

# scope

Winter 2011

## Inside this issue

Mater Children's Hospital celebrates 80 years

Behind-the-scenes of the quintuplets delivery

Mater named as e-health site



Exceptional People. Exceptional Care.



# Welcome from the Editor

In this winter edition of Scope we step back in time and reflect on the Mater Children’s Hospital journey in celebration of its 80th birthday. Built on the determination of the Sisters of Mercy and the generosity of the community, the hospital opening was a much celebrated event for the burgeoning southside population. To read more see page 7.

We also take a behind the scenes look at the birth of quintuplets at Mater Mothers’ Hospitals. You may have already seen this story as exclusively told by 60 Minutes and Woman’s Day but we focus on the multidisciplinary team that worked tirelessly to deliver and care for the five tiny newborns.

Lastly, tickets are selling fast for the Doctors’ Alumni Dinner so be sure to get in quick so you don’t miss out. See the back page for more details.

Best wishes  
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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# Living with Hope (Island) by Don Murray



**Fyodor Dostoevsky once wrote, 'To live without hope is to cease to live'.**

It's probably fair to suggest that Dostoevsky wasn't specifically referring to Mater's imminent move into Hope Island at the Gold Coast. However, his point is still valid.

For more than 100 years Mater has remained relevant in Queensland by always seeking to meet unmet need and provide health care services which support the community.

As Brisbane has grown, so has Mater. Mater Private Hospital Redland is a very tangible expression of this. So too are Mater Pathology, Mater Pharmacy, our allied health services and the many community-based clinics which operate beyond Mater Hill.

So it really is no surprise that Mater continues to seek opportunities to engage with the growing community by stretching our boundaries and growing with it.

The opportunity at Hope Island, like Springfield, Brookwater and the Bayside represents more than just expansion.

Cleverly managed in partnership with our VMOs and other business partners, these shifts beyond the hill form the lifeblood of a future Mater which exists in a much more decentralised community of massively populated suburban centres connected to a metropolitan hub.

They connect us to the people and create vital links for sustaining our businesses and our Mission.

As Dostoevsky might say, they help Mater to live on. Of course, Dostoevsky also said *'Arriving at one goal is the starting point to another'*.

## Cover Story

**On 6 July 1931, Mater Children's Hospital opened its doors, marking the beginning of a long history on Mater Hill.**

It was the dream of Mother Patrick Potter, after whom the hospital was eventually named, to build an 80 bed modern public hospital, complete with medical and surgical beds, a nursery for small sick babies and an operating theatre.

The new Mater Children's Hospital opened on Stanley Street in 2001. Each year more than 15 800 children are cared for as inpatients while more than 41 800 children present to the Emergency Department.

For more on Mater Children's Hospital's history, see page 7.



# Fast News

## Mater Appointment Reminders pilot underway

**The Mater Appointment Reminder Service (MARS) pilot went live in early May for a three month period.**

The pilot was approved by Mater's Ambulatory Steering Committee after reviewing business needs and ambulatory data related to Failed to Attend (FTA) rates in specialist outpatient clinics.

Discussions with the SMS Working Group and Ambulatory Management Committee determined that the Gastroenterology and Ear, Nose and Throat clinics would be the first areas to pilot the service.

"These areas were chosen as they include Mater Adult Hospital and Mater Children's Hospital, as well as the iPM and practiX programs to schedule appointments in these clinics," Nursing Director for Outpatient and Ambulatory Services Jennifer Pitt said.

"The FTA rates in these clinics are currently: Adult ENT 21 per cent, Paediatric ENT 20 per cent and Gastro nine per cent, with an overall Mater Health Service wide rate of 12 per cent," Ms Pitt said.

"Our target rate is seven per cent. It is anticipated that these SMS reminders will lead to a decrease in FTA rates in the relevant clinics."

**For further information on the project please contact Kelly Oosterhoudt on 07 3163 6629.**

## Mater launches community newsletter

**As part of Mater's future development strategy, the Mater Marketing Department has produced two new corporate publications specifically targeted at the general community.**

The quarterly newsletters, Healthy Community, will be letterbox dropped to 80 000 homes within key suburbs surrounding Mater's South Brisbane and Redland campuses.

The newsletters feature a fresh look, compelling articles and community-focused health information.

**To view the newsletters online, visit [www.mater.org.au/Home/Publications](http://www.mater.org.au/Home/Publications)**



## Living Mercy: Past Present and Future Conference

**As part of the Sisters of Mercy Brisbane Congregation's sesquicentennial celebrations this year, the Living Mercy Conference will be held from 21—23 September, 2011.**

Congregational Leader Sr Sandra Lupi RSM said the celebratory year provided an opportunity for participants to reflect on what living mercy is and can be in their life and the ministry now and into the future.

"Keynote speakers will provide this challenge as they invite participants to ponder deeply their tradition and the vision of Catherine McAuley, the contemporary issues of concern to people of Mercy and what Mercy means within the complexity and diversity of our world," Sr Sandra said.

Speakers include Dr Caitlin Conneely RSM, a native of the Arran Islands and a member of the Western province of the Irish Sisters of Mercy.

Until recently, Dr Conneely was a Director of Mercy International Centre in Dublin. She is much in demand as a speaker on Catherine McAuley and the early Mercy story.

**Registration \$375. For more details and to register, visit [www.livingmercy.org.au](http://www.livingmercy.org.au)**

## Create, Motivate, Communicate!

**Mater Education Centre is proud to announce the 11th National Leadership and Learning Conference - Create, Motivate, Communicate!**

The presenters are specifically selected for their contemporary, innovative and engaging approach to leadership and learning from diverse areas of professional practice including clinical, business, management and creative industries.

