

## *Improving lives after trauma*

**ABI UNIT  
TURNS  
ONE**

**25 YEARS  
OF TRAUMA  
CARE**

**NEW  
EMERGENCY**



# HEALTHY INSIGHTS

**More than 25 years ago, The Alfred established Victoria's first dedicated trauma centre and helipad. It was a bold move, but a vital shift that supported the development of trauma medicine in Australia, and lay the foundation for our hospital to become a leader in the specialty.**

In this edition of *HealthLink* we reflect on this milestone, as well as the model of care that is extending our effort to give patients the best chance at recovery, following brain injury sustained through trauma or other means.

When we opened the Acquired Brain Injury Rehabilitation Centre at Caulfield Hospital 12-months ago we again took a leap to change the way care is provided

– taking patients out of acute hospital care and into a specialist rehabilitation environment sooner than ever before.

In combination, we're giving patients - like Diego, who is pictured on the front cover - greater hope.

Both of these milestones will be reported on at Alfred Health's Annual Meeting in November. Visit our website for more details.



Andrew Way, Chief Executive, Alfred Health



Healthy Heroes ambassador Jason McCartney with Alfred burns patient Mark McInness

## Healthy heroes join forces

Television personality Scotty Cam and former footballer and Bali bombing survivor Jason McCartney were among the many to raise a hand to support The Alfred's annual Healthy Heroes Father's Day appeal.

This year's appeal, proudly presented by Harris Scarfe, successfully raised funds to expand The Alfred's Cardiac Centre. Patients and staff enjoyed live 3AW broadcasts in *The Alfred Café* and the annual tin shake was held at the MCG during a Collingwood vs Essendon match.

The 2015 men's health booklet, *Basic Building Blocks of Men's Health: The heart of the matter*, provided men with an insight into cardiac health and how it interlinks with nutrition, sleep, exercise and mental health.

View the publication here: [www.alfred.org.au/publications](http://www.alfred.org.au/publications)

**Publisher:** Public Affairs, Alfred Health

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**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](mailto:healthlink@alfred.org.au) or phone 9076 2266.

For more on Alfred Health visit [www.alfredhealth.org.au](http://www.alfredhealth.org.au)

**Front cover:** Diego Mercado, recovering after a serious motorbike accident. Read his story on page 7.

# ABI UNIT TURNS ONE



*Just some of the more than 100 specialised staff who run the ABI Unit.*

## **One year after Victoria's first purpose-built Acquired Brain Injury (ABI) Rehabilitation Centre opened, Caulfield Hospital staff are celebrating multiple successes.**

Built from the ground up, more than 100 medical, nursing and Allied Health staff were recruited to care for a complex group of patients. The ABI Centre has progressively opened all its 42 beds to care for patients from around the state.

While road accidents have been the cause of some patients' injuries, others have suffered serious strokes or hypoxic brain injury from a variety of causes.

In 12 months, there have been 190 admissions and 155 discharges.

ABI nurse manager Katrina Neave says, amazingly, 65 per cent of patients have been discharged home, despite facing a huge number of physical and psychological challenges.

"What the team has achieved in only one year is quite phenomenal," Ms Neave said.

"The sheer volume of patients we have treated has been unexpected. We thought patients would have longer lengths of stay – but we've had amazing successes, due to ongoing commitment.

"We apply evidence based practice to every element of the rehabilitation process; it is a truly interdisciplinary way of working. We continue to evolve; having an aligned research unit keeps us on track.

"This is patient and family directed care – they set goals within 24 hours of admission and the family is involved for the entire rehabilitation stay. Research says the more family is involved, the greater likelihood of the patient getting home, with better long-term outcomes."

Director of Nursing Andrew Perta says one of the strengths of the unit is its adaptability.

"The very complex patient needs and acuity in the ABI unit require acute services that are unusual in rehabilitation," Mr Perta said.

"In collaboration with ICU, neurosurgery, orthopaedics and psychiatry, we have developed a specialist team with expert patient management skills. This is a great example of Alfred Health's commitment to deliver services to patients in the most appropriate setting." The ABI Centre is now full, with a short waitlist.

## **ABI patients at a glance**

- Average length of stay: 49.8 days
- Longest stay: 228 days
- 70 per cent of patients are male
- Most patients are aged between 25-54 years
- TAC patients accounted for 31 per cent of patients and 46 per cent were public patients.

