandringham to commemorate its 50th anniversary, with a few stories to tell.

“I actually started on the opening day,” Dr Farrow said.

“I had the very first theatre space – it was a child who needed his tonsils taken out.”

The now 88 year old explained that back then, GPs would diagnose, treat,

operate and watch over their patients at the hospital.

“That’s not something that happens today”, he added.

Dr Farrow remembers the opening of the hospital, and says its unique circular design was very popular.

“It was an excellent concept that should have been done elsewhere.”

Dr Farrow will attend a reunion of past staff at the Brighton Savoy on Tuesday, July 22. All past Sandringham Hospital staff are encouraged to attend. Bookings can be made at trybooking.com/ESUM.



Dr Howard Farrow outside Sandringham Hospital. Picture courtesy of the Bayside Leader and photographer Tanya Fry.

Trusted to deliver outstanding care.

