Making waves: Exciting epidemiological research by Peninsula Health Ear, Nose and Throat surgeon Bill Hurst shows long-time surfers have a one in two chance of developing significant obstruction of the external ear canal.
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It is my pleasure to introduce Peninsula Health’s 2005 Research Report.

This publication showcases the considerable amount of research and academic activities being carried out by staff members across all areas of Peninsula Health at a local, national and international level.

Over the past few years, a culture of research and innovation has become firmly established at Peninsula Health. By working in close collaboration with Monash University, and other partner organisations from the education, health, government and industry sectors, Peninsula Health is committed to guide, encourage and foster research. The impressive results of these collaborative interdisciplinary activities are documented in this report.

Last year, Peninsula Health’s Board of Directors took the important developmental step of establishing the Research Development Fund, to be administered by the Research Development Committee. The funding, for small grants of up to $5,000, is designed to support and encourage home-grown research at Peninsula Health and since its establishment, five Peninsula Health staff members have shared in more than $20,000.

The Research Development Committee is headed by Professor Jonathan Serpell, recently appointed as the inaugural Professor Director of General Surgery at Peninsula Health. Professor Serpell is also Peninsula Health’s Director of Surgical Research and Education. In 2002, he introduced the annual Peninsula Health Research Report and has since expanded the successful Peninsula Health Registrar Research Prize into a week of recognition for researchers across the organisation.

In a joint appointment with Monash University, Professor Serpell becomes the third full Professor at Peninsula Health, along with Professor Joe Ibrahim, Aged Care and Professor Robert Burrows, Women’s, Children’s & Adolescent Health (see report on pages 10 and 11 of this publication).

The Research and Ethics Committee at Peninsula Health meets monthly to consider proposed clinical trials, studies and projects and to monitor progress. This very active Committee is Chaired by Ms Liza Newby, Board Director, and her report is included in this publication.

Research, and its outcomes, play a vital role in the provision of optimum health care to the community. It also enables Peninsula Health to extend its community of care beyond the bounds of Victoria’s Mornington Peninsula. Through articles in professional journals, presentations to national and international conferences and contributions to texts, Peninsula Health researchers are contributing to, and enhancing, the existing body of knowledge in many areas of medicine, nursing and allied health.
Congratulations to Dr Tilan Beneregama, Breast and Endocrine Surgical Registrar, on winning the 2004 Registrar Research Prize and Tyco Award.

The Peninsula Health 2004 Scientific Symposium and Registrar Research Prize was held on Saturday 27 November in the Academic Centre at Frankston Hospital.

The day’s proceedings began with an introduction by Professor Jonathan Serpell, Director, Surgical Research and Education, followed by presentations by each of the 10 Peninsula Health Registrars to a panel of expert assessors.

Each researcher provided a 10 minute overview of their project followed by a five minute discussion. Presentations and projects were judged on the originality of the idea, planning and design, methodology, analysis, conclusion, presentation, discussion and a provided abstract.

It was announced that Dr Tilan Beneragama was the winner and he received the award from Dr Sherene Devanesen, CEO, Peninsula Health, which included a $1,000 cheque from Tyco HealthCare.

Dr Beneragama, who is a Breast and Endocrine Surgical Registrar, concluded that unseen branching of the recurrent laryngeal nerve in the throat often occurs before it enters the larynx (where the vocal cords are located). These unseen branches, which occurred in 36.5% of patients in the study, are at risk of injury during surgery. As severing the branches may result in vocal cord paralysis, great care is required during surgery to ensure there are no unidentified branches. Dr Beneragama’s research will guide surgeons as they undertake surgery in this area.

Other Registrars who presented at the 2004 Symposium were:

- Dr Paul Burton, General Surgery Registrar, on Magnetic Resonance Cholangio-pancreatography (MRCP) in the Assessment of Choledocholithiasis.
- Dr Ash Moaveni, Orthopaedic Surgery Registrar, on Cemented Femoral Stems in the Young Patient - A Review of 38 Hips at an Average Ten Years After Surgery.
- Dr Darren Le Brocque, Intensive Care Registrar, on The Relationship between the Length of Oxygen Mask Tusks and the Patient’s Partial Pressures of Oxygen and Carbon Dioxide.
- Dr Suresh Varadarajan, Endocrinology Registrar, on Failure of Inpatient and Outpatient Management of Osteoporosis 12 Months after a Fragility Fracture.
- Dr Charles Pilgrim, General Surgery Registrar, on Retrosternal Goitre.
- Dr Brad Skinner, Anaesthetics Registrar, on Addition of a Ketamine Infusion to Tramadol for Postoperative Analgesia.
Peninsula Health is developing a research culture that is recognised and respected by other tertiary teaching and research institutions.

Dr Sherene Devanesen congratulates Dr Tilan Beneragama.

- Dr Chanh Thaow, General Surgery Registrar, on A Rural Experience of Saphenofemoral Junction (SFJ) Incompetence Valvuloplasty utilising the VenocuffTM.
- Dr Rebecca Zachariah, Obstetrics and Gynaecology Registrar, on Implementation of Caesarean Section Categories of Urgency Criteria.
- Dr Josephine Grace, presenting for Dr Pradeen Mudholkar, Intensive Care Registrar, on Renal Function Remains Constant when Changing from Volume Control to Pressure Support Ventilation.

Dr Devanesen offered congratulations to Dr Beneragama and to all Registrars on the quality of their research.

She also congratulated Professor Jonathan Serpell, Director of Surgical Research and Education, on his work in developing a research culture in Peninsula Health that is recognised and respected by other tertiary teaching and research institutions.

The 2005 Scientific Symposium and presentation of the Peninsula Health Registrar Research Prize and Tyco Award will be held on the morning of Saturday 26 November in the Academic Centre. The event will be the culmination of a full diary of Research Week activities including the poster display and competition and the inaugural Peninsula Health Research Dinner and Jeremy Anderson Oration on Friday 25 November at the Peninsula Country Golf Club.
Peninsula Health’s inaugural Research Poster Display and Competition was a highly successful initiative of the Research Development Committee.

There was an overwhelming response to the call for abstracts and the Committee selected 21 posters to be displayed in the foyer of Frankston Hospital for one week.

Posters are a time-honoured and traditional way to present research activities. With the latest desk-top publishing and graphic design technology they are becoming more and more eye-catching and imaginative.

Each poster is symbolic of hundreds of hours of hard work, dedication and passion by the Researchers, and many of the posters had been previously displayed at conferences and seminars around Australia and around the world.

There were two categories, one judged by clinicians and the other the People’s Choice.

Posters were judged by three members of the Research Development Committee; Professor Margaret O’Connor, Professor Jonathan Serpell, and Dr John Botha.

The Committee members decided that two posters were worthy of winning.

Dr Christopher Gilfillan’s entry was titled *Fragility fractures in Frankston: the failure of management of osteoporosis in outer metropolitan Melbourne*, and Ms Patricia Terrill’s poster was titled *Wound dressing in hand surgery*.

Voting was very close and three posters received an honourable mention. Congratulations to Dr Ashley Webb, Dr Andrew Tay, and Associate Professor Colin Russell for their entries.

The People’s Choice division of the competition proved very popular. Congratulations go to Ms Sherryn Evans, winner of the Research Week People’s Choice award. Ms Evan’s poster was titled *Nutritional intervention to prevent weight gain in patients started on Olanzapine: a randomised controlled study*.

Runners up in this category were Ms Kate Brown from Women’s, Children’s and Adolescent Health, and Core of Life’s Ms Tracy Smith and Ms Debby Pattrick.
The inaugural Research Week Poster Competition showcased the extent and excellence of research conducted by clinicians, nurses and allied health professionals across Peninsula Health.

Successful 2005 Grant recipients

- Mr Eric Torey, Surgeon for Colorectal Cancer Database.
- Dr Shirley Elkassaby, Advanced Trainee in Endocrinology for Insulin Infusions in Diabetic Patients with Acute Myocardial Infarction.
- Ms Naomi Kubina, Dietitian for Initiating Chronic Disease Management in a Hospital Diabetes Outpatient Setting.
- Professor Joseph Ibrahim, Director of Aged Care Medicine for A Survey of Staff Views on Patient Safety and the Reporting of Adverse Events at the Mt Eliza Centre, Carinya Residential Aged Care Unit and Frankston Hospital.
- Ms Vicki Davies, Occupational Therapist for Evaluating the use of a Falls Risk Assessment Tool by the Novice Clinician to Identify Modifiable Risk Factors in Community Dwelling Older People.
I am pleased, on behalf of the Board of Directors, to Chair the Peninsula Health Research and Ethics Committee which meets monthly to consider research trials, studies and projects presented by medical, nursing and allied health professionals and to consider any ethical issues that arise.

During the 2004/05 year, the Research and Ethics Committee considered more than 60 projects relating to research at Peninsula Health. Occasionally trials are also considered for private medical practitioners on the Mornington Peninsula who wish to carry out trials in their rooms.

The role of the Research and Ethics Committee is to assess all protocols covering research involving patients, staff, or local residents. The Research and Ethics Committee operates in accordance with the guidelines set out in the National Statement on Ethical Conduct in Research Involving Humans issued by the National Health and Medical Research Council (NHMRC). The assessment considers the ethical and relevant technical and methodological issues of the proposed research. The Committee then reports to the Board of Directors. All Drug Trials are considered by the Drugs and Therapeutics Committee, prior to presentation at the Research and Ethics Committee. The Research Methods Panel reviews the methodology of the trials and forwards their review to the Research and Ethics Committee.

The Research and Ethics Committee members consider the trials and studies, and provide feedback and suggestions to the researchers. Many trials are approved subject to changes which are then reviewed by the Research Office. Phase I and II trials are forwarded for legal review to ensure they are acceptable to Peninsula Health’s insurers.

During the course of the trial, all serious adverse events, together with a brief summary and a cumulative table of events, must be submitted to the Research and Ethics Committee. All modifications, amendments and protocol updates, must be noted by the Committee and Annual Progress Reports are submitted.

On occasion, the Research and Ethics Committee is requested by the Board of Directors to consider other ethical issues as they arise within Peninsula Health. The Research and Ethics Committee will also review quality activities if there are perceived ethical issues.

The newly established Research Development Fund, administered by the Research Development Committee chaired by Professor Jonathan Serpell, has begun to provide financial support for home-grown research at Peninsula Health.

Clinicians, nurses and health professionals from many fields conduct a wide range of research and report on it through refereed journals, other publications and presentations or posters at conferences. The Research and Ethics Committee is delighted at the scope of this work and welcomes the recording of their achievements through this Research Report. The dedicated members of the Research and Ethics Committee give generously of their time. The paperwork takes many hours to review over a period of two weeks prior to the meetings and the meetings have been known to go well into the evening. Peninsula Health is most appreciative of the generous contributions the members make to research at Peninsula Health.

Liza Newby
Chair of Research and Ethics Committee

Committee Members

Ms Liza Newby - Chair (Board Member)
Mr Jim Young - Deputy Chair (Board Member) (until November 04)

Community Representatives

Mr Peter Brookhouse
Ms Marion Brown (from February 05)
Rev Alan Collins (from February 05)
Dr Crofton Hatsell.
Ms Avril Minifie (until February 05)
Mr Malcolm Taylor

Peninsula Health Representatives

Ms Gwenn Austin (from February 05)
Dr Peter Bradford
Ms Louise Brown (until July 05)
Ms Jenny Chapman
Ms Jan de Clifford
Dr Stephen Denton
Ms Carolan Dodd
Mr Mark Dowling (until December 04)
Dr Vinod Ganju
Ms Maureen Habner/Elizabeth Wilson
Dr Steve Macfarlane (from March 05)
Ms Pat O’Leary
Since the introduction of the Registrar Research Prize in 2002, followed by the first Research Report in 2003, there has been a marked interest in the consolidation and promotion of research at Peninsula Health.

As a result, the Research Development Committee (RDC) was established last year, with a number of aims designed to foster, promote and encourage this culture of research which has now become established at Peninsula Health.

One of these aims is to promote research collaboration with other institutions. For many years now, Peninsula Health has developed strategic linkages with Monash University in relation to medical and nursing education, and with LaTrobe University in relation to allied health education; together with other linkages across the health services education spectrum. These links have been strengthened with many joint projects outlined in this report.

Another aim of the RDC is to administer the Research Development Fund which aims to encourage home-grown research by providing small research grants. This has been a popular initiative and, to date, five Peninsula Health staff members have shared in more than $20,000 of funding from the Research Development Committee’s Small Grants in Medical Research program.

The RDC introduced the inaugural Research Week last November and this was gratifyingly successful. This event saw staff members from across all disciplines and campuses of Peninsula Health becoming involved through our Poster Display and Competition. Once again, the Registrar Research Prize was strongly contested with ten Registrars competing for the award which was won by surgical Registrar Dr Tilan Beneragama.

This year, the activities of Research Week are expanding and will include the inaugural Peninsula Health Research Dinner and Jeremy Anderson Oration. The inaugural Jeremy Anderson orator will be Professor Alan Trounson speaking on the Clinical Implications of Stem Cell Research.

This year there will also be a Nursing Research Award and an Allied Health Research Award.

Community awareness of research activity at Peninsula Health is aided by the poster display in the foyer and corridor of Frankston Hospital. In turn this highlights the important role of clinical research in providing evidence-based guidelines for the management of patients. Much of the research contained and described in this report provides examples of the importance of this translational research; that is the application of clinical research findings to clinical practice.

Peninsula Health is geographically well positioned to engage in epidemiological research, and the increase in specialisation of units has provided a fertile ground in opportunities in clinical research.

This Research Report showcases the high quality research undertaken by researchers at Peninsula Health and aligns well with Peninsula Health’s vision and values, particularly in providing service excellence and professionalism.

Peninsula Health Research Report
Aged Care
Professor Joseph Ibrahim

Since graduating from Monash University in 1985 with a Bachelor of Medicine and Bachelor of Surgery, Joe Ibrahim has led an outstanding medical and academic career which includes a FRACP (1994), MRACMA (1999), PhD in Epidemiology and Health Services Research from Monash in 1999, FAPHM (2000) and a Graduate Certificate in Higher Education from Monash in 2001. Recent research projects include The Waiting List Project (DHS), The Intern Outcomes Project, The Pain Free Hospital and Stroke Care Outcomes: Providing Effective Services. Dr Ibrahim is a former senior research officer at the National Ageing Research Institute and he has travelled extensively, presenting papers at international conferences on quality of care, health services research and health services management. Professor Ibrahim joined Peninsula Health in 2004 as the foundation Professor and Director of Aged Care Medicine.