# Saving lives

**Twenty-five years of integrated trauma care at The Alfred has led to high patient survival rates and a level of expertise that has placed the hospital at the leading edge of trauma care. Today, international centres are implementing Alfred trauma systems.**

“Things are constantly changing in trauma. A patient can rapidly deteriorate. But it’s not a fancy drug or special operation that has saved most lives - it’s having the system to make the right decisions, and to not miss anything important.”

The Alfred opened Victoria’s first dedicated trauma centre and helipad in 1990. According to Professor Mark Fitzgerald, Director of The Alfred’s Trauma Service, both developments were significant steps in the evolution of modern trauma care.

“In the 1980s, there was no dedicated trauma service or trauma surgeons. The few patients that were brought to The Alfred by helicopter were not airlifted

directly to the hospital but to Fawkner Park. Emergency staff had to navigate the traffic with a critically ill patient on a trolley before reaching the hospital.”

The Alfred started with a trauma unit that focused on providing rapid treatment for patients critically injured in road accidents. It soon became apparent that the Road Trauma Centre and Emergency Department needed to combine to provide the best care for very sick patients.

The benefits of an integrated trauma approach were swift.

The Alfred had a significantly lower proportion of potentially preventable deaths than other Victorian hospitals. This was evidenced by a consultant

committee review on road traffic fatalities in Victoria in 1993. And yet The Alfred received patients with the highest severity of illness.

These days, The Alfred’s trauma team is in demand overseas, with many (including China, India, Myanmar, Saudi Arabia, and Sri Lanka) wanting to replicate our successful systems.

“While trauma care is often thought about during attention-grabbing events like the Bali bombings and Black Saturday fires, The Alfred provides lifesaving care, day in, day out, for all Victorians that has made a significant difference to patient outcomes,” Prof Fitzgerald added.

## 25 years of leading trauma care

- **1990:** Road Trauma Centre, complete with helipad, is opened, thanks to TAC funding. The first floor centre is separate to the ED.
- **1991/92:** Wards renovated to provide ICU beds, high dependency beds and acute surgical beds for trauma patients: stage 2 of an integrated trauma service.
- **1993/94:** The Alfred becomes the state designated centre for treatment of adult burns.
- **1999:** Victorian State Trauma System implemented. The Alfred becomes one of two adult trauma centres designated to care for Victoria’s most severely injured patients.
- **22 August 1999:** The Alfred’s E&TC is officially launched. This comprised stage one of a \$17.6M Critical Care complex, uniting the Emergency Department and Trauma Centre. This followed a doubling in workload and increasing level of complexity since the Alfred ED was first built in the 60s.
- **2003:** Launch of Australia’s first National Trauma Research Institute at The Alfred, incorporating the Victorian Trauma Foundation (VTF) Centre for Trauma Research and Practice.



Patients receive expert trauma care 24 hours a day.

# CONSTANT CARE: *Sandy*

**Increasingly, Sandringham Hospital is treating patients seriously injured from a range of accidents.**

In 2014-15, more than 30,800 patients were treated in the hospital's Emergency Department.

Since the independently-run Urgent Care Centre (UCC) opened at Sandringham Hospital in May 2014, minor ailments and injuries have been

treated by centre's GPs. Dr Adam Bystrzycki, Director of Sandringham's ED, says this leaves ED staff able to focus on more serious patient cases.

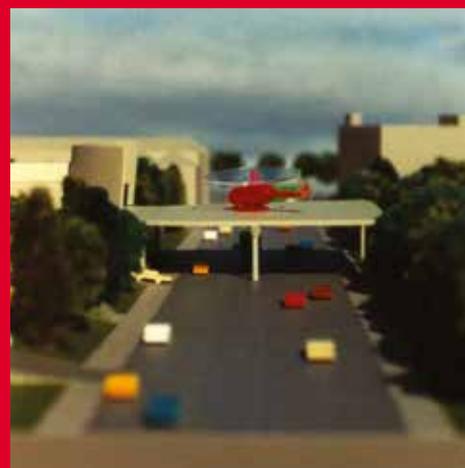
"Combined UCC and ED numbers in the last financial year show a 10 per cent increase of patients, so we're certainly busy caring for our local community," Dr Bystrzycki said.

"Most commonly, our trauma patients at Sandy have fallen from ladders, been

involved in an accident while cycling or driving or injured themselves while doing home renovations.

