

SCOPE

Autumn 2012

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Beautiful moments with Mater Mothers

Century record for theatre cases

Relaxed look for breast cancer centre



Mater

Exceptional People. Exceptional Care.



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Thank you also to those who contributed to the current edition of *Scope*.

Scope welcomes your opinion. If you have an interesting patient case or a topical issue you would like to share with your colleagues, write to us.

Please email your contributions to the Editor, Miranda Hunt at miranda.hunt@mater.org.au. Names will be published unless otherwise stated.



Exceptional People. Exceptional Care.

Welcome from the Editor

Welcome to the first edition of *Scope* for 2012.

This edition features the Mater Mothers 'beautiful moments' campaign on the front cover, which highlights Mater's commitment to maternity services at both South Brisbane and Redland.

Our campaign kicked off just in time for Mother's Day and already there are mothers who have shared some of their most treasured moments on our newly created Mater Mothers Facebook page (www.facebook.com/matermothers). See page 7 for further details about the campaign.

Yes, Mater has joined the social media revolution as it is a great opportunity to exchange ideas, provide instant two-way communication and feedback—all of which can help us improve our services and receive direct and instant contact with our community.

We are working on developing our social media presence over time, but if you would like to join the conversation with Mater, please visit either our Facebook page or follow us on Twitter at twitter.com/maternews or [@maternews](https://twitter.com/maternews).

Best wishes
Miranda Hunt

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A message from the CEO

Welcome to the Autumn issue of Scope.

While I find it hard to believe the first quarter of 2012 is already behind us, a quick look at what has taken place, both on and off campus, shows how busy we have been.

The fourth floor of the Corporate Services Building is now complete following the opening of the Mater Education Practice Improvement Centre (MEPIC). This state-of-the-art simulation unit will enable our staff to take part in high-tech, maternity and neonatal hands-on training sessions (page 12).

Mater Private Breast Cancer Centre also received a boost with the completion of a \$115 000 upgrade which means patients can now wait in a warm and relaxed environment (page 10) . With some help from Mater Foundation, we also started a counselling program for mothers with terminal cancer, in which mothers create 'memory boxes' for their children (page six).

Theatre staff across both our South Brisbane and Redland campuses were also kept busy, with record numbers of theatre cases seen in February. More

than 1000 patients put their trust in our exceptional Mater Private theatre teams (page eight).

It has also been a busy time at Mater Medical Research Institute; researchers won two National Health and Medical Research Council grants (page 11) and the 2012 Stem Cell Symposium is just around the corner.

Finally, I would like to thank those VMOs and members of staff who have already participated in our 'FluVax' campaign this year. The vaccination program is part of our work towards making Mater the safest hospital—for patients, staff and visitors—in Australia.

For those who haven't yet had their 'flu' vaccination—the team at Safety Health and Wellness (SHAW) are more than happy to give you a quick jab if you make an appointment!

Dr John O'Donnell
CEO, Mater Health Services



Cover Story

In the lead up to Mother's Day 2012, Mater launched an advertising campaign focused on sharing beautiful moments with Mater Mothers.

For more details, see page seven.

Collection centre relocations

Mater Pathology has added two new centres based in Logan to its extensive network of collection centres.

The first centre, on Wembley Road, opened in March while the second centre, located next to Logan Central Plaza Pharmacy, opened in late April.

Both centres continue the Mater Pathology commitment to providing qualified collectors experienced in the collection of adult, maternity, paediatric and neonatal tests.

Mater Pathology also has an extensive home collection service. This service can be fully bulk billed and is available for most residents in Brisbane's greater south region.

Home collections can be booked by telephoning 07 3163 8500, and operate from 7 am to 5 pm Monday to Friday.

Mater Pathology's other collection centres are located at Alexandra Hills, Annerley, Beenleigh, Capalaba, Chermide, Cleveland, Coorparoo, Deagon, Eastern Heights, Eatons Hill, Hope Island, Inala, Ipswich, Kallangur, Kedron, Keperra, Macleay Island, Oxley, Rochedale, Russell Island, South Brisbane, Springfield, Springwood, Sunnybank Hills and Yamanto.

To better service the needs of local patients, the Springwood collection centre recently relocated premises and is now located at 2 Murrajong Road, Springwood.

Mater Pathology has more than 90 years' experience as Queensland's leading not-for-profit pathology provider, reinvesting revenue back into improving health care.

New paediatric feeding clinic now open

On 1 March 2012, Mater Health and Wellness opened a private multi-disciplinary paediatric feeding clinic.

The clinic provides assessment and intervention for babies and children who are experiencing feeding and swallowing difficulties.

The clinic is staffed by highly qualified speech pathologists, dietitians and occupational therapists who have extensive experience in the treatment of paediatric feeding and swallowing disorders.

Conditions addressed in this clinic include:

- delayed attainment/development of feeding skills
- swallowing disorders (private modified barium swallow assessments are available as required)
- infant feeding difficulties, including formula choice and nutrition for breastfeeding
- fussy eaters
- support for autism spectrum disorders (approved providers Helping Children with Autism initiative)
- support for older children with disabilities.

Mater Health and Wellness is located on Level 3, Mater Children's Hospital. For further information, phone 07 3163 6000 or visit wellness.mater.org.au.

FLU VAX MAN returns to Mater

It's that time of year again and Mater's favourite 'flu'-fighting hero, FLU VAX MAN, has been roaming the cafés, wards and halls spreading his vaccination message.

The official Mater staff 'flu' vaccination period is complete however, free 'flu' vaccinations are still available outside this period, by appointment, at the Safety Health and Wellbeing (SHAW) Unit.

Vaccination against influenza is the single most effective measure in preventing transmission of 'flu'.

"It is extremely important that all health care workers receive their vaccination annually to stop the spread of the 'flu' and prevent transmission not only to patients but to you, your family and friends," FLU VAX MAN said.

From 2010 to 2011, there was a significant increase in the number of confirmed cases of influenza within Australia.

