

Perfect Storm

THE NEXT BIG CHALLENGE



**HEART
HEALTH
FOCUS**

**ENHANCING
PATIENT
RECOVERY**

**LEADING
LUNG
STUDY**

**OLDER,
ACTIVE AND
FULFILLED**

WHAT MATTERS TO YOU?

For many years, healthcare has been increasingly moving in a more 'patient-centred' direction. For decades, care was designed around other priorities, and it has only been in relatively recent times that a shift has gathered pace.

It seems almost unthinkable that patients haven't always been in the middle of healthcare design, and the change that has occurred has been more of a gradual evolution rather than a revolution.

Today, we build our services around our patients. We built them around the times that they can access care and, where possible, in locations they can reach more easily.

We are constantly redesigning our services to minimise waits – no matter how complex the care is – and we are

now starting to look at other ways that we can make sure that patients are looked after the way they want to be.

As part of this, we have begun asking our patients not 'what is the matter?', but 'what matters to you?'

Sometimes when we design a healthcare solution, we approach it from the outcomes we expect a patient needs or wants. Despite the best intentions, we won't always get it right, or choose the care pathway that will offer the most comfort.



Andrew Way, Chief Executive, Alfred Health

At a recent international conference, this very topic was presented and discussed at length. It's about recognising, and then focusing on, the needs of an individual. Thought leaders in this space describe it as a more 'intimate' approach to care.

We can make a great difference to our patients by hearing their stories, and adjusting the way in which we approach their needs – not just in clinical terms, but in human terms as well.

ENHANCED RECOVERY POST SURGERY



Lead investigator of ERAS at The Alfred Dr Nick Christelis.

American TV host reunited with Sandy midwives

TV host of The Today Show USA, Savannah Guthrie paid an emotional visit to her birthplace - Sandringham Hospital - on her first return back to Melbourne since leaving at age two.

Together with mum Nancy, the pair toured Sandringham Hospital as part of a special Mother's Day live broadcast.

More than five million viewers in the US tuned in to see Savannah and Nancy welcomed back to

Sandringham and reunited with the midwives who delivered her 43 years ago.

Naomi McGilton, Pat Marshall and Gwen House all worked at Sandringham maternity when Savannah was born.

"My mum has always spoken so highly of the care she was given by the nurses when I was born, so this is a lovely surprise to meet some of them," Savannah said.



Savannah Guthrie and her mum Nancy return to Sandringham Hospital's maternity unit.

Alfred patients are benefiting from a European approach that improves recovery after surgery.

The time-honoured drill of preparing patients for surgery, including prolonged fasting, giving them litres of IV fluids and powerful medications, could be abandoned for some types of surgery, amid growing evidence that these ingrained practices could be doing more harm than good.

Moves to desert the standard ways of caring for patients before, during and after surgery follows the success of an Australian-first study into Enhanced Recovery After Surgery (ERAS) at The Alfred.

Accepted as best practice globally, ERAS programs are designed to help patients recover faster and with fewer complications. ERAS is essentially a set of guidelines that help patients rebound

after a major operation and may involve IV and pain management, changes to food intake and regulating anaesthesia.

The Alfred led study introduced ERAS protocols to patients undergoing hip and knee surgery. While patients did not eat anything before, they instead consumed liquids loaded with carbohydrates up to two hours prior. Advice on gentle exercises to prepare before their surgery was also given.

Principle investigator and pain specialist, Dr Nick Christelis says adapting ERAS is a better way to tailor care and optimise the health of patients before they're on the operating table.

"Surgery is a significant and traumatic experience on the body and we want to keep patients safe and get them back on track quickly following these large operations," Dr Christelis said.

"The overall philosophy is that the

patient arrives for surgery at their healthiest to give them the best chance of dealing with the stress of surgery.

"It also empowers the patient's experience. Their treatment is actively discussed and the likely course for recovery is clear in the patient's mind so they become active in their care, increasing their involvement in their rehabilitation after surgery."

Discussions are underway to create similar ERAS protocols for other surgical services at Alfred Health.

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

MAN with a plan

Until now “superbugs” have been a vague worry in our community and thought to only affect the very ill in hospital. But Professor Anton Peleg, The Alfred’s new Director of Infectious Diseases, says drug-resistant bacteria are now enemy number one.

“Superbugs have taken over as the big concern for infectious disease physicians,” Prof Peleg said.

“With resistant bacteria, you suddenly have very few weapons left to fight with. These superbugs threaten the achievements that have been made in modern medicine.