"We treat plenty of fractures, lacerations and dislocations as well as more serious head injuries and pelvic fractures."

With the great benefit of being part of a tertiary hospital network, Sandringham is able to transfer critically injured adult patients to The Alfred for ongoing care.



- September 2006:** A world-first pilot project at The Alfred sees clinicians guided by computer prompts to help reduce trauma deaths in the first 30 minutes of being admitted. The Trauma Reception and Resuscitation Project sets the benchmark for treatment of trauma patients around the world.

- November, 2008:** The Alfred's new ICU opens - one of the largest and most advanced in the country.

- Today:** 62,614 people were treated in The Alfred's E&TC; 1240 of those were major trauma patients. Beginning of planning a new, bigger E&TC (see page 8).





*Remarkable recovery:  
running again.*

# RUNNING

## *into the future*

*In November 2014, Diego Mercado was enjoying the freedom of riding his motorbike around the beautiful Marysville hills with his friends. He remembers stopping for lunch and then nothing else.*

"The first time I opened my eyes was a week later and my mum was there. I thought I was dreaming as mum lives far away in Colombia," Diego said.

"I was in a dark room, both arms were broken and I couldn't move my head. I thought I was having a nightmare. It took a month to realise what was happening and that I had almost died."

Diego's motorbike had brushed against a car then crashed into a ditch at high speed. He was airlifted to The Alfred in a critical condition, suffering multiple traumatic injuries, including a broken neck, two forearm fractures, a brain injury and nerve root avulsion to the brachial plexus. This final injury saw the brachial plexus - a network of nerves running from the spine through the neck and into the arm - ripped away, leaving no movement or sensation in the right arm.

Diego spent 10 days in ICU and another two weeks in the trauma ward. He arrived at Caulfield Hospital's newly opened Acquired Brain Injury Rehabilitation Centre on Christmas Eve, still in a very fragile state, suffering significant delirium and post traumatic amnesia.

Senior Occupational Therapist Danielle Sansonetti treated Diego most days over his five month ABI Unit inpatient stay.

"Diego had a really active mind in a body that was not functioning at all," she said.

"Added to his complex injuries, he couldn't walk due to poor balance from the brain injury."



*Fighting for life: Diego in The Alfred's ICU.*

Diego has come a long way since those early, confused days, undergoing numerous operations to reconstruct his right arm by transferring muscles from his leg to his bicep and tricep. A right-hander, this injury and the loss of his sense of smell has been the most difficult for the 29-year-old chef.

Now part of the ABI outpatient community team, he is undertaking ongoing physiotherapy, hand therapy and occupational therapy.

"I've had to learn to walk again and how to write left handed. I started from zero. I went from being in a coma to a wheelchair, walking by myself and now I run every day," Diego said.

With his proud mum cheering him on at the finish line, Diego remarkably completed the 10km Run Melbourne event last July, with his injured arm strapped to his side.

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**"I have always been a very strong minded person; I enjoy pushing myself to the limits," he added.**

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# Building for the future

**A multi-million dollar redevelopment of The Alfred's Emergency and Trauma Centre (E&TC) will result in double the diagnostic imaging capacity and patient treatment spaces increasing by one-third.**

The new centre will embed into the facility design Alfred Health's ground-breaking new model of care that has led to The Alfred having the best emergency department performance of all major metropolitan health services in Victoria.

"Over two years we've successfully tested a completely new approach to emergency patient care, which places senior clinicians at the front of service delivery and patient treatment starts at the point of arrival so a patient's stay is only as long as clinically required," says Martin Keogh, Clinical Services Director - Emergency & Acute Medicine.

"With a 24 per cent growth over the past five years and ongoing demand, we've had to work out new, effective methods to care for our patients into the future."

As one of two adult major trauma centres for Victoria, The Alfred treated over 62,000 people in 2014-15, including 7300 trauma patients.

"This redevelopment will realise the full potential of this new model of care, optimising patient flows and efficiencies and ensuring The Alfred can continue to meet the growing demand for emergency care."

The redevelopment will include a:

- new Rapid Intervention Treatment Zone where patients will be seen on arrival by a medical consultant-led team, who will initiate assessment, investigations and treatment
- additional state-of-the-art trauma bay in which to treat some of the 1200 major trauma patients treated by The Alfred annually

- bigger clinical area for treatment of minor injury and illnesses
- expanded Xray, CT scanning, MRI, ultrasound and radiology services, which will allow two critically ill patients to be scanned at the same time
- new clinical space designed specifically for mentally ill and drug affected patients and
- refurbished and expanded general patient treatment cubicles.