In 2010, 13 491 confirmed notifications were made and 26 892 in 2011—an increase of 50 per cent.

For more information about getting your 'flu' vaccination, please contact the SHAW Unit on 07 3163 8190.



Twins 'stay in touch' for greater results

Premature and critically ill twin babies at Mater Mothers' Hospital will be given a chance to grow and develop side-by-side thanks to two customised neonatal cots donated by Amway's One by One Foundation.

The cots, valued at \$18 400, will enable specialists to give twin babies the best possible medical support while helping the siblings 'stay in touch' after so many weeks together in the womb.

Mater Director of Neonatology Dr David Knight said anecdotal evidence suggested twin babies often seemed to settle better when they shared a cot in the neonatal unit.

"It's also much nicer for the parents to know their babies are together," Dr Knight said.

The donation was organised by Amway independent business owners Michael and Kate Petersen whose identical twin daughters Charlotte and Chelsea were born at Mater.

The girls were just 23 weeks gestation when surgeons performed in-utero laser surgery to treat the potentially-fatal Twin-to-Twin Transfusion Syndrome.



Michael and Kate Petersen with twin daughters Charlotte and Chelsea and son Sam

Twin-to-Twin Transfusion Syndrome is a condition affecting identical twins only, where one twin receives an excess of nutrients, while the other is starved of nutrients.

The surgery was a success and the girls were delivered at 35 weeks gestation. The Petersens were able to take them home five days later.

"It's hard for me to say without crying how grateful we are to the team at Mater. Our Maternal Fetal Medicine specialist, Dr Glenn Gardener, was second to none. He's my absolute hero."

"We didn't always have our twins together in the same cot so getting some more twin cots was something we were very keen to make happen," Mrs Petersen said.

Mater Health Centre Hope Island nears completion

Mater Health Services multidisciplinary medical centre at Hope Island is nearing completion with a number of services due to open in late May.

Mater Health Centre Hope Island, off Broadwater Avenue, includes Mater specialists, Queensland X-Ray, Active Rehabilitation Physiotherapy, My Foot Doctor, Mater Pharmacy and a Mater Pathology collection centre.

The following specialists have committed to visiting the Hope Island centre on a regular basis: orthopaedic surgeon Dr Ivan Astori, plastic and reconstructive surgeon Dr Raymond Goh, Mater Private Breast Cancer Centre General Surgeon Dr Jason Lambley, Neurosurgeon Dr Rob Campbell, Mater Hill Gastroenterology's Dr Mazhar Haque and Moreton Bay Obstetrics and Gynaecology's Dr Michael Mastry.

Developer Halcyon Days has signed on general and dental practitioner services to complete the one stop health offering.

Mater Private Hospitals Executive Director Don Murray said Mater was committed to building a health community by delivering a comprehensive range of health care services to the residents of the northern Gold Coast region.

If you would like to register interest in expanding your practice to Hope Island or for more information contact Mater Health Services Business Development Director Darren Sonter on 07 3163 1002.

New Midwifery Unit Manager for birth suites

Mater Mothers' Hospitals are pleased to announce the appointment of Susan Foyle as the new Midwifery Manager Birth Suites.

Ms Foyle has 25 years' experience as a midwife and has held various positions, mainly in the United Kingdom, where she was one of the first consultant midwives to be appointed.

"I am passionate about my job; I try to be a hands-on manager and a practising midwife with skills and knowledge that I can hopefully share and pass on to the next generation of midwives," Ms Foyle said.

Since taking on her new role, Ms Foyle has implemented a number of initiatives aimed at making Mater Mothers the hospital of choice for pregnant women across Brisbane.

"My vision is that we will develop further as a team of midwives, training doctors and obstetricians and grow our

It is fairly common knowledge around Brisbane that one in seven Queenslanders are born at Mater. But how many babies is that in a year?

You can now find out thanks to the new 'baby counter' added to the Mater maternity website—maternity.mater.org.au.

The figure will be updated on a daily basis and includes the total number of babies born at Mater Mothers' Hospital, Mater Mothers' Private Hospital and Mater Mothers' Private Redland.

reputation as not just the largest birthing service, but the best—where every woman, whether a private or public patient, has an exceptional birthing experience," Ms Foyle said.

"We have made significant changes to our pregnancy assessment unit improving the way that we accept women into the unit and generally working to make their journey through the birth suite a better experience.

"I have also implemented some staffing changes to incorporate a better skill mix for all shifts on birth suite and have made several exciting midwifery appointments to further complement our team.

"Our aim is to be the hospital of choice for women and their families throughout Brisbane and beyond."

Mums offered a chance to live on

Brave mums with terminal breast cancer now have access to a qualified counsellor to assist them in making 'memory boxes' for their children, thanks to a new pilot program funded by Mater Foundation.

Mater Private Breast Cancer Centre Breast Care Nurse Sally Graham said the 'Mummy, Memories and Me' concept was brought to her attention by a former colleague, Jenny Stevens, who had been diagnosed with metastatic breast cancer.

"The aim of the program is to give the mother a sense of peace and relief knowing that they have ensured their children will hold on to their memories and maintain the precious bond between them after they have died," Ms Graham said.

"Our patients can write their 'Mummy Manuals' on anything from schooling, health, milestone events and even relationships. They can also fill their boxes with photos, recipes and mementos."

Mater Foundation Executive Director Nigel Harris said he believed the program was the first of its kind in Australia.

"I know our donors would be pleased to know their donation was being used to help bring some comfort to our patients and their families in what is undoubtedly a heartbreaking time," Mr Harris said.



Judith Gordon will help mothers record their memories.



Sharing beautiful moments with Mater Mothers

In April 2012, Mater Mothers' Hospitals commenced a comprehensive advertising campaign celebrating 'Beautiful Moments' to coincide with Mother's Day.

Supported by television, billboard, print and online advertising, the campaign provides an opportunity for people to share their beautiful moments with not only other Mater Mothers but doctors, midwives and all Mater staff.

The television advertisement appeared on Channel Nine and Channel Ten (as well as their additional digital channels) from 6 May through to 20 May. Billboards, online and press advertising will span the duration of the campaign from 23 April.

Please join us in sharing your beautiful moments at facebook.com/matermothers.

Mater has very specific social media policies to protect the privacy of our staff and patients. If you are a Mater staff member please check the Mater staff social media policy available on Mater's intranet site.

New appointments across Mater

After a robust recruitment process, both internally and externally, Rhonda Mead has been appointed to the role of Nursing Director Patient Care Units at Mater Private Hospital Brisbane.

Mater Private Hospital Director of Nursing & Midwifery Cheryl Clayton said Ms Mead would bring "a wealth of experience and knowledge" to her new role.

"Rhonda has a number of years experience in leadership roles in both the public and private sectors, including working as a Clinical Nurse Consultant, Nurse Unit Manager, Acting Nurse Director and Project Officer," Ms Clayton said.

Ms Mead has been Acting Nursing Director at Mater Private Hospital Brisbane since September 2011.

Meanwhile, Dr David McCrossin has returned to Mater to take up the role of Director of Paediatric Health Services at Mater Children's Hospital.

Adult, Women's and Children's Health Services Executive Director Dr Mark Waters said over the past few years, Dr

McCrossin had been seconded from Mater to the role of Clinical Leader of the Children's Health Service (CHS).

"During this time, David retained his substantive role of Deputy Director of Paediatric Health Services at Mater but has since returned to us full-time to guide us through the many changes that will be required to successfully achieve the transition from Mater to the new Queensland Children's Hospital (QCH)," Dr Waters said.

"David's recent experience at the CHS will be of enormous assistance to the staff and the organisation as we approach the merging with the Royal Children's Hospital to form the QCH," he said.

Paddle not in health care

By Don Murray

As you would be aware, the Association of International Paddle Sport Federations exists to encourage and facilitate cooperation and communication of issues of mutual interest among international organisations which govern competitive sports involving watercraft propelled using a paddle, of either a single blade or double blade design.

Importantly, 'paddlesport' does not include the sport of rowing. Why? Because an oar, while similar to a paddle in design, is supported by the outer edge of the rowing craft and is controlled by an oarsman, not a paddler.

It is my opinion that in modern clinical practice there is no place for paddlers. It's not that I don't love the cut and thrust of a good dragon boat race now and then, or that I am in any way deriding the role of the paddle in propelling things forward. I just don't think we can efficiently implement significant change, provide integrated service or meet the needs of our community without the support of the outer edge of the rowing craft.



To dip our oars into the business of healthy communities requires the support of our staff and facilities on Mater Hill - our 'rowing craft'. We must remain resolute in the provision of exceptional tertiary care and partner with primary and secondary care providers to meet the needs of our community.

Mater's approach to regional hospitals and Mater Health Centres is about rowing. It is about propelling health care forward through the dipping in of oars from a craft which holds the most capable people working in unison to follow a defined path.

So, I am writing to both murder a metaphor, and to inform you that Mater has elected not to join the Association of International Paddle Sport Federations.

Century record for theatre cases

Mater Private Hospital Brisbane broke a century old record in February when it recorded the highest number of theatre cases in its 106 year history.

This was the second time in as many years that more than 1000 cases had been performed in the month of February—



with 1069 operations performed. The previous record was 1013 in February 2010. Mater Private Hospital Redland also posted the highest number of surgical cases since it opened in 2000.

Mater Private Hospital Brisbane and Redland Executive Director Don Murray said with this operating theatre caseload came associated demands on all staff; clinical, support services and administration.

"While I agree with the old saying "a busy hospital is a good hospital", I must also acknowledge that busy hospitals can only function with the effort, goodwill and dedication of the staff that comprise the hospital," Mr Murray said.

"By all staff maintaining a commitment to accommodating the needs of every patient who has chosen to entrust their care to us, we are unquestionably meeting our Mission."

Mr Murray said that whilst sustainability of the hospital was a primary interest to the Mater Private Hospital Executive, meeting the needs of clients (patients and VMOs) would remain the priority objective.

Expressions of Interest now open for Electronic Health Record

General practitioners and obstetricians now have the option to be among the first in Australia to use a newly-developed Electronic Health Record (EHR), with patient recruitment due to begin in May.

Supported by the Federal Government, the Mater Shared EHR is an electronic alternative to the existing paper-based Pregnancy Health Record.

The electronic record will enable expectant mothers, general practitioners and private obstetricians to update and exchange a patient's obstetric information with Mater through a secure environment.

The Mater Shared EHR will provide quick and easy access to information such as discharge summaries, pathology and radiology results thereby reducing the time spent retrieving, collating and duplicating data.

As part of the project, Mater has expanded the existing Mater Doctor Portal and will improve patient engagement with the addition of a new Mater Patient Portal.

The Mater Patient Portal will enable women to log in, view demographic data and report any inaccuracies, improve access to antenatal information held within the Pregnancy Health Record and direct women to relevant health information including Mater brochures and links to support services.

Mater is also investigating ways GPs and obstetricians will be able to electronically transfer information from their compliant practice systems directly into the Mater Shared EHR, thereby avoiding the need to duplicate a patient's information.

Having an electronic version of the Pregnancy Health Record will not be compulsory for women, GPs or obstetricians and Mater will continue to provide a paper version of the Pregnancy Health Record for those who prefer it.

To find out more or, please email Gerard Gallagher at gerard.gallagher@mater.org.au or contact your Practice Liaison Officer at ehealth@gmsbml.org.au.

To enable optimal use of the Mater Shared EHR, the following information is important:

- The demographic information must be accurate.
- Practitioners will need to have their national healthcare identifier (HPI-Is - available now from AHPRA and HPI-Os available from Medicare).
- Practitioners will need to have their PKI keys (available now from Medicare, check with your Practice Manager as you probably already have one, make sure you know your password).
- Practitioners will need to enter data into the correct field within their compliant practice system so that when the information is uploaded to Mater, the computer can correctly identify and assign the data to the appropriate field.

A fond farewell

By Mark Waters

Maternity services at Mater are being put under the spotlight the next few months through a comprehensive advertising campaign designed to highlight Mater's commitment to obstetric care.

Through the 'Share your beautiful moments at Mater Mothers' campaign we hope to engage with our community and continue to highlight Mater Mothers as being at the forefront of maternity care. I encourage you to visit the Mater Mothers Facebook page and share some of your beautiful moments.

While we are speaking about Mater Mothers' Hospitals we are also nearing some major milestones in the development of a Mater Shared Electronic Health Record for maternity patients at Mater.

In the next few weeks we expect GPs and VMOs, who have signed up to Mater Doctor Portal, to be able to start sharing information with Mater and in June we anticipate the site will go live with the first Mater Mothers' Hospital patient enrolled in Mater Patient Portal.

Mater Doctor Portal is the gateway for VMOs and GPs to access a patient's Mater Shared Electronic Health Record. The portal will enable clinicians to access patient information and share information from their own practice systems with Mater.

I will be leaving Mater in July after six years in this role and wish to express my appreciation for the wonderful support I have received in my time here. I will always have fond memories of Mater and wish all who work or visit here the very best.





Relaxed look for breast cancer centre

Patients at Mater Private Breast Cancer Centre can now wait in relaxed style after the centre underwent a \$115 000 refurbishment, with the aid of a Mater Foundation grant and patient donations.

Mater Private Hospital Executive Director Don Murray said patients would now be seen by specialists in a centre offering “increased privacy, a more relaxed and informative waiting area and a greatly enhanced consulting setting”.

“It is generally accepted that a comfortable, aesthetically relaxing environment can reduce anxiety and stress at such crucial stages of a patient’s health journey,” Mr Murray said.

Features of the refurbishment include a new reception area providing more privacy for patients, as well as softer lighting, a flat screen TV, new carpet and fresh paint and furnishings.

Mater Pathology moves into new labs

A new purpose-built, state-of-the-art laboratory enables Mater Pathology to continue delivering cutting-edge tests and greater interaction between laboratory groups.

Director of Pathology Deon Venter said the new laboratory—on Level 3 of the Corporate Services Building—housed almost all of the molecular tests.

“This new consolidated lab brings all these hitherto separate groups together and will allow for increased types of tests, greater efficiencies in testing (due to consolidation of the laboratories) and more exciting careers for the scientists,” Prof Venter said.

Specialties featured in the new laboratory include molecular microbiology, molecular haematology, genomics, proteomics, molecular biochemistry, part of cytogenetics, cord blood transplant and cell bank and stem cell transplant and cell bank.

“We’re pleased to deliver a safer, more efficient laboratory which will offer our staff greater interaction with various laboratory groups and also an enlargement of our testing spectrum,” Prof Venter said.

Some features of the new lab include positive and negative air pressurisation designed to limit test contamination; optimisation of workflow space; increased storage areas for stem cells and multiple alarm systems for failsafe operation.

“We have also placed significant effort into putting in place the core of the new systems required for the provision of bioinformatics services to underpin the genomic and proteomic testing platforms,” Prof Venter said.

Mater Pathology staff provide 24-hour analytical and consultative services and are dedicated to the provision of high quality interpretive, advisory and educational services for patients and clinicians.



Grant wins for MMRI

Mater Medical Research Institute (MMRI) was announced as the recipient of two grants in December 2011 enabling further research to take place into stillbirths.

Associate Professor
Vicki Flenady



The two National Health and Medical Research Council (NHMRC) grants were announced by Federal Minister for Health Tanya Plibersek along with 158 other grants in health and medical research.

One of the grants—a three year NHMRC scholarship—will allow Ibinabo Ibiebele to undertake her PhD in stillbirth and the other—an NHMRC project grant for \$547,634 over three years—will be used to undertake research to develop a better understanding of stillbirth risk during pregnancy and improve the quality of data for classification of stillbirths.

MMRI's Program Head, within the Mothers and Babies Theme, Associate Professor Vicki Flenady said the overall aim of the research program was to reduce the number of stillbirths.

"The death of a baby before birth is a devastating event for parents and families," A/Prof Flenady said.

"Without data on the risk of stillbirth during pregnancy and improved data quality around investigation and classification of stillbirths, it is difficult to develop effective preventative strategies.

"While infant mortality rates have declined over the past two decades, there has been no reduction in the rate of stillbirth."

"Furthermore, the stillbirth rate among Indigenous Australian women is nearly twice that of non-Indigenous women.

"A thorough understanding of the risk of stillbirth throughout pregnancy is necessary to mount effective interventions."

The specific aims of the research are:

- ▶ To investigate the risk of stillbirth according to the number of ongoing pregnancies by gestational age taking into account the influence of maternal characteristics and maternal and pregnancy morbidity, in order to gain a clear understanding of influencing factors for particular groups of women (e.g. Indigenous women, women with a low socioeconomic background, women born overseas).
- ▶ To examine trends in stillbirth by the Perinatal Society of Australia and New Zealand (PSANZ) PSANZ-PDC category in Queensland, by maternal characteristics and maternal and pregnancy morbidities.
- ▶ To determine the level of agreement between hospital review committees and expert panel review, in classification of stillbirths according to PSANZ-PDC.
- ▶ To obtain baseline information on the needs of parents regarding autopsy consent; in order to improve procedures and the rate of adverse psychosocial outcomes for parents in relation to grief and decision making.

"At present in Australia, the approaches to investigation and data on the causes of stillbirth are inadequate to inform such interventions," A/Prof Flenady said.

"This research program aims to address this issue by adding to the body of knowledge relating to the risk of stillbirth, and examining trends in stillbirth causes of death especially within groups of women who may be at higher risk of stillbirth."

High-tech simulation unit now open

Mater has unveiled a new high-tech learning environment to provide a state-of-the-art centre for medical and nursing students.

Mater Education Practice Improvement Centre (MEPIC) facilitates simulation-based learning with a family of mannequins used to simulate a wide range of scenarios to which students must respond as they would in a 'live' situation.

The centre's aim is to reduce clinical risk, improve patient safety and contribute to optimal clinical outcomes through targeted education, ongoing skill development and competency assessment. MEPIC also provides a standardised and controlled research environment for the continuous improvement of patient care delivery.

Mater Health Services Director of Learning and Development Donna Bonney said the focus of the centre was on the patient and patient safety.

"We have set MEPIC up to focus the student on treating the mannequin as they would any patient and have set up policies to stipulate that any mannequin used in association with the centre is to be treated as any patient in Mater Health Services would be treated, in accordance with the values of the hospital," Ms Bonney said.



"The goal for immersive simulation is to improve communication between the inter-professional team, but we also aim to simultaneously improve communication and interaction with our patients."

MEPIC has received funding from Health Workforce Australia for this project. This funding is an Australian Government initiative.


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Promotional opportunities are available for auction donors.

www.materfoundation.org.au

Inducing labour to prevent stillbirth

Mater researchers are leading the way in obstetric research, with the results of a recent study into reducing the risks of stillbirth for older women published nationally.

The study, which included research by Mater's Director of Obstetrics and Gynaecology Dr Michael Beckmann, found women aged 40 years and older have a higher risk of stillbirth than younger women.

“Tragically stillbirth can happen in any pregnancy; it occurs approximately once in every 1000 otherwise uncomplicated pregnancies after 37 weeks gestation,” Dr Beckmann said.

But for women aged 40 years or older this happens approximately once in every 350 otherwise uncomplicated pregnancies around term.

The study reported that induction of labour at or before 40 weeks may help reduce the risk of stillbirth, without significantly increasing the likelihood of birth by caesarean section.

However, several other important risk factors associated with stillbirth were identified including smoking and having a pregnancy where baby's growth has slowed.

“Addressing these factors is also important if we are to reduce the risk of stillbirth,” Dr Beckmann said.



The study of more than 77 000 births from 1998-2000 drew upon Mater's extensive database of routinely collected maternity data—which is the largest in Australia.

“While there have been large international studies looking at risk factors for stillbirth (including maternal age), very little had been published based on Australian data,” Dr Beckmann said.

“In trying to understand if maternal age is a factor that might be associated with stillbirth, it is essential to have a very large dataset with many births.

“The study is an example of how our data systems can be used to answer important clinical questions and help to improve the quality of care for women having a baby at Mater.”



Mater Pathology acquires Northside Pathology

Mater Pathology has taken over the management of Northside Pathology and will provide a pathology laboratory testing and collection service from within Holy Spirit Northside private hospital.

In addition to the hospital service, the five pathology collection centres currently located at Deagon, Eatons Hill, Kallangur, Kedron and Keperra will be supported by Mater Pathology.

The benefits for specialists will be an improved laboratory service and a more timely pathology reporting service. The addition of a collection centre network in Brisbane's north will also provide patients with greater choice and flexibility.

Mater Pathology is able to transmit pathology reports to specialists via Healthlink or Medical Objects. Specialists who do not use Healthlink or Medical Objects as their preferred means for receiving diagnostic results can arrange for Mater Pathology to install one of these programs.

If you have any enquiries regarding Northside Pathology or Mater Pathology, please telephone 07 3163 6153.

Colorectal cancer

Dr Linus Chang is a gastroenterologist at Mater Hill Gastroenterology based at Mater Private Hospital Brisbane.

Mrs BP, a 67 year-old woman was referred for screening colonoscopy for a positive faecal occult blood test. At her index colonoscopy in September 2009 multiple polyps were seen and the largest was resected (TVA). She was rebooked eight months later for resection of remaining smaller polyps.

A colonoscopy six months later revealed a caecal ulcer which failed to lift with submucosal injection of saline. The ulcer was biopsied to reveal carcinoma in situ.

Mrs BP proceeded to right hemicolectomy. She had early T2 colorectal carcinoma just infiltrating muscularis propria. Loss of nuclear staining was seen for MLH1 and PMS2 (consistent with microsatellite instability). No lymph node involvement and no adjuvant chemotherapy was recommended.

The tumour was surrounded by flat lesions which were sessile serrated adenomas (SSA).

Colorectal cancer

- Second most common cause of cancer death.
- Causes nine per cent of cancer death overall.

Risks of colonoscopy:

- 1 in 1000 of perforation or major bleeding
- 0.8/1000 if no biopsy
- 7/1000 if perforation or biopsy.

The risk of interval cancer between screening colonoscopy and repeat procedure depends on endoscopists adenoma detection rate. A withdrawal time of six minutes increases adenoma detection rate¹.

Colonoscopy reduces deaths mainly from left sided colorectal carcinoma, but not right sided lesions². Five per cent of colorectal carcinomas arise as 'interval' cancers following a colonoscopy.

Sessile Serrated Adenomas

Distal polyps usually follow conventional adenoma-carcinoma sequence but up to 20 per cent of all colorectal carcinomas may arise from serrated polyps. This was only recognised as recently as 2003. Serrated pathway polyps become cancers with high levels of microsatellite instability (MSI) and can become cancerous more rapidly than conventional adenomas.

Sessile Serrated Adenomas (SSAs)³:

- SSAs represent one to nine per cent of all polyps

- present in one to four per cent of the general population
- median age of patients 61
- trend toward female gender bias
- more commonly in the proximal colon
- endoscopic appearance:
 - Five mm or larger
 - Flat or depressed
 - Covered by adherent layer of yellowish mucus
- in patients with at least one SSA
 - 12 per cent have low grade dysplasia (LGD); two per cent have high grade dysplasia (HGD); one per cent have adenocarcinoma.

In a study of all colonic polyps diagnosed between 1980 and 2001⁴:

- 1402 hyperplastic polyps
- 81 polyps in 55 patients rediagnosed as SSA
- 40 SSA patients with no previous history of colorectal carcinoma or adenomatous polyposis high grade dysplasia (AP-HGD)
- of these, five developed colorectal carcinoma, one developed AP-HGD
- colorectal carcinoma more common in SSA patients than in controls with HP (12.5 per cent v 1.8 per cent) and adenomatous polyposis (AP) (12.5 per cent vs 1.8 per cent)
- all subsequent colorectal carcinoma or AP-HGD developed in proximal colon
- four of five subsequent colorectal carcinoma showed MSI
- conclusion: 15 per cent of SSA patients developed subsequent colorectal carcinoma or AP-HGD, especially in the right colon.



Index Colonoscopy in September 2009: Multiple polyps. Largest was resected (tva).

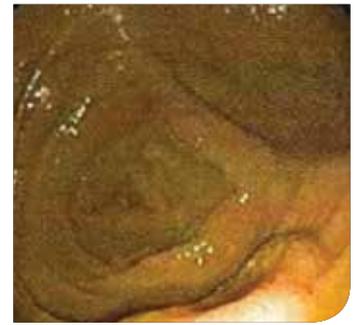


Colonoscopy six months later. Caecal ulcer failed to lift with submucosal injection of saline.

“Colonoscopy reduces deaths mainly from left sided colorectal carcinoma, but not right sided lesions². Five per cent of colorectal carcinomas arise as ‘interval’ cancers following a colonoscopy.”



Caecal view September 2009.



Caecal view May 2010.

Risk factors for developing SSAs

- cigarette smoking
- obesity
- female gender
- family history of CRC or polyps.

We currently don't know how quickly SSAs progress to cancer but one case study suggests SSA progressing to carcinoma in eight months. Mrs BP provides a further case study.

Surveillance post-resection

- SSA with no dysplasia
 - Five years if <three lesions, all <1 cm in size
 - Three years if three or more, or any one centimetre or more in size
- SSA with dysplasia—three years
- screening of first-degree relatives at age 40 or 10 years prior to age of diagnosis.

SSAs are being missed:

- mortality rates from right sided colorectal carcinoma not decreasing despite increasing use of screening colonoscopy
- interval cancers more likely to occur in proximal colon and demonstrate microsatellite instability suggesting they arise from SSAs
- adherent mucus coating is not a useful endoscopic sign unless preparation is very good.

Recognising SSAs:

- colonoscopy is the only reliable technique
- increasing recognition of SSA
- six minutes withdrawal time
- split dose bowel preparation*
- advanced imaging techniques
 - narrow band imaging
 - indigo carmine spray.

Clear superiority of split dose preparation:

- achieves better cleansing than conventional
 - good/excellent views 75 per cent versus 43 per cent (p=.00001)
 - best views within eight hours of last fluid intake
- adenoma detection rates higher
 - 24 per cent vs 12 per cent, (p=0.001)
- lower rates of failed caecal intubation
 - 1 per cent vs 11 per cent; (p=0.00001)
- fewer aborted procedures
 - 7 per cent vs 21 per cent, (p<0.0001)⁵.

*Split dose colonic preparation:

- traditional colonic preparation consists of solution given day prior to colonoscopy
- split dose prep involves giving for example, two litres of preparation the day prior, and one litre on the morning of colonoscopy.

1 Barclay RL, et al. N Engl J Med. 2006;355(24):2533

2 Baxter NN, Ann Intern Med. 2009;150(1):1. Singh H, Gastroenterology. 2010;139(4):1128

3 Huang CS, et al. Am J Gastro 2011; 106: 229-240

4 Lu F, et al. Am J of Surg Path 2010; 34(7):927-934

5 Marmo R, et al. Gastrintest Endosc. 2010 Aug; 72(2):313-20

Dr Ben Hunt



Specialty

Cardiology

Dr Ben Hunt has returned from a two-year fellowship in pacing and cardiac electrophysiology at Foothills Hospital in Calgary, Canada where he trained in both cardiac device implantation and ablation of cardiac arrhythmias including atrial fibrillation.

He considers Brisbane his home town having moved here in 1995 to attend The University of Queensland where he completed a BSc in 1997 and subsequently his MBBS in 2002.

He worked at the Princess Alexandra Hospital where he started advanced training in cardiology in 2007 before completing his cardiology training at The Prince Charles Hospital in 2009.

Dr Hunt is a member of Heart Care Partners and consults from their rooms at Mater Private Clinic and undertakes procedures at Mater's CardioVascular Unit.

He brings with him strong interests in heart rhythm disorders, cardiac device implantation and arrhythmia ablation.

Dr Sagarika Attudawage



Specialty

General medicine

Dr Sagarika Attudawage is a specialist consultant physician in general medicine and is now practising at Mater Private Hospital Redland.

After completing her MBBS at The University of Peradeniya Sri Lanka, Dr Attudawage worked for a couple of years as a Senior House Officer in general medicine before passing MD (Part 1), the same examination which MRCP (UK) candidates sit, passing MD (Part 2) in 2002.

Dr Attudawage came to Australia in January 2004 to undertake general medicine training.

She worked as a registrar for three years at Redland Hospital and became a specialist in general medicine at Grafton Base Hospital, New South Wales.

In 2008, Dr Attudawage was appointed as a specialist in general medicine at Redland Hospital where she continues to work and has also practised at Mater Private Hospital Redland since November 2010.

Dr Sagarika Attudawage is a Fellow of the Royal Australasian College of Physicians and a life member of the College of Physicians Sri Lanka.

Dr Geoff Eather



Specialty

Respiratory and sleep medicine

Dr Geoff Eather completed his MBBS, with first class honours, at The University of Queensland in 1995.

He trained at the Royal Brisbane Hospital before obtaining further training in general medicine and medical oncology at London's Mt Vernon Hospital and The Royal Marsden Hospital.

Upon returning to Australia, he carried out his specialist training at the Princess Alexandra and Prince Charles Hospitals, receiving his FRACP in 2005 with specialist qualifications in respiratory and sleep medicine.

He has gained particular expertise in the management of the full spectrum of sleep disorders, from sleep apnoea to complex sleep disordered breathing, respiratory failure and non-respiratory sleep disorders

Dr Eather is also involved in active clinical research with the department of Respiratory and Sleep Medicine along with the Queensland Tuberculosis Control Centre and is a Senior Lecturer with The University of Queensland.

Dr Eather commenced work with the Queensland Sleep Disorders Unit (now Queensland Sleep) in 2008 and provides a weekly clinical service at Mater Private Hospital Redland.

MMRI welcomes new researchers

Mater Medical Research Institute (MMRI) recently appointed Sue Jenkins-Marsh as the Theme 2—Improving Treatment of Disease Clinical Research Coordinator.

Ms Jenkins-Marsh comes to MMRI with a wealth of research experience including as a previous Study Coordinator at Mater Mothers' Hospital, researcher, Human Research Ethics Committee Coordinator and most recently as Acting Manager of the Research and Governance Unit at Queensland Health.

As part of her role, Ms Jenkins-Marsh will meet with clinicians and researchers within the theme to discuss requirements for the development of ethics proposals, governance and trial documentation and data management systems within the theme.

Associate Professor Josephine Forbes has also joined MMRI as part of the Glycation and Diabetes Complications Group which focuses on diabetes and its complications.



Associate Professor Josephine Forbes and Sue Jenkins-Marsh

A/Prof Forbes completed her PhD in Nephrology at Royal Children's Hospital in 1999.

She is currently a National Health and Medical Research Council (NHMRC) Senior Research Fellow and has held research grants from the NHMRC of Australia, the Juvenile Diabetes Research Foundation (JDRF) and the NIH (USA).

She has received awards including the Commonwealth Health Minister's Award for Excellence in medical research in 2010, an NHMRC Achievement Award in 2009, a Young Tall Poppy Award in 2008 and a Young Investigator Award from the International Diabetes Federation in 2002.

It's a team effort



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Partner

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In Memory

Owen McGuinness

16 October 1934 – 5 December 2011



Owen McGuinness joined Mater in 1974. His first role was to be that of assistant paymaster, but on his first day he was promoted to paymaster.

At that time, one of the Sisters in the pay office banned him from using a calculator to work out the pays. As a result, his arithmetic skills stayed with him throughout his career at Mater as he would always do manual calculations with a paper and pencil before checking them on a calculator—not to see if he was correct, but to see if the calculator was correct.

Over time, Mr McGuinness progressed to the manager of Personnel services and was the Senior Manager of Human Resources and Payroll for many years.

Mr McGuinness was seen as a serious and firm but fair manager. He had an aura of authority and was rarely challenged by others as most knew he was meticulous in knowing the right answer before he entered into any conversation.

Although a long-time Mater employee, Mr McGuinness was well-known across Queensland Health for his knowledge on labour budgeting and award interpretations.

The government organisation often asked him to present the process and reasoning on labour related matters.

Mr McGuinness was also involved with the Army Reserve for many years and in 1960 he made the Queen's Honour List and was appointed a Member of the Order of the British Empire for services to the Army Reserve and for rewriting the Army's payroll system.

Mr McGuinness was a trusted advisor to many of Mater's Chief Executive Officer's including Sr Angela Mary, Pat Maguire, Mark Avery and, for a short time, Dr John O'Donnell.

He was admired by the Sisters of Mercy and many long term staff members. He leaves behind a tremendous legacy at Mater, as he lived the values upon which the organisation prides itself.

Mr McGuinness made Mater a better place by being here. He will be greatly missed. May his soul rest in eternal peace.

Fraud Prevention in Medical Practices

From our supporting partners, HLB Mann Judd

Fraud prevention in healthcare continues to be a challenge. From smaller practices to large organisations, it appears no one is immune to the threat.

Instances of fraud continue to increase, both in terms of frequency and size. Recent research indicates that whilst many believe fraud is an issue, it is not an issue for them. Unfortunately, this is not the reality with many frauds going undetected. The post-Christmas period is often a time of increased fraud as Christmas debts come to bear, and fees associated with schooling and other activities fall due.

Many of those who commit fraud share similar characteristics. They are often aged between 31 to 45 years, are trusted employees earning less than \$100 000 and have no prior history of committing such offences.

Cash remains the most prevalent item stolen (either physically or through EFT's). Common means of accessing these funds in medical practices include:

- Theft of receipts or cash on hand
- Altering or forging a cheque
- Submitting fictitious invoices
- Falsely cancelling an appointment and taking cash from patients
- Paying personal expenses with practice funds
- Payroll or expense reimbursement fraud

Classic warning signs include people living beyond their obvious means, people acting in controlling, secretive and defensive fashions, erratic behaviour and individuals not taking long periods of leave.

Potential fraudsters can be deterred through the implementation of good controls, suitable to an organisation's circumstances, and visibly promoting the fact that fraud will not be tolerated.



For more information on Fraud or any other accounting matters, please contact Brendan Campbell from HLB Mann Judd on 07 3001 8836.

New Faces

At Queensland X-Ray

Queensland X-Ray is the largest diagnostic imaging practice in the state with more than 35 practices and 800 staff.

They have the most experienced team of radiologists and nuclear imaging specialists in Queensland including many subspecialists.

Their practices are networked via their PACS so that all subspecialty reporting skills are available despite where their experts are deployed on a given day.

Queensland X-Ray has recently recruited two new radiologists, Drs Sanjay Dhupelia and Todd Stariha.

With 21 practices across Brisbane and a 24/7 radiology service based at Mater Private Hospital Brisbane, Queensland X-Ray is always there to provide a clearer picture of your patient's health.

For more information visit qldxray.com.au or call Doctor Direct on 1300 77 99 77.



Dr Todd Stariha

Dr Todd Stariha

MBBS, FRANZCR

Dr Stariha was awarded a Bachelor of Medicine and a Bachelor of Surgery with honours from The University of Queensland in 1999.

In 2011 he became a Fellow of The Royal Australia and NZ College of Radiologists. He joined Queensland X-Ray in 2010, previously holding a position of Radiology Registrar at the Royal Brisbane and Women's Hospital for four years.

Dr Stariha has completed fellowships in musculoskeletal and neurological imaging.

Dr Sanjay Dhupelia

B.Sc M.B.B.S FRANZCR

Dr Dhupelia was awarded a Bachelor of Surgery and a Bachelor of Medicine from The University of Queensland in 2002 and trained as a Radiologist in Queensland.

He joined Queensland X-Ray in 2011.

Prior to this he undertook a Neuroradiology Imaging Fellowship at the Royal Brisbane Hospital and at Queensland X-Ray and a cross sectional and interventional Musculoskeletal Imaging Fellowship at St Paul's Hospital in Vancouver, Canada.



qldxray.com.au

QXRWeb Images

QXR offers highly secure access to your patients' images online:

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- Be prompted to key images for quick and easy assessment of your patients.
- Market-leading viewing software for image manipulation. We securely store images for five years.

- Patients who visit Queensland X-Ray exclusively for their imaging, will build a complete and highly secure electronic radiology record to help streamline their health care.

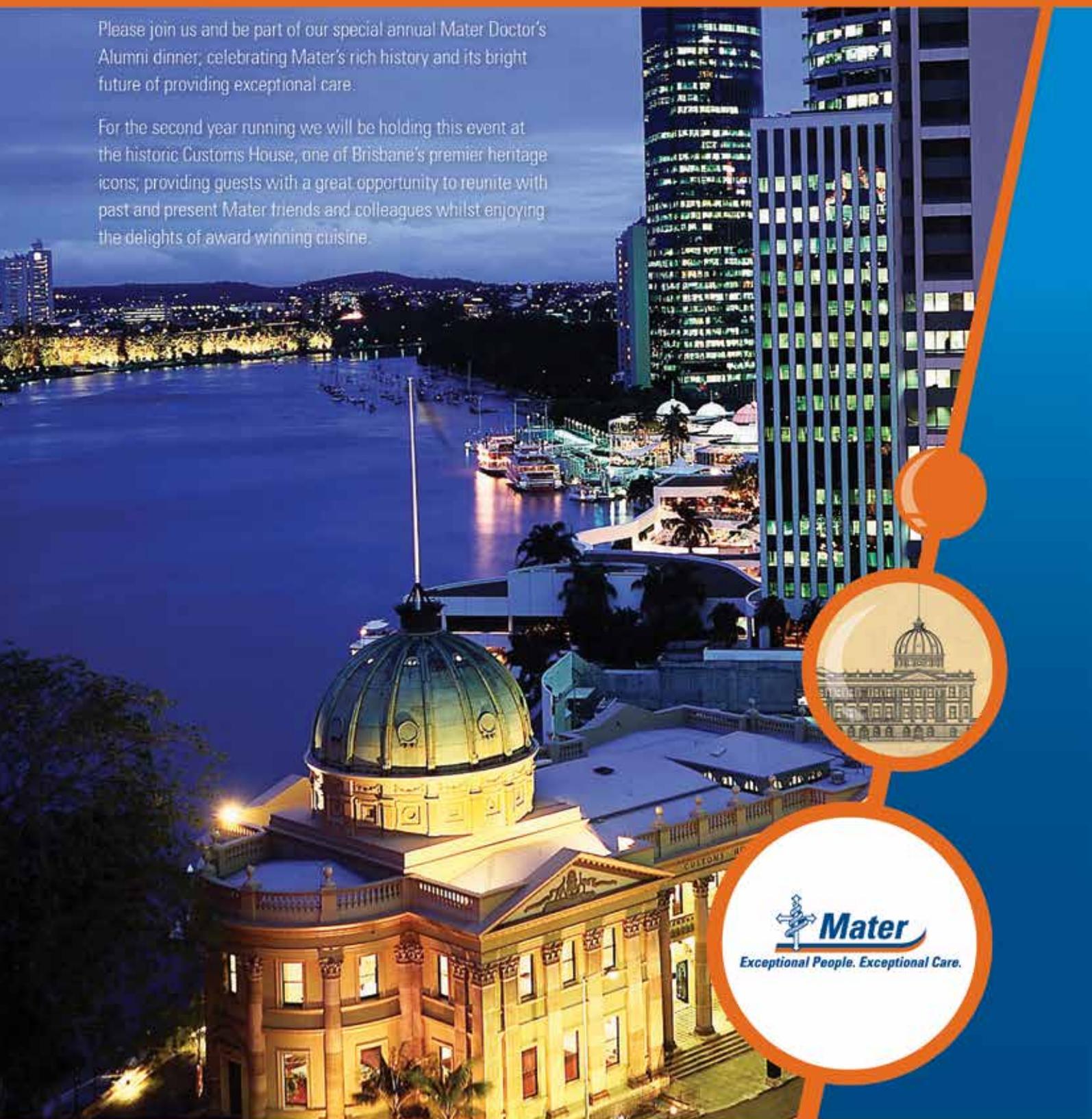
This new tool is available throughout the Theatres and Wards on the Mater Private Hospital complex. To gain access, please contact Doctor Direct on 1800 77 99 77.



Doctors' Alumni Dinner 2012

Please join us and be part of our special annual Mater Doctor's Alumni dinner, celebrating Mater's rich history and its bright future of providing exceptional care.

For the second year running we will be holding this event at the historic Customs House, one of Brisbane's premier heritage icons; providing guests with a great opportunity to reunite with past and present Mater friends and colleagues whilst enjoying the delights of award winning cuisine.



Date: Friday 24 August 2012
Time: 7 pm to 11.30 pm
Venue: Customs House, 399 Queen Street, Brisbane City
Dress: Lounge Suit / Cocktail Dress

Enquiries: Karen Miller
Phone: 07 3163 8623
Email: karen.miller@mater.org.au

Thank you for being one of Mater Health Services' Exceptional People