“In the last five to 10 years, we have seen increased resistance to antibiotics and a significant decline in new antibiotic drug discovery and development.

“We have a perfect storm developing.”

While bugs like MRSA have been around for a while, new gram-negative bacteria are a whole different proposition and much more problematic. So serious, that the World Health Organisation has named antibiotic resistance as one of its top health threats going forward.

Little wonder then that the experts in other areas of medicine are increasingly looking to Infectious Diseases clinicians for answers.

“One of the key challenges in the next decade is to discover and develop new antibiotics that have novel mechanisms of action. We need to work out the molecular mechanisms of disease and antibiotic resistance caused by superbugs and, from there, find ways to finetune development of new antibiotics. Once we find out what is causing disease, we are one step closer to stopping it and can start to intervene.”

It’s no longer just very sick, immuno-compromised patients who are affected.

“We are also seeing antibiotic resistance in the community too,” Prof Peleg said.

“It’s definitely serious enough to be worried about, as shown by major health bodies around the world who have made this issue a key priority.

“It’s become a truly global issue, with developing countries, including those in our region, being at particular high risk due to less regulation and governance around antibiotic use, both in humans and in agriculture (eg chicken farming).

“Antibiotics are used widely in agriculture, more so than in humans, for ‘growth promotion’, to stop animals getting ill, though there is limited evidence this is beneficial.

“Australia has been relatively good about regulating antibiotics in agriculture.

“We all carry around bacteria, in the bowel and on the skin, and if you’re not exposed to antibiotics, there is less pressure for the body to develop resistance. However bacteria can be in food and water,” Prof Peleg explained.

With the development of new drugs often industry driven, new antibiotics have been less attractive as they are not as lucrative as blood pressure, cholesterol and cancer drugs. So there has been a long period of very little activity in antibiotic development.

“There has been a surge in funding for research into antibacterial resistance recently though,” Prof Peleg said.

“The US government is leading the way with a recent National Action Plan to Combat Antibiotic-resistant bacteria. They are investing over \$1 billion to combat and prevent resistance.

“But it can be many, many years before a new drug emerges.”

“In the meantime, we need to ensure the best use of our precious current antibiotics and continue our work on the drivers of resistance, ways to prevent transmission and ensure we govern the use of antibiotics in humans and agriculture.”

While efforts to fight the spread of superbugs continues, Prof Peleg urges Australians to be aware that not all infections respond to an antibiotic such as the common cold, which is caused by a virus, and antibiotics are a precious resource that need to be used sparingly.

“There will be no quick fix to this issue but great efforts are now being made at multiple levels to combat the problem of antibiotic resistance and that needs to continue.”



Prof Peleg is well placed to lead the fight against this new group of superbugs. With the dual roles of physician and scientist, he can follow his work directly through from the hospital ward to the lab and back again. He has international expertise in the field of hospital-acquired infections, antibiotic resistance and transplant infectious diseases.

His current research focuses on important organisms that cause infections in hospitalised patients, with the aim of identifying new targets that may be useful for future antibiotics.

Prior to his arrival at The Alfred in 2010, Prof Peleg spent four years in the US undertaking an Infectious Diseases Fellowship. He first worked at one of the world’s leading centres in transplantation - the University of Pittsburgh Medical Center – and then moved to the Harvard-affiliated institutions in Boston, Beth Israel Deaconess Medical Center and Massachusetts General Hospital.

“Physicians bring a fantastic perspective to basic research because they are guided by what they are seeing in their patients,” Prof Peleg said.

Heading up a very diverse department of 80 plus at The Alfred, his team of Infectious Diseases experts deal with a wide range of infectious diseases including flu, HIV, general infectious diseases in the community, infections in immunosuppressed patients, hospital-acquired infections and infections seen in ICU, burns and cystic fibrosis patients.

The flu is back

With winter and the flu season now here, it's time to get vaccinated to protect ourselves and others from influenza.

Alfred Health's staff influenza vaccination program has commenced, with strong support from staff attending recent vaccination days. The program is one of the health service's most important patient safety initiatives.

Influenza is a serious illness. More than 15,000 people were hospitalised in Australia from the virus in 2014. Studies show around five per cent of patients with influenza in hospital acquire the infection after admission.

Getting vaccinated against influenza greatly protects you from being unknowingly exposed to the virus. When more people get vaccinated the community is better protected against influenza. It's called 'herd immunity'.