Funded by community support, the new centre will be known as the Eva and Les Erdi Emergency & Trauma Centre, after the Eva & Les Erdi Humanitarian Charitable Foundation gave The Alfred the single largest donation it has ever received.

Construction is due to commence in early 2016 and be completed in late 2017.

*Artist's impression of the new E&TC*



# NEW THINKING: *asthma not a respiratory disease*

**Exciting research, based around finding a cure for asthma, has led to some new thinking about the disease, which affects one in 10 Australians.**

The Alfred's Head of Physiology Services Professor Bruce Thompson will trial a new approach by treating asthma not as a respiratory disease, but as a rash.

Part of the Centre for Research Excellence on Asthma, a national effort involving investigators around the country, Prof Thompson said the approach is to think differently.

"About 40 per cent of people with severe asthma don't have eosinophils in the sputum and don't respond well to inhaled corticosteroids, which is the mainstay of treatment.

"Sometimes we can be blanket about treatment and call it steroid-resistant asthma. But it may be that the steroids are working; it's just the wrong treatment."

Along with a co-investigator in Sydney, Prof Thompson is working on targeting treatment to this specific type of asthma.

**"We'll be using a commonly used antibiotic that has an anti-inflammatory property. We've nebulised the drug so it can be inhaled.**

***No one has done this before."***

Prof Thompson believes that asthma is an umbrella term, where different mechanisms cause the same result.

"We think the root of the problem is that when the airways becoming inflamed for whatever reason they then become distended and stiff and the lungs don't like it.

"The potential of this study is big and we're cautiously optimistic. Even if it helps 10 per cent of the population, it will be life changing treatment.

"With Australia still leading the world in the morbidity rate for asthma, it's clear other treatments are needed."

Up to 60 participants will be involved in the four year study at The Alfred, with recruitment taking place at the end of 2015.

## **New garden promotes wellbeing**

**Cancer patients receiving treatment in the William Buckland Radiotherapy Centre (WBRC) at The Alfred now have access to a garden retreat, thanks to funds raised from last year's *Dry July* campaign.**

Radiation Oncology Director, Associate Professor Jeremy Millar said a once overgrown, unusable area has now been turned into a carefully-crafted oasis, where patients and their families can sit and reflect before and after treatment.

"The architecturally-designed garden features a sculptural rock, surrounded by delicate lighting and a water feature. It was created to give a feeling of wellbeing with a bright airy space, softened by



*Gael Wilder and Lisa Garretto from William Buckland Radiotherapy Centre (WBRC) hold the ribbon for Alfred Health's Chief Executive Andrew Way and Radiation Oncology Director Jeremy Millar to officially open the garden.*

timber colour tones," A/Prof Millar explained.

"The Alfred participated in *Dry July* for the first time in 2014, and staff and supporters rose to the challenge by raising \$120,000 for the garden.

This year, close to 701 participants have supported The Alfred's 2015 campaign – collectively raising over

\$111,000 to help ease the burden of patients living with cancer.

Money raised will go towards a number of projects, including a redevelopment of the oncology ward's patient kitchen, and an upgrade of the patient waiting areas in the William Buckland Radiotherapy Centre.



# Complications around women's health

**Constant changes in hormone levels can make women's health quite complex. Add to that chronic, serious disease and physicians can have multiple medical issues to deal with.**

Endocrinologist and head of The Alfred's Women's Speciality Health Clinic Professor Susan Davis, says sometimes women's basic health needs can be missed when a major disease is being treated.

"We have many patients with complicated disease at The Alfred. Sometimes the women's health side of things – like menstrual cycles, early menopause and incontinence issues are not addressed."

The clinic was set up three years ago to focus particularly on women's health issues. Run by Prof Davis and fellow endocrinologist Dr Rosie Worsley, the clinic this year welcomed gynaecologist Dr Christine Thevathasan. The Alfred has not had a gynaecologist on staff for more than two decades.

"Reproductive health and hormonal changes experienced by women have an impact on health; it complicates things," Prof Davis explained.

"Menstrual cycle problems and migraines are classic, sometimes we see exacerbation of disease like lupus in reaction to the pill or early menopause following bone marrow transplant or osteoporosis with menopause."

The clinic sees 15-20 women, of all ages, each week. Some are one-off appointments, others are ongoing.

"We're now really busy. Some of our patients are immuno-suppressed, including those with cancer and following transplant, and have increased vulnerabilities to infections. In this case pap smears are essential, as there is an increased possibility of the HPV virus being activated.

"Some of our patients have severe chronic illness and it's easy for them to miss GP appointments. They come to The Alfred regularly for care of their complex disease so we see them at the same time and talk about everything from contraception to pap smears to depression and how to manage the hormonal effects of some of their medications.

"We need to crank up awareness of women's medical issues. We can't have women coming here for breast surgery and bowel surgery and then not ask them about their sexual health afterwards.

"Treating a specific health issue in isolation has been our focus in the past– we need to look more at quality of life, including general wellbeing, sexual function and impact of menopause. These things often slip through the net. We're only now at the tip of the iceberg, scratching the surface."

## Did you know?

From 1923 The Alfred had a gynaecology department and the hospital's Margaret Coles House delivered maternity services from 1943-1984. Gynaecology services were transferred to Caulfield Hospital in the late 80s or early 90s, with gynaecology outpatient services running through the consulting suites from 1994. Sandringham Hospital became part of the hospital network in 2000 and took on gynaecological services.

## WOMEN'S HEALTH AFTER TRANSPLANT

**The majority of female lung transplant patients at The Alfred are involved in a new study that looks at their health and wellbeing.**

The Women After Lung Transplant (WALT) study has collected the responses of almost 120 women on topics including menstrual health, contraception, menopause, depression and antidepressant use, urinary incontinence (excessive coughing prior to lung transplant can damage the pelvic wall) and sexual function.

"This is a global look at these issues, which no one has done for this population group before," said Professor Susan Davis.

"We chose lung transplant patients because this is an area the hospital has great expertise in. The lead up to transplant and follow up care is intense.

"But what is the purpose of getting people to live longer if your quality of life issues are not being addressed? After being very sick, doctors forget to ask about things like sexual function. If a woman has a lung transplant at 30, she is not likely to state to a male doctor that she's worried about wetting herself when having sexual intercourse. But this is a significant problem affecting health and wellbeing."

The study will identify areas of importance for wellbeing in these women. Results are expected later in 2015.

# Imaging technology key to cancer care

Alfred Health Radiation Oncology has been at the forefront of cancer care for more than a decade – an effort that has given hundreds of patients a longer or better quality of life.

Today, the talented radiation therapy team at The Alfred treats more than twice as many patients each year than just 15 years ago, supported by advances in imaging technology, which have changed practice completely.

Radiation Oncology Director, A/Prof Jeremy Millar said significant advances in the way tumours are visualised and monitored using CT, MRI and PET scans have opened up new ways to treat cancers.

“When I started here in the 90s, I never dreamt we would one day be able to immediately see exactly what we were treating, and also have the tools to deliver exact doses of radiation to very small areas in the body,” A/Prof Millar said.

Introducing stereotactic treatments have made care safer and more effective.

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**“Technology allows us to be more precise with treatment and hit the cancer harder,”**  
**A/Prof Millar explained.**

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“We can now treat lung cancers with higher doses of radiation, while avoiding unnecessary damage to surrounding tissues and organs, and we can target liver and kidney tumours that surgery can’t reach.”

“Advances in this field are continuing, with future advanced imaging technologies promising to allow monitoring of molecular changes in the tumour and surrounding normal tissues during radiotherapy treatment.”



*Developments in radiation therapy over the last decade have been nothing short of remarkable. Pictured: Director A/Prof Jeremy Millar with radiation oncologist Dr Jeremy Rubin, as they were.*

# DECADES OF TRANSPLANT CARE

**After transplanting over 1,200 patients, The Alfred's Lung Transplant Unit is celebrating its 25-year anniversary. Now one of the biggest transplant programs in the world, with internationally-leading results, the team has much to celebrate.**

Alfred's Clinical Director of Allergy, Immunology and Respiratory Medicine, Professor Trevor Williams, has been at The Alfred since the unit opened. He says the unit's success is due to the commitment of The Alfred and its staff.

"Lung transplant was totally science fiction when I started at The Alfred," Prof Williams said.