Highlighted speakers include Dr Karl Kruszelnicki—self-confessed Sleek Geek; Wendy McCarthy—Mentor and business leader; Marcus Watson—Executive Director, Clinical Skills Development Service and Dr Stuart Gowland – Managing Director, Mobile Surgical Services project, NZ.

**Date:** 25–26 August 2011

**Venue:** Royal on the Park Hotel, Brisbane

**For more information visit [www.matereducation.com.au/conference](http://www.matereducation.com.au/conference)**

## QCH reaches street level

**It's full steam ahead on construction of the Queensland Children's Hospital (QCH) with the slab floor of level one completed in May 2011.**

After many months of work on the four-level basement car park, construction has now reached street level and the outline of the new hospital will start to take shape in the South Brisbane skyline.

Minister for Health and Member for Ferny Grove Geoff Wilson was on hand to kick off the final cement pour of level one at the site with the help of two young patients—three year old Mitchell Gorman and four-year-old Bryce Marshall.

To mark this project milestone the handprints of the Minister, Mitchell and Bryce were pressed into a concrete plaque which will be later included within the hospital's green space.

With level one of the QCH now complete, construction for the rest of 2011 will focus on building the lift cores up to level 12 and the slab floors and columns up to level 6.

## Mater brings the Barossa to Brisbane

**The Red, White and Sparkling Dinner is Brisbane's premiere boutique wine event, bringing the Barossa to Brisbane to raise vital funds for Mater Medical Research Institute (MMRI).**

Tickets include a pre dinner wine tasting, a sumptuous three course meal and a selection of unique wines from premium boutique Barossa wineries.

Guests will also have the opportunity to meet the wine makers.

**Date:** Saturday, 10 September 2011

**Time:** Pre-dinner drinks from 6 pm, dinner 7.30 pm until midnight

**Venue:** Pre dinner wine tasting at The Riverside Centre Lobby, 123 Eagle Street Brisbane

Dinner at The Strand @ Rugby Quay, Plaza Level, Rugby Quay, 123 Eagle Street Brisbane

**Dress:** Dinner or Lounge Suit

**RSVP:** Wednesday, 24 August 2011 **Tickets:** \$175 per person, tables of 10 available

**For bookings phone 07 3163 8000 or visit [www.materfoundation.org.au](http://www.materfoundation.org.au)**



# A reflection

by Dr Stuart Philip

**Urologist Dr Stuart Philip reflects on his involvement in the wake of the Christchurch earthquake which killed 181, damaged 100 000 homes and destroyed most of the CBD on 22 February 2011.**



Tuesday 22 February 2011 started as a beautiful day in Christchurch, New Zealand and having been a medical student there, I knew the city well.

My first job of the day was a cup of my favourite locally roasted Hummingbird coffee in a café on Victoria Street. By 1 pm, the sky was filled with dust and the café was gone.

I grew up in Hawke's Bay on the east coast of the North Island. It was the site of New Zealand's largest earthquake, which killed 256 people, in 1931.

Each earthquake is different, some are slow and rolling, while others are sharp and violent. The earthquake that day in Christchurch was the most violent that I have ever felt.

**“When the earthquake hit it was chaos for a minute or so followed by a disconcerting calm.”**

The conference centre we were in was evacuated and 300 of us found ourselves out on the street, surrounded by dust and the distant echoes of sirens. A number of Mater nursing staff were there along with Dr David Winkle, Dr Roger Watson and myself.

Our hotel opposite was badly damaged and we were quite literally left with the clothes on our back.

I immediately set off for the nearest police station thinking that it might be a place where we could be dispatched to help. It was obvious from the surrounding destruction and “walking wounded” that there would be major casualties. Eventually about 12 surgeons were dispatched in small groups to various sites. I was sent to the Pyne Gould Guinness building.

The next few hours passed extremely quickly and were spent obtaining medical supplies, setting up a makeshift field trauma room and establishing a triage system. The Urban Search and Rescue teams did not arrive for 12 hours so, in the great Australasian spirit, we made do as best we could.

Twelve people were saved from the building that afternoon.

Incredibly, some were extricated with not a scratch on them (and in one case, still clutching an unbroken coffee mug that she had been drinking from at the time of the quake!).

Others had horrendous injuries including fractures and



amputations. As was widely reported, one gentleman had to have both legs amputated on site to save his life. There was never such a welcome sight as an anaesthetist arriving to help with a backpack full of anaesthetic medications.

Of course, not everyone could be saved. I know that we all did all we could for those people and hopefully made a difference in keeping them comfortable. It is the people that couldn't be saved that I think about the most.

I have wondered many times why I helped out doing what I could but have come to the realisation that it isn't really a choice that you consciously make. Knowing that my wife and children were safe back in Brisbane certainly helped but I think that all of us have it in ourselves to help out those in need. This was certainly demonstrated in Queensland this summer with the floods and cyclone.

We still have many friends who live in Christchurch; a number of them lost their houses and places of work. At the last count more than 900 buildings had been destroyed and thousands more damaged. Many areas remain without sewerage with residents having to rely on portaloos dotted down the middle of the street—a chilly proposition as winter arrives!

However, Cantabrians are extremely resolute and I have no doubt that they will come back better and stronger. However, I suspect that it is a long hard road ahead.

**Editor's note:** Just days after Dr Philip submitted this editorial, Christchurch was again hit by a chain of tremors measuring 5.5 and 6.0 magnitude.

# Mater Children's Hospital

## celebrates 80 years

**Thursday 6 July marked the 80th birthday of Mater Children's Hospital (MCH) and to celebrate this milestone a superheroes-themed party was held with the Sisters of Mercy, staff, patients and their families invited to share in the celebrations.**

Executive Director of Mater Mothers', Children's and Adult Hospitals, Dr Mark Waters thanked staff, patients and medical officers for their contribution and support.

**"We are very proud of what we have accomplished over the past 80 years," Dr Waters said.**

"When Mater Children's Hospital officially opened its doors in July 1931, its 80 beds were occupied immediately and in its first year of operation, the hospital admitted 1266 patients and saw over 7000 outpatients."



The hospital was dedicated as a memorial to Mother M. Patrick Potter who worked to build a children's hospital on Mater Hill but died before her dream became a reality.

It was her dream to build an 80 bed modern children's public hospital, complete with medical and surgical beds, a nursery for small sick babies and an operating theatre.

However, financial constraints meant only half the original plans were constructed by 1931, with the rest of the building left unfinished until 1976 when the new wing was opened.

The first MCH Annual Report details a list of causes for admission during those early days. They include: typhoid, whooping cough, diphtheria, acute poliomyelitis, poliomyelitis and, what was quaintly termed, diseases of the organs of vision.

By far, the greatest numbers of admissions related to respiratory diseases and diseases of the pharynx and tonsils.

MCH remained in the original building until May 2001 when the service transferred to the new Mater Children's Hospital building on Stanley Street.

Each year more than 41 000 children receive emergency care at Mater, making MCH Queensland's busiest paediatric emergency department.

"A sincere thank you to everyone who has contributed to making the Mater Children's Hospital the outstanding facility it is today," Dr Waters said.



### Significant events

- 1931 Mater Children's Hospital opened.
- 1971 119 patients were evacuated after a fire in the ceiling.
- 1976 The extension to Mater Children's Hospital opened.
- 1981 Mater Children's Hospital Development Clinic opened to care for children with long term developmental problems.
- 1981 Mother Theresa visited the Mater.
- 1986 Queensland's first Sleep Laboratory was established at Mater Children's Hospital.
- 1990 Ronald McDonald House opened.
- 1994 Mater Children's Hospital's new Babies Ward officially opened.
- 1998 Mater Children's Private Hospital opened—the first paediatric private hospital in Australia.
- 1998 The Paediatric Epilepsy Centre at Mater opened.
- 1999 Mater Children's Hospital became Queensland's transplant centre for adolescent and child renal transplants.
- 1999 Australia's first structured Pets As Therapy Scheme was launched.
- 2001 The new Mater Children's Hospital and Mater Children's Private Hospital in Stanley Street, South Brisbane was officially opened.
- 2008 Queensland Paediatric Cardiac Services (QPCS) transitioned from The Prince Charles Hospital to Mater Children's Hospital.

# Five babies in five minutes

On 3 January 2011, Mater Mothers' Hospital welcomed five new additions—quintuplets Noah, Charlie, Eireann, Evie and Abby—to its honour roll of more than 300 000 births.

It took a 30-strong obstetric and neonatal team five minutes to deliver the siblings, who were 26 weeks and four days gestation, but what preceded was three months of careful planning.

Maternal Fetal Medicine Director Dr Glenn Gardener met mum-to-be Melissa Keevers, 27, and her partner Rosie Nolan, 22, when Melissa was eight weeks pregnant.

While Melissa's earlier pregnancy, with daughter Lily, had been complication-free, a quintuplet pregnancy is considered very high-risk for both the mother and her babies.

Dr Gardener said, "Mid-trimester loss through spontaneous miscarriage was a big worry for us and there was also high blood pressure, pre-eclampsia, gestational diabetes and growth-related issues because of the constricted environment," he said.

"We monitored the babies every two weeks to make sure they were alive and growing and we monitored Melissa for any signs or symptoms of early labour."

A check up at 22 weeks showed Melissa's cervix had shortened significantly.

"At 19 weeks it was 34mm, then it came in to 26mm and at 22 weeks it was down to 7mm. At that point in time we were very worried that we would lose all five babies," Dr Gardener said.

"Had the quins been delivered at that time they would not have been resuscitated because the chance of survival at such an early gestation is remote.

"It was pretty tough on everyone, not least of all Melissa and Rosie, to be suddenly faced with



the very real possibility of losing the babies.

"I felt that putting a stitch in the cervix was a last ditch effort to salvage the situation.

"Once we got through the first 24 hours it was clear we had gotten it in without rupturing the membranes or irritating the uterus," Dr Gardener said.

When Melissa reached 24 weeks gestation, Dr Gardener hosted a multidisciplinary 'pow wow' to plan the delivery.

"I don't think the realisation of what the delivery of quintuplets would mean on our resources was really appreciated until we opened the discussion up," he said.

"There needed to be a team on standby 24 hours a day including five sets of medical and nursing staff to handle the resuscitation as well as obstetricians, midwives and an anaesthetist."

Since 1996, Mater has delivered 3063 sets of twins, 156 sets of triplets, seven sets of quads and two sets of quintuplets.





Mater's Director of Maternal Fetal Medicine Dr Glenn Gardener with some of the team who helped deliver the quintuplets. L-R Debbie Nguyen, Danielle Kolb, Elizabeth Nash, Jennifer McKenna, Dr Glenn Gardener, Susan Curtin, Diane Fitzgerald, Catherine Mills and Chloe South.

Also in the meeting was Director of Neonatology Dr David Knight.

"We had to have the staff and equipment available to receive five very premature babies who would be born within minutes of each other," Dr Knight said.

"That all of this happened over the Christmas/New Year period made it even more difficult," he said.

On 2 January, just hours before Dr Gardener was due to fly to New Zealand for 10 days, Melissa went into premature labour.