The flu vaccine is not a live virus, which means you cannot catch influenza from the vaccination.

To get vaccinated, visit your local GP or pharmacy.



- A flu vaccination each year greatly decreases the risk, providing 50-70 per cent protection against the virus.
- Symptoms of flu and the cold are sometimes confused. Sore throat, runny nose and sneezing are typical signs of the common cold. Signs of influenza are a high fever, severe cough, chills, headaches, muscle aches and pains and a sore throat.
- A flu vaccine provides protection for pregnant women, decreasing the risk of transmitting the virus to their unborn child by 63 per cent.

Queenslanders welcome spleen registry

Queenslanders living without a fully functioning spleen will have access to a national support service for the first time.

Thanks to a partnership with Spleen Australia (part of Alfred Health), the registry will help prevent serious infections in about 3000 living in Queensland with spleen complications.

Formally known as the Victorian Spleen Registry, Spleen Australia (which is based at The Alfred) aims to raise awareness and educate patients, their families and doctors of the possible health risks associated with not having a fully functioning spleen.

Deputy Director of The Alfred's Infectious Diseases Department, A/Prof Dennis Spelman says the rollout of the registry is wonderful news for the Sunshine State.

"We are pleased to be supporting Queensland Health as they adopt our model and look forward to working together to care for some of the state's most vulnerable people," A/Prof Spelman said.

"Alfred Health, through our service Spleen Australia service, is a leader in improving health outcomes for people with no spleens or those living with spleen conditions."

Spleen Australia manager Penelope Jones says the clinical registry will change the lives of Queenslanders living without a fully functioning spleen.

"Our work guides medical practitioners on how to better support their patients – and helps them to keep track of changes to recommendations around clinical practice," she said.

If you'd like to know more about Spleen Australia, go to www.spleen.org.au or phone 1800 SPLEEN (1800 775 336).

15,000 KILOMETRES TO SAVE A LIFE

Earlier this year, Alfred intensive care specialists flew more than 15,000 kilometres to give a Queensland father a second chance at life.

When Brett Goodban arrived in Japan, he never dreamed his return home would be at the hands of leading critical care specialists aboard a chartered jet.

While visiting family, the 41-year-old father of three suffered complications caused by an aggressive strain of flu. It led to an infection that triggered heart, liver and kidney failure. He was soon fighting for life in a Japanese intensive care unit, and needed to return to Australia to continue his treatment and be considered for transplantation.

Alfred specialists, Dr Steve Philpot and Dr Paul Nixon travelled to Tokyo to collect Mr Goodban – and were part of a collaborative venture involving The Alfred, Prince Charles Hospital in Brisbane, and Careflight.

The duo flew on a commercial plane to Brisbane before boarding a chartered jet loaded with medical equipment bound

for Tokyo. More than 55 hours later they returned, tired, after a successful mission to bring him home.

"This is the longest and furthest retrieval we've done on a patient being kept alive with ECMO (extracorporeal membrane oxygenation), an advanced form of heart-lung bypass," Dr Philpot said.

The plan to transfer the Queenslander back to Australia needed even greater coordination – with intensivist Dr Vincent Pellegrino spending many hours arranging the retrieval from his base within The Alfred's intensive care unit.

"We had to get it right first time, and our detailed planning was absolutely necessary for his survival," Dr Philpot said.

It took the team five hours just to change Brett from the pumps, monitors and life support systems onto equipment that could be used on the plane ride home.

Professor Carlos Scheinkestel, Director of The Alfred's Intensive Care Unit, said The Alfred performs ECMO on 60 patients each year – more than any other centre in Australia. He is proud of his team's achievements.

"There would be few people in the world capable of evacuating a patient this sick," Prof Scheinkestel said.

"We successfully managed this highly complex case for 10 hours, on-board a plane without any additional supports available.

"It's a tremendous outcome for Mr Goodban, and the learnings from this case will benefit our team and help them to care for other Victorians and Australians in need."

Mr Goodban was successfully weaned from ECMO support in Brisbane and has returned home.



Dr Steve Philpot and Dr Paul Nixon flew to Tokyo to bring a critically ill Australian-man home.

Lifestyle legacy

Diet and sedentary lifestyles have caused a lot of damage over the years. And as the 'baby boomers' age, The Alfred's cardiology services are seeing the effects.

Heart failure co-ordinator Illona Bader says the group of patients with multiple chronic diseases is growing.

"We're expecting more of this group to come through, as our population continues to age. Managing multiple illnesses is always very complex, especially when they affect more than one organ of the body.

"A lot of it has to do with the modern diet, which includes processed foods high in salt and sugar, increasing the flavour but taking out the nutritional value. This diet may contribute to many cardiovascular diseases."

Alfred Health has two cardiology units. The heart failure unit cares for heart failure and heart transplant patients and the general cardiology unit cares for all other cardiac patients.

"In the heart failure clinic, we have seen our patient numbers grow from 180 to 1800 patients annually. These patients are referred for assessment and management after standard care has been exhausted. The cases can be complex, needing defibrillators & cardiac resynchronisation, mechanical support devices. Our patients are generally under 65, and, as a state tertiary service, we look after patients from all over Victoria, with 25 per cent from country Victoria, South Australia and Tasmania."

Modern medicine has helped enormously with the care of complex cardiology patients, who have multiple medical problems, including diabetes.

"When I started 20 years ago we had very few medications for treating heart failure. Since then, a number of new and improved medications are available for treating this patient group resulting in better outcomes. This has been a real game changer."

Heart failure co-ordinators Illona Bader and Louise Macfarlane, grateful for advances in care.

HEART TO HEART

A man with one thick medical file: Raymond Allen

Patients with intricate, long medical histories are not unusual in The Alfred's Heart Centre.

Raymond Allen, 69, is a case in point. He's been a familiar face at both The Alfred and Caulfield Hospital after a 15 year battle with chronic disease. It all started in 2000 when the father of four woke up with severe chest pain.

"I rang 000 and they were here in 12 minutes. I was told I was having a severe heart attack."

An angiogram at his suburban hospital found that two of Mr Allen's arteries were 100 per cent blocked and a third was 70 per cent blocked.

"My heart was twice the size of a normal heart. I was sent to The Alfred as it was considered a complex case and the next morning the lovely, late Professor Don Esmore did open heart surgery on me.

"He told me I passed away twice on the operating table. Instead of a five hour, straight-forward procedure, it turned out to be 12.5 hours and I spent weeks in The Alfred, as I also got golden staph.

"This all happened on 29 February so every four years I celebrate surviving that day."

Mr Allen understates things slightly when he says: "I have quite a few heart issues".

To name them – congestive heart failure, cardiomyopathy (which causes him to be breathless) and blood pressure problems.

"After the heart attack, every few months I'd be presenting to Emergency with fluid build-up on my lungs."

The Alfred's Heart Centre found a solution in 2006 – inserting a heart pod device through Mr Allen's groin, with the wires going up into the heart.

"Each morning and night I'd look at my patient advisory monitor and take a reading from that which would tell me to increase or decrease lasix (a diuretic) to stop fluid overload on the lungs.

"It's been brilliant for me – it's made me a part of the process. It's given me great comfort, telling me what's happening."

With one success, though, comes other challenges and a constant search for answers.

Mr Allen spent six days in The Alfred's Intensive Care Unit in 2013 when heart failure was teamed with pneumonia. The grandfather of seven and great grandfather of three has completed three rounds of cardiac rehabilitation at Caulfield Hospital. He has also happily volunteered to be a part of an estimated 20 research programs at The Alfred.

"They call me a serial research junkie. But I've been cared for so well in a public hospital, funded by the public purse, and I believe it's time to give back."

It's perhaps the training in cardiac rehabilitation, which focuses on building fitness and stamina, that keeps Mr Allen moving. A crossing supervisor for a local school, he battles on despite a raft of health problems, including Type 2 diabetes, kidney disease, Parkinson's disease and childhood polio which left him with poor balance and weakness. His congestive heart failure is monitored very closely.

"I have to come into The Alfred once a month or fortnight, but I'm looked after brilliantly," he said.

LEADING RESPIRATORY INVESTIGATION: *Landmark Study*

A regional disaster has led to concerns for the long term health of the 14,000 Morwell residents who lived through last year's Hazelwood mine fire.

The Alfred's Professor Bruce Thompson, Head Physiology Service - Allergy, Immunology & Respiratory Medicine, will head up the respiratory component of the Victorian government funded Hazelwood Health Study.

Following severe bushfire conditions, the Hazelwood mine fire burnt for 45 days, and, at its worst, covered the town of Morwell in smoke and coal ash. Three weeks after the fire started, pregnant women, children under five, the elderly and those with pre-existing heart or lung complaints were evacuated from South Morwell, the suburb closest to the mine, due to high emission rates.

The study, which is being led by Professor Michael Abramson, from Monash University School of Public Health and Preventive Medicine, and Professor Judi Walker from the School of Rural Health will look particularly at the development of heart and lung conditions, cancers and mental health outcomes.

"The study will look at a wide range of health consequences and I'll be concentrating on the effects of coal dust and smoke on the lungs," Professor Thompson said.

"Our investigation will involve several thousand people from the town plus a control group from another regional town. We'll be studying people at years three, six and nine and come back with results in the tenth year.

"We know that dust and smoke can do a fair bit of damage but we don't know the long term effects. Researchers will be looking at everything from birth defects to cardiac abnormalities," Prof Thompson explained.

"From a respiratory perspective, we know dust really aggravates the lungs. In those who breathed in the emissions of the fire over that period, it's likely we'll see coughing and lung irritation, shortness of breath and an increase of respiratory disease, which would leave people more susceptible to getting bronchitis. However, ultimately we don't know the consequences, hence the reason for the study."

"We're also not sure what was in the particle matter in the air at that time – that will be part of the study and may inform the health consequences."

Prof Thompson is part of the steering committee for the overall project, with his element of the study commencing in two years.

Collaborators of the study also include Federation University, University of Tasmania, University of Adelaide and the CSIRO.

It is expected that the Hazelwood Health Study will continue for at least 20 years to allow for future linkages to cancer and to detect any longer term health effects.

GET READY FOR *Father's Day 2015*

Cardiac disease is the nation's biggest killer – and yet 75 per cent of cases are preventable. This year's annual Father's Day Appeal for The Alfred will reveal how our lifestyles are contributing to this epidemic.

Cardiac surgery procedures at The Alfred have risen over the last year by roughly 18 per cent. Over the same period, cardiothoracic admissions have increased by just over seven per cent and coronary artery bypass graft procedures have increased a significant 45 per cent.

Alfred's Clinical Service Director Simone Alexander says The Alfred is known as Victoria's leading cardiac centre for complex cardiac surgery.

"This year funds raised will go towards further developing the inpatient facilities for cardiac patients at The Alfred," Ms Alexander said.

"This year's appeal will strive to give Ward 3West a much needed upgrade and provide patients with start-of-the-art multidisciplinary care so all can be managed in the one place.

"The refurbishment will extend capacity and equipment to support the increase in patient admissions."

DID YOU KNOW?

- A recent report put out by the Australian Institute of Health and Welfare showed that two-thirds of Australians have health issues caused by lack of exercise, poor diet and smoking.
- Every day, 98 Australian men have a heart attack; one in seven of these men will die. The underlying cause of a heart attack is coronary heart disease.
- The Alfred treats the state's most complex cardiac cases.

A key objective of the Appeal is to increase awareness of the issues that impact men's health.



Cardiology staff in the current ward: L-R: RN Grace Queenan, Dr Shaun Parsons, Cardiology registrar Stav Papapostolou and Dr Meenal Sharma.

THE MANY MYSTERIES OF THE MIND

The way the brain fires, or misfires, continues to fascinate and, often baffle, researchers.

The field of psychiatry is so wide that Monash Alfred Psychiatry Research Centre (MAPrc) has broadened its focus, targeting prevalent conditions and tapping further into the expertise of its staff.

MAPrc Director Professor Jayashri Kulkarni says the need for wider research is great, with many questions about the brain and behaviour still unanswered.

"We have shifted our focus, which once centred on schizophrenia and treatment resistant depression. We continue to undertake a range of research in those two areas, but we have now branched out to look at a range of related mental ill health conditions," Professor Kulkarni explained.

"We maintain five main streams of research. We're involved in projects from social anxiety and obsessive compulsive disorder to body dysmorphism issues and the role of general practitioners in family violence cases.

"Violence against women is a big determinant of mental ill health in women and since MAPrc has a longstanding expertise in women's mental health, we are researching this important aspect. Anxiety disorders are also very common in the population, especially in women."

A new social anxiety study currently underway involves developing a precise breakdown of the symptoms and a new medication treatment for severe cases.

Giving up: not so easy

While it's well known and accepted that smoking is very bad for your health, quitting remains extremely difficult for some, particularly those with mental illness.

MAPrc is running clinical trials in the area of 'healthy lifestyles for people with mental illness', which includes several smoking cessation studies.

"We're focusing on people with schizophrenia, persistent anxiety and depression, who have considerable difficulties giving up smoking," Prof Kulkarni said.

"Mortality rates in people with severe and persistent mental illness are much greater than in the general population, resulting in a 15–20 year reduction in life expectancy.

"A big part of this mortality is due to cardiovascular and respiratory disease," she explained.

In Victoria, current data indicates that people with severe and persistent mental illness spend approximately 40 per cent of their disposable income on tobacco. So added to the health problems,

smoking also contributes substantially to the economic disadvantage experienced by this population.

Professor Kulkarni and her colleagues have recently been awarded a \$200,000 VicHealth grant which aims to decrease cigarette smoking in people with mental illnesses.



Professor Jayashri Kulkarni

The study will have three branches: one using nicotine e-cigarettes, another using nicotine replacement and Quitline counselling, and the third including 24 weeks supply of vaporised nicotine products plus advice on risk and benefits of long term use of these products. This third arm will include participants watching television footage of diseased lungs and hearts.

Two other large MAPrc studies are taking different approaches – one using the drug varenicline to help stop smoking and the other, run by investigator Sacha Filia, using cognitive behaviour therapy with nicotine replacement for people with psychosis.

"There have been many studies on the best ways to encourage people to stop smoking in the general community but not much in the mentally ill population," Prof Kulkarni added.

"It's an important area and would make a huge difference to our patient's physical and mental health if we can discover an effective way for people to stop smoking. We're hopeful we can find a way forward in helping reduce cigarette smoking in the mentally ill."

And the beat goes on

The heart is one of the body's amazing wonders. Roughly the size of a clenched fist, it beats up to 100,000 times a day (70 times in a minute on average), making it the hardest working organ in the body. Its job is to circulate blood throughout the body.

At rest, your heart rate should be 60-100 beats per minute. This will increase during physical activity and lower during sleep.

Cardiovascular disease is the collective term given to diseases of the heart and blood vessels. It includes coronary heart disease, heart failure, stroke, cardiomyopathy and congenital heart disease.

Your risk of cardiovascular disease increases if you smoke, have high blood

pressure, high cholesterol, have a family history, diabetes, are obese and as you age.

Alfred cardiologists recommend focusing 80 per cent of your effort on three things to see a dramatic effect on your health – don't smoke, keep your blood pressure stable and cholesterol down.

The Alfred's latest booklet on men's health will be released in conjunction with the hospital's Father's Day Appeal. This year's booklet will investigate the latest research behind sleep, heart health, nutrition, exercise and mental health and take a holistic look at men's health to guide our dads back on the road to a healthy and happy life.



WBRC gains Australian-first accreditation

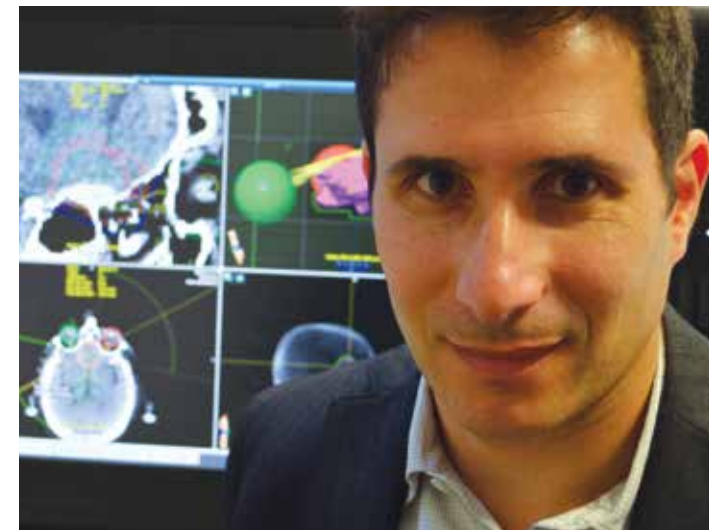
The stereotactic radiosurgery and stereotactic ablative radiotherapy (SABR) programs at the William Buckland Radiotherapy Centre (WBRC) have been described as 'exceptional' by an independent panel. This panel has accredited the service as meeting the highest international standards for cancer care.

The recently announced 'Novalis Certification' is a first for Australia. It recognises the experience of The Alfred team and its commitment to safe and quality clinical practice.

Stereotactic treatments use radiotherapy beams to precisely target tumours. It is often used where surgery is a poor option, such as primary cancers in the lung or brain, or when tumour spread is limited throughout the body.

Radiation oncologist, Dr Jeremy Ruben said accreditation with the *Novalis Certified* program cements the centre's status as a leader in stereotactic radiotherapy.

"The accreditation process looked at training and qualifications,



Program nationally respected: Radiation oncologist Dr Jeremy Ruben.

quality assurance, policies and procedures, clinical protocols, and commissioning," Dr Ruben said.

Centre director, A/Prof Jeremy Millar said all staff involved in delivering the service should be very proud of the achievement.

"We think our stereotactic program is the best in Victoria, and is highly respected nationally," A/Prof Millar said.

"We strive to be world-class, and it is gratifying to have our efforts externally endorsed by others who work at the highest level in our field."

National recognition for our researchers

Monash Partners has been officially recognised as one of only four Advanced Health Research and Translation Centres (AHRTCs) in Australia. The acknowledgement highlights the collaboration's capability to improve health outcomes through high impact translational research.

In an announcement made by the National Health and Medical Research Council (NHMRC) in March, the Monash Partners Academic Health Science

Centre was recognised as an international leader in linking clinical practice, research translation and education.

An innovative collaboration established in 2013, Monash Partners' members include Alfred Health, Monash University, Monash Health, Cabrini Health, Epworth Healthcare, Baker IDI, Burnet Institute and the Hudson Institute.

Alfred Health Chief Executive, A/Prof Andrew Way said the NHMRC announcement builds on the Victorian Government's 2013 endorsement of Monash Partners.

"NHMRC recognition acknowledges the hard work undertaken by our member organisations over several years, and strengthens our commitment to continued collaboration and innovation in improving health outcomes for our community," A/Prof Way said.

"The stronger the partnership between our member organisations, the more efficient and effective we will become at tackling clinical problems and creating solutions that lead to better patient outcomes."

HIV protection by way of pills

Access to a powerful drug could be a new weapon in reducing rates of HIV infections in Australia.

Proving that Pre-exposure Prophylaxis (PrEP), using an existing antiretroviral drug combination pill, could be used effectively as a HIV prevention method was the goal of an Australian-first study led by The Alfred's Department of Infectious Diseases.

Findings from a previous study in gay men, the iPrEX study- showed that PrEP could prevent HIV transmissions by as much as 90 per cent when taking a single antiretroviral pill daily.

When taken daily, the drug stops the process of the virus replicating once it has entered the immune system's cells. This antiviral drug is only prescribed for people living with HIV in Australia, but there are plans to make the drug available for HIV prevention in the future.

The Alfred study involves 95 HIV negative men-who-have sex with men (MSM) who were at high risk of acquiring the virus.



Participants continue to be monitored every three months over a 12-month period for side effects, toxicity and assessment of adherence and behavioural change.

Set against a worrying trend of 1200 new HIV diagnoses in Australia last year, HIV researchers at The Alfred are convinced PrEP could turn the tide on new transmissions in one of the most at risk groups in the world.

Associate Professor Edwina Wright, principle investigator and Alfred HIV specialist in the Department of Infectious Diseases, says the science clearly demonstrates the potential of PrEP.

“The exciting news is that taking PrEP as prescribed appears to be safe and can reduce the risk of HIV transmission,” A/Prof Wright said.

However, she added that PrEP shouldn't be seen as cure-all solution that discourages the use of condoms.

“It doesn't mean we're saying go and have condom-less sex. We know that condom use in MSM is already reasonably high in Australia, and that has prevented tens of thousands of HIV infections since the epidemic began. However we also know that sex without condoms does occur and increases the risk of HIV transmission and other sexually transmitted infections,” A/Prof Wright explained.

“PrEP is an important new tool that people in the community at high risk of HIV infection can use as a very effective prevention strategy. In conjunction with wearing condoms, and regular STI testing, we could definitely see a decrease in new HIV diagnoses in Australia.”

A/Prof Edwina Wright: a pill taken daily could see rates of HIV transmission fall.



OVER 90 YEARS OLD: don't write me off

A patient's age alone should not dictate their daily tasks, according to the researchers of a new study.

Caulfield Hospital occupational therapists Laura Jolliffe, Lisa Eyres and Associate Professor Natasha Lannin have found that inpatients over 90 years are largely active, with their study: *“Don't write me off: understanding participation in occupations of people aged over 90 admitted to an acute hospital”*.

The study analysed 52 inpatients aged 90 years and over admitted to acute general medical, surgical and orthopaedic wards. Participants were excluded if they were admitted for palliative management or from a high level care facility.

“While the 90 plus population are thought to have limited participation in daily tasks, there are still many who are able to engage in meaningful daily occupations,” Ms Jolliffe said.

“We found a significant proportion of older adults are leading active, engaged and fulfilled lives, with more than half of the study participants independent in self-care tasks, mobility and managing medications.

“Many people need to make some adaptations but are still able to participate in normal activities, which is important for their health and wellbeing.”

Australia now has one of the world's leading life expectancies.

“As our population continues to age, it's become more common to have people aged 90 years and over who can look after themselves and contribute to the community. A small percentage – eight per cent - were still driving and four per cent were working voluntarily in the community,” Ms Jolliffe added.

“Unfortunately society perceptions of ageing are often of decreasing ability and health professionals, like others, can rely on stereotypes and make assumptions based on chronological age, ignoring functional ability.

“We hope this study will remind health care professionals to advocate for and not ‘write off’ this growing population.”

The next step is to develop a full analysis of the functional capacity and risk for this population group.

“A significant proportion of older adults are leading active, engaged and fulfilled lives.”



Elderly and active.

Haemophilia study transforms treatment

Patients at The Alfred with severe haemophilia have become some of the first in the world to be given a new treatment that has shown to improve care.

Results from a recently completed clinical trial at The Alfred revealed a 90 per cent reduction in bleeding, fewer injections needing to be administered and a better quality of life for patients.

Haemophilia, a hereditary bleeding disorder where there is a lack of clotting factor VIII or IX in the blood, means patients experience frequent bleeding.

Director of The Alfred's Haemophilia Centre Associate Professor Huyen Tran said the study breakthrough will make treatment for haemophilia easier and more effective.

“Currently those with Haemophilia A are required to inject themselves three times a week, and those with Haemophilia B require two self-administered injections a week,” A/Prof Tran said.

“This 18-month trial has shown the new formula requires fewer injections. Haemophilia A patients who currently require 184 needles a year, will be reduced to 104 if given twice-weekly, or even 52 in some who can go once-weekly. Haemophilia B patients, who roughly need 104 needles a year will only require one-third of that amount.

“Three injections a week is a lot, particularly for children and their parents, so the findings from our study are really exciting,” A/Prof Tran added.

It is hoped the new treatment will become routinely available in several years.

Cyclists set their sights on 100k

The 24 hour PRG Sandringham Hospital Bike Ride is back, following the success of the 2013 event where the riders raised a whopping \$90,000.

Riders will pedal night and day in the hope of raising over \$100,000 towards a new dedicated day procedure facility at Sandringham Hospital. The new facility will increase capacity, streamline care and upgrade existing facilities.

Ride chair Alistair Murray, said the 24 hour Charity Bike Ride is an incredibly effective and fun way to make a meaningful contribution.

"The hospital means so much to us. Being locals we have all had experiences there, whether it was the births of our kids, or being patched up after a nasty fall," Mr Murray said.

Details of how to donate can be found online at www.prg24hr.org.

The 24 hour charity bike ride will commence on 28 August.



24 hour bike riders with radio personality Matt Tilly (at bottom left), raising money for Sandringham Hospital.

NO DRINKING, GREAT CAUSE

The call has gone out to the public to give up alcohol for the month of July.

The Alfred will take on Dry July for the second year running to help improve the lives of our patients living with cancer.

The Alfred's Oncology Nurse Unit Manager Sue Collings says losing weight and improving mental health and energy levels are just some of the benefits for those participating in this year's Dry July event.

Ms Collings urges the public to sign up and give it a go.

"The liver plays a role in over 500 processes vital for functions as diverse as digesting food, detoxification and hormone balance," Ms Collings said.

"Cutting out alcohol can decrease cholesterol, liver fat and glucose and increase sleep, wakefulness, concentration and work performance."

Apart from doing something great for your mind and body, by going booze free for a month, you can raise funds to help improve the areas where Alfred patients with cancer spend most of their time.

"This year we hope to raise enough to upgrade the patient waiting area and



reception at William Buckland, including installing a mobile phone charging station and purchasing iPads for patients undergoing treatment," Ms Collings said.

"We are also aiming to upgrade the patient kitchen and purchase convertible chairs for patient rooms on Ward 7East. 7East is an inpatient ward and so patients spend a great deal of time there.

"These projects show our patients we don't just care about their healthcare, but also their overall wellbeing."

Visit the Alfred Health website to sign up to Dry July today.

Trusted to deliver outstanding care.

www.alfredhealth.org.au