"In the early days it was remarkable; there was a buzz in the place. You'd walk down the corridor and a cleaner would

pull you up and want to know how things were going. Everyone was completely devoted to the whole concept."

Twenty-five years ago, the most established way of replacing the lungs was to transplant them as a heart-lung block, even if the heart was healthy. Now surgery has evolved to single lung and double lung transplants, with organs being donated from all over Australia.

"The first time we went to Perth, no one in the world had ever travelled that far to retrieve a set of heart and lungs before. We were pushing the limits. We had a police escort and a private jet to get us there and back," Prof Williams remembered.

The Alfred has built an international reputation for using donor organs more effectively than other units around the world, and taking on more complex cases.

"If we use organs that no one else thinks are usable, in a patient that everyone says isn't transplantable, and the patient lives and does well, we regard that as the most remarkable success we can have," Prof Williams added.

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## FAST FACTS

- **99 lives were saved through heart and lung transplants at The Alfred in 2014-15.**
  - **25 years ago the survival rate after the first year post-transplant was 80 per cent, compared to 98 per cent today.**
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## *Double-act transplant Dad*

James Kennedy had both of his lungs and a kidney replaced in a 14 hour operation at The Alfred. He is Australia's fourth simultaneous double lung and kidney transplant recipient. After struggling with cystic fibrosis, every breath was a struggle and James' kidneys also started to fail.

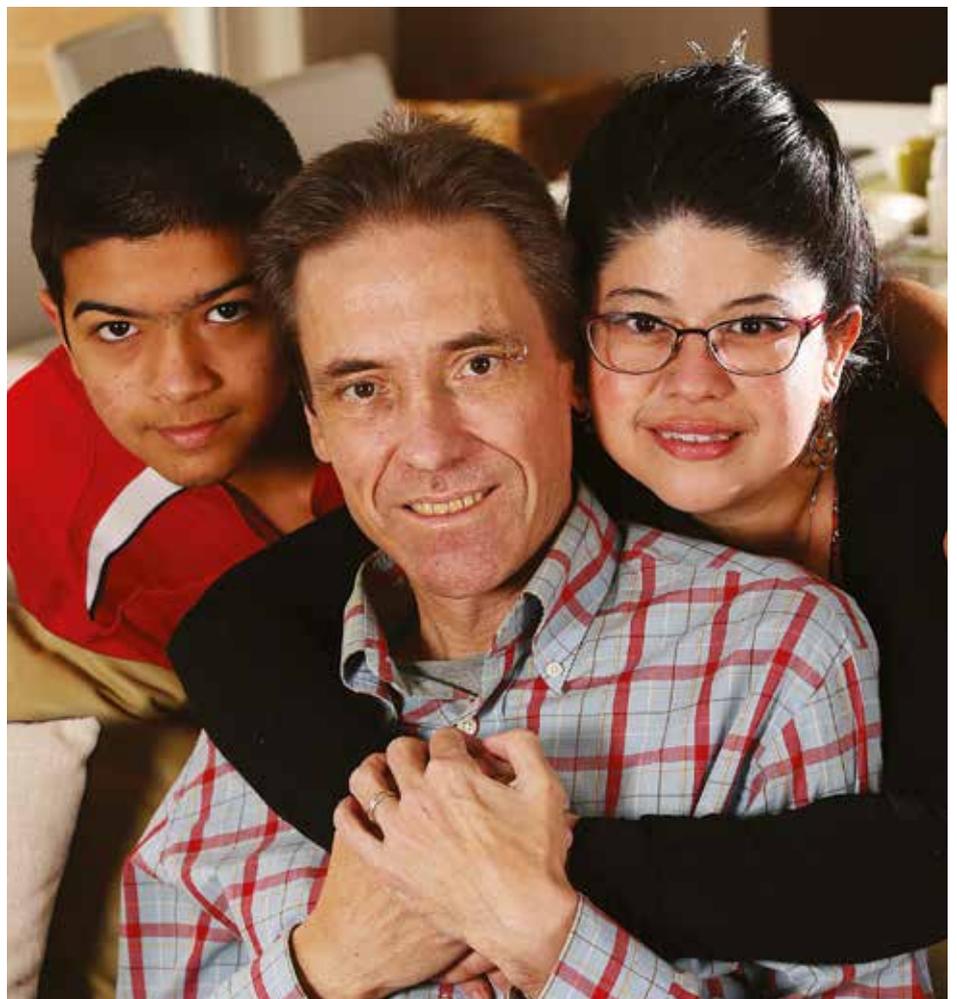
It wasn't until James' kidneys failed that respiratory and renal experts at The Alfred decided a multi-organ transplant was the only way the Cranbourne father could survive.

The wait for the new organs took eight months and the operation involved a team of over 30 to transplant the three organs.

Less than a year since the operation, James is planning his first family holiday in over 10 years.

"It's amazing how much you take for granted like the simple things of being able to walk without getting out of breath," James said.

*New hope for James Kennedy, pictured with his son Octavia and wife Mariella.*



# A very fine balance

Work on the “very challenging” area of antipsychotic medication use during pregnancy has been progressed by Monash Alfred Psychiatry Research Centre (MAPrc) researchers.

Chief investigator Professor Jayashri Kulkarni says balancing the care and wellbeing of women with mental illness with the health of their babies is difficult.

Antipsychotic medications are being increasingly prescribed and can be effective for a range of illnesses, including schizophrenia, depression, anxiety and borderline personality disorder. This means it’s more common that pregnant women are taking an antipsychotic.

“Unfortunately, we still don’t know a lot about the effect of antipsychotic medications on the developing foetus,” Prof Kulkarni said.

“We do know that there is a high rate of relapse amongst those who stopped taking medication, particularly in those

with bipolar disorder. They are then at serious risk of major depression, self-harm and suicide.”

The MAPrc study revealed an increased risk of gestational diabetes plus maternal weight gain in women using antipsychotic medication, as well as respiratory distress and withdrawal symptoms in newborns.

“Of the 148 babies born during the study, eight of them had congenital malformations. But we saw no clear pattern of malformations for a particular medication. More analysis is needed to exclude other factors,” Professor Kulkarni said.

“Reassuringly the development of children up to 12 months has been normal, with major milestones such as walking, talking and basic socialisation occurring in standard timeframes.”

Mental illness itself is associated with an increase of adverse events during pregnancy and delivery including placenta abnormalities, low birth rate and foetal distress, aside from any medication use.

Prof Kulkarni says forward planning is essential for this patient population. She urges mental health clinicians to discuss family planning with all their female patients of reproductive age.

“Due to the great risk of relapse, jeopardising welfare of both mother and child, taking women with severe mental illness off medication is inadvisable in many cases.

“Untreated maternal psychiatric illness tends to result in unhealthy behaviours during pregnancy, poor prenatal care and reduced infant bonding. This group needs close monitoring during pregnancy and after birth, as postnatal psychosis relapse and depression rates are high in this group. Adequate social support services are also essential.

“There is a great deal more data required in this area but now we have a clearer sense of the direction we need to head in to proceed in this critical research field.”

Event organisers Darren Egar and Alistair Murray celebrate completing the gruelling ride.



## 24 hours in the saddle

The start line now just a distant memory, the Sandringham Hospital 24 Hour bike riders successfully rode through the night, raising over \$150,000 for their local hospital.

The funds will go towards a new dedicated day procedure facility at Sandringham Hospital.

The team, which included Sandringham Hospital’s Director of Emergency Adam Bystrycki and Alfred Health’s Chief Operating Officer Andrew Stripp, were among the brave 40 bike riders who battled the cold, rain and fatigue.

During the mammoth ride, the group cycled the length of 45,000 buses, climbed just under 600 giraffes in height and burnt around 13,600 calories – the equivalent of 153 bananas. [www.prg24hr.org](http://www.prg24hr.org)

# LIVING FOR NOW

**“Privileged”, “amazing”, “positive” – these are the words Alfred Health’s Director of Palliative Care, Dr Michelle Gold uses to describe her work of the last 15 years.**

She chose this field after a stint in oncology as a junior doctor didn’t quite work out.

“I found being around the chemotherapy drugs gave me a real headache, so I looked elsewhere and found palliative care really meaningful,” Dr Gold said.

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**We encourage patients to make the most of the time they have—whether it’s a few weeks or few years.**

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“I am privileged to work with people in situations that can be the most difficult, challenging and sad times of their lives. There is often a lot of grief.

“But not all of our work is about dying. Palliative care is for those who have a life limiting illness. A patient may be involved with us early on for pain management and then we may not see them for several years. If a patient goes into remission or has a lung transplant, for instance, and all goes well, we may not see them again for a long time.”

But the reality is the Palliative Care team, made up of three medical staff, two nurses, a grief counsellor, office manager, research fellow and trainee registrar, do not deal with cures. They are aware there can be some fear when patients are referred to them, sometimes due to misconceptions around palliative care being only for the terminally ill.

“Our job is to ensure the patient has the best possible quality of life and that can be several years in some cases,” Dr Gold explained.

“We feel we make an enormous contribution. We encourage patients

to make the most of the time they have— whether it’s a few weeks or few years. We try to make symptoms less exhausting, help them be where want to be, which is often at home, work out ways the family can be together and link them into community supports.

“We look at other options: we divert patients’ hope for a cure with hope for more time with family, hope to get out of hospital, hope to be free of pain. Our focus is not on death, but living for now. And people are really amazing the way they can take that on.”

Most commonly, referrals to palliative care come from oncology, general

medicine and respiratory, followed by burns, ICU, Caulfield Hospital’s Aged Care units and some from Sandringham Hospital.

In Australia, more than 50 per cent of deaths occur in hospitals, despite surveys reporting the majority of people would prefer to die at home.

“We guide people through what to expect and give meaning to what they are seeing,” Dr Gold said.

“Often dying isn’t horrible or painful. If we can get patients’ symptoms under control and keep them comfortable, it can be calm and peaceful.”

*Providing care and comfort: Dr Michelle Gold.*



# Supporting young minds

Services to support the mental health of young people in south-east Melbourne have been given a boost, with The Alfred opening a second headspace centre – in Bentleigh.

The centre provides 12-25 year olds general and mental health support, assistance with alcohol and other drug problems, and employment and education support, as well as information for young people, their families and friends.

The Alfred's Director of Psychiatry, A/Prof Simon Stafrace said the opening of headspace Bentleigh is the result of a couple of years of hard work by the community, headspace and Alfred Health.

"The model that we are developing represents a positive step forward in the treatment of young people with serious mental illness," A/Prof Stafrace said.



*The headspace Bentleigh Youth Advisory Committee (YAC) is made up of young people with an interest in helping others. YAC members Helen, David, Jess and Anita celebrate the opening.*

"The emphasis on prevention, early intervention and recovery, and the input of young people and families into the way in which services are provided, is what makes this so exciting."

headspace Bentleigh extends on The Alfred's existing supports for young people – complementing the headspace centre in Elsternwick, which opened its doors in 2013, and the Child and Youth Mental Health Service in Moorabbin.

## Teamwork to improve stroke care

**Nurses are leading the way in a new Alfred study aimed at improving outcomes for stroke patients.**

Nurse educator Danny Kinsella says The Alfred's *Triage, Treatment, and Transfer in Stroke Trial (t3)* trial hopes to build on the success of a 2011 study, which had success in using three main interventions.

In collaboration with chief investigator Professor Mark Fitzgerald, Director Trauma Service and Associate Professor Biswadev Mitra, Director of Emergency Medicine Research, the multidisciplinary study will be led by nurses and aims to provide acute stroke patients better health status, independence and quality of life.

"The three clinical protocols – of Triage, Treatment and Transfer – look at more effective and efficient management of fever, abnormal blood sugar and early detection of impaired swallowing following acute stroke," Mr Kinsella explained.

A/Prof Mitra explained that interventions will start with strategies focused towards faster assessment of acute stroke patients on presentation to the ED.

"Protocols will then be put in place for management of fever, abnormal blood sugar levels and assessment of swallowing before allowing oral intake," he said.

Senior stroke physician Dr Jorge Zavala says results from an earlier trial showed that patients who received the interventions in stroke units were 16 per cent more likely to be alive and independent at 90 days following their stroke.

"These patients also had fewer episodes of fever, lower mean temperatures, lower mean blood glucose levels, and better screening for swallowing difficulties. We're hopeful that we'll have similar striking results by starting the interventions in ED," Dr Zavala said.

Nurses have been involved in workshops, identified "clinical champions", undertaken interactive education, developed hospital guidelines and communication materials to raise awareness of the project.

The Alfred is one of 28 centres involved in the trial nationally.

*Registered Nurse Devorah Galman, Pharmacist Raylene Kwok, Registered Nurse Caitlin Thorpe, Registered Nurse Fi Camino, Pharmacist Suzie Olding and Nurse Educator Danny Kinsella*