"It was around midnight and because Melissa had already had some threatened episodes of labour I said I'd come back in and assess her myself," he said.

"She was six centimetres dilated and there was no going back. At that point, everyone was mobilised and it was a true demonstration of the benefit of prior planning."

Two operating theatres were used with each of the five resuscitation bays colour coded to prevent any mix-up of equipment—or babies.

Within five minutes, the babies had been safely delivered and transferred to Resus for stabilisation.

"They all looked good ... in my hands they all looked like vigorous little prem babies. They were a nice colour, vigorous and my first impressions of them were, whilst being small,

that they all looked pretty good," Dr Gardener said.

Dr Knight said stabilising a 26 week gestation baby was what Mater staff did "all the time", but stabilising five babies makes it pretty hectic.

"Once we got them to the Neonatal Critical Care Unit (NCCU), they behaved as we normally see in 26 weeks babies; a couple of them went reasonably well to begin with but all had significant problems over the next few months," Dr Knight said.

"The unit coped fantastically. We handle multiple births well and that's made easier by being one of the busiest neonatal units in the country."

Dr Gardener echoed Dr Knight's praise.

"This is what Mater does; we do this type of high-risk planned care and not one person can do it alone—you need a massive team of people," Dr Gardener said.

"Our team provides comprehensive, multidisciplinary care from the sub specialists, sonographers and midwives to the nurses, neonatologists and allied health staff—it is a truly combined effort."

Now more than six months old, the quins have met their milestones and their early tests are encouraging.

"It doesn't mean they won't have problems in the future but certainly there's nothing major that's standing out at this point in time," Dr Gardener said.

**"They all looked good ... in my hands they all looked like vigorous little prem babies."**

*Dr Glenn Gardener*

# Mater named as latest e-health site

**Mater Health Services has been awarded funding by the Department of Health and Ageing (DOHA) to implement an eHealth site under its Personally Controlled Electronic Health Record (PCEHR) Program.**

The funding of \$7 106 000 for the next 12 months will enable Mater Mothers' Hospitals to implement a new shared Electronic Health Record (EHR) for expectant mothers as part of the national PCEHR initiative for all Australians.

Mater will collaborate with Brisbane South Division, South East Alliance of GPs, Southeast Primary Healthcare Division and private obstetric practices to meet the project's objectives.

Once developed, the patient's record will be able to be contributed to and accessed by Mater clinicians, general practitioners (GPs), private obstetricians and the patient themselves.

When fully operational, the shared EHR system should allow health consumers to access their electronic health information online as well as improve patient safety, enhance health care delivery and cut waste and duplication.

Mater Health Services Chief Information Officer Mal Thatcher said a paper-based Pregnancy Health Record was currently used to support the care of a woman during her pregnancy.

"This record is referred to as a 'hand-held' record and is carried by the woman during her pregnancy as she visits various health care providers within Mater and in the community," Mr Thatcher said.

"The aim of the shared EHR project is to replace the paper-based Pregnancy Health Record with an electronic health record, controlled by the woman.

"While many specialists already use electronic systems, such as their practice management systems and Mater Doctor Portal, for storing and viewing patient data, the shared EHR system will allow data to be securely shared between health providers and the patient.

**"By sharing information, patients would no longer need to repeat their medical history to each provider they visit," he said.**

Mr Thatcher said the intention was that Mater's maternity focused shared EHR would store key information such as health history, previous pregnancy history, birth preferences, breastfeeding preferences, an obstetric management plan, pathology and radiology results, alcohol and drug screening information, medications, allergies and adverse reactions.

"The maternity shared EHR project will collaborate with Health Industry eXchange to leverage their expertise and intellectual property in the area of practice system integration in order to fast track the integration of the practice information systems (GPs and VMOs) in the project's catchment area."

Since the early 1990s, Mater has rolled out a comprehensive suite of clinical information systems and today we have more than 100 departmental clinical systems which have laid the foundation for the development of an Electronic Health Record.



# A milestone event

By Dr Mark Waters



## Each year more than 41 000 children pass through the doors of Mater Children's Hospital.

All require special care and attention which is what they find within our walls.

Thursday 6 July marked the 80th birthday of this wonderful institution and we reflected on all that has been achieved in that time.

Mater Children's Hospital (MCH) was first opened in 1931 after the community rallied behind the Sisters of Mercy to raise the required funds.

While work on the new Queensland Children's Hospital rapidly moves ahead, Mater Children's Hospital will forever hold a place within our history and within the hearts of not only our staff, but the people of Queensland.

## Mater Mothers' delivers top service for Bayside mums

### Mater Mothers' Private Redland is one of Queensland's best private maternity hospitals, according to a Medibank Private nationwide survey of patient satisfaction.

As part of the Medibank Private Maternity Experience Index, Mater Mothers' Private Redland achieved a sufficiently high satisfaction score to secure the Bronze Award in Queensland.

To obtain the result, Medibank Private evaluated the experiences of over 2000 patients who recently gave birth in private hospitals across Australia, allowing parents to rate hospital performances, environment, staff and support throughout the pregnancy, birth and early parenthood.

The survey covered every stage of the hospital experience, from preadmission care such as antenatal classes and hospital familiarisation to breastfeeding support and advice.

Mater Mothers' Hospitals also celebrated a special milestone earlier this year with the birth of quintuplets—Noah, Charlie, Eireann, Evie and Abby—on 3 January.

While each new delivery is a momentous occasion, the quins' birth provided a chance for our staff to shine and show why we are an exceptional choice for obstetric care.

There was easily more than 50 staff involved in the quins' care – from the antenatal team who looked after mum Melissa during her pregnancy to Dr Glenn Gardener's Maternal Fetal Medicine team who led a 30-strong team during the delivery.

Congratulations to all involved.



Mater Private Hospital Redland Director of Clinical Services Tracey Hutley said her team was thrilled with their achievement.

**“We have a great maternity team at Mater Mothers' Private Redland who work hard to ensure our patients have an exceptional experience,” Ms Hutley said.**

“Receiving this kind of recognition from our patients is a real accomplishment for the team,” she said.

In 2010, Mater Private Hospital Redland ranked equal second in a Medibank Private nationwide survey of patient satisfaction to determine Australia's top private hospital.

# Case Study

by Dr Bruno Jesuthasan

## Cardiovascular disease update

**Dr Jesuthasan consults at Mater Private Hospital Redland. His interests include general cardiology, echocardiography, stress echocardiography and coronary angiography.**

Cardiovascular disease (CVD) kills more Australians than any other disease group (37.6 per cent of all deaths in 2001) and affects 3.67 million Australians each year. In the coming decade the burden of cardiovascular disease is expected to increase due to the growing number of elderly Australians.

### The proportion of adults with risk factors is high:

- 60 per cent overweight
- 54 per cent not sufficiently active
- 51 per cent high cholesterol
- 30 per cent high blood pressure
- 20 per cent smoke daily
- 8 per cent diabetes mellitus

### The risk profile in the Australian population is changing:

- prevalence of obesity has doubled in the last 20 years
- prevalence of diabetes has doubled in the last 20 years
- prevalence of high cholesterol has not fallen over the last 20 years.

### But there is some good news:

- 50 per cent fall in the prevalence of high blood pressure since 1980's
- 25 per cent fall in the incidence of coronary events in the last decade
- fall in the coronary heart disease deaths in hospital.

Asymptomatic adults should form the focus of our attention as approximately half of all coronary deaths are not preceded by cardiac symptoms or diagnosis. Coronary heart disease (CHD) has a long asymptomatic latent period and this provides an opportunity for early preventive measures.

### Patients already at high risk of cardiovascular disease include:

- diabetes and age > 60 years

- diabetes with microalbuminuria
- moderate or severe chronic kidney disease (estimated glomerular filtration rate < 45 mL/min/1.73 m<sup>2</sup>)
- a previous diagnosis of familial hypercholesterolaemia
- systolic blood pressure ≥ 180 mmHg or diastolic blood pressure ≥ 110 mmHg
- serum total cholesterol > 7.5 mmol/L.

### Cardiovascular tests for risk assessment in asymptomatic adults:

- Resting ECG—reasonable for cardiovascular (CV) risk assessment in adults with hypertension or diabetes mellitus and may be considered in adults without hypertension or diabetes mellitus.
- Echocardiography (resting)—echocardiography to detect left ventricular hypertrophy may be considered in patients with hypertension. Not recommended for adults without hypertension. Left ventricular hypertrophy has been shown to be predictive of CV and all cause mortality independent of blood pressure.
- Exercise electrocardiography—may be considered for cardiovascular risk assessment in intermediate risk asymptomatic adults (particularly when attention is paid to non ECG markers such as exercise capacity).
- Stress Echocardiography—not indicated for CV risk assessment in low or intermediate risk asymptomatic adults
- Myocardial perfusion imaging—not indicated for CV risk assessment in low or intermediate risk asymptomatic adults. May be considered for advanced CV risk assessment in patients with diabetes mellitus, strong family history of coronary artery disease (CAD) or previous risk assessment suggests high risk of CAD (e.g. coronary artery calcium score ≥ 400)
- CT for coronary calcium—reasonable for adults at

“Ninety per cent of adults have at least one modifiable risk factor for cardiovascular disease and 25 per cent have three or more risk factors.”

intermediate risk. Not recommended for adults at low risk. Coronary calcium scoring is reasonable for cardiovascular risk assessment in diabetics over the age of 40 years

- CT coronary angiography —not recommended for CV risk assessment in asymptomatic adults

### Management of high risk asymptomatic patients should include aggressive risk factor modification:

- blood pressure control
- control of blood sugar levels in diabetics
- treatment of hyperlipidaemia
- cessation of smoking
- dietary modifications
- weight loss
- regular exercise.

### Summary

- CVD is a significant health burden in our society.
- CVD has a long latent asymptomatic period.
- The cardiovascular risk is modifiable in majority of the patients.
- This provides the greatest opportunity for preventive measures.
- Absolute CVD risk assessment in asymptomatic adults may help in preventive measures.
- In asymptomatic adults main stay of management is aggressive risk factor control.

### Reference

- 1 National Heart Foundation, 2004.
- 2 2010 ACCF/AHA Guideline for assessment of cardiovascular risk in asymptomatic adults.

**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.**

## Dr Bruno Jesuthasan



### Specialty

### Cardiology

Dr Bruno Jesuthasan commenced his medical studies on a full scholarship at Monash University, Melbourne in 1992.

He took a year off medicine in 1995 to complete a Bachelor of Medical Science with honours. He also conducted research in saphenous vein graft preparation during coronary bypass graft surgery.

After graduating in medicine with honours in 1998, Dr Jesuthasan started his physician training at the Alfred Hospital, Melbourne. He then undertook advanced training in cardiology at the Queen Elizabeth Hospital in Adelaide.

Dr Jesuthasan obtained his FRACP in 2006 and trained in cardiac magnetic resonance imaging (MRI). In 2009 he undertook echocardiography and stress echocardiography training.

His interests include general cardiology, echocardiography, stress echocardiography and coronary angiography.

Dr Jesuthasan is part of Queensland Cardiovascular Group and consults at Mater Private Hospital Redland.

## Dr Cleonie Jayasuriya



### Specialty

### Cardiology

Dr Cleonie Jayasuriya was born in Sri Lanka and migrated to Australia with her family when she was in her teens.

She completed her MBBS at The University of Queensland in 1999 and undertook her general physician and cardiology training at the Royal Brisbane and Women's Hospital.

She completed the majority of her cardiology and general echocardiography training at Princess Alexandra Hospital and was admitted as a Fellow of the Royal Australasian College of Physicians in 2008.

Given her interest in echocardiography, Dr Jayasuriya undertook further training at the Heart Centre at St Paul's Providence Hospital in Vancouver, Canada.

There she developed her specialist skills in interventional transesophageal echocardiography and transcatheter aortic valve implantation (TAVI).

Dr Jayasuriya subsequently published a review of TAVI in the Journal of the American Society of Echocardiography.

Dr Jayasuriya is part of Queensland Cardiovascular Group and consults at Mater Private Hospital Redland.

## Dr Naven Chetty



### Specialty

### Gynaecologic Oncology

Dr Naven Chetty is a consultant gynaecologic oncologist and Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Chetty completed his internship and residency in Canberra and Newcastle before undertaking obstetrics and gynaecology training at the Royal Hospital for Women in Sydney.

This was followed by a fellowship in laparoscopic surgery and urogynaecology at St Vincent's Hospital, Sydney. Another fellowship year followed in laparoscopic gynaecology.

Dr Chetty later undertook a three-year gynaecological oncology training program which included two years at the Queensland Centre for Gynaecological Cancer, working at the Royal Brisbane and Women's Hospital and Mater Adult Hospital.

Dr Chetty has a special interest in the management of gynaecological malignancies with the use of minimally invasive techniques where possible.

He consults from Eve Health and operates at Mater Private Hospital Brisbane.



## Dr Nick John



### Specialty

#### Geriatric Physician

Dr Nick John commenced registrar training in general medicine and geriatrics at the Princess Alexandra Hospital.

After moving to New Zealand in 1996, he worked as a rheumatology registrar at the Queen Elizabeth Hospital in Rotorua and obtained his FRACP.

He also worked as a Clinical Research Fellow at the Oxford Project to Investigate Memory and Ageing and published work in clinical and scientific literature.

Dr John completed his Membership of the Royal College of Physicians examination in 1997 before returning to New Zealand to complete his Fellowship as a senior registrar in geriatrics.

He returned to the UK in 2003 and worked as a consultant geriatrician at the Royal United Hospital in Bath and as a senior lecturer at the Universities of Bath and Bristol.

Dr John's areas of expertise include dementia diagnosis and management, multiple co-morbidities, medication reviews, falls and poor mobility and general medicine for the elderly.

He consults from Mater Private Hospital Redland.

## Dr Shinn Yeung



### Specialty

#### General Surgery

Dr Shinn Yeung is a general surgeon who specialises in general, laparoscopic, hepatobiliary and pancreatic surgery.

Dr Yeung graduated with honours from The University of Queensland in 1991 and was trained in general surgery at Princess Alexandra Hospital.

He was awarded Fellowship of the Royal Australasian College of Surgeons in 1999.

Training in England allowed Dr Yeung to meet with and learn from leaders in the fields of hepatobiliary, pancreatic and liver transplant surgery from the United Kingdom and Europe.

Upon returning to Brisbane in 2002, Dr Yeung undertook further training in liver transplantation, advanced hepatobiliary and pancreatic surgery.

Dr Yeung was awarded Fellowship of the American College of Surgeons in October 2010.

Dr Yeung runs a private practice, Bayside Specialist Surgeons, at Mater Private Hospital Redland with fellow general surgeon, Dr Tom O'Rourke.

## Dr Tom O'Rourke



### Specialty

#### General Surgery

Dr Tom O'Rourke completed his surgical training at Princess Alexandra Hospital.

In 2006 he was awarded the FRACS before working at the North Hampshire Hospital as a hepatobiliary surgical fellow and then at the Royal Marsden Hospital as a Fellow in surgical oncology.

He further trained in advanced hepatobiliary surgery and liver transplant surgery at Princess Alexandra Hospital.

Dr O'Rourke specialises in laparoscopic, general and hepatobiliary (HPB) surgery and surgical oncology and his special interests include hernia, gallbladder disease, liver and pancreatic cancer, melanoma and soft tissue sarcoma.

He is a consultant general, HPB and liver transplant surgeon, a supervisor of surgical trainees and a member of the board in general surgery for the College of Surgeons.

He is also a senior lecturer at The University of Queensland.

Dr O'Rourke runs a private practice, Bayside Specialist Surgeons, at Mater Private Hospital Redland with fellow general surgeon, Dr Shinn Yeung.

# Mater Pathology announce innovative molecular microbiology testing

**Mater Pathology's Microbiology division is now performing respiratory virus polymerase chain reaction (PCR) and Bordetella pertussis PCR onsite using the Qiagen Rotor-gene® Q.**

The availability of these new tests will reduce turnaround times for results and provide referring doctors with a responsive and efficient testing service during influenza season.

Respiratory virus PCR performed at Mater Microbiology includes H1N1 influenza (swine flu) testing and Rhinovirus/Enterovirus composite PCR as part of the testing profile.

Additional benefits of the PCR platform used are its capacity to test simultaneously for respiratory viruses and Bordetella pertussis streamlining results whenever both of these tests are requested on a patient.

A turnaround time of less than 24 hours can be expected on samples received by the laboratory Monday to Friday.

Doctors who request respiratory virus and Bordetella pertussis PCR, will receive results for the following:

**Respiratory virus PCR report:**

- Influenza A PCR
- Influenza A – Swine (H1N1)
- Influenza B PCR
- Respiratory Syncytial Virus PCR
- Rhinovirus/Enterovirus PCR
- Parainfluenza 1 PCR
- Parainfluenza 2 PCR
- Parainfluenza 3 PCR
- Adenovirus PCR
- Human Metapneumovirus PCR

**Bordetella pertussis PCR report.**

Bordetella pertussis PCR

**Mater Microbiology plans to bring more molecular diagnostic tests onsite in the near future.**

## Mater part of new Academic Health Science Centre

**Mater Health Services is one of eight of Queensland's top research institutes, hospitals and universities which have united to form the state's first Academic Health Science Centre.**

Diamantina Health Partners will harness the research, education, training and clinical expertise of each organisation to improve treatment for some of the sickest patients in the state.

Translational Research Institute CEO and 2006 Australian of the Year, Professor Ian Frazer said the alliance would enable each organisation to focus on a common goal.

"Diamantina Health Partners is not a building, it is not a lab and it is not a clinic. It is a collaboration of leading minds from all aspects of clinical innovation that will directly impact the people who need it most," Professor Frazer said.

"At the core of our mission and vision will be the concepts of better health and health care for the community.

"We will be able to take the discoveries made in Queensland biomedical research labs and translate them directly to patient care."

The 'Smart Community' in the South Brisbane corridor – which includes Mater Health Services, University of Queensland's



MMRI Associate Professor Mark Bowles and Mater Health Services Board Chairman Professor John McAuliffe, AM at the launch of Diamantina Health Partners.

St Lucia campus, PA Hospital and the nearby Boggo Road Ecosciences Precinct – is growing in reality with years of investment into biotechnology able to be realised fully through the launch of this partnership.

Mater Medical Research Institute CEO/Director, Professor John Prins said, "The alignment between research and clinical practice at Mater is core to our operational mission and Diamantina Health Partners is another avenue in achieving synergies in research, education and clinical practice."

The Academic Health Science Centre model is based on well-established centres in countries like the United States, the United Kingdom, Canada, Singapore and Sweden.



# New parenting packages on offer

**Mater Health and Wellness are now offering a flexible package of individualised wellness services for new parents to help them prepare for, and adapt to, their new roles.**

Services cover both emotional and physical recovery after pregnancy and birth, as well as health and wellness for the years ahead.

## Services available to new parents include:

### Occupational therapy

Occupational therapists work with new parents and their babies to develop skills and practical strategies for a positive transition to parenthood and to support their baby's development.

### Nutrition and dietetics

Dietitians can help parents plan a new approach to a healthy lifestyle and ensure they make good food choices that meet their needs.

### Social work

Social workers are available to assist families with strategies and advice around managing changes to their relationships.

### Psychology

Understanding how babies communicate, what they bring to their relationships with mum and dad and the emotional impact for all.

### Lactation consultant

Learn skills and techniques from Mater's lactation consultants on how to breastfeed correctly, including recognising their baby's feeding cues.

### Infant massage

Infant massage has been shown to facilitate bonding, improve the healthy development of infants and provide support to parents in a social and non-threatening atmosphere.

### Package discount option

By pre-purchasing a package of any five consultations new parents will receive a 20 per cent discount.

Mater Health and Wellness staff are recognised providers with private health funds and Medicare. Rebates for services are available where applicable.



Mater Health and Wellness is located on Level 2, Mater Private Clinic, 550 Stanley Street, South Brisbane.

For further information or to make an appointment phone 07 3163 6000 or visit [www.wellness.mater.org.au](http://www.wellness.mater.org.au).

## MMRI Annual Review now available

**Linking research and clinical practice has become a primary objective at Mater Medical Research Institute (MMRI) following the strategic decision to bring all research at Mater under the auspices of MMRI.**

Strengthening the relationships between researchers and clinicians aims to improve the translation of research into practice to ultimately save lives and relieve suffering.

To facilitate the relationships between clinicians and researchers MMRI has expanded its research areas into four multifaceted themes.

Each theme involves aspects of basic research, clinical departments and hospitals. These themes are:

**Understanding and Preventing Disease**—To increase understanding of the fundamental, biological and environmental basis of common diseases affecting children and adults in order to help better diagnose and treat disease.

**Improving Treatment of Disease**—To design and trial ways to more appropriately diagnose and classify disease, and to predict treatment outcomes for individual patients.

**Mothers and Babies Health**—To link exceptional care to high quality basic, clinical and translational research, focused on improving all aspects of health for mothers and babies.

**Healthy Development**—To increase understanding of the complex interplay between events during pregnancy and early life, genetics and environment on the healthy development of children.

The 2010 MMRI Annual Review which has now been published highlights the exceptional staff members at MMRI who work tirelessly to achieve excellent outcomes in their field across the four research themes.



**To download a copy of the Annual Review and to learn more about the research themes visit [www.research.mater.org.au](http://www.research.mater.org.au).**

# Review



## Gastroenterologist Dr Linus Chang reviews the Volvo XC60

When my neighbour watched me mow down a harmless cardboard box in my driveway, I knew I had some explaining to do.

With my face reddening by the second, I admitted I was testing out my new Volvo XC60's much-lauded City Safety automatic breaking system.

A fancy high-tech feature, City Safety apparently detects things in front of the car and automatically applies the brakes—just not cardboard it seems.

While the XC60 can come with a fantastic T6 engine and in diesel, I opted for the 3.2 demo which can be a little sluggish off the mark but boasts Bluetooth and front parking sensors.

I was looking for an SUV with a higher driving position for my wife so she could run around with the kids and sometimes the nanny.

While my wife wouldn't appreciate the crispness of the T6 and doesn't do the mileage to take advantage of the diesel, she has found the front parking sensors an asset in shopping centre car parks.

As a kiddy mobile, the XC60 really has no peer; the-built in

booster seats mean that our five-year-old can sit without a car seat, leaving enough room for an adult to sit comfortably in the backseat next to our two-year-old's car seat.

A cavernous boot can fit in the groceries, a full-size pram and enough luggage for an overseas holiday! The seats are pretty comfortable—although perhaps not supportive enough for a would-be Fangio but you shouldn't be racing around corners in a Volvo anyway.

My main gripe with the XC60 3.2 is the fuel consumption; my dashboard states we average 11.6L/100km which isn't completely terrible given the size of the car, but if you are going to be covering significant mileage then the diesel is probably a better option.

But, in general, the XC60 is a fantastic family vehicle; it's practical, comfortable and a great size.

Now I just need to find a way to test the City Safety system without smashing up my front bumper.

**If you would like to submit a review for Scope—whether it be for a restaurant, car, gadget, holidays destination, conference or book—please contact Brooke.Falvey@mater.org.au.**

## It's a team effort



**Charles Larosa**  
Partner

**Charles can provide you with specialist accounting services, including:**

- Tax management & structuring
- Assistance with practice management
- Profitability planning



**Andrew Buchan**  
Partner

**Andrew can provide you with specialist financial planning services, including:**

- Wealth creation/protection
- DIY Superannuation
- Retirement planning
- Tax effective investing

HLB Mann Judd is a specialist accounting, business and financial advisory firm, providing business and personal finance advice for medical professionals. We are members of the HLB Mann Judd Australasian Association and of HLB International, allowing us to provide local, national and international expertise.

**Call Charles or Andrew for free initial consultation and specialist business and financial advice for medical professionals.**

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# In Memory

## Monica Josephine Crawford

19 May 1922 - 24 April 2011

**Monica Josephine Crawford was born in Kalgoorlie, Western Australia, in 1922. She was the fifth child and third daughter of Alice and Alexander Crawford.**

When Sr Josephine was young, the family moved to Gympie, where her father had been born and where Sr Josephine was educated by the Sisters of Mercy.

In November 1942, Sr Josephine joined the Sisters of Mercy and at her reception the next year she took the religious name of Sr Bernard Mary. After the completion of her novitiate in January 1946, she was appointed to Mater hospital, where she was to make significant contributions for the next 65 years.

After passing her final nursing examination in 1949, Sr Josephine worked in the operating theatre.

After training as a midwife, Sr Josephine and eight other Sisters formed part of the inaugural Mater Mothers' Hospital staff and had the onerous task of setting up Mater's rapidly developing obstetric service.

Sr Josephine spent almost 15 years at Mater Mothers'



Hospitals before she returned to nursing at Mater Private Hospital in 1978. In 1980 she was appointed Administrator.

This was the most challenging job Sr Josephine had been asked to do as it was a time of change—accreditation of hospitals had become a requirement and the preparation at Mater Private Hospital Brisbane was not only detailed and complex, it related to every aspect of patient care, medical and nursing procedures, staffing, housekeeping, hours of work, pharmacy and costing.

In 1987 Sr Josephine retired from nursing but took on the task of assembling a hospital archive.

Not only did Sr Josephine assemble a multifaceted record of Mater history, she became extraordinarily helpful to other researchers. Her work was acknowledged with the Award of the Order of Australia Medal in 2008.

We give thanks to Sr Josephine, for sharing her life with us, for enriching the Mater community with her presence and contributions.

May her soul rest in eternal peace.

## Prescription for a healthy practice

**The following points should be considered when running your own practice:**

### Staff

Practice doctors can be employed, contracted, or engaged under serviced office agreements. Support staff (nurses and admin) must be employed under Fair Work Act 2009 contracts. The Superannuation Guarantee Charge, and workplace health and safety audits must be implemented.

### Patients

Are staff numbers adequate? Sufficient appointments must be available for emergencies and new patients. Will new doctors have a patient list? How are new patients sourced?

### Expenses

Fixed expenses such as rent, electricity, medical supplies and wages should be monitored regularly. Should you be leasing or buying medical equipment?

### Income

Seasonal factors may impact cash flows – a budget will highlight variations. Income should be identified as Medicare, DVA or private billing.

### Insurance

Public liability insurance is necessary regardless of blame. Key person insurance should also be considered.

### Legal

Should your practice and premises be owned by the same entity? Death, bankruptcy, and professional indemnity should be considered where partnerships exist. A register of original legal documents including contracts, leases, and loan agreements should be kept.

**HLB Mann Judd specialises in accounting and financial advice for health professionals. Please contact Charles Larosa if you require assistance. Phone 07 3001 8800.**



Exceptional People. Exceptional Care.

# DOCTORS' ALUMNI DINNER



## CUSTOMS HOUSE



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

To be held at the historic Customs House, the evening provides you with a great opportunity to reunite with past and present Mater friends and colleagues.

DATE Friday 26 August 2011  
TIME 7 pm to 11.30 pm  
VENUE Customs House, 399 Queen Street, Brisbane City  
TICKETS \$50 per person or \$450 per table of 10  
DRESS Cocktail  
RSVP Sara McDonald  
PHONE 07 3163 1036 FAX 07 3163 6142  
EMAIL [sara.mcdonald@mater.org.au](mailto:sara.mcdonald@mater.org.au)

THANK YOU FOR BEING ONE OF MATER HEALTH SERVICES' EXCEPTIONAL PEOPLE