General Surgery
Professor Jonathan Serpell

Recently appointed Professor Director of General Surgery, Jonathan Serpell is also Head of the General Surgery Department’s Breast, Endocrine and Surgical Oncology Unit, and Director of Surgical Research and Education. The committed educator, who is responsible for fifth and sixth year medical students rotating through the Department of Surgery, graduated from the University of Melbourne in 1979 with a MBBS and went on to spend ten years in consultant practice at The Alfred Hospital in Melbourne and three years at St Thomas’ Hospital in London. Professor Serpell is a member of the Court of Examiners of the Royal Australasian College of Surgeons and is involved in the Board of Basic Surgical Training of the Royal Australasian College of Surgeons.

Palliative Care Nursing
Professor Margaret O’Connor

After completing Nursing training at the Mercy Hospital in 1975, Margaret O’Connor gained experience in medical and surgical nursing as well as community nursing. She commenced further studies in 1985 and received a Bachelor of Theology from the Melbourne College of Divinity in 1987. Her career in palliative care was consolidated in 1988, whilst working at Melbourne City Mission Hospice, nursing in both inpatient and home care settings. In 1992 she achieved her Master of Nursing (RMIT) and was also appointed the inaugural Director of Caritas Christi and Order of Malta Hospice Home-Care Service. In 2002, she gained a Doctorate in Nursing at La Trobe University. Professor O’Connor is a Fellow of the Royal College of Nursing, Australia, a member of the Australian Institute of Management and an honorary Senior Fellow in the School of Post-Graduate Nursing at the University of Melbourne. Professor O’Connor was also a Board Member of Palliative Care Victoria for 10 years, serving as President from 1996-99 and returned to the Board in 2003.

Women’s, Children’s & Adolescent Health
Professor Robert Burrows

Robert Burrows came to Australia from Canada in 1996 to take up the position of Professor and Chair of Maternal-Fetal Medicine at Monash University. This role was expanded in 2003 with his joint appointment to Peninsula Health and Monash University as Professor of Women’s Children’s and Adolescent Health. Professor Burrows’ interests are in clinical obstetrics and medical disorders in pregnancy. Professor Burrows’ career has taken him all over the world including Tanzania and Vanuatu. In 1984 he returned to Canada and spent the next 12 years at McMaster University in Ontario in the Department of Obstetrics and Gynaecology as Assistant Professor in 1986, then Associate Professor in 1990, followed by Acting Chair in 1993 and Chair from 1994-96. Professor Burrows has recently retired from his position at Peninsula Health.

Medicine
Associate Professor David Langton

David Langton is Peninsula Health’s Director of Medicine and Thoracic Medicine. After graduating from Monash University’s medical school in 1981, Dr Langton began his internship at Prince Henry’s Hospital. In 1988, he became a Specialist in Intensive Care. As a NHMRC Research Scholar at Monash University in 1988, Associate Professor Langton’s PhD subject was “Cardiovascular responses to exercise in low output cardiac failure.”
Associate Professor Langton joined Peninsula Health in 1990 as the Director of ICU at Frankston Hospital. He is the founding director of the Department of Thoracic Medicine and the Sleep Laboratory at Frankston Hospital.

**Emergency Medicine**

**Associate Professor Jeff Wassertheil**

Jeff Wassertheil’s major interests are in disaster medicine and mass casualty and major events management. He is Deputy Chief Medical Coordinator for DISPLAN in Victoria and he represents Emergency Medicine on the National Council of the Australian Resuscitation Council. Until October 2003 he was one of four Sessional Medical Directors of Metropolitan Ambulance Service in Melbourne. He is the Medical Director of LifeFlight, a private helicopter medical retrieval organisation in Melbourne. As a long-standing member of St John Ambulance, he co-wrote the National Policy on Infection Control and developed the St John National Research Policy. For the last four years, Associate Professor Wassertheil has been a member of the Australian Medical Council’s panel of examiners, and as such assists in the assessment of overseas trained doctors seeking registration in Australia. He is a Council Member of the Australian Foundation for Aftermath Reactions, National Council member of the Australian Resuscitation Council and is both a Medical and Clinical Surveyor for the Australian Council on Healthcare Standards.

**Surgery**

**Associate Professor Colin Russell**

Colin Russell is the Director of Surgery at Peninsula Health and, in addition to his appointment as Associate Professor to Monash University Department of Surgery, he was recently appointed as Honorary Associate Professor in Monash University’s Department of Epidemiology and Preventive Medicine. Associate Professor Russell has a major interest and academic input into health management and waiting list management. He provides leadership in the undergraduate and postgraduate training of medical surgical students at Peninsula Health. Associate Professor Russell received his medical qualifications from the University of Glasgow in 1969 and has a Masters degree in Surgery from Monash University. In 1998 he also received a Graduate Diploma of Business from RMIT. He joined Peninsula Health in 1992 as Director of Surgery.

Peninsula Health’s commitment to strengthening research activities is reinforced with the appointments of Professors or Associate Professors.
The Department of Anaesthesia provides more than 15,000 anaesthetic services each year for all theatre procedures at Frankston and Rosebud Hospitals, in addition to supporting the Midwifery Department, Endoscopy and ECT Suites.

There are 11 staff specialists and 10 VMO anaesthetists. The Department is actively involved in training and currently has seven accredited Registrars representing all five years of the ANZCA program. Five of the staff anaesthetists are College Examiners.

Members

Director of Anaesthesia Dr Terry Loughnan, MB BS, FFARACS, FANZCA
Deputy Director of Anaesthesia Dr John Copland, MB BS, FFARACS, FANZCA
Supervisor of Training Dr Noel Roberts, MB BS, FANZCA
Dr Helen Kolawole, BMedSci, MB BS, FANZCA, MRACMA
Dr Ashley Webb, MB BS (Hons), FANZCA
Dr Gary McKenzie, MB BS, BMed Sci Dip O&G, FANZCA
Dr Julia Fleming, PhD, FANZCA, FFPMANZCA, DipMed (Pain Management)
Dr Sam Leong, MB BS, FANZCA
Dr Tyrone Crofts, MB BS, FANZCA
Dr Jinny Marxsen, MB BS, FANZCA
Dr Tony Vulcan, MB BS, FANZCA
Dr Chris Bowden, MB BS, FANZCA
Dr David Henry, MB BS, FANZCA
Dr John Campbell, MB BS, FANZCA
Dr Thomas Edgley, MB BS, FANZCA
Dr Peter Brown, MB BS, FANZCA
Dr Hugh Platt, MB BS, FANZCA
Dr Elliott Rubinstein, MB BS, FANZCA
Dr Anthony Prendergast, MB BS, FANZCA
Dr Tsung Ding, MB BS, FANZCA
Dr Mae Chen, MB BS, FANZCA

Current Projects

  Status: This study concluded in June 2005 and a manuscript is currently under preparation for submission to Anesthesia and Analgesia. With over 120 patients recruited, this is one of the largest randomised trials ever conducted at Frankston Hospital and explores the hitherto unreported area of the analgesic interaction between ketamine and tramadol.

- Continuous spinal analgesia via intrathecal macrocatheters – a series of 78 patients. Tang J, Webb A.
  Status: This retrospective audit of patients at Frankston Hospital having continuous spinal analgesia is the formal research project of Dr John Tang towards the Fellowship of Australian and New Zealand College of Anaesthetists. This is one of the largest case series on this technique of postoperative pain relief and was presented at the Annual Registrar’s Scientific meeting in July 2005.

- A prospective survey of study methods used by Part 1 FANZCA candidates. Kolawole H.
  This survey provided new information on how adult learners prepare for postgraduate examinations and related this to examination success. It was presented in May 2005 in Auckland, New Zealand at the Annual Scientific meeting of the Australian and New Zealand College of Anaesthetists.

- Postoperative analgesic requirements after hysterectomy: An audit. Kolawole H.
  A poster presentation at the Annual Scientific meeting of the Australian and New Zealand College of Anaesthetists, Auckland, New Zealand 2005.

- Analgesia requirements in the recovery room: An audit of 500 consecutive patients. Webb A, Albers P, Fontana, D.
  This survey was completed in May 2005 and provides data on analgesic needs in the Recovery Room in order to reduce the incidence of severe postoperative pain.
Ground-breaking home-grown research

A dedicated team of Peninsula Health staff and 120 willing patients have contributed to one of the largest randomised trials ever conducted at Frankston Hospital.

Principal researcher Dr Ashley Webb, began recruiting patients in 2003 for the trial to compare two methods of relieving pain after major operations.

Trial patient Carmel Hinchy, (pictured right with Dr Webb) is also a Peninsula Health nurse.

“I had absolutely no hesitations when invited to take part in the trial,” Carmel said. “One of the reasons was that, as a nurse, I was aware of the nausea component of large amounts of opiates for pain relief, and hoped that if I received the ketamine infusion this could be alleviated.”

Carmel said her role as a trial candidate was carefully and thoroughly explained and monitored from the consent process to discharge. “The amount of care and communication I received from the anaesthetists, nurses and dieticians throughout my hospital stay was just phenomenal,” she said.

Dr Webb confirmed that after Carmel was discharged it was revealed that she was one of the patients who was given the ketamine.

“Carmel was a model patient - she recovered so well from the major abdominal surgery she was able to go home after just six days. This outcome is indicative of the successful results of the trial which will soon be submitted to Anesthesia and Analgesia and hopefully presented internationally.”
This study assessed 300 surfboard riders, comprising 229 males and 71 females to determine the prevalence and rate of growth of exostoses in this population.

A group of cold water swimmers and a control group were also examined.

Significant obstruction, defined as two thirds or more occlusion of the ear canal was noted in 90 of the male surfers and 10 female surfers.

The study found that a male surfer who has surfed regularly for 20 years or more has a one in two chance of developing significant obstruction of the external ear canal resulting from exostoses.

For females, the chance is three in seven.
General Surgery at Peninsula Health is a major surgical specialty and the service is divided into three General Surgery Units; Upper Gastrointestinal Surgery, Colorectal Surgery, and Breast, Endocrine Surgery and Surgical Oncology. Each Unit has a major subspecialty interest, but covers the full range of General Surgery both electively and for emergencies. This specialisation of units is in line with the further development of these subspecialties within the Royal Australasian College of Surgeons.

Associate Professor Colin Russell is the overall Director of Surgery and Professor Jonathan Serpell is the Professor and Director of General Surgery. Professor Serpell was appointed to this post in April 2005.

Associate Professor Colin Russell was recently appointed as Honorary Associate Professor in Monash University Department of Epidemiology and Preventive Medicine in addition to his appointment to the Monash Department of Surgery.

In addition, Professor Serpell is a member of the Court of Examiners of the Royal Australasian College of Surgeons. He is involved in the Board of Basic Surgical Training for the Royal Australasian College of Surgeons and is Chairman of the Clinical Committee of the Board of Basic Surgical Training, responsible for running the Clinical examination for the Royal Australasian College of Surgeons.

The Department of General Surgery has major interests in teaching both at an undergraduate and postgraduate level. The Department is responsible for 3rd year and 6th year clinical teaching in surgery. The 3rd year program is a part of the new course and features both case and paper-based problem based learning studies. This year Frankston Hospital has been given a major role and responsibility in the delivery of this new 3rd year teaching program for Monash University students. Frankston Hospital also provides rotations for final year selective students who are able to act as Interns and obtain invaluable practical experience in surgery at the transition phase between medical student and Internship.

The Units support the advanced training of four General Surgery Registrars (at any one time), two each on rotation from The Alfred and Monash Medical Centre. These posts are fully accredited by the Royal Australasian College of Surgeons. The Department of General Surgery contributes in a major way to the teaching of these Registrars and also to Surgical Interns and Surgical HMOs.

A culture of surgical research has developed within the Department of General Surgery and currently a number of Surgical Interns and Surgical Registrars are undertaking research projects. The teaching of this important skill of undertaking surgical research is given emphasis and is well supported by the hospital.

Members

**General Surgery Unit 1 – Upper Gastrointestinal Surgery**
Head of Unit – Associate Professor Colin Russell, MB, ChB, MS, FRACS GradDipBus, MRACMA
Mr Ian Wheatley, MBBS, FRACS
Mr Peter Evans, MBBS, FRACS

**General Surgery Unit 2 – Colorectal Surgery**
Head of Unit – Mr Stewart Skinner, MBBS, PhD, FRACS
Mr Peter Gray, MBBS(Melb), FRCS(Edin), FRCS(Eng), FRACS
Mr Richard McIntyre, MBBS, Dphil(Oxon), FRACS
Mr Eric Torey, MBBS(Hons), FRACS

**General Surgery Unit 3 – Breast, Endocrine Surgery and Surgical Oncology**
Head of Unit – Professor Jonathan W Serpell, MBBS(Melb), MD, FRACS, FACS
Ms Belinda Brown, MBBS, FRACS
Mr Michael Cheng, MBBS, FRACS
Mr Geoffrey Draper, MBBS, FRACS

Nurse Unit Managers
Julie Emmanuel
Julie Stephens
Gaye Walters

Research Interests and Future Directions

The Upper Gastrointestinal Surgery Unit is currently developing liver surgery at Frankston Hospital. In addition, this Unit has a major interest in Day Case Surgery and, through Associate Professor Colin Russell,
a major interest and academic input into health management and waiting list management. In association with the Colorectal Unit there is further development of laparoscopic surgery. The Colorectal Unit has recently developed a Colorectal Cancer Database, which covers the whole of the Mornington Peninsula, including public and private hospitals, under the direction of Mr Eric Torey and Professor Serpell. Accrual of data is ongoing and will provide a valuable resource for research into this common cancer. The project will be supported by a dedicated General Surgery data manager, who will also have responsibility for management of other databases within the Department of General Surgery.

The Breast, Endocrine Surgery and Surgical Oncology Unit has a number of major interests, particularly in clinical research. Databases have been developed on thyroid surgery, parathyroid surgery, parotid surgery, soft tissue sarcoma surgery, malignant melanoma surgery, breast cancer and adrenal surgery. These databases have lead to a number of published research papers. Multidisciplinary team meetings including Oncologists, Radiologists, Pathologists, Surgeons, Nursing and Ancillary staff have been developed for breast cancer, endocrine surgery and for gastrointestinal malignancy. The Unit has developed a major leadership role within Australian Endocrine Surgeons and has established the Victorian Section of Australian Endocrine Surgeons, which has led to a web-based parathyroid database for all Australian Endocrine Surgeons. This is now established on the Royal Australasian College of Surgeons website and is actively supported and maintained by the Endocrine Section of that body, as well as Australian Endocrine Surgeons. In breast cancer, we are currently developing sentinel lymph node biopsy and have Ethics Committee approval to be a part of the sentinel lymph node biopsy trial of the Royal Australasian College of Surgeons.

For patients with breast cancer, protocols and management pathways are continually being improved. This includes an early discharge policy, followed by discussion of the patient’s management in the multidisciplinary team meeting, followed by attendance ideally of the patient at the multidisciplinary breast clinic on the same day. In this way patients are most likely to receive state of the art care from a coordinated multidisciplinary approach, which has been demonstrated to provide better outcomes for breast cancer patients.

**Current Projects**

- **How safe is total thyroidectomy?** Serpell JW, Phan D. (see Research Snapshot, page 19).

- **Extra-laryngeal bifurcation of the recurrent nerve is a common anatomical variant.** Beneragama T, Serpell JW.

  Identification and preservation of the recurrent laryngeal nerve is essential for safe endocrine surgery. The aim of this study was to examine the prevalence and location of extra-laryngeal bifurcation of the recurrent laryngeal nerve encountered during thyroid surgery.

  A total of 187 recurrent laryngeal nerves were examined in 117 patients operated on between November 2003 and December 2004.

  Overall, 69 (36.9%) nerves bifurcated or trifurcated. Bifurcations were more common on the right (43.4%) than the left (29.5%) (p<0.05). Trifurcations occurred in 8 nerves, 7 on the right. Bilaterally branched recurrent laryngeal nerves occurred in 14 patients. The median distance to the point of division was 18mm on the right and 14mm on the left.

  Extra-laryngeal division of the recurrent laryngeal nerve is a common anatomical variant, occurring more frequently on the right. Unseen branches of the recurrent nerve are at risk of injury during surgery. Therefore great care is required following identification of the presumed recurrent laryngeal nerve to ensure other unidentified branches do not exist.

- **Thyroidectomy is safe and effective for retrosternal goitres.** Chauhan A, Serpell JW.

  The researchers analysed prospectively collected data on 200 cases of retrosternal goitre treated by thyroidectomy from a single surgeon series over 10 years.
Retrosternal extension was more common on the left compared to the right. Most patients had significant symptoms that were relieved by surgery. Of the 200 thyroidectomies, none required a sternal split. The rate of malignancy was low (3%). The majority of the small amount of postoperative morbidity was due to a symptomatic hypocalcaemia which was temporary and resolved. There were no patients with permanent recurrent laryngeal nerve palsies or permanent hypoparathyroidism. There was one case of tracheomalacia. There was no mortality.

Retrosternal goitre is a frequent symptomatic condition with a low but definite rate of malignancy. Surgery is usually possible through a cervical incision with a low risk morbidity. Thyroidectomy should be recommended as the treatment of choice.

- **Hypothyroidism following hemithyroidectomy: Mechanism and predictive risk factors.** Fisher M, Serpell JW. Hypothyroidism is rare following hemithyroidectomy, however, in a small percentage of cases it will occur. The aim of this study is to assess the incidence of hypothyroidism following hemithyroidectomy in a series of 400 cases and to establish whether or not predictive risk factors can be identified. Patients with hemithyroidectomy require routine follow up with thyroid function.

- **Parotidectomy and surgical oncology.** Serpell JW, Le Vin. This study examines a consecutive series of 70 patients undergoing parotidectomy for a variety of tumours. The study details the presentation, investigations, including CT scan and fine needle cytology, and outcomes following surgery. The study specifically examines outcomes including cure rate, local recurrence, and specific complications such as temporary and/or permanent facial nerve palsy and salivary fistula. The aim is to establish the results following concentration of this uncommon surgical procedure in one surgical unit.

**Publications**


**Presentations**


Research Snapshot

How safe is total thyroidectomy?

Researchers: JW Serpell, D Phan

Total thyroidectomy is the preferred operation for multi-nodular goitre, Graves’ disease and thyroid cancer.

Between 1991 and 2004, 336 total thyroidectomies (85% over the last 6 years) were undertaken.

Overall results were excellent with complication rates being low and towards the lower end of the reported spectrum in world literature.

Permanent recurrent laryngeal nerve palsy occurred in 0.3% (world literature 0.3 to 1.7%) and permanent hypoparathyroidism in 1.8% (world literature 0.7 to 3%).

Temporary significant hypocalcaemia occurred in 45 (13.5%) patients: this resolved in all by 6 months.

The rate of postoperative haemorrhage was 0.9% and wound infection 1.5%.

There was no postoperative mortality.


The Orthopaedic Unit of Peninsula Health comprises eight Surgeons, three Registrars and two HMOs. Two of the Registrars are accredited trainees on the Victorian Orthopaedic Training Scheme.

The Unit provides a wide range of Orthopaedic Services to the population of the Mornington Peninsula. An ever increasing trauma load maintains expertise in fracture management and sub specialisation allows the Unit to offer up-to-date elective services.

Most surgery is performed in the main theatre complex at Frankston Hospital. Some less complex surgery is performed at Rosebud Hospital and the Day Surgery Unit at Frankston.

The Unit holds twice weekly ward rounds and X-ray conferences with input from the Radiology Unit. Monthly clinical conferences and Business meetings as well as quarterly Audit meetings are also conducted.

Members

Surgeons

Chairman - Mr Peter Brydon, MB BS FRACS
Mr Gerard Bourke, MB BS FRACS
Mr Nigel Broughton, MB ChB (Hons) FRCS (Ed) FRCS (Eng) FRACS
Mr Peter Hamilton, MB BS FRACS
Mr Peter McCombe MB BS, FRACS
Mr John Rehfisch, MB BS FRACS
Mr Andrew Weber, MB BS FRACS
Mr Reinhart Wuttke, MB BS FRACS.

Registars 2005

Dr Ian Young (Accredited)
Dr Camdon Fary (Accredited)
Dr De Juan Ng (Unaccredited).

Research Interests and Future Directions

Special areas of interest where members of the Orthopaedic Unit have been active in research include joint replacement, shoulder surgery and foot and ankle surgery. All surgeons maintain an interest in knee surgery.

Current Projects

- MRI examination of total ankle replacements - a comparison with plain X-ray and new scoring system. Bourke G.
- Pedobarographic, fluoroscopic and clinical examination of 1st metatarsophalangeal joint replacement with minimum 2 year follow-up. Bourke G.

Publications

McCombe P, Williams SA.

Presentations

McCombe P.

Brydon P.

Brydon P.

Brydon P.
Polyethylene wear in THR. Asia Pacific Joint Symposium, Fiji, June 2005.

Brydon P.
The AGC TKR. Asia Pacific Joint Symposium, Fiji June 2005.
The Plastic and Maxillofacial Unit comprises seven Surgeons, an accredited Plastic Surgery Registrar, and an HMO. The Unit runs a twice weekly multidisciplinary Outpatient clinic with the Occupational Hand Therapists with more than 3,000 attendances each year.

The Unit operates at both Frankston and Rosebud campuses, carrying out procedures ranging from excision of skin cancers, hand surgery such as Carpel Tunnel release, Dupytrens and ganglion excision, to complex microsurgical procedures such as breast and lower limb reconstruction. The Unit deals with a large volume of trauma such as hand fractures, dog bites, burns and pretibial leg lacerations.

Three of our Unit members (David Hunter-Smith, David Ross, Marie Rostek) have travelled overseas in the last year with the Interplast program to Asian Pacific Countries to operate on people in third world countries who normally have no access to reconstructive plastic surgery. They operate on children and adults disfigured by congenital conditions such as cleft lip and palate, burns and hand deformities. They volunteer their services and travel with a small team including an anaesthetist and nurses and all the equipment required to operate on the patients.

The Unit is committed to improving education within the hospital. Brian McMillan has prepared a poster for the Emergency Department on the management of Mandibular Fractures and further posters are planned on topics such as Hand Fractures.

Members

Head of Unit - Patricia Terrill, MB BS FRACS
David Hunter-Smith, MB BS(Hons) FRACS
Brian McMillan, MB BS BDSE MDS FRACDS(OMS)
John Redman, MB BS, FRACS LDS BDSc
Tom Robbins, MB BS FRACS FRCSI(Ed) FRCS
David Ross, MB BS FRACS
Marie Rostek, MB BS FRACS

Current Projects

- Occupational therapy department. Iontophoresis after hand surgery. Terrill PJ.
  A prospective controlled trial looking at the ability of dexamethasone administered via iontophoresis to soften palmar scars.

  A prospective controlled evaluation of three dressing products used when patients have had skin cancers removed from their face and reconstructed with a skingraft. The study was designed to compare the ease of application and removal of the dressing, patient comfort and rate of skingraft take.

Presentations

Fairbanks SM, Terrill PJ. Referred skin cancers: How many more are present? ASC 2005 Perth.


Hunter-Smith DJ, Coombes C. Total phallic reconstruction with radial forearm free flap in bladder extrophy. ASC. Perth, 2005 (Poster).

Publications

David Hunter-Smith has been involved with Interplast Australia for a number of years and is a member of its surgical committee.

Interplast Australia provides volunteer humanitarian plastic surgery services to the developing world.

David Hunter-Smith graduated from Monash Medical School and began his surgical training in Melbourne before travelling to Canberra and Brisbane for further training and study. After receiving his fellowship in Plastic Surgery in 1995 he did a post graduate fellowship in Head and Neck surgery. On return to Melbourne he worked at both the Monash Medical Centre and for Peninsula Health.

Mr Hunter-Smith now focuses his time on Peninsula Health, working at both Frankston and Rosebud hospital. He has a special interest in reconstructive microsurgery, in particular breast reconstruction and complex genital reconstruction. Mr Hunter-Smith is the supervisor of advanced plastic surgery training at Frankston hospital, and a member of the board in plastic surgery training Victoria.

Most of Mr Hunter-Smith's work with Interplast involves teaching and improving the capacity of local surgeons to deal with reconstructive and congenital cases. He has been on Interplast programs to the Pacific, Papua New Guinea, Bangladesh, and most recently to Burma.

A training program has been developed by Mr Hunter-Smith for young surgeons from developing countries to visit and work in Australia. This will be an ongoing program that will allow three to four surgeons to visit our country every year. With the aid of the Glencoe Foundation he is working on a new cleft lip and palate hospital in Northern Bangladesh.

Mr Hunter-Smith is currently developing the new Interplast Australia website.

His future goals include the improvement of skin cancer services on the Peninsula, further development of humanitarian plastic surgery, and of course, spending time with his family.
The Thoracic Surgery Unit is headed by lung cancer surgery specialist, Dr Peter Cole.

Management of malignant thoracic surgical conditions is optimised if decisions are made regarding treatment in a Multidisciplinary Cancer Clinic Setting and this has been a part of the Thoracic Surgery Unit for several years.

In this Clinic, projects involving Medical and Radiation Oncologists as well as surgery are undertaken.

Members of the Multidisciplinary Group are actively involved in the Clinical Oncological Society of Australia, the Australian Cancer Network, Medical Oncology Group and Trans-Tasman Radiation Oncology Group as well as The International Association for the Study of Lung Cancer and the American Society of Clinical Oncology.

Dr Cole is a member of the Lung GP Clinical Oncological Society of Australia, the National Health and Medical Research Council, the Australian Cancer Network, the Lung Cancer Committee, Cancer Council Victoria, Cooperative Oncology Group and the Australian Lung Foundation-Lung Cancer Speciality Group.

Members

Head of Unit - Dr Peter Cole, MB BS, FRACS, FRCS (Ed), FACS, FCCP, STS.

Current Projects

- Protocol established for the addition of adjuvant therapy to surgery for primary lung cancer.
- Establishment of a lung cancer data base based on a system from the Queensland Lung Cancer Study Group.

Data obtained from Peninsula lung cancer patients will provide valuable demographic information for helping the Thoracic Surgery Unit with future management of lung cancer.

- Continued support of the Cancer Alliance Network (CAN) which includes cancer support groups on the Peninsula.
The main focus of the Vascular Surgery Unit’s work is patient management and surgical training. Surgical Registrars learn the basics of Vascular Surgery as a prerequisite of their Fellowship training.

The Vascular Unit performs a broad variety of routine peripheral vascular surgical procedures with the exception of dialysis access surgery and ‘open’ thoracic aneurysm repair. Since the acquisition of a modern angiography table in the operating rooms four years ago, an increasing number of endovascular interventions have been performed. Endoluminal aortic aneurysm repairs now outnumber the traditional surgical interventions.

The Unit consists of three vascular surgeons. The vascular team is working to meet the ever increasing demand of the growing population of the Mornington Peninsula.

**Members**

Head of Unit.
Mr George M Somjen, MS FRCS(Ed) FRACS DDU
Mr Graeme C Last MB BS (Hons) FRACS(Vasc)
Mr Wai-Leng Chue, MB BS FRACS(Vasc)

**Research Interests and Future Directions**

Research is regarded as an integral part of surgical training. All Surgical Registrars attached to the unit are assigned a research project, and encouraged to present their results at various forums.

The research topics in the past have included the pathophysiology of venous insufficiency, deep venous thrombosis and evaluation of endoluminal repair of aortic aneurysms.

The Vascular Unit has an ongoing interest in wound management and the treatment of diabetic foot complications.

Further plans include the introduction of carotid stenting to complement carotid endarterectomy.

**Current Projects**

- Nationwide clinical trial of the Cook Zenith AAA Flex Endovascular Graft.
- Venous compression in the thoracic outlet in symptomatic and asymptomatic subjects.
- Incidence of pelvic vein and ovarian vein reflux in patients with lower extremity varicose veins.

**Publications**


Wai Leng Chue graduated in 1990 from the University of Queensland, Australia. He completed his general surgical training in Queensland and became a Fellow of the Royal Australasian College of Surgeons in General Surgery in 2000.

Before he commenced his formal vascular surgical training in Australia, he spent one year in Cambridge, UK in the Vascular Surgery Unit at the Addenbrookes Hospital.

Arriving back in Australia, Mr Chue completed one year of research on vascular grafts (University of Queensland). The results were published in the Journal of Vascular Surgery in 2004.

During his vascular surgical training, Mr Chue worked as a Vascular Fellow at Royal Brisbane Hospital and subsequently at the Austin Hospital in Melbourne. He completed his vascular surgical training in 2004 and that year he joined the Frankston Hospital Vascular Surgery Unit.

Mr Chue has been a great addition to the Vascular Services on the Mornington Peninsula. He has interests in all aspects of vascular surgery and endovascular interventions.

Mr Chue introduced the new service of inserting inferior vena cava filters at Frankston Hospital and he is prepared to commence renal access surgery at the time when it is required. He is also co-ordinating the efforts to introduce carotid stenting.

Mr Chue is an excellent educator and is very well regarded by his medical students and advanced surgical trainees. He also participated in staff training at Peninsula Health, as a regular speaker on Study Days organised for the Nursing staff at Peninsula Health.
Aged Care Medicine at Peninsula Health is a major clinical specialty and is one component of the larger sub-acute service of Rehabilitation, Aged and Palliative Care Services (RAPCS). These Units all provide the complex clinical care required to assist patients recovering from acute and chronic diseases and promote a return to their own home. Each of the Units within RAPCS is in line with the development of sub-specialties with the Royal Australasian College of Physicians.

Professor Joseph Ibrahim has been jointly appointed by Peninsula Health and Monash University to develop a Centre of Excellence in clinical practice and research in aged care medicine and healthy ageing. This is a foundation position for an academic director of Aged Care Medicine at Peninsula Health that involves establishing a teaching and research program, as well as maintaining and improving clinical care for aged patients.

This year, the Department of Aged Care Medicine has facilitated two successful research grant applications to the Peninsula Health Research Development Fund, and two conference abstract submissions by RAPCS staff of the Mount Eliza Centre. The successful research grant applicants were Vicki Davies, Falls Prevention Service Evaluating the use of a falls risk assessment tool by the novice clinician to identify modifiable risk factors in community dwelling older people and Professor Joseph Ibrahim, Jan Child, Lyn Jamieson, Jane Poxon, Susan Sdrinis and Robin Digby Patient Safety Culture: Staff views on patient safety and adverse event reporting across acute and subacute inpatient facilities within Peninsula Health. Helen Irwin, diabetes nurse educator, presented a paper to the Australian Diabetes Society and Australian Diabetes Educators Association Annual Scientific Meeting on her work with developing and implementing a comprehensive diabetes management service across RAPCS. She also presented a paper to the Australian Diabetes Educators Association State Conference, reporting on the development of a community diabetes information website for Peninsula Health practitioners and consumers.

Selva Mudaliar and Chris Baguley of the Inpatient Orthopaedic Rehabilitation Unit at Golf Links Road, observed a lower than expected rate of serious complications arising during rehabilitation that required transfer of patients for acute care between June and December 2004. They plan to develop research aimed at maintaining and improving these low rates of complications.

The Rehabilitation, Aged and Palliative Care Service has a major interest in teaching at both undergraduate and post graduate levels, and seeks to further increase its involvement with the teaching of medical, nursing and allied health students in the coming years. The Unit also supports advanced training of Registrars in aged care medicine, rehabilitation medicine and palliative care medicine. These posts are accredited by the Royal Australasian College of Physicians. RAPCS contributes to the teaching of these Registrars and to the Interns and Medical Officers rotated into the service.

In 2004 Professor Ibrahim attended the Healthcare Risk Management Conference in Putrajaya, Malaysia, and the International Society for Quality in Health Care 21st International Conference in Amsterdam, The Netherlands. Professor Ibrahim spoke at each of these conferences on using risk management techniques to train health professionals in improving patient safety.

Staff Members

Aged Care Medicine
Professor and Head of Department: Joseph E Ibrahim MBBS Grad Cert HE PhD MRACMA FAFPHM FRACP
Stephen Denton MBBS DGM Dip Pall Med
Stephen Gong MBBS FRACP MRCP (UK) MRCP (I)
Sam Kumar MBBS FRACGP DGM Grad Dip Hlth Ad Dip Pall Med
Sannugam Sabanayagam MBBS FRACP FRCP
Christopher King BA (Hons) MA (Japan) PhD
Lorenne Barnard.

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Rehabilitation
Head of Department: Selva Mudaliar DS+M (Fiji) FAFRM (RACP) Hon Lecturer Fac Med Monash Uni, Member, Court of Examiners, Fac Rehab Med (RACP) Marylou Leach FAFRM (RACP) Juris Rubenis MB BS FAFRM (RACP) DGM Margaret Cambridge.

Palliative Care Medicine
Head of Department: Brian McDonald MB ChB FChPM MSc.

Research Activities and Interests
The Department of Aged Care Medicine will continue developing its strategic plan over the next 12 months to develop research programs into healthy ageing and into clinical practice in aged care medicine. The specific areas of work that will be highlighted include safety and quality of patient care in aged care medicine in the acute, sub acute and residential aged care sectors. Research will also be conducted to develop a residential program exploring interdisciplinary care, in particular how teams work together in providing care for patients and how risk is assessed by different health professions in determining a patient’s ability to return home.

Professor Ibrahim’s areas of interest include improving the safety and quality of health care, particularly the evaluation and prevention of iatrogenic diseases in medicine and determining methods of successfully improving the utilisation and delivery of medical services. Professor Ibrahim’s interest in medical education is focussed on training of senior and junior medical staff and medical students in systematic approaches to clinical decision-making.

Dr. Christopher King’s research interests include applications in information and communications technologies for delivery of aged care services, dementia interventions, and the influences of social and cultural factors on the delivery of aged care. Dr King’s interest in medical education is on bridging the gap between healthcare practice and social science perspectives on the organisation of health and illness.

Recent Research Grants


- National Health and Medical Research Council Project Grant 2003-05. Oakley J, Clarke S, Ibrahim JE, Robins R, Kuhse H. An ethical analysis of the disclosure of surgeons’ performance data to patients within the informed consent process. The objective of the research is to develop an ethical framework or model to incorporate information about individual health care providers into the patient consent process.

- Monash University Faculty of Medicine, Nursing and Allied Health Sciences Strategic Grant 2004-05. Darzins P, King C. The influence of medical interns’ attitudes towards old age on their patients’ perceptions of care: An interactionist perspective.

Current Membership of Committees

- Professor Joseph Ibrahim
  Member, National Evidence-Based Aged Care Unit, Joanna Briggs Institute (Adelaide, South Australia)
  Member, Emergency Access Reference Group Committee, Department of Human Services (Victoria)
  Chair, Clinical Safety and Quality Expert Group in Aged Care, Commonwealth Department of Health and Ageing.
  Member, Better Practice Co-ordinating Committee, Royal Australasian College of Physicians.
  Member, Board of Examiners, Australasian Association for Quality in Health Care.
  Member of the international scientific review panel for International Society for Quality in Health Care 22nd Annual International Conference (Vancouver, Canada, October 2005).
Dr Christopher King  
- Victorian State representative, Health Section of The Australian Sociological Association.  
- Chief Editor, eSocHealth, website of the Health Section of The Australian Sociological Association.

Supervision of Postgraduate Student Research

**Professor Joseph Ibrahim**
- Ms R Potelli, Master of Health Services Management, Monash University, Case Study. Learning to be a manager. Sole Supervisor 2005.  
- Dr H Naidoo, Case Study for Royal Australasian College of Medical Administration Fellowship. A description of the formal process introduced to improve credentialing and defining the scope of clinical practice of senior medical staff at a large teaching tertiary hospital in Melbourne. Sole Supervisor.

**Dr Christopher King**
- Ms E Ellis, Doctor of Philosophy, La Trobe University, Provision of rural and remote primary health care. Joint Supervisor 2005.

Publications


Power RE, O’Donohue M, Ibrahim JE. “If we do it for one patient we do it for the whole ward” Promoting leadership amongst registered nurses in the clinical care of the aged. Royal College of Nursing, Australia Annual Conference Alice Springs, July 2004. (Conference paper).

Presentations


Workman B, King C. Technological innovations in pain management: Bedside delivery of clinical services to nursing home residents. 4th Joanna Briggs Australasian Colloquium, La Trobe University, Victoria, October 2004.


Ibrahim JE. Case studies from the Clinical Liaison Service, Victorian Institute of Forensic Medicine, Southbank, Victoria, May 2005.


Ibrahim JE. The importance of aged care. Mornington Peninsula Division of General Practice, Mt Eliza Victoria, March 2005.


Ibrahim JE. Coronial Inquests from both sides; the importance of collaboration between the health and law sectors to improve patient safety. A commentary responding to a lawyer’s perspective on how health care organisations manage the Coronial investigation process. Phillips Fox, Melbourne Victoria Australia, July 2004. (Invited speaker – commentary).


Darzins P, King C. Interns’ attitudes towards old age and the quality of care they provide to older people. The Australian Society for Geriatric Medicine Annual Scientific Meeting, Brisbane, June, 2005. (Poster).


King C, Workman B. Using videoconferencing technologies to deliver clinical pain management services to nursing home residents. Successes and Failures in Telehealth 4th Annual International Conference, Royal Children’s Hospital, Brisbane, July 2004. (Poster).

This research project is about to be implemented following the successful application of a Peninsula Health Research Grant. Research will be conducted over the next 12 months.

The SAFE (Screening Assessment for Falls Evaluation) tool has been developed by the Falls Prevention service at Peninsula Health. The aim of the research project is to establish face and content validity and inter-rater reliability of the tool for both novice and experienced clinicians.

Novice and experienced Falls Clinicians will be recruited from within Peninsula Health.

An expert panel consisting of a specialist Geriatrician (Dr Gong) and a specialist Falls Occupational Therapist and Physiotherapist will also be recruited from within Peninsula Health.
Dr Phillip Carillo heads both the Cardiology Unit and The Cardiac Angiography Suite.

Clinical activities of the Cardiology Unit include ward service and investigative services for patients and day patients including exercise and pharmacological stress testing, holter monitoring and echocardiography service.

The Cardiac Angiography Suite provides Percutaneous Coronary Intervention (PCI)/stent, pacemaker replacement, transoesophageal echocardiography, and direct current reversion services.

Members

Head of Unit: Dr Phillip Carillo, MB BCh, FRACP
Dr Arun Arunothayaraj, MB BS, MRCP, FRACP
Dr Robert Lew, MB BS FRACP
Dr Greg Szto, MB BS FRACP
Dr Rodney Teperman, MB BS PhD, FRACP, DDU
Dr Geoff Toogood, MB BS, FRACP.

Nurse Unit Managers Angiography-
Ms Betty Williamson, RN BAppSci (Nsg) CCRN
Mr Robert Templin (acting) RN Div1
Cardiac Technologist.

Current Projects

- **Melbourne Interventional Group**


In 2003 a group of committed Cardiology Interventionists formed the Melbourne Interventional Group, (MIG). They were successful in gaining industry funding. This group is currently comprised of seven hospitals (Alfred, Austin, Box Hill, Frankston, Western, Geelong and Royal Melbourne). Clinical trials, data collection and coordination is run from the Department of Epidemiology and Preventive Medicine (DEPM), Melbourne University.

This is an exciting venture as it crosses both Universities (Melbourne and Monash) and involves a wide array of experience in Interventional Cardiology.

The potential benefits of the group are numerous:
- an important Australian collaborative research activity
- to act as a ‘sounding board’ for individual research ideas and projects
- access and utilisation of a database (complete with data managerial and statistical support) to be maintained at a ‘neutral’ site (DEPM Monash University)
- the potential for multi-centre angioplasty registries which will ultimately have long-term follow-up.
- priority access to a committed group of collaborative researchers for future clinical trials
- opportunities in education and training, attracting interventional cardiology trainees, with plans for a regular annual meeting
- to demonstrate the collaborative nature of industry in Australia in multi-company sponsorship of altruistic medical activities
- involvement in international based clinical trials
- to lobby government regarding the importance of coronary artery disease and interventional cardiology as a health priority
- interaction with other collaborative groups and educational bodies e.g. Cardiac Society of Australia and New Zealand.

Ethics approval has been sought and achieved at all the sites and their attached private hospitals.

The collection of data began in April 2004 at four of the sites. The role of co-ordinator for the group was established and began in June 2004.

The role of the co-ordinator included:
- facilitating submission of the relevant ethics documents at the various sites
- setting up and running of the follow-up programs at the various sites
- facilitating the updating of the various case report forms and liaison with the Data Manager at DEPM, Monash University
- facilitating the data query process education of the various Fellows/Registrars and Nurses in the completion of the case report form
and also education at the sites in relation to MIG in general and the consent process
- assisting with the generation of data for use in research papers
- organising meetings for the group
- publishing the group newsletter
- facilitating the data dictionary and user manual for the MIG data (in progress).

By June 2005 there were 1150 procedures captured on the MIG database with 30 day follow proceeding and one year follow-up commencing soon.

The database is to be expanded with the development of a ‘sub registry’ for the capture of heart failure specific data. Several publications are anticipated and four abstracts are to be presented at Cardiac Society of Australia and New Zealand.

(On behalf of MIG investigators, Centre of Clinical Research and Excellance Therapeutics, Monash University).

Presentations


On behalf of MIG investigators, CCRE Therapeutics, Monash University, Melbourne, Australia & New Zealand Cardiac Society - Perth August 2005.

Szt G, Eccleston D, Blark D, Ajani A, Reid C. Does restricted use of drug-eluting stents affect long-term interventional outcome?
On behalf of MIG investigators, CCRE Therapeutics, Monash University, Melbourne, Australia & New Zealand Cardiac Society - Perth August 2005.

On behalf of MIG investigators, CCRE Therapeutics, Monash University, Melbourne, Australia & New Zealand Cardiac Society - Perth August 2005.
The Department of Diabetes and Endocrinology at Peninsula Health comprises specialist physicians, a registrar completing advanced training in endocrinology, clinical nurse consultants (diabetes educators), and research nurses. Using a team approach in close relationship with dietitians, podiatrists and ward and clinic nursing staff the unit provides a comprehensive clinical service to inpatients and outpatients.

Services include inpatient specialist consultation and diabetes education extending to a full Hospital in the Home diabetes service. Outpatients are catered for in a number of outpatient clinics:
- The diabetes complications clinic. A multidisciplinary clinic devoted to the care of type I and II diabetics and the prevention of complications.
- The gestational diabetes clinic. A clinic devoted to the intensive management of women with all types of diabetes in pregnancy.
- The insulin stabilisation clinic. Patients receive full education on the use of insulin injections and intensive support through the early weeks of therapy.
- The Young Adults with Diabetes (YADS) clinic. An evening clinic for young people with diabetes.
- The multidisciplinary endocrinology clinic and endocrine surgery clinic. For follow-up and treatment of patients with a number of endocrine diseases from thyroid disease to osteoporosis.

In 2005 the Department of Diabetes and Endocrinology welcomed Dr Shirley Elkassaby as an advanced trainee in Endocrinology. Dr Elkassaby will be involved in two clinical research projects during her year at Frankston (see below). Research activity continues to increase with the appointment of a third research nurse, Choi-Chu Paglia and the commencement of new sponsored trials and investigator initiated research projects. The department is currently running four clinical drug trials in diabetes and osteoporosis and three investigator initiated research projects. There has been success in achieving funding for these studies from the pharmaceutical industry for drug trials, the Regional Diabetes Support Scheme, and through grants from the Peninsula Health Research Development Fund.

**Members**

Head of Unit - Dr. Christopher P Gilfillan, MB BS(Melb), PhD, FRACP
Dr. Deepak Dutta, MB BS, PhD, FRACP
Dr. Steven Morris, MB ChB(Auckland), FRACP

**Diabetes Educators**
Christine Avery, RN, RM, BNsg, GCDE, Credentialed Diabetes Educator
Sue Cole, RN, CDE, Credentialed Diabetes Educator
Debbie Distefano, RN, CDE, Credentialed Diabetes Educator
Helen Irwin RN, RM, GCDE

**Research Nurses**
Shona Lynch RN, BNsg, GCDE, GCTM, MRCNA Credentialed Diabetes Educator
Kaye Quick RN, Cert Perioperative Nursing
Choi-Chu Paglia RN, RM, CDE, Cert Renal Nurse

**Research Interests**
- Osteoporosis and metabolic bone disease.
- Diabetes management in patients with myocardial infarction and other critical illnesses.
- The development of novel treatments for diabetes.
- Self-management and patient empowerment in diabetes management.
- The surgical management of nodular thyroid disease.

**Current Projects**
- Gilfillan C, Quick K, Varadrajan S, Elkassaby S. Impact of a hospital-based intervention on the outcome following minimal-trauma fracture.

Women who sustain a low trauma fracture are at significantly increased risk of subsequent fracture, and suffer increased morbidity and mortality. A number of medical therapies have now been proven in randomised controlled trials to reduce the incidence of...
minimal trauma fracture in selected high-risk women. Despite this, most minimal trauma fracture patients are discharged from hospital without the initiation of effective medical therapy to prevent recurrent fractures. Public healthcare institutions have an obligation to act to close this care gap.

As a consequence, there is a lot of interest in the development of hospital-based protocols for the secondary prevention of hip and other osteoporotic fractures. It is, however, not clear that a one off hospital-based intervention will translate into an increased uptake of effective anti-fracture treatments in the community.

The proposed study will extend a current audit of fracture patients currently being undertaken at Frankston Hospital. Alternate minimal-trauma fracture patients will be randomly selected for an intervention consisting of: clinical review, bone density test, basic biochemistry, initiation of calcium and vitamin D and a bisphosphonate or raloxifene, a letter of recommendation to their general practitioner, and provision of educational materials by the intervention group. The remaining patients would be left to the usual management of orthopaedic and rehabilitation specialists as part of the conventional therapy group. Both patients who receive the intervention, and those who do not, will be followed up at one and two-year marks to determine outcomes.

- Gilfillan C, Dutta D, Morris S, Lynch S. A phase III, randomised, double-blind, active controlled, multicentre trial to evaluate the safety and efficacy of BMS-298585 in combination with metformin compared to pioglitazone in combination with metformin in subjects with type 2 diabetes who have inadequate glycemic control on metformin therapy alone.

This study is a phase III clinical trial of a new agent for the treatment of type 2 diabetes. Muraglitzar is a representative of a new class of agents known as PPAR alpha/gamma agonists that have effects on blood sugar and blood lipids to improve the outcome in diabetes. The trial has already commenced and will last one year involving over 1000 subjects recruited all over the world.

- Gilfillan C, Lynch S. A randomised, double-blind, placebo-controlled study to evaluate the persistence of the effect of oral monthly ibandronate on bone resorption in post menopausal women with osteoporosis.

This is a study looking at how well the oral bisphosphonate, ibandronate, suppresses bone turnover in post-menopausal women when given once per month. The finding will have important implications for the future treatment of osteoporosis.

- Gilfillan C, Lynch S, Elkassaby S. A multicentre randomised, double-blind study to evaluate the safety and efficacy of MK-0431 monotherapy in patients with type 2 diabetes mellitus who have inadequate glycaemic control (MK431 protocol 021-00).


- Gilfillan C, Paglia CC, Elkassaby S. A multicenter, randomised, double-blind factorial study of the co-administration of MK-0431 and metformin in patients with type 2 diabetes mellitus who have inadequate glycaemic control.


- Elkassaby S, Gilfillan C, Quick K. Insulin infusions in diabetic patients with acute myocardial infarction.

For the past five years diabetics admitted to the Coronary Care Unit (CCU) at Frankston have received an insulin infusion to control their diabetes in the belief that this will improve their cardiovascular prognosis. The team is embarking on an extensive audit of this practice and will follow up patients to determine whether there are either acute or chronic benefits (or adverse effects) related to the whether or not patients received this intensive diabetes management.
Kubina N, Gilfillan C. Initiating chronic disease management in a hospital diabetes outpatient setting.

The aim of this project is to determine the changes that may be required to the delivery of patient care to assist in producing improvements in diabetes outcomes for clients who attend the hospital diabetes outpatient clinic. A model for the management of those with chronic illnesses has been put forward by numerous researchers and bodies, including the WHO. Elements of this model will be used as a basis for the implementation. The project will also investigate the changes that occur to processes of care that respond to the needs of the population of people with diabetes entering the clinic.

Serpell J, Gilfillan C, Dutta D, Morris S, Phan D. A clinical audit of a surgical series of 250 total thyroidectomies benign and malignant thyroid disease.

An audit of Professor Jonathon Serpell’s series of 250 total thyroidectomy case will be performed with particular emphasis on outcomes regarding surgical and endocrine complications and symptom relief. The outcome and adequacy of follow-up of thyroid cancer will also be evaluated. This is an important quality assurance activity for the unit.

Presentations


Publications


Lynch S. Diabetes versus South Pacific Islanders: A challenge we must win. spnf.org.au Jan 2005 Published as a powerpoint presentation.

Description of Financial Support and Research Grants:

- Merck, Sharp and Dohme in support of the Frankston Bone Protection Project.
- Aventis for the Impact of in-hospital intervention in minimal-trauma fracture.
- Bristol Myers– Squibb in support of the phase 3 clinical trial involving BMS.298585.
- Merck, Sharp and Dohme for the trials involving MK-0431.
- Regional Diabetes Scheme (Novo Nordisk) for the study of chronic disease management strategies in diabetes.
- Peninsula Health Research Development Fund in support of the study of chronic disease management strategies in diabetes.
- Peninsula Health Research Development Fund in support of the audit of insulin infusions in diabetics after acute myocardial infarction.
The Department of Emergency Medicine provides care within a scope of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury, affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders. The Department is also linked to the development of pre hospital and in hospital emergency medical systems and the skills necessary for this development.

Peninsula Health is incorporated into the Victorian Trauma System. The Emergency Department at Frankston is designated as a Metropolitan Trauma Service and Rosebud as a Primary Injury Service. Both sites have a helipad to enable critical care transfers both in and out of the Health Service.

The Department has a formal quality improvement program, including morbidity and mortality review, dedicated clinical and management information systems, and formal disaster mitigation plans. Several staff members represent the Department on principal hospital planning committees. There is a formal training program in Emergency Medicine and Emergency Nursing as well as in-service education opportunities for all staff. There is an undergraduate education program and an evolving research program.

The Department is accredited by the Australasian College for Emergency Medicine for advanced vocational training in Emergency Medicine and has a formally appointed Director of Emergency Medicine Training. As an academic Department, emergency medicine is a teaching department for medical, nursing and ambulance undergraduates from the Monash University Faculty of Medicine, Nursing and Health Sciences.

**Frankston Hospital**

The Emergency Department (ED) at Frankston Hospital is a sophisticated purpose-designed area, including a separate resuscitation area with capacity for management of critically ill adults and children, major trauma and other life-threatening emergencies. It has capacity for invasive monitoring and short-term assisted ventilation. The Department provides resuscitation, stabilisation and initial treatment for all emergencies. The Department is also designated by the State Medical Displan as one that must be prepared to send out medical teams of appropriately trained staff to a disaster site.

Frankston Hospital is designated as a Metropolitan Trauma Service. As such it is expected to receive all major trauma victims from its catchment area and either manage injuries on site or stabilise and transfer patients to one of the three Victorian Major Trauma Services. Frankston provides a consultatory service to the Emergency Department at Rosebud Hospital within a newly developed continuum of service context.

Frankston ED has access to specialists in Intensive Care, Anaesthesia, Paediatrics, Obstetrics, Gynaecology, Liaison Psychiatry, Medical and Surgical subspecialties at all times. There is extended hours access to Allied Health professionals including a Social Worker and CAT worker.

The Emergency Department is supported by 24 hour pathology service, a comprehensive Medical Imaging Department and Operating Theatres.

It is anticipated that Frankston ED will see about 45,000 patients and admit approximately 30% of these attendees to a ward under the care of an inpatient clinical service.

**Rosebud Hospital**

Over the last 12 months, the Emergency Medicine Service at Rosebud Hospital has evolved from an urgent care service to a free standing emergency department. The Department is equipped and staffed to provide assessment and treatment of acute patients. It is also equipped for the resuscitation and stabilisation of critically ill patients whilst awaiting transfer to either Frankston Hospital or a tertiary referral service beyond Peninsula Health. The Department is now staffed with more senior doctors and has a specialist emergency physician present every day.

Within the Victorian state wide trauma system, Rosebud remains designated as a Primary Injury Service and is focused on the management of minor injury with basic stabilisation, early consultation and transfer of any major or minor injury requiring specialist consultation.
Members

Chairman and Director of Emergency Medicine
Associate Professor Jeff Wassertheil, CStJ, MB MS (Monash), M Clin Ed (USNW), FACEM, MRACMA, MA CLM, Cert IV Train & Assess.
Operations Director/Principal Nurse Emergency and Ambulatory Services
Ms Shamala Jones (Senior Lecturer), RN, RM, BNsg, MNsg, CertMgmt, CertAdvNurEmerg.

Frankston Hospital Emergency Department
Clinical Director
Dr. Leong Goh (Senior Lecturer), MB BS (Melb.), FACEM
Director of Emergency Medicine Training
Dr. Mark Smith (Senior Lecturer), MB MS (Monash), B Med Sci Hons (Monash), FACEM
Emergency Physicians
Dr. Varna Amarasinghe MB BS (Colombo), FACEM
Dr. Tim Baker, MB BS Hons (Monash), B Med Sci Hons (Monash), FACEM
Dr. Kate Bristow, MB ChB (Otago), FACEM
Dr. Barry Chan, MB BS (Melbourne), FACEM
Dr. Darsim Haj, MB ChB (Mosul), FACEM
Emergency Paediatrician
Dr. Peter Francis (Senior Lecturer), MB BS, FRACP

General Practitioners
Dr. Martin Jackson, MB BS (Melb), B Med Sci (Melb), Dip Observ (RACOG), FRACGP
Dr. Ji Cao, MD (Shanghai)

Unit Manager

Research Nurse/Officer
Ms Nyree Parker, Grad Dip App Nur, BA, MA, Grad Dip Crit Care, Grad Cert Health ProfEd, Grad Cert Health Prom.

Rosebud Hospital Emergency Department
Clinical Director (Acting)
Dr. Mark Smith (Senior Lecturer), MB MS (Monash), B Med Sci Hons (Monash), FACEM
General Practitioner
Dr. Richard Ward, MB BS Hons (Melb), FISMS

Unit Manager
Mr. Bill Faulkner, B Health Sci (Victoria Uni), RN (From December 2004)

Mr. Gerard Matthews, B Sc (Newcastle), BNurs (Newcastle) MNurs (Sydney), Dip App Sci Nur (Newcastle), ICU Certif, RN (From December 2004).

Research Interests

- Demand management
- Casemix evaluation
- Clinical indicators
- Clinical education
- Bedside investigative solutions
- Disaster Medicine.

Current Projects & Trials

Frankston Emergency Department Research

- A review of emergency department patients who did not wait to see a doctor.
  Dr. Javed Kahn (Registrar), Associate Professor Jeff Wassertheil, Dr. Leong Goh.
- Do children receive analgesia as efficiently and effectively as adults with isolated long bone fractures?
  Dr. Ifeanyi Chiezey (Registrar), Dr. Tim Baker, Associate Professor Jeff Wassertheil.
- Post dural puncture headache.
  Dr. Andrew Tay (Registrar) in conjunction with the Department of Anaesthesia.
- Overview of the use of the Observation Ward.
  Dr. Barry Chan.
- An audit of performance in AMI.
  Dr. Andrew Tay (Registrar), Dr. Leong Goh.

Collaborative Research

(In conjunction with the School of Business Systems, Faculty of Information Technology, Monash University).

- Information technology driven re-engineering of emergency health care facilities in Australia: A process intelligence perspective.
Development of knowledge based and driven decision support system for Disaster Medicine.

The efficacy of a computer assisted decision support program for emergency department and triage.

The development of decision support tools to predict health system capacity and manage surge during disasters.

Publications

Refereed Journal Publications:


Wassertheil J. Pausing CPR after a minute to determine if there is a pulse is potentially harmful. American Heart Association web site.

Wassertheil J. Does a written test score reflect BLS skills competence? American Heart Association web site.

Wassertheil J. Are there sensitive and specific clinical findings that indicate the need for resuscitation in an apparently unresponsive victim who is found initially facedown. Within the context of this question, the victim is considered to be one who has collapsed and landed or is found in a facedown or prone position. American Heart Association web site.

Refereed Book Chapters:


Refereed Conference Proceedings:


Presentations

Associate Professor Jeff Wassertheil


Keynote Address. What is the clinical impact of interruption of CPR to check circulation in cardiac arrest? American Heart Association and International Liaison Committee on Resuscitation (ILCOR) 2005 International Consensus on CPR & ECC Science and Treatment Recommendations, Dallas, Texas, USA January, 2005.

What clinical signs indicate the need for resuscitation in persons found in the face down position? Consider any differences in age of victim and availability of responders. Consider aetiology. American Heart Association and International Liaison Committee on Resuscitation (ILCOR) 2005 International Consensus on CPR & ECC Science and Treatment Recommendations, Dallas, Texas, USA January, 2005.

Does a written test score reflect BLS skills competence? American Heart Association and International Liaison Committee on Resuscitation (ILCOR) 2005 International Consensus on CPR & ECC Science and Treatment Recommendations, Dallas, Texas, USA January, 2005.

Education in the use of automated external defibrillators 5th Spark of Life Conference, Hilton Hotel, Adelaide, April, 2005.


Dr. Andrew Tay

Spectrum of pathogens and antibiotic susceptibility in urinary tract infection. Poster Presentation, Australasian College for Emergency Medicine, Annual Scientific Meeting, Adelaide, November 2004, (Satisfied ACEM Research Requirements for Fellowship Training) and Poster Presentation, Peninsula Health Research Week, November, 2004.

Financial Support and Research Grants

Information technology driven re-engineering of emergency health care facilities in Australia: A process intelligence perspective. Three year Australian Research Council Linkage Grant. Held by Department of Business Information, Faculty of Information Technology, Monash University.

Development of information technology support systems for Disaster Medicine. Three year Australian Research Council Linkage Grant. Held by Department of Business Information, Faculty of Information Technology, Monash University.

Development of a computer assisted decision support program for Emergency Department Triage. Monash University small research grant. Held by School of Information Management & Systems, Faculty of Information Technology, Monash University.
The Gastroenterology Unit provides inpatient and day-stay gastroenterological services at Frankston Hospital.

The Head of Unit, Dr David Badov, and his team, have a keen interest in research. Dr Badov was the principal co-investigator on a recent Hepatitis C Management Trial, and has been involved in more than a dozen clinical trials on various gastrointestinal conditions including chronic liver disease, irritable bowel syndrome, dyspepsia and cancer.

Dr Badov undertook his advanced core training in gastroenterology in the Gastrointestinal Sciences Unit at Frankston Hospital in 1995/96, and since 1997 he has held the position of specialist gastroenterologist VMO.

Current projects

- A phase III multicentre randomised, double-blind, placebo-controlled Induction study of sargramostim (Leukine®) in patients with active Crohn’s Disease.
  
  Principal Investigators: Dr Lee Min Yap and Dr David Badov.

- CHARIOT – a phase IV, randomised, multicentre, efficacy and safety study examining the effect of induction dosing with the combination of peginterferon alpha-2a and Ribavirin in patients with chronic Hepatitis c genotype 1.
  
  Principal Investigator: Dr David Badov.

- Infliximab use in inflammatory bowel disease - The Frankston experience. A comparison with the Mayo Clinic.
  
  Principal Investigator: Dr Aaron Thornton.

- Iron infusion therapy - The Frankston experience.
  
  Principal Investigator: Dr Aaron Thornton - to be presented at Australian Gastroenterology Week conference, 2005.

Members

- Head of Unit - Dr David Badov, MB BS, FRACP
- Dr Rob Herrmann, MB BS, FRACP
- Dr Michael Merrett, MB BS, FRACP
- Dr Lee Min Yap MB BS FRACP, Advanced Trainee (Registrar)
- Dr Aaron Thornton MB BS

Research Interests and Future Directions

- Inflammatory Bowel Disease
- Endoscopic Anti-reflux procedures
- Endoscopic Stenting
- Endoscopic Mucosal Resection
- Viral Hepatitis Therapy
- Capsule Endoscopy (Pill-Camera).
The Intensive Care Services for Peninsula Health are based at Frankston Hospital and comprise a 10 bed Intensive Care Unit. The Unit is multidisciplinary and approximately 600 patients are admitted annually. The Unit is a mixed medical/surgical intensive care unit (ICU) with a varied casemix excluding neurosurgical and cardiac surgical patients.

Dr John Botha is the Director of ICU and the Clinical Dean for Frankston Hospital. Dr Ian Carney is the Deputy Director and also an examiner for the College of Physicians.

Dr Ramesh Nagappan, who left Peninsula Health at the beginning of 2005, was a significant contributor to the research and teaching profile of the Unit. Dr Nagappan has been succeeded by Dr Subhash Arora, who was previously Director of Critical Care Services at Latrobe Regional Hospital. Dr Arora brings with him a wealth of clinical teaching and research experience. The Unit continues to have a major commitment to both undergraduate and post-graduate teaching at Peninsula Health.

The Unit also maintains a high profile in both hospital based clinical research and involvement in multi-centre clinical trials.

A highlight of 2005 was the appointment of Dr Nina Fowler, a PhD basic scientist as Data Collector and Research coordinator for the Unit (see Researcher Profile). Dr Fowler has been instrumental in establishing the Aortic Database which contributes to the ANZICS Database. The data from the beginning of the year confirms that the standardised mortality ratio of critically ill patients at Frankston Hospital compares favourably with Victorian and Australian ICUs.

Dr Fowler has also been pivotal in facilitating the Surviving Sepsis Campaign at Frankston Hospital. Subsequent to a number of landmark trials in the critical care literature over the preceding four years, the Society of Critical Care Medicine and the European Society of Intensive Care have endorsed the strategy, which hopes to decrease the mortality from sepsis by 20% over the next five years. This strategy has been embraced by the departments of Intensive Care and Emergency Medicine at Frankston Hospital and most of the recommendations of the Surviving Sepsis Campaign have already been instituted by the Frankston Hospital ICU.

The Unit continues to embrace a philosophy of educating both local and international graduates. Dr Tim Matthiesen, previously employed by the Berlin Heart Institute, has settled in well to the Frankston ICU and has made a significant contribution. Dr Nancelita Lin, who is a Fellow of the Philippine’s College of Intensive Care of Physicians, has recently joined the unit and has already demonstrated a commitment to clinical excellence and teaching. Dr Sanjiv Vij has completed an accredited year in the Unit and is currently undergoing a mandatory year of general internal medicine prior to sitting the Fellowship of the Joint Faculty of Intensive Care in 2006. Dr Brian Zacchem is registered with the Joint Faculty of Intensive Care Medicine as an advanced trainee.

The nursing staff continue to excel and at the date of publication 77% of the nursing staff working in the Unit have post graduate critical care qualifications. Three members of the senior nursing staff hold masters degrees in nursing. At under-graduate level, students from Monash University still continue their final year selective rotations in ICU.

The unit has recently upgraded its ventilators with the installation of five Puritan Bennett ventilators. These ventilators will provide new modalities of ventilation and ventilatory monitoring. The Unit will also be installing new Draeger monitors so that patients in Intensive Care will have access to the most modern monitoring facilities.

Both transthoracic and trans-oesophageal echocardiography in the assessment of the critically ill are utilised by the Unit. Dr Arora has completed a Postgraduate Diploma of Perioperative and Critical Care Echocardiography through the University of Melbourne and Dr Botha is enrolled in the Diploma course. It is hoped that these new skills will optimise the assessment and management of the critically ill patient at Frankston Hospital.
Members

Full time intensivists:
- Director of Intensive Care Dr John Botha MB CHB. MMed. FCP(SA), FRACP, FJFICM.
- Deputy Director of Intensive Care Dr Ian Carney B.Sc, MB.BS(Hons), FRACP, MPH&TM, FJFICM.
- Dr Subhash Arora MD, FRCP (Glasgow), FRACP, FJFICM, Diploma Perioperative Critical Care Echocardiography.

Part-time intensivists:
- Associate Professor David Langton MBBS, FRACP, FJFICM,
- Dr Gary Braun MBBS, FRACP,
- Associate Professor Graeme Hart MBBS, FANZCA, FJFICM,
- Dr William Kelly MBBS, FRACP, FJFICM.

Nurse Unit Manager:
- Mr Ian Kenny, RN, CC-Cert, BHM.

Research Highlights and Future Directions

- Developing and evaluating evidence based guidance for nutritional support in the Intensive Care Unit. This large multi-centre trial has recently been completed. The principal investigator for the trial was Dr Doig (Royal North Shore Hospital). Dr Botha and Ms Helen Stratman were site investigators for Frankston Hospital. This trial was completed in early 2005 and is a multi-centre cluster randomised trial evaluating the impact of applying evidenced based nutritional support on mortality in the Intensive Care Unit. This data should be presented later in 2005.

- Pilot study of the RICH trial (the Rapid Infusion of Cold Hartmans to cool patients in coma following pre-hospital cardiac arrest. The Frankston Hospital is now one of the Melbourne sites that will be involved in the RICH trial which will be a randomised trial assessing the effect of a rapid infusion of cold Hartmans solution in out of hospital cardiac arrest (see Research Snapshot).

Publications:


Profile:
- Dr Nina Fowler - ICU Data Collector and Research Coordinator

Nina Fowler graduated from Latrobe University, Melbourne in 1993 with a Bachelor of Science in Biological Sciences. In 1994 she completed a Masters of Science (Preliminary) with First Class Honors in Immunology from The University of Melbourne. As a specialist in Tissue Typing, Dr Fowler worked at The Royal Melbourne Hospital and also the Victorian Red Cross Blood Bank where she developed molecular typing techniques for bone marrow transplant patients and potential donors. In 2000, Dr Fowler achieved her PhD in the Field of Medicine from the University of Queensland. The subject of her PhD was human papilloma virus (HPV) and cervical cancer, a topic that introduced her to both human and mouse immunology. A three year postdoctoral fellowship at Harvard Medical School gave her a broad experience in immunology for both humans and mice. Upon returning to Australia in 2003 she was employed at Monash University’s Biochemistry and Molecular Biology department prior to taking on her current role in the ICU Department at Frankston Hospital.

BEST 4: Outcome prediction study comparing different outcome prediction scores in acute renal failure accepted for publication Critical Care Medicine.

Submitted for publication:

Kumar Ajith, Botha J. The serotonin syndrome: A case report.

In preparation:

Results of an International Survey. Mulder J, Botha J, Bellomo R. Definition of acute renal failure:


Assessment of user data management needs and skills gap in clinical, research and management information processes in a tertiary intensive care Unit. Hullin C, Hart G.

Information Processes in a Tertiary Intensive Care Unit environment. Hullin C, Hart G.


Comparing progress through the epidemiological and health transitions for adolescents in Australian and New Zealand ICU. Bishop N, Higlett T, Moran J, Hart G, George C, Bellomo R for the ANZICS Data Management Committee (APD).

Defining and improving data quality in intensive care data collections in Australia and New Zealand: the Australian and New Zealand Intensive Care Society (ANZICS) Adult Patient Database (APD).

Outcome and length of stay for adults with acute asthma admitted to intensive care units in Australia and New Zealand. Stow P, George C, Higlett T, Bellomo R, Hart G (for the ANZICS Data Management Committee).

Presentations


Current projects

- A comparison of high flow nasal oxygen to high flow face mask oxygen in extubated patients. Principal researcher Dr Nina Fowler. This is a randomised cross over study examining the effectiveness of high flow oxygen delivery utilising a face mask or nasal interface. This study has Research and Ethics Committee approval and will commence in the second semester of 2005.

- Intensive care nurses knowledge of arterial pressure monitoring. Principal Researcher Mr David Lewis. The purpose of this project is to review the knowledge of arterial pressure monitoring held by intensive care nursing staff.

- Use of echocardiography improves management of critically ill patients. Dr Subhash Arora.
Projects for 2006

- RENAL - a CTG initiated trial. This trial will compare high volume haemofiltration with standard haemofiltration as a modality of renal replacement therapy in the critically ill.

- ENTERIC. The use of Tiger tube in the early establishment of nutrition in the critically ill.

- RICH trial (Rapid Infusion of Cold Hartmanns). Having successfully completed the pilot study for the RICH trial, the Frankston Hospital is now one of the hospitals involved in a multi-centre trial comparing the effect of the infusion of cold intravenous Hartmanns solution on patients who have out of hospital cardiac arrests.

The patients who have out of hospital cardiac arrests will be randomised and the treatment arm will receive infusions of large volumes of cold intravenous Hartmanns solution. This will be initiated by the ambulance staff and it is hoped that this may lead to an improved neurological outcome.

Mia* was found to be pulseless and the hostel staff commenced cardiopulmonary resuscitation. When the ambulance arrived, it was confirmed that she was asystolic (no heart beat). Mia was intubated and cardiopulmonary resuscitation was continued for at least twenty minutes before the return of spontaneous circulation. She received numerous ampoules of intravenous adrenaline, atropine, and was defibrillated. Mia was brought to the Frankston Hospital Emergency Department and subsequently admitted to the Intensive Care Unit. Mia had absent brain stem reflexes and there was grave concern that given the asystolic presentation and the prolonged resuscitation her neurological outcome would be dismal.

In ICU, Mia was immediately cooled to 33°C using cold ice packs and cooling was continued for a 24 hour period. She made a progressive neurological recovery and after five days of admission was responding purposefully to painful stimuli. Her neurological status continued to improve. This anecdotal evidence suggests that cooling patients who have out-of-hospital cardiac arrests may lead to an improved outcome. It was most unexpected that a young person who was found to be asystolic and had prolonged resuscitation would have made such an excellent neurological recovery.

It is hoped that data from the upcoming RICH trial will substantiate such very encouraging anecdotal evidence.

Mia’s mother said that at the time of the event she was so distraught she could not absorb anything, despite careful explanations by ICU staff about the treatment her daughter was receiving.

“Even though I could see how dead she was, I didn’t want to accept that she could die or remain in a vegetative state. I now know the reason she survived was because of the specialised treatment she received in ICU. The level of care was truly amazing. She has made an almost complete recovery, apart from some hearing loss - but now that I realise how close to death she actually was, I think it’s a miracle.”

* The patient’s name has been changed to protect her identity.
Cancer services at Frankston Hospital were initiated in 1994 with the appointment of the first medical oncologist. Since 1999 clinical research has become an integral part of the service with more than 65 trials being conducted over the last 6 years.

Participation in clinical trials has resulted in a vast improvement in the quality of care within the unit and has allowed patients to access some of the latest treatment developments in oncology and haematology. The trials are co-ordinated by a team of seven research staff who have a wide range of skills including nursing and psychology. Further, participation in clinical trials has only been made possible by the continual support of other hospital departments in particular nursing, radiology, pharmacy, pathology and medical records.

Research Affiliations
- Australasian Gastro-intestinal Trials Group (AGITG)
- Australian and New Zealand Breast Cancer Trials Group (ANZBCTG)
- International Breast Cancer Study Group (IBCSG),
- European Organisation for Research and Treatment of Cancer (EORTC)
- National Surgical Adjuvant Breast & Bowel Project (NSABP)
- Gynaecological Oncology Group (GOG)
- Australian Leukaemia & Lymphoma Group (ALLG)
- Australasian Lung Trials Group (ALTG)
- Medical Research Council of the U.K.
- European Study Group for Pancreatic Cancer (ESPAC)
- Trans-Tasman Radiation Oncology Group (TROG)
- National Cancer Institute of Canada (NCIC).

As well as the multicentre collaborative groups a number of local clinical trial programs are now developing which include a unique in-house study in the management of locally advanced breast cancer with Monash Medical Centre and a lymphoma study in collaboration with The Alfred Hospital and a pancreatic trial in collaboration with Peter MacCallum Cancer Institute.

Members
Head of Unit Dr Vinod Ganju MB BS, FRACP
Dr John Catalano, MB BS, FRACP
Dr Nicole Potasz, MB BS, FRACP
Dr Jacqui Thomson, MB BS, FRACP
Registrars:
Dr Emma Beardsley
Dr Vethavalli Aravindan
Nurse Unit Manager Carmel Mellican, RN
Research staff:
Theresa de Man, PhD
Sharon Malepaard RN Div1
Mellisa McCormack BN (Hons)
Judi Clarke RNDiv1
Judith Reilly RN, Dip Onc
Sally Blandford RNDiv1.

Research Highlights 2005

The Medical Oncology and Clinical Haematology Unit at Peninsula Health continues to participate in a very broad range of collaborative clinical trial activities. With the increased strength and resources in the research department we have started on a new phase of development which involves clinical and biological studies which are emanating from our centre and which may be disseminated to other clinical trial centres.

Research Papers

Novel therapies
- DMXAA is a novel vascular targeting anticancer drug that induces selective inhibition of tumour blood flow, that leads to regression and cures of tumours in mice. It works most effectively when combined with standard chemotherapy agents. We are currently participating in a trial to determine the safety and effectiveness of DMXAA in combination with standard therapy of carboplatin and paclitaxel in patients.
with locally advanced and metastatic non small cell lung cancer.

HyCAMP – this compound combines the chemotherapy agent irinotecan with hyaluronic acid, a naturally occurring substance found in the human body. It is hoped that HyCamp can more effectively bind to tumour cells and hence deliver a higher dose. Further, it also appears to be effective in reducing the degree of diarrhoea, which is one of the main side effects of irinotecan. We are currently participating in a clinical trial of this new agent in patients with advanced colorectal cancer.

Old drugs - New Strategy - Optimising the use of Carboplatin in Ovarian Cancer. Carboplatin is another widely used chemotherapy drug which is normally given dosed according to the patients height and weight. Results of recent studies suggest that a patient’s dose can be modified for each individual (called ‘intrapatient dose escalation’) according to their response and this could be just as effective as combination therapy. This therapy will have less side effects than combined chemotherapy and is an alternative for patients who would not be able to tolerate combination treatment. We will shortly be commencing a trial in ovarian cancer to further explore using carboplatin using intrapatient dose escalation.

Prostate Cancer - Novel Cytotoxic drug combination. Prostate Cancer has been a much neglected disease, and we are participating in a locally initiated trial focussing on a new treatment direction. In this trial patients are treated with a combination of Paclitaxel and Vinorelbine. These drugs have been used extensively to treat various cancers, including breast, ovarian and lung cancer. Both of these drugs target microtubules which may be useful in the treatment of prostate cancer.

SETUP for Breast Cancer - Sequential Evaluation of tumours undergoing pre-operative chemotherapy for breast cancer. This is a clinical trial which aims to examine detailed biological and radiological characteristics of breast cancer which is undergoing pre-operative chemotherapy. This research involves very detailed analysis of the tumours with conventional imaging studies, PET scans as well as analysis of the tumour and blood for genetic proteinomic and molecular characteristics that predict responses to specific drugs. The long term aim of this type of research is to specifically target the right drugs for the right sorts of tumours.

Current trials

Breast:

Does adjuvant zoledronic acid reduce recurrence in patients with high-risk, localised breast cancer? (AZURE) – This study looks at adding a bone strengthening treatment for women with early breast cancer.

A randomised phase III trial of exemestane versus anastrozole in postmenopausal women with receptor positive primary breast cancer (IBCSG TRIAL 30-04: NCIC CTG MA.27). In this new study, patients with early breast cancer are treated with one of two new hormone treatments.


Suppression of ovarian function trial (SOFT): A phase III trial evaluating the role of ovarian function suppression and the role of exemestane as adjuvant therapies for premenopausal women with endocrine responsive breast cancer. In this study hormone treatments are offered to premenopausal women with early breast cancer.

A randomised, open-label, multicentre, phase III study of epoetin alfa plus standard supportive care versus standard supportive care in anemic patients with metastatic breast cancer receiving first-line standard chemotherapy (Protocol number: EPOANE-3010). In this study, patients who are being treated for early breast cancer and become anaemic with the treatment may receive maintenance.

Chemotherapy in hormone non-responsive breast cancer: Low-dose cytotoxics as “anti-angiogenesis treatment” following adjuvant induction chemotherapy for patients with ER-negative and PgR-negative breast cancer (IBCSG – 22-00). In this study, patients with early breast cancer who are not suitable for hormone therapy are offered a low-dose chemotherapy treatment.
Phase II trial of oral vinorelbine in combination with capecitabine, and trastuzumab as first-line therapy in women with previously untreated HER2 positive metastatic breast cancer.

Women with advanced breast cancer and whose tumour is HER2 positive are offered an oral version of the chemotherapy drugy Navelbine as well as Herceptin.

Colorectal:
- Randomised phase III trial of De Gramont schedule 5-fluorouracil and leucovorin plus irinotecan versus single agent irinotecan, for people with previously treated metastatic colorectal cancer. Patients receive either irinotecan alone or in combination to treat metastatic colorectal cancer.
- Randomised phase II trial of irinotecan with hyaluronan (HYCAMP) versus irinotecan as treatment for patients with metastatic colorectal cancer who have failed 5-FU based chemotherapy.

Gastric:
- A randomised phase II study evaluating a weekly schedule of docetaxel with cisplatin and 5-FU (wT/C) or with capecitabine (wTX) in advanced oesophago-gastric cancer. In this study patients are offered one of two new treatments for their disease.

Chronic lymphocytic leukemia:
- An open-label, multicentre, randomised, comparative, phase III study to evaluate the efficacy and safety of rituximab plus fludarabine and cyclophosphamide (FCR) versus fludarabine and cyclophosphamide alone (FC) in previously treated patients with CD20 positive B-cell chronic lymphocytic leukemia (CLL). In this study, patients have the possibility of receiving the new compound rituximab in addition to standard treatment for their CLL.
- Phase III trial of combined immunotherapy with fludarabine, cyclophosphamide and rituximab (FC-R) versus chemotherapy with fludarabine and cyclophosphamide (FC) alone in patients with previously untreated chronic lymphocytic leukaemia (CLL8 – Protocol number ML17102). In this study patients who have not previously been treated for CLL have the possibility of receiving rituximab in addition to standard treatment for their disease.

Lung cancer:
- A randomised, double blind, placebo-controlled study of subjects with previously untreated extensive-stage small-cell lung cancer (SCLC) treated with platinum plus etoposide chemotherapy with or without darbepoetin alfa. Patients who are anaemic prior to treatment for SCLC receive etoposide/placebo to assist their production of red blood cells.
- A phase III, double-blind, placebo-controlled study of maintenance pemetrexed plus best supportive care versus best supportive care immediately following induction treatment for advanced non-small cell lung cancer. Patients who have completed treatment are offered maintenance treatment with a new compound (Pemetrexed).
- A randomised phase II study of two regimens of palliative chemoradiation therapy in the management of locally advanced non small cell lung cancer (NSCLC). This study compares two different chemotherapies in combination with radiation treatment for NSCLC.

Melanoma:
- Phase III trial of taxoprexin injection versus dacarbazine in patients with metastatic malignant melanoma. Patients with melanoma are treated with one of two treatments, including a new combination.

Multiple Myeloma:
- Open-label, single-arm study of the safety and efficacy of CC-5013 monotherapy for subjects with multiple myeloma: A companion study for studies THAL-MM-003, CC-5013-MM-009, and CC-5013-MM-010. In this study, all patients receive the study drug revimid. It is only for people who participated in one of two earlier trials.

Pancreatic:
- Phase I trial of xeloda plus gemcitabine plus radiation in the treatment of pancreatic cancer.
A novel chemotherapy is combined with radiation for the treatment of pancreatic cancer.

**Phase III adjuvant trials in pancreatic cancer** comparing (1) 5FU and D-L folinic acid versus (2) gemcitabine versus (3) no adjuvant treatment. In patients with operable pancreatic cancer, the effectiveness and side effects of chemotherapy and/or no treatment is evaluated.

**Anaemia in cancer:**
- A multicentre, randomised, double-blind, placebo-controlled study of darbepoetin alfa for the treatment of anaemia of cancer patients who have chemotherapy and have anaemia are treated with a compound which stimulates red cell production.
- A multicentre, double-blind, placebo-controlled roll-over study to protocol 20010103 of darbepoetin alfa for the treatment of anaemia of cancer. A follow on study from the above-named study extending treatment.

**Biliary tract carcinomas:**

**Ovarian:**
- A multinational, randomised, phase III, GCIG intergroup study comparing pegylated liposomal doxorubicin (CAELYX®) and carboplatin versus paclitaxel and carboplatin in patients with epithelial ovarian cancer in late relapse (>6 months): GCIG Calypso Study. In this study patients are given standard treatment or a new modified form of an established chemotherapy drug.
- SCOTROC 4: A prospective, multicentre, randomised trial of carboplatin flat dosing versus intrapatient dose escalation in first line chemotherapy of ovarian, fallopian tube and primary peritoneal cancers.

**Chronic myeloid leukemia:**
- A randomised open-label study of 400 mg versus 800 mg of Gleevec®/Glivec® (imatinib mesylate) in patients with newly diagnosed, previously untreated chronic myeloid leukemia in chronic phase (CML-CP) using molecular endpoints (Study number: CST1571K2301). In this study, two different doses of Glivec are compared for the treatment of CML.

**Non-Hodgins Lymphoma:**
- A multicentre, phase III, open-label, randomised study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with rituximab (MabThera®) after induction of response with chemotherapy plus rituximab in comparison with no maintenance therapy (PRIMA study)(ALLG Protocol number NHL16). All patients have treatment with standard chemotherapy and rituximab and then half will also receive continued treatment (maintenance) with rituximab.

**Prostate:**
- A phase II study of paclitaxel and vinorelbine (PaclVin) in hormone-refractory metastatic prostate cancer: Double tubulin targeting.

**Studies in follow-up phase**

**Breast**
- A phase III study to evaluate letrozole as adjuvant endocrine therapy for postmenopausal women with receptor (er AND/OR pGr) positive tumours.
- An intergroup phase III trial to evaluate the activity of docetaxel, given either sequentially or in combination with doxorubicin, followed by CMF, in comparison to doxorubicin, alone or in combination with cyclophosphamide, followed by CMF, as adjuvant treatment of node-positive breast cancer patients.
- A phase III trial to evaluate oral chemotherapy with capecitabine versus standard chemotherapy with CMF for advanced breast cancer.
- A multicentre phase III randomised trial comparing docetaxel in combination with doxorubicin and cyclophosphamide (TAC) versus doxorubicin and cyclophosphamide followed by docetaxel (ACT) as adjuvant treatment of operable breast cancer HER2NEU negative patients with positive auxiliary lymph nodes.
- A multicentre phase III randomised trial comparing doxorubicin and cyclophosphamide followed by docetaxel (ACT) with doxorubicin and cyclophosphamide followed by docetaxel, platinum salt and trastuzumab (TCH) in the treatment of node positive and high risk node negative adjuvant patients with operable breast cancer containing the HER2NEU alteration.
A multicentre phase III randomised trial comparing docetaxel (Taxotere) and trastuzumab (Herceptin) with docetaxel (Taxotere) platinum salt (Cisplatin or Carboplatin) and trastuzumab (Herceptin) as first-line chemotherapy for patients with advanced breast cancer containing their HER2 agene amplification.

A randomised, three-arm, multicentre comparison of one year and two years of Herceptin versus no Herceptin in women with HER2 positive primary breast cancer who have completed adjuvant chemotherapy (HERA).

Phase II trial of oral vinorelbine in combination with capecitabine as first-line therapy in women with previously untreated HER2 negative metastatic breast cancer.

A randomised, double-blind, placebo-controlled, phase III study of oxaliplatin/5-fluorouracil/leucovorin with PTK787/ZK 222584 or placebo in patients with previously treated metastatic adenocarcinoma of the colon or rectum (Protocol number. CPTK787 0133/304946).

Liver
- Pre and post-operative chemotherapy with oxaliplatin 5FU/LV versus surgery alone in resectable liver metastases from colorectal origin - phase III study.

Lymphoma
- An ANZLG/TROG prospective study of limited chemotherapy and involved field radiotherapy for patients with clinical stage I-II Hodgkins’ disease.

Ovarian
- A phase III randomised trial of paclitaxel and carboplatin versus triplet or sequential doublet combinations in patients with epithelial ovarian or primary peritoneal carcinoma.

Myeloma
- Phase II trial of combination treatment with thalidomide and celecoxib for patients with multiple myeloma.
- A multicentre, randomised, placebo-controlled study of combination thalidomide plus dexamethasone therapy versus dexamethasone therapy alone as induction therapy for previously untreated subjects with multiple myeloma.
- A multicentre, randomised, parallel-group, double-blind, placebo-controlled study of CC-5013 plus dexamethasone versus dexamethasone alone in previously treated subjects with multiple myeloma.

Rectal
- A randomised trial of preoperative radiotherapy for stage T3 adenocarcinoma of rectum.

Other
- A randomised, double-blind, placebo-controlled study of darbepoetin alfa for the treatment of anaemia in subjects with non-myeloid malignancy receiving multicycle chemotherapy.
- Multicentre, double-blind, placebo-controlled roll-over study to protocol 20010103 of darbepoetin alfa for the treatment of anaemia of cancer.
The Pain Management Unit of Peninsula Health provides a consultant supervised acute pain service and interventional pain relief treatments for chronic pain.

Head of Unit Dr Murray Taverner, together with Dr Tony Prendergast provide specialised inpatient treatment for chronic non-cancer pain and severe cancer pain.

The Pain Management Unit is strongly committed to the education of medical students, nurses, hospital and local doctors.

Dr Murray Taverner is an honorary senior lecturer at Monash University, Department of Anaesthesia and School of Nursing.

Members

Head of Unit
Specialists in Pain Services –
Dr Murray Taverner, MB BS, FRCA, FANZCA, DipPainMgt
Dr Tony Prendergast, MB BS, FANZCA.

Research Interests and Future Directions

- The development of advanced pain therapy and of a local multidisciplinary pain management outpatient clinic to meet the needs of the community.

- Pain of spinal and neuropathic origin, outcomes and demonstrating the cost effectiveness of pain management to show that a coordinated approach can make a difference.

Current Projects

- Review treatment options for discogenic low back pain.

- Intradiscal electrothermal annuloplasty.

- Ongoing Review of Outcomes from intrathecal drug administration.

- Setting up a N of 1 study of topical analgesics for neuropathic pain in a responder population.

Presentations


Description of Financial Support and Research Grants:

- Medtronic have provided a $1000 grant to employ a research assistant for intrathecal audit.
The Palliative Care Consultancy Service provides consultation and coordination of care, patient, family and staff support and education.

The Consultancy Team comprises a group of health professionals who provide physical, emotional and spiritual care and support.

This service is provided to any patient in hospital with a progressive life threatening illness. Referrals can be made by the patient, family or carer or any health care worker.

The medical and nursing consultants offer advice on pain management and symptom management to Peninsula Health staff, patients and their families or carers.

Members
Dr Brian McDonald, Clinical Director Palliative Care. MBChB, MRCGP(UK), FChPM, MSc.
Ms Raelene Rees, CNC. RN, BNSG, Grad Cert CC Periop, Grad Dip Palliative Care, M Nsg, Grad Cert Health Professional Education.
Mrs Maureen Hardidge, CNC. RN, RM, Grad Dip (Pall Care), MRCNA.
Mrs Gwenneth Austin, Coordinator Chaplaincy & Pastoral Care, Div 1, GDHREd, CPE(Adv), NALAG(Counsellor).

Current Projects
- Linking the parts: articulating the role of consultant palliative care nurses in acute hospitals.
  Project overseen by Professor Margaret O’Connor, Vivien Bullwinkle Chair in Nursing, Palliative Care, Monash University.
  Data collection undertaken by Palliative Care Clinical Nurse Consultants from Melbourne metropolitan hospitals to provide evidence and clarification of the CNC role to increase understanding and provide evidence on the importance of the role.
  Approval was obtained from Monash University Ethics Committee prior to approval by Peninsula Health Research and Ethics Committee.
- Evaluation of the effectiveness of the Palliative Care Consultancy Service, and identification of areas of need/change.
  Mrs Maureen Hardidge
  Ms Raelene Rees
  Dr Brian McDonald.

The aim was to ascertain the perception of Palliative Care by medical and nursing colleagues, and the role of the Consultancy Service within the Network.

The results are being used to plan the future direction of education for both medical and nursing staff within the health service.

Presentations
Rees R. Models of Care: The Triangle of Care, presented at Strengthening Palliative Care in Victoria, Gippsland, November 2004.
Poster presentation in conjunction with Peninsula Health Palliative Care Unit Nurse Manager, and the CNC, Peninsula Hospice Service. Strengthening Palliative Care in Victoria, Gippsland, 2004.
McDonald B. Presentation on Methadone at the ANZSPM & Hospice Conference, Auckland, November 2004.
The Pathology Department is highly regarded as a training institution for Anatomical Pathology Registrars in Victoria. Over the last three years, the department has successfully completed the training of two anatomical pathologists. Since June of last year, Dorevitch Pathology has also part-funded a new Haematology-Oncology Registrar training position at Frankston Hospital.

The Frankston Hospital Dorevitch Pathology Laboratory provides pathology services for Peninsula Health, including Frankston and Rosebud Hospitals, Mt Eliza Centre, and related aged care facilities and for General Practitioners and Specialists in the area.

The Laboratory offers services in all pathology disciplines including biochemistry, microbiology, virology, serology, histopathology, haematology, cytology and immunology.

The Laboratory continues to meet the requirements for laboratory accreditation by the National Association of Testing Authorities Australia (NATA). This ensures quality compliance across all functions of the Laboratory and strives for continual improvement.

Dorevitch Pathology is involved in education and training, being accredited for training of anatomical pathologists and medical students, and providing in-service training for hospital staff, and work placements for TAFE and secondary school students.

Members

Director - Dr Jill Pollard, MM BS, FRCPA, MIAC, PhC
Dr Phillip Kostos, MM BS, FRCPA, MIAC
Dr Cleve Magree, MB BS, FRCPA
Dr John Catalano, MB BS, FRAC, FRCPA
Dr Sheena Broughton, MB ChB, MRCP (UK), FRCPath
Dr Chandrika Perera MB BS, PhD, Dip Bact, MD, FRCPA
Laboratory Manager - Ms Jenny Couper, BSc (Hons), MBA.

Research Interests and Future Directions

- Cytology, particularly fine needle aspiration cytology
- Oncological pathology
- Respiratory Pathology
- Thyroid Pathology
- Haematologic Oncology
- Antimicrobial prescribing
- Haematologic morphology.

Current Projects

- Victorian Quality Council Hand Hygiene Project.

Dr Sheena Broughton, Ms Sue Draycott.

Peninsula Health was chosen as one of six pilot hospitals in Victoria to introduce a new alcohol/chlorhexidine handrub for use by staff during routine patient care.

While handwashing is widely known to be one of the most important measures to minimise the risk of patients acquiring infections, sustained changes in improved compliance have been difficult to achieve.

The provision of a quick, effective hand cleaning agent at the bedside, together with a campaign of education to encourage and support staff in its use, has been shown to improve rates of hand hygiene and reduce hospital acquired infections.

- Dr John Catalano is continuing his role as Principal Investigator in three international randomised clinical studies in multiple myeloma and chronic lymphocytic leukemia as well as co-investigator on several other national and international studies.

Financial Support and Research Grants

Victorian Quality Council - Hand Hygiene project.
The Psychiatric Services’ research activity has been led by Specialist Psychiatrists with specific research interests and the Chief Nursing Officer, who leads the Nursing, Education and Quality Improvement Program. This program continues to be active in identifying and evaluating training and educational needs in clinical areas. The department has also recently employed a Research Coordinator to assist in the development and maintenance of research programs within Psychiatric Services.

The Service continues its active quality improvement processes led by the Quality Coordinator.

Psychiatry trainees are involved in a Masters program in Medicine in addition to the training program of the RANZCP.

**Members**

Director of Psychiatry  
Dr. Richard Newton, MRCPsych, MB ChB (Edin), FRANZCP, Senior Lecturer  
Director of Aged Psychiatry  
Dr. Stephen Macfarlane, MBBS, FRANZCP  
Chief Nursing Officer  
Barbara Keeble-Devlin, RPN, BAppSc, DipAppSciPsychNurse, MEd  
Research Coordinator  
Executive Project Officer – Quality  
Gayle Reid RN.  
Linda Byrne, B.App.Sc. B.Sc.(hons).

### Research Interests and Future Directions

- Clinical Supervision
- Weight management and antipsychotics
- Efficacy of pharmaceutical treatment of Bipolar Disorder
- Delirium and cholinesterase inhibitors
- Psychiatric Nurse Practitioners
- Cognitive Behaviour Therapy
- Eating Disorders
- Quality management and clinical documentation
- Psychosis and cognitive functioning.

### Current Projects

- **Olanzapine plus Carbamazepine versus Carbamazepine alone in the treatment of manic or mixed episodes associated with Bipolar I Disorder.**

  Principal Investigator: Dr. Richard Newton, Associate Investigator: Dr. Lucinda Smith, Research Coordinator: Ms. Linda Byrne.

  Psychiatric Services at Frankston Hospital is part of a multi-centre randomised, double-blind study investigating the efficacy and side-effects of combining the Olanzapine with Carbamazepine versus Carbamazepine alone in the treatment of Bipolar Disorder. RANZCP Clinical Practice Guidelines (Mitchell et. al., 2003) recommend combination therapy in treatment of acute mania in Bipolar disorder. As such, the concomitant use of Olanzapine and Carbamazepine are likely to occur in clinical practice. The purpose of the trial is to determine:

1. Whether Olanzapine and Carbamazepine taken together work better than carbamazepine taken alone.
2. Whether Olanzapine and Carbamazepine taken together can help patients with bipolar disorder.
3. The safety of Olanzapine and Carbamazepine taken together.

This trial is currently in the recruitment stage. It will monitor participants symptoms and general health closely for a period of approximately 26 weeks. Results of this study will be known in approximately two years.

### Presentations


### Publications

Newton R, Basset S and Higgins S. *Nutritional intervention to prevent weight gain associated with*


Financial Support and Research Grants

Olanzapine plus Carbamazepine versus Carbamazepine alone in the treatment of manic or mixed episodes associated with Bipolar I Disorder; sponsored by Eli Lilly & Coordinator.

Dr Steve Macfarlane joined Peninsula Health as an Intern in 1992. He has been a specialist psychiatrist with the health service since 2003 and Director of Aged Psychiatry since 2004. Dr Macfarlane is an Honorary Lecturer at both Monash and Melbourne Universities and held an appointment as Visiting Clinical Research Fellow at the Mental Health Research Institute (MHRI) of Victoria between 1999 and 2005. Dr Macfarlane’s most recent research activity has been in collaboration with Professor Daniel O’Connor of Monash University, examining the effects of electroconvulsive therapy on the memory of older adults. Dr Macfarlane has an active interest in Alzheimer’s Disease and has been shown, in transgenic animal studies and human brain in-vitro studies, to dissolve the amyloid plaques that characterise the disease pathologically. This study was published in the prestigious neuroscience journal Neurology in 2002.

Dr Macfarlane graduated from Monash Medical School in 1991 and was awarded FRANZCP in 2003. He will shortly receive his certificate of advanced training in the psychiatry of old age from the RANZCP. He is a College supervisor for the Royal Australian and New Zealand College of Psychiatrists, and has lectured to students, general practitioners and fellow psychiatrists on topics as diverse as Alzheimer’s Disease and Psychiatry in the Cinema.
The Frankston Hospital Radiology Department provides a comprehensive service to the people of the Mornington Peninsula including Radiography, Ultrasound with Doppler, Digital Fluoroscopy, Computed Tomography (CT), Nuclear Medicine, Magnetic Resonance Imaging (MRI) and Interventional Radiology.

In 2004/05, 65,330 imaging procedures were performed. A significant amount of the department’s workload is in supporting the emergency department, surgical imaging, and musculoskeletal, oncological and neurological services but all facets of modern radiology practice are covered.

The Department is currently undergoing a major refurbishment, which is expected to be completed by August 2006.

Frankston Hospital has also indicated interest in the Department of Human Services (DHS)/Picture Archive and Communications System (PACS) project which will involve the digitisation of all Radiology images and make these available online to all clinical sites throughout Peninsula Health.

This will greatly facilitate clinical education and research. Software specifications will include research tools and statistical analysis.

Members

Director of Radiology - Dr Chris O’Donnell, MB BS, FRANZCR, M Med

Visiting Specialist Radiologists:
- Dr Paul Menssink MB ChB, FRANZCR
- Dr Mark Percy MB ChB, FRANZCR
- Dr Basil Sher MB ChB, FFrad
- Dr John Waugh MB ChB, FRANZCR, RCRL
- Dr. Richard Farris MB, FRANZCR
- Dr. Andrew Watson MB, FRANZCR, ANZAPNM, UK Spec R.

Research Interests and Future Directions

Dr Chris O’Donnell has a specific interest in forensic imaging. He recently completed a two-year postgraduate diploma in forensic medicine at Monash University and is currently completing a Master of Forensic Medicine thesis. His major focus is on the application of modern imaging to the forensic environment including the concept of ‘virtual autopsy’.

Current Projects

Members of Radiology staff have been interviewed for a PhD research study titled:

An evaluation of health information systems security in care environments: Towards modelling an Australian health information systems security matrix integrating standards and legal frameworks.
The Department of Thoracic Medicine is a relatively small but very active unit, consisting of three respiratory physicians, together with a support crew of four respiratory scientists, four sleep scientists and two specialist nurses.

The Department has two main areas of interest – not only does it deal with patients with lung diseases, but also those with breathing problems overnight predominately Obstructive Sleep Apnoea.

The physicians care for those patients who are acutely unwell in the hospital or see patients in the outpatient department. The lung function laboratory staff test people with known lung disease assessing progression of disease or response to treatment or those with respiratory symptoms, in order to assess the presence and severity of impairment. The laboratories are situated in Frankston and Rosebud Hospitals, and together, more than 3,000 tests are performed each year.

Patients are referred to the Sleep Laboratory if there is any suggestion of Sleep Disordered Breathing on taking a history. In the Sleep Laboratory, these patients are monitored overnight to determine if a disease such as Obstructive Sleep Apnoea is present and its severity.

The Department also provides and assesses treatment for those with severe disease, or for those who are very symptomatic.

In addition to performing more than 700 sleep studies a year, another important part of the work at the Sleep Laboratory is providing an excellent and supportive environment for those starting therapy, and so a daytime clinic also operates from the Sleep Laboratory, twice a week.

The Department’s respiratory nurses help people, usually outpatients, with both asthma and emphysema, by increasing the patient’s understanding of their disease and assisting them in improving their health and quality of life in the community.

Education sessions and support for the Peninsula’s Pulmonary Rehabilitation Programs are also provided. The nurses are very busy, also managing many of the research programs that pass through the Department.

Members

Head of Unit.
Associate Professor David Langton MB BS(Hons), MRACMA, FCCP, FRACP
Dr Gary Braun MB BS, FRACP
Dr Nicholas Manolitsas MB BS(Hons), FRACP
Julie Sharp Respiratory Nurse
Consultant
Rita Coffey Asthma Educator
Van Le Blanc Senior Respiratory Scientist.

Research Interests and Future Directions

- Pharmaceutical trials of novel agents used in the treatment of asthma and emphysema.
- Epidemiological survey of home oxygen recipients on the Mornington Peninsula.

Current projects

The current research activities for Thoracic Medicine are:

- **Assessing the Berlin Questionnaire, test re-test reliability and accuracy of patient versus spouse response.**

The Berlin Questionnaire is thought to be a tool which can be used as a predictor of Obstructive Sleep Apnoea, but there has been little evaluation of its utility since it was initially published.

- **Should DLCO (Diffusion Capacity Testing) be performed pre or post bronchodilator.**

DLCO measures the gaseous exchange in the lungs. The research is looking at whether the bronchodilator response changes the result of this exchange.
Asthma study

Commencing participant recruitment for this study. This study compares two different ways of treating both the underlying asthma and its symptoms.

Complementary medicine use in hospital patients.

Oncology and preoperative patients are being surveyed to see how many use complementary medicine and if their doctor is aware.

Recently completed research projects

- Advanced Directives Survey of 23 Interns and 185 local GPs.
  This followed on from the home oxygen study undertaken the previous year.
- Updating of home oxygen recipients database to allow ongoing statistical analysis.
- Completion of a COPD study using a novel device.

Legislation in Victoria provides for three types of Advance Directive:

- Refusal of Treatment Certificate - where a patient specifies which treatment they do not wish to have.
- Enduring Power of Attorney (medical treatment) - where a patient appoints an agent, often a family member, to make decisions about medical treatment on their behalf.
- Enduring Power of Guardianship - where a patient appoints an agent to make decisions on their behalf on a wide range of issues, including medical treatment.

Patients with chronic respiratory failure have a poor long term prognosis and frequently present to hospital with an acute deterioration in a condition where they are unable to express their wishes in relation to resuscitation. The aim of this study was to evaluate the knowledge of, and attitudes towards advance directives in home oxygen dependent patients with chronic obstructive pulmonary disease (COPD).

106 eligible patients, living on the Mornington Peninsula and receiving home oxygen for COPD, participated in the survey.

The results of the survey concluded that in this group of chronically ill patients there was very little knowledge of advance directives.

Many patients felt that these documents were a good idea, and indicated they would obtain one and requested more information. This suggests that there is a great need for further education and information in this area of patient care.
Women’s Children’s and Adolescