

# SCOPE

Summer 2011

## Inside this issue

GreenLight Laser arrives at Mater



**Mater**

Exceptional People. Exceptional Care.



# Welcome from the Editor

Scope celebrates our heroes, our milestones, our results and our innovations. In 2011 this was no different. As I look back through this year's editions, there was a lot achieved and a lot to be thankful for.

Thank you to everyone who shared their story with Scope this year, without your support and contributions putting together this publication would not be possible.

I hope you have enjoyed reading Scope and look forward to bringing more Mater stories to you in 2012.

May you have an exceptional festive season.

Merry Christmas.  
Miranda Hunt

## Contributors

**Editor** - Miranda Hunt

**Senior Writer** - Brooke Falvey

**Staff Writers** - Jacqueline Hayes, Emma O'Rourke and Alyssa Zammit.

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](mailto:miranda.hunt@mater.org.au). Names will be published unless otherwise stated.

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# A message from the CEO

## **2011. A year filled with challenging times, testing us all on both a personal and professional level.**

Although it now feels a lifetime ago, it has been just under 12 months since Mater played an integral role in providing ongoing health services to the residents of Queensland during the State's most significant natural disasters.

Our staff worked tirelessly throughout this time to ensure the community could access our services throughout the flood crisis. We also opened our doors to paediatric, neonatal and maternity patients from North Queensland during Cyclone Yasi.

In happier news, it was also the year when we celebrated 150 years of the Sisters of Mercy in Queensland and the 80th birthday of Mater Children's Hospital.

And as you will see from the stories in this edition of Scope, we approach the end 2011 with the announcement of a number of new initiatives at Mater including the installation of a GreenLight Laser (page six), the Children's Early Warning Tool (page seven) and a new maternity simulation unit (page 10).

It's now time to look ahead to 2012, which promises to be another busy year with the opening of Mater Health Centres at Hope Island and Brookwater, which will see us further expand our service offering into the community.

On behalf of the Sisters of Mercy and the Mater Board, I sincerely thank you all for your exceptional efforts throughout the year.

I wish you a safe, happy and Holy Christmas with family and friends.

**Dr John O'Donnell**

**CEO, Mater Health Services**



## Cover Story

**Mater Private Hospital Brisbane and Mater Adult Hospital are now able to offer patients with an enlarged prostate a state-of-the-art, minimally-invasive treatment called GreenLight Laser Therapy.**

For more details, see page six.

*Cover: Urologist Dr Stuart Philip.*



# Fast News

## A cuppa for comfort

**The Sisters of Mercy annual morning tea, held at Mater Archives and Heritage Centre on 2 November 2011, provided an additional opportunity for the Mater community to celebrate the Sisters of Mercy 150 year anniversary.**

Mission Leadership Executive Director Madonna McGahan said the morning tea was a chance for staff to chat with the sisters and to honour Catherine McAuley, who died on 11 November 1841.

"Events such as this morning tea are an important part of our identity as a Mercy ministry and enable people to share what Mater means to them and how it has shaped their lives," Ms McGahan said.

"More than 200 people were able to take a few minutes out of their working day to share a cup of tea with their colleagues and the Sisters.

"Through everyday actions Mater people continue to give healing and hope to people they encounter.

"We continue to carry forward with integrity the legacy that is gifted to us by those who went before us—the Sisters of Mercy—and all who have worked with them at Mater since 1906."



## Mater Doctors' Alumni Dinner 2012

**Mark your diaries, Mater's Doctor's Alumni Dinner for 2012 will take place on Friday 24 August 2012 at the historical Customs House, Brisbane.**

Please gather your colleagues and be part of the special annual dinner, celebrating Mater's rich history and its bright future of providing exceptional care.

Invitations will be delivered closer to the date—we hope to see you there!

## Places available at Mater Childcare

**Mater Childcare is excited to announce the availability of further childcare places from 9 January 2012.**

Mater Childcare 1 has been up and running since mid-August 2011 and from 9 January Mater Childcare 2 and 3 will open, providing further childcare facilities for Mater staff.

Each of the individually licensed Mater Childcare Centres will be owned and operated by Mater Health Services to support our growing Mater family.

The first-class five storey facility incorporates outdoor play areas at each level to maximise fresh air and natural light. Also featured is an onsite kitchen facility so Mater Childcare can provide fresh cooked meals daily.

Mater staff interested in seeking childcare can apply now by completing the application form available on the Mater Childcare Centre intranet page or by emailing [childcare@mater.org.au](mailto:childcare@mater.org.au) for an application form.

**Please contact Mater Childcare on 07 3163 3444 or [childcare@mater.org.au](mailto:childcare@mater.org.au) for more information.**

## Queensland X-Ray opens new digital X-ray suite

**Inpatients at Mater Private Hospital Brisbane no longer have far to travel for their diagnostic imaging thanks to a new digital X-ray suite provided by Queensland X-Ray.**

Based on Level 8, the suite features specially-designed beds with memory-foam mattresses to relieve pressure on the joints of patients just out of surgery.

The beds also have built-in radiography equipment which means that once on the bed, the patient doesn't need cumbersome cassettes placed under them before an X-ray can be taken. Everything is built into the bed.

High quality images can now be taken with little discomfort to the patient and with no delays caused by positioning limitations.

In addition to the new Level 8 suite, Queensland X-Ray's ground floor practice and Women's Diagnostic Centre are also undergoing refurbishments.

The changes at the main site are due for completion at the end of February, with the Women's Diagnostic Centre refurbishment due to start shortly.

## New name for Mater Private Clinic Redland

**Mater Health Services, as Head Lessor, has received approval to change the name of the building at 16 Weippin Street Cleveland, currently known as 'Mater Private Clinic' to Mater Health Centre Redland.**

With the current development of Mater Health Centres at both Hope Island and Brookwater, Mater felt it was important to maintain a consistency in naming conventions.

**The new address details will be:**

Mater Health Centre Redland  
16 Weippin Street  
Cleveland Qld 4106

**If you have any queries relating to the building rename, please contact Lisa Dibbs, Director of Marketing on [lisa.dibbs@mater.org.au](mailto:lisa.dibbs@mater.org.au) or 07 3163 1975.**

## Meet Mater's two newest SafeQuest heroes!

**Mater's two newest SafeQuest heroes were unveiled in October—Hand Hygiene Man and Hand Hygiene Woman!**

The new germ-fighting duo have come on board the *SafeQuest* team to help fight germs and build on the work already being done to promote hand hygiene practices at Mater.

"We're here to help the *SafeQuest* team remind all Mater people about the importance of good hand hygiene practices," Hand Hygiene Man said.

"And we're already impressed to see that hand hygiene rates for doctors at Mater are above the national average!"

For more information on hand hygiene at Mater, contact Infection Control—email [Jenny.Stackelroth@mater.org.au](mailto:Jenny.Stackelroth@mater.org.au) or [Sally.Broadhurst@mater.org.au](mailto:Sally.Broadhurst@mater.org.au).





# Urologists receive the GreenLight

**Mater Private Hospital Brisbane has become the first private hospital in Brisbane to offer patients a minimally-invasive laser therapy treatment for an enlarged prostate.**

The treatment, known as GreenLight Laser Therapy, uses 180 watt laser energy from the green light band to vaporise enlarged prostate tissue that obstructs the outlet of the bladder without harming other healthy tissue

Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland, affecting more than 50 per cent of men over the age of 60. As the prostate grows, it presses against and narrows the urethra, causing a urinary obstruction that makes it difficult to urinate.

Urologists Dr Peter Swindle, Dr Stuart Philip and Dr Roger Watson (pictured above), will be using the new treatment on patients at both Mater Private Hospital Brisbane and Mater Adult Hospital.

The three urologists have undergone further sub-specialised training with internationally recognised urologists in the field, in order to be able to bring the new technology to Brisbane.

Dr Philip said many BPH patients reported changes to lifestyle such as avoiding travel, interruption of leisure activities and a disruption in sleep patterns.

“Currently, most patients with BPH are treated with either medication or via a transurethral resection of the prostate (TURP) surgical procedure and require an average three day hospital stay and four to six weeks recovery,” Dr Philip said.

Dr Swindle said the GreenLight Laser Therapy treatment would

enable patients to receive immediate symptom relief without the side effects or expense of medication with potentially less risks than existing treatments.

“Due to the haemostatic effectiveness of the GreenLight Laser Therapy, patients typically go home after a night in hospital and return to normal duties within one to two weeks,” Dr Swindle said.



Dr Watson said the new treatment would also be useful in treating patients on anti-coagulant therapy who are unable to have their medication stopped, as well as presenting an alternative to open prostatectomy in patients with large prostates.

“It will also be widely applicable—since 2007, we have performed more than 1000 transurethral resection of the prostate operations,” Dr Watson said.

Mater Private Hospital Brisbane Executive Director Don Murray said he was happy to be able to offer patients a new, minimally-invasive treatment path.

**“We are the only private hospital in Brisbane offering this service and I am pleased to say that all the cases done to date have had outstanding outcomes.”**

Mater Foundation Executive Director Nigel Harris said generous community support enabled the Foundation to fund state-of-the art equipment, research projects and patient programs.

“We are proud to have been able to fund the GreenLight Laser which significantly reduces the time patients spend in hospital and the side effects of treatment,” Mr Harris said.

# Day patients are happy patients

**Day patients at Mater Private Hospital Redland are the happiest in the country, according to the latest patient satisfaction results from Press Ganey.**

Mater Private Hospital Redland Director of Clinical Services Tracey Hutley said the Day Surgery unit had increased its percentile ranking from 90th percentile last period to the 99th percentile in the last quarter (June to August 2011).

"The day unit team are a dynamic group of people who really strive to ensure our patients always come first," Ms Hutley said.

"Their teamwork, dedication and focus on the little things, provides a warm environment where our patients feel welcome, safe and cared about.

"The satisfaction of our patients remains a key component in delivering quality health care at Mater Private Hospital Redland."

According to Press Ganey, Day Surgery is the fastest growing site of care in Australia and New Zealand, and particularly for the private sector, the most competitive arena in health care.

Press Ganey surveys provides benchmark reports comparing Mater Private Hospital Redland against 140 other private hospitals in the database.



Members of the Day Surgery Unit at MPHRR strive to deliver exceptional service everyday.

## What the patients are saying:

**"Nurses after surgery were very caring, made me feel very comfortable and explained what to do going home. Very helpful."**

**"The professionalism and friendliness of the nursing staff was excellent. They were very ready to make the experience as pleasant as possible."**

**"Everyone was welcoming, courteous, informative, helpful and took every effort to make me feel comfortable."**

# New tool to monitor children's vital signs

**Mater Children's Hospital has recently implemented a new observation chart designed to highlight the deterioration of a patient.**

The Children's Early Warning Tool (CEWT), an observational chart nursing staff can use to plot a patient's vital signs, was developed by a team led by Paediatric Intensivist, Dr Kevin McCaffery.

"The purpose of this tool is to make it easier to recognise the deterioration of a child in our care by highlighting observations that fall outside normal parameters," Dr McCaffery said.

"CEWT was implemented to meet best practice standards as well as to provide safer, more responsive care for children whose condition may rapidly deteriorate."

There are four different age-based CEWT charts—under one year old, one to four years old, five to 11 years old and over 12 years old.

Each chart consists of colour coding to alert the nurses to various degrees of abnormality in vital signs. Each colour corresponds to a number and the nurses then add up the score to get a total CEWT score.

Dr McCaffery said nursing staff are then guided in terms of management.

"For example, for a patient with a CEWT score of 4, the nurse must ring the resident who needs to respond within 30 minutes," he said.

"In terms of the range, a score of 0 means their vital signs are all within normal limits, whereas a score of 8+ means a MET call is made. These escalation triggers have been optimised following substantial retrospective and prospective validation."

The CEWT was successfully trialled in 10 tertiary, regional and rural Queensland hospitals in paediatric areas and is currently being implemented in all paediatric facilities across the state.

It has already been rolled out in wards 7 East and 7 South at Mater Children's Hospital with plans to extend it into the remaining wards over coming months.

"Improving the safety of hospitalised children is clearly important and the successful implementation of this project was only possible thanks to the enthusiasm and hard work of staff from both clinical areas—including Hanne Williams, Katie Howard and Elise Burn—and Queensland Health," Dr McCaffery said.

# Green Laser versus Santa

by Don Murray

**We're not short of superheroes at Mater. There are the understated staff members who go about their business every day to help benefit the community we serve. Then, of course, there are the more overt SafeQuest heroes; FLU VAX MAN, Hand Hygiene Woman and Hand Hygiene Man whose mere presence makes fans swoon and germs abate.**

So it should have been no surprise that when I mentioned the idea of having a GreenLight Laser to vaporise enlarged prostates, minds immediately turned to lycra-clad crime fighters. When I was eventually able to explain to the excited crowd that I was speaking about a new piece of equipment (full story on page six), the mood shifted somewhat toward the mundane.

But it's not mundane. Our heroes have just changed shape over the years.

For children, Santa Claus is the hero of Christmas. He brings joy and happiness through the distribution of gifts. As we get older and understand more about the story of Christmas, our heroes change.



And, for the patients with enlarged prostate, I assure you that the GreenLight Laser is as much a hero as Santa. Much like Santa, the GreenLight Laser cannot perform without helpers. In fact, it is the helpers, the understated people behind the scenes who work every day to offer support, care and mercy who are the real heroes.

This Christmas, I would like to acknowledge the many VMOs, staff and supporters of Mater who continue to contribute so much. May you all have a happy and safe Christmas.

## Mater maintains its unblemished record

**In early November, surveyors from the Australian Council on Healthcare Standards (ACHS) visited Mater campuses to undertake the ACHS Accreditation periodic review.**

Mater Health Services Chief Executive Officer Dr John O'Donnell said while the full report was yet to be received, Mater had maintained its unblemished record of remaining fully accredited and not having any high priority recommendations.

"My thanks and congratulations to all staff for maintaining the very high standards set in our organisation-wide survey of two years ago and, in many instances, improving on that performance," Dr O'Donnell said.

Although not yet mandatory, Mater chose to ask ACHS to do a concurrent survey against the new National Standards, which have been endorsed since July and which will become mandatory from 2013.

"Mater is one of the few large scale health care organisations

to undertake this survey and the results are exceptional," Dr O'Donnell said.

"The survey provides us with a very succinct definition of what we need to do over the next two years to ensure we are fully compliant.

"From an overall perspective, we received no high priority recommendations, no downgrades in rating and on top of that 10 criterion achieved an Extensive Achievement (EA) rating for four new criterion including clinical handover, credentialing, corporate and clinical policies and safety management systems."

Mater also maintained its Extensive Achievement ratings for care planning, outcomes of care, medication safety, infection control, risk management and clinical incidents.



# Walk the walk for great results

By Dr Mark Waters



***“On the initial accreditation, it was a matter of whether we’re talking the talk. Now its can we walk the walk.”  
Christine Crocker, Chairperson to the Rhode Island Police Accreditation Coalition (RIPAC)***

Christine Crocker is on the money when it comes to accreditation.

Thankfully, it turns out that not only does Mater talk the talk but when it comes to providing a safe environment for patients and staff, we also walk the walk.

The results of the latest review, carried out in November, are due back in coming weeks, but in short we can confirm Mater maintained its unblemished record of remaining fully accredited.

Mater Mothers’ Private Hospital and Mater Children’s Private Hospital both remain fully accredited and performed well with no high priority recommendations.

I am also pleased to say construction is now underway on the Mater Education Practice Improvement Centre (MEPIC) which will see staff and students learn new clinical skills with the help of computer-controlled mannequins.

Developed in collaboration with The University of Queensland (UQ), the MEPIC is a new maternity simulation centre which will enable students and staff to improve their clinical skills before taking to the wards.

This is a fantastic development especially for the areas of midwifery and neonatology where access to real life practice is limited and/or clinically high risk.

Now, as I sign off for 2011, I wish you all a safe and happy Christmas and I look forward to working with you in 2012.

## Lifesaving heart surgery for baby from Nauru

**Surgeons at Mater Children’s Hospital have given a baby from Nauru, the world’s smallest island country, a chance at a longer life through cardiac surgery.**

Seven-month-old Jesu `Smith’ Agege’s heart condition was picked up by a medical specialist visiting from Sydney.

The doctor diagnosed a large perimembranous ventricular septal defect—a large hole between the two main pumping chambers of the heart.

**“He was pale and always out of breath and crying,” grandfather Ramos Agege said.**

Smith’s mother Jacora was told he needed to be flown to Australia for urgent medical treatment.

“I prayed every night for God to give us assistance in any way he could,” Mr Agege said.

That assistance came in the form of Rotary Oceania Medical Aid for Children (ROMAC) who flew baby Smith, Miss Agege and Mr Agege to Brisbane so he could undergo treatment at Mater Children’s Hospital.

Mater Director of Paediatric Cardiology Dr Rob Justo said Smith exhibited symptoms including fast breathing and poor feeding which led to limited growth and weight gain.



Mater Children’s Hospital nurse Shanon Nealon with cardiac patient Smith Agege.

“If left untreated these children can sustain permanent damage to cardiac function it can significantly shorten their lifespan. He would have grown up to be an adult but not into old age,” Dr Justo said.

Surgeons performed cardiopulmonary bypass surgery and closed the ventricular septal defect.

“The procedure was uncomplicated and he has made an outstanding recovery. He now has an excellent prognosis with a normal expected lifespan and no long term cardiac issues,” Dr Justo said.

Smith is one of 37 children brought to hospitals in Australia and New Zealand by ROMAC in the past 12 months.

# Work underway on midwifery simulation unit

**Work has commenced on a state-of-the-art simulation centre on Level 4 of the Corporate Services Building.**

The Mater Education Practice Improvement Centre (MEPIC), in collaboration with The University of Queensland (UQ), will incorporate low, medium and high fidelity clinical simulation into curriculum of undergraduate midwifery students and health care professionals involved in maternity and neonatal services.

Mater Health Services Director of Learning and Development Donna Bonney said both fields were areas where simulation could add much value to real life clinical practice, through enhanced knowledge and skill development for clinicians, optimised woman/patient centred care as well as better health outcomes for women and their families.

The centre will include two immersive simulation suites, multidisciplinary and multipurpose clinical learning areas, as well as a communication/consultation room.

Each immersive simulation suite consists of a flexible high fidelity simulation room, a low fidelity simulation area and the centre can broadcast to two additional lecture rooms, which hold up to 45 observers.

"The immersive simulation suites will be fitted with video and audio equipment allowing for the filming of scenarios using volunteers or actors as standardised patients as well as computer-controlled mannequins as patients," Ms Bonney said.



Mater is using simulation units to further develop the clinical skills of staff.

"There will also be adjoining control rooms with one way glass from which the clinical scenarios and high fidelity equipment are controlled and the entire learning experience is enhanced through quality, contemporary debriefing practices."

More than 1700 health professional students undertake clinical training each year across Mater, utilising Mater's teaching hospitals to gain clinical experience in a broad range of undergraduate and postgraduate health programs.

MEPIC has received funding from Health Workforce Australia for this project and is expected to open early in 2012. This funding is an Australian Government initiative.



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## Mater Shared Electronic Health Record

The Mater Shared Electronic Health Record combines Mater Doctor Portal and a new patient portal to electronically share information between you, your patients and Mater Mothers' Hospital.

This enables your patients' information to be available when you need it, wherever you need it.

Email Gerard at [gerard.gallagher@mater.org.au](mailto:gerard.gallagher@mater.org.au) for more information.

# New breast cancer team member

**Mater Private Breast Cancer Centre is pleased to announce that breast surgeon Dr Carissa Phillips has joined its multidisciplinary team.**

A graduate of The University of Queensland, Dr Phillips is locally educated and trained, gaining various facets of surgical experience throughout her career in South East Queensland hospitals.

Dr Phillips was a Breast and Endocrine Fellow at the Royal Brisbane and Women's Hospital during 2009 and is now balancing a career and a young family, operating part-time at Mater Private Hospital Brisbane and Mater Mothers' Private Hospital.

**"I'm pleased to work with my colleagues at the Mater Private Breast Cancer Centre to offer our patients a multidisciplinary approach to treatment," Dr Phillips said.**

"Facing a breast cancer diagnosis can be a difficult time for patients and the support they receive from our team, in particular the breast care nurses, is most important.



**Dr Carissa Phillips**

"I enjoy my interactions with my patients; it's good to be able to spend time with them and help them see that there is a way through it all."

**Mater Private Breast Cancer Centre offers professional, personal service for people with breast cancer, disorders and problems of the breast. For more information, phone 07 3163 1166.**

## Mater and Microsoft sign MOU

**Mater Health Services and Microsoft have signed an agreement to explore future areas for cooperation.**

The Memorandum Of Understanding (MOU) outlines the collaborative intent of the two companies to develop a strategic alliance to improve health care outcomes through the adoption of information and communications technology.

Mater Health Services Chief Information Officer Mal Thatcher said that the MOU would help Mater in achieving key targets in relation to improving patient outcomes.

"Mater has a long track record and experience in delivering e-health projects as an enabler for changing health care processes and supporting new models of care," Mr Thatcher said.

**"We are excited to move towards closer collaboration with Microsoft with the aim of delivering improved health care outcomes."**

Key features of the MOU include providing Mater Health Services with access to Microsoft global resources specifically in the areas of portal technology and unified communication and electronic collaboration. The MOU will also provide Mater's software developers with enhanced access to technical resources within Microsoft.

Microsoft Australia Health Industry Solutions Manager Simon Kos said Microsoft was keen to work with Mater on innovations to focus on the quality and safety of patient care.

"In a complex organisation like Mater, managing information and effective communication are critical so this will be an area where we plan to pool our resources and knowledge to make significant progress," Dr Kos said.



## MMRI receive \$75 000 Ramaciotti grant

Mater Medical Research Institute's CEO/Director Professor John Prins with Perpetual's General Manager Andrew Thomas at the 2011 Ramaciotti Awards for Biomedical Research.

**Professor John Prins, CEO/Director of Mater Medical Research Institute (MMRI), was pleased to receive a \$75,000 grant from the Ramaciotti Foundations to enable him to continue his study of cancer-killing cells.**

The grant will purchase an Olympus CellR Time Lapse Microscope and Camera used to study Cytotoxic Lymphocytes, cells that protect the body from disease by killing cancer cells and those infected by viruses.

"This grant will have a significant impact on the research we are able to undertake and will assist in increasing our understanding of the mechanisms of Cytotoxic Lymphocytes," Prof Prins said.

"Being able to study them in detail with the Time Lapse Microscope has the potential to unlock new cancer treatments."

The Ramaciotti Foundations support biomedical research and each year make significant distributions; providing funding support to areas such as molecular biology, genetics and immunology and assisting young investigators taking up new challenges in biomedical research.

## New appointments across Mater Hill

**Mater Private Hospital Brisbane recently announced the appointment of Betty Cameron to the role of Nurse Manager for the Welcome Lounge.**

Nursing Director Alan Porritt said Ms Cameron was well known at Mater Private Hospital Brisbane and has been acting Nurse Manager in the past.

"I am delighted that Betty has accepted the role permanently; it is our privilege to have such a capable and talented health professional within the leadership team," Mr Porritt said.

Mater Children's Hospital also welcomed the appointment of Cathy Keyte to the role of Nursing Director—Paediatric Health Services.

Adults, Women's & Children's Health Services Director of Nursing and Midwifery Services Mish Hill said Ms Keyte's appointment followed a broad recruitment process which resulted in Queensland, interstate and international applicants.

"Cathy brings 20 years of tertiary Paediatric Nursing expertise to the position with a variety of experiences both interstate and at Mater," Ms Hill said.

"She holds a postgraduate qualification in Paediatric Nursing and has held the position of the Nurse Unit Manager of Mater Children's Private Hospital since 2001."

Mater Private Hospital Redland also welcomed a new team member—physio Yvette Milne. Mater Private Hospital Redland Director of Clinical Services Tracey Hutley said Ms Milne would join Redland's new five-bed rehabilitation unit.

"Yvette's appointment means our patients will undergo a comprehensive rehabilitation program led by a multidisciplinary team of clinicians," Ms Hutley said.

"She will also work with the team to assist us in establishing and growing the service within the local community with a view to also offer day therapy services in the near future."

# Lego model of QCH revealed

**Mater Children's Hospital received a new addition to its Level 1 foyer area on 25 November 2011 when Minister for Health Geoff Wilson revealed a LEGO model of the new Queensland Children's Hospital.**

The Honorable Mr Wilson helped children place the final pieces in one of the 2 m x 1.5 m, 200 kg models, which were specially designed and built by Australian LEGO certified model maker, Ryan McNaught.

Two models have been made and will be on permanent display at Mater Children's Hospital and the Royal Children's Hospital—the two hospitals that will merge to become the Queensland Children's Hospital in late 2014.

**“Kids love LEGO, it's a fantastic toy that enables them to create and build extraordinary things and that's what we've done with the Queensland Children's Hospital,” Mr Wilson said.**



L-R: Mater Executive Director Women's, Children's and Adult Health Services Mark Waters, Minister for Health Geoff Wilson, CEO Children's Health Services Dr Peter Steer and Professional lego model maker Ryan McNaught.

Mr McNaught based his LEGO representations, complete with staff, patients, vehicles and a helicopter, on architect's plans, artist's impressions and 3D renderings of the new hospital.

Children's Health Services chief executive officer Dr Peter Steer said 2011 had seen significant progress on the construction on the 12-level hospital, one of the largest public health projects under way in Australia.

“The structure of the Queensland Children's Hospital is starting to make its mark on the South Brisbane skyline, with the four-level basement car park complete and the building now five stories above street level.”

Both models will be displayed in the Queensland Children's Hospital when it opens in late 2014.

## Nursing for the next generation

**The first intake of students will soon graduate from Mater's Diploma of Nursing, marking a significant milestone in the history of nursing at Mater.**

The 18-month Diploma of Nursing qualification is a unique, tailored education program delivered by contemporary clinical experts within Mater's tertiary health care facilities.

Among the graduates will be Victoria Point's Sharon Harris, (pictured), who spent 18 years working as an assistant-in-nursing in aged care before enrolling in the course.

“I jumped at the opportunity to train at Mater as the hospitals' excellent reputation and Mission and Values were instrumental in my decision. I was also able to study and attend clinical practice at the one campus,” Mrs Harris said.

**“Getting back into study at a mature age was challenging but the facilitators and teaching staff were very supportive and giving of their time to answer any questions.”**

Mrs Harris has been offered a role as an enrolled nurse on Ward 10 East in Mater Private Hospital Brisbane. She will join the team in 2012.



Mater Health Services People and Learning Executive Director Caroline Hudson said one of the main attractions for students was exposure to all clinical environments including acute surgical and medical, maternity, paediatrics and perioperative services placements.

Upon graduation, students are also eligible for national registration with the Nursing and Midwifery Board of Australia.

**For more information about Mater's Diploma of Nursing, please visit [www.matereducation.com.au/diploma](http://www.matereducation.com.au/diploma).**

# Case Study

Dr Akshay Mishra

## 'Takotsubo' Cardiomyopathy

**Dr Akshay Mishra is a cardiologist who recently joined Heart Care Partners based at Mater Private Hospital Brisbane.**

A 43 year old woman presented to the Emergency Department at a peripheral hospital following exacerbation of her ulcerative colitis.

She was symptomatic for a few days with increasing episodes of vomiting and bloody diarrhoea and was dehydrated at presentation.

On placement of a cannula for intravenous (IV) fluids she fainted momentarily. She denied any chest pain or dyspnoea.

An echocardiogram (ECG) was performed promptly and showed widespread ST elevations across the anterior, inferior and lateral leads (figure 1).

The patient was thought to be undergoing an acute myocardial infarction. Lysis was not administered due to ongoing frank gastro-intestinal bleed and the patient was evacuated by helicopter to our tertiary centre for urgent management.

On arrival, the ECG showed only some resolution in ST elevation which remained elevated and poor left ventricular (LV) function with apical akinesis (figures 2 and 3).

The Troponin I level was elevated at 6.4. As the patient had remained pain-free and was in no obvious distress a provisional diagnosis of 'stress cardiomyopathy' was made and angiography was deferred till the next day.

The angiogram showed normal coronary vessels and the ventriculogram was consistent with 'apical ballooning syndrome' (figures 4, 5 and 6).

She was treated with aspirin, metoprolol and ramipril as well as immunosuppressants for her colitis with good resolution of her symptoms over the next few days.

A subsequent cardiology review two months later showed no cardiac symptoms and normalisation of the LV function on the echocardiogram.

Patients with takotsubo cardiomyopathy often present with ECG abnormalities, but it is rare to document such marked ST elevation in these patients.

It was fortuitous that the prompt ECG taken in the Emergency Department when the patient had the fainting episode captured the dramatic ST changes. It is assumed that the



patient's faint was most likely due to a vasovagal response secondary to IV cannulation.

It is thought that the ST elevation was due to a massive adrenergic surge as a result of severe hypotension and cerebral hypoperfusion.

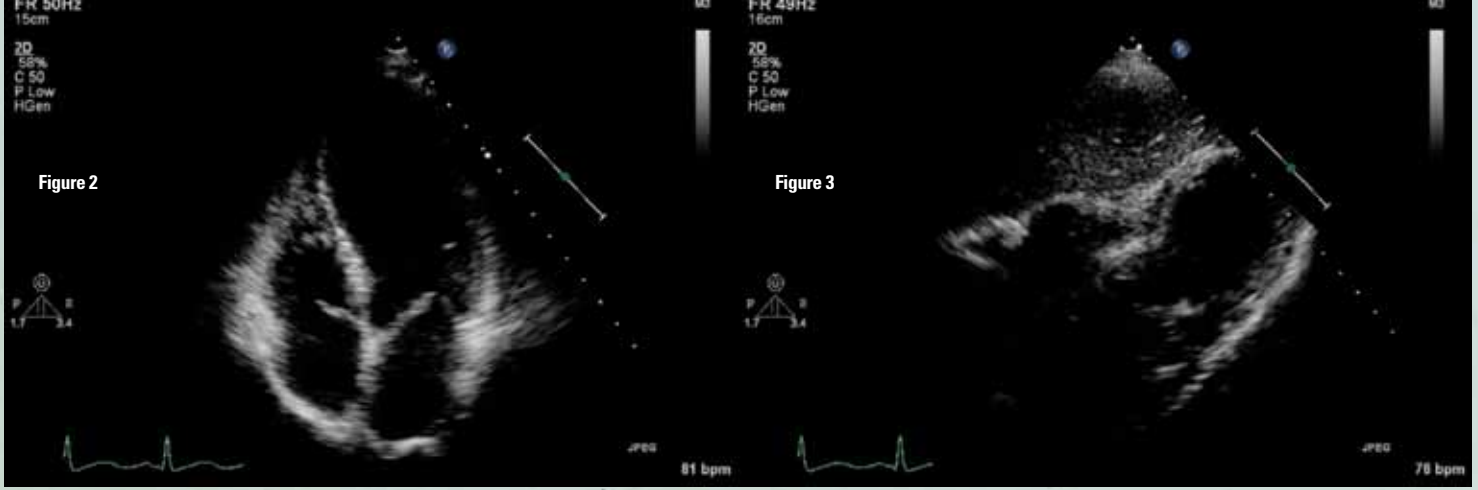
It is also remarkable that the relatively small stress of IV cannulation in the background of a festering systemic illness could prompt such dramatic changes in her myocardium.

### Discussion

This unique form of cardiomyopathy is characterised by the heart taking on the appearance of a 'takotsubo' which is a Japanese fishing pot with a narrow neck and wide base that is used to trap octopus (figure 7).

It was first reported in 1989 in a case of reversible left ventricular dysfunction associated with pheochromocytoma. Outside Japan, this phenomenon was called apical ballooning or stress cardiomyopathy.

The diagnostic criteria includes: a) transient hypokinesia, akinesia, or dyskinesia in the left ventricular mid segments with or without apical involvement; regional wall motion abnormalities that extend beyond a single epicardial vascular distribution; and frequently, but not always, a stressful trigger. b) the absence of obstructive coronary disease or angiographic evidence of acute plaque rupture. c) new ECG abnormalities (ST-segment elevation and/or T-wave inversion) or modest elevation in cardiac troponin. d) the absence of pheochromocytoma and myocarditis.



## Onset and clinical presentation

Takotsubo cardiomyopathy occurs predominantly in postmenopausal women and is often preceded by emotional precipitants as variable as death of a family member or a pet, public speaking, family arguments, financial loss, surprise parties, automobile accidents and natural disasters such as earthquakes, among others.

In some cases, precipitant stressors have not been identified. The left ventricular dysfunction can be remarkably depressed, however usually recovers within a few weeks.

The most frequent clinical symptoms of takotsubo cardiomyopathy on admission are chest pain and dyspnoea, resembling acute myocardial infarction.

Moreover, the ECG findings on admission often include ST elevation in precordial leads. Subsequent T-wave inversion and Q-wave formation also are frequently found. Cardiac enzyme levels are usually slightly increased.

## Prognosis

The prognosis of patients with takotsubo cardiomyopathy is generally favourable however there have been some fatal complications such as left ventricular free wall rupture.

Only a handful of recurrent takotsubo cardiomyopathy cases have been reported. One article has reported that the recurrence rate of takotsubo cardiomyopathy is less than 10 per cent.

## Management

There are no specific treatments for the left ventricular failure characterising takotsubo cardiomyopathy because cardiac function is normalised within a few weeks. Pulmonary oedema, if present, is managed with sedation and morphine. When shock occurs, intra-aortic balloon pump support may be required.

Arrhythmia resulting from QT prolongation is commonly observed in patients with takotsubo cardiomyopathy.

Administration of magnesium sulfate is effective for ventricular

tachycardia in the acute phase of takotsubo cardiomyopathy if the QT interval is prolonged.

The use of Beta receptor blockers in the acute phase is debated as these can prolong the QT interval and leave unopposed the potentially adverse effects of high local concentrations of catecholamines at Alpha receptors.

Treatment with a combined Alpha and Beta blocker seems rational, whereas treatment with a catecholamine as a cardiostimulant seems contraindicated<sup>1</sup>.



Figure 4



Figure 5

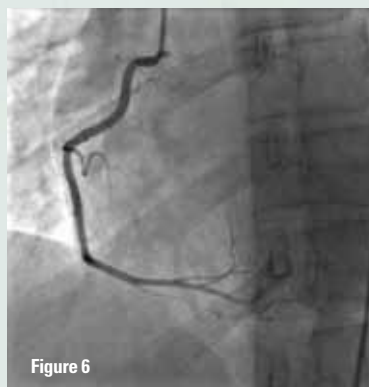


Figure 6



Figure 7



If you would like to submit a Case by Case article, please email [Brooke.Falvey@mater.org.au](mailto:Brooke.Falvey@mater.org.au). All cases submitted should include a brief background, description of how the case progressed, outcome and images.

# MMRI researcher receives NHMRC award

**Mater Medical Research Institute (MMRI) researcher Dr Ingrid Winkler's contribution to research has been recognised at the National Health and Medical Research Council (NHMRC) annual awards.**

Presented in Canberra, by Minister for Mental Health and Ageing Mark Butler, Dr Winkler received an NHMRC Achievement Award for her research which focuses on bone marrow stem cell biology to help patients better survive chemotherapy treatments while enabling more efficient eradication of the cancer, including leukaemia.



"The recipients of all these awards are making an enormous contribution to the health and well-being of our community now and into the future," Mr Butler said.

"Their diverse areas of breakthrough research include prevention and treatment of middle ear infection, regenerating skin-wounds through stem cell contribution, and bone marrow stem cell biology to improve chemotherapy treatments.

"I congratulate the award recipients on their achievements and encourage all Australians to acknowledge the hard work and dedication of these researchers as

they strive to improve the health of all Australians."

Dr Winkler's respected international reputation comes from her work around the world, including at premier research institutes such as the German Cancer Research Centre, the Peter MacCallum Cancer Centre in Melbourne and currently at MMRI.

She has identified a crucial factor involved in protecting normal stem cells from chemotherapy and is working on the development of a synthetic blocking agent.

"I am really proud to receive such recognition from the NHMRC for my research. There have been many long hours spent in both the lab and in front of my computer conducting this research, so to receive this award is a great pleasure," Dr Winkler said.

Dr Winkler is looking forward to the next stages of her research and its potential application in helping patients have better treatment.



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# A right 'Royal' experience

by Sr Angela Mary

**In September, I received a call from Government House in Canberra asking if I would accept an invitation from the Governor-General to attend a luncheon at which the Queen would be present.**

I was astounded and I wondered how I came to receive such an honour.

The one requirement was that I was not to reveal the content of the phone call to anyone until after the event took place on Sunday 23 October.

Late one night prior to the Luncheon, I received a list of those attending. I glanced through it and gave it to my sister, Nuala, who at once recognised Samantha Cohen—a past pupil of hers from All Hallows'—who has been Assistant Private Secretary to the Queen for the past 10 years in London.

Samantha's father, Dr Jon Cohen, was a fine surgeon whom I had worked with in the operating theatres at Mater Private Hospital, in what is now Aubigny Place.

Among the group of Queenslanders invited were Philip Bacon of Philip Bacon Galleries, Don and Christine McDonald of Devoncourt Station in Cloncurry, and actor Geoffrey Rush.

There were 21 guests from throughout Australia representing the arts, sport, entertainment, education, medicine, business, the defence forces, farming and philanthropy.

Prior to the Luncheon, each of us was presented to Her

Majesty The Queen and His Royal Highness Prince Philip, Governor-General Quentin Bryce and Michael Bryce.

I had prepared a short speech for Her Majesty and when my turn came she took my hand, I said, "Your Majesty, your week long visit to Ireland lifted the spirits of the Irish people at a time when they needed it most. Thank you and God bless you".

**Her Majesty beamed and later one of her staff thanked me for what I had said, remarking that it would have pleased the Queen to have heard these words.**

The luncheon was a formal occasion. I was seated between a uniformed Australian Army Officer who has served in Afghanistan and whose mother came from Ireland, and Commander Peter Loughborough, who is in charge of security for the Queen.

Following the luncheon, we were free to mingle with the Royal Family. Samantha took me to meet Prince Philip whose comment to me was, "I suppose you came here to Australia a thousand years ago".

Later, the Governor-General took me to meet the Queen on a one-on-one basis. I thanked her again, remarking that during her Irish visit, she had taken risks to which she replied that she had.

I then said that I had a cousin, a journalist, in New York who asked me if I could find out what the fishmonger in Cork had said to make her laugh so heartily.

Her Majesty looked wryly at me and replied, "He was a good salesman".

Later, one of the Queen's Household staff said the man had probably said, "Like a mackerel, Ma'am?".

The occasion is one I shall remember forever.





# Mater wins Sustainability Award

**Mater Health Services has won the 2011 Business South Bank (BSB) Sustainability Award due to our comprehensive approach to water, energy and waste management across campus.**

Sustainability Manager Chris Hill (pictured) said he was delighted Mater had been honoured by Business South Bank for its efforts to date.

"This award acknowledges an ongoing organisation-wide commitment to sustainable business practices and a genuine understanding about Mater's responsibilities as a provider of exceptional care," Mr Hill said.

"While we are still relatively early in our sustainable journey, changes made at different levels of the organisation are starting to gather momentum.

"Our next focus will be on consumption management, with an aim to reduce our carbon footprint by reducing energy loads throughout Mater."

The BSB Sustainability Committee commented that MHS not only demonstrated strong achievements across all criteria, but also provided an example of what can be successfully achieved when change moves through an organisation from Board to staff level.



**Some of the key initiatives Mater has implemented in the past 12 months include:**

- The 'Turn it off' campaign encouraging staff to switch off lights, computers and air-conditioning at the end of the day.
- The negotiation of a new waste contract which will lead to segregation and recycling of waste across all of Mater.
- Encouraging staff to use videoconferencing rather than travel to other sites for meetings to reduce carbon emissions.



**For more information on Mater's future sustainability plans, contact Chris Hill on 07 3163 5188 or visit [www.mater.org.au](http://www.mater.org.au).**

## Certainty over Superannuation for Contractors

From our supporting partner, HLB Mann Judd

**On 28 October 2011, the Australian Tax Office (ATO) released "ATO ID 2011/87".**

This Interpretative decision confirms that medical practitioners operating from a medical clinic are not considered employees and therefore the compulsory nine per cent Superannuation Guarantee Charge (SGC) is not required to be paid by the clinic.

This ATO ID lists the facts as follows:

- The medical practitioner entered into an arrangement with the medical clinic.
- The practitioner provided a number of various medical services within the clinic.
- The practitioner was required to complete the work personally and could not delegate.
- The clinic provided the practitioner with furnished rooms in which to treat clients, necessary equipment and materials, and receptionist services.
- Fees paid by the practitioner's clients were not paid directly to the practitioner, but were instead paid to the clinic and deposited into an account maintained by the clinic. The account was subject to a fee splitting agreement.

- Upon the Practitioner providing a tax invoice to the clinic, the practitioner was distributed a set percentage of their client billings as per the agreement. No deductions were made from the amounts distributed to the practitioner.
- The clinic effectively kept the remaining percentage in consideration for their supply of services, premises and equipment.
- The arrangement between the practitioner and the clinic made no provision for annual leave or sick leave.

This is a fairly typical scenario in many medical clinics, and one of the key factors to keep in mind is that this does not relate to practitioners who are being paid wages, they will still be considered employees of the practice and as such subject to the usual employer/employee obligations.

This is referring to the standard arrangement of the practitioner who has an ABN and invoices the clinic for a percentage of their billings.

There are still some outstanding questions around Payroll Tax and Workcover for these arrangements, but this is a good opportunity to review your contracts in relation to SGC, Payroll Tax and Workcover, to ensure you know your obligations.

# Behind the scenes

**While recently in Perth for a conference, plastic surgeon Scott Ingram went in search of one of the country's rarest reptiles—the Western Swamp Turtle.**

"As many of my colleagues and patients know, I love tortoises and turtle, whatever you want to call them.

"I first heard about the Western Swamp Tortoise (I still prefer to call them tortoises although their name changed to turtle about 10 years ago) when I was 10 or 12 years old.

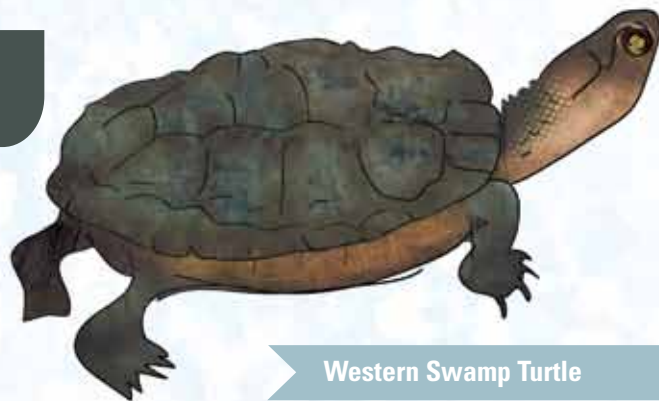
"At the time there were only a few left in Australia and they were considered one of the rarest animals in the world.

"The species were 'rediscovered' in 1953 when a schoolboy took his 'pet turtle' to a local pet show. The kid then showed the judge where he found the tortoise and they found a few more.

"They lived in two tiny temporary swamps on the northeast outskirts of Perth.

"Realising the animal was in severe danger of extinction, a couple of them were taken to Perth Zoo.

"A breeding program has been so successful that significant numbers are now being released back into the wild, however they are still highly endangered.



Western Swamp Turtle

"These guys have an extremely interesting life-cycle, spending seven to nine months of the year in aestivation (summer hibernation), when the two little swamps they live in actually completely dry up!

"They emerge from aestivation and feed on small crustaceans, insects and tadpoles in late autumn when winter rains fill the swamps again.

"Unfortunately when I went to Perth Zoo their enclosure had been damaged in a recent storm, and they had been taken off display, so I didn't get to see them this time.

"I guess I've waited 30 years, a year or two more won't matter!"

**Scope profiles the 'behind-the-scenes' lives of Mater's VMOs. To take part, please contact Brooke Falvey on [Brooke.Falvey@mater.org.au](mailto:Brooke.Falvey@mater.org.au)**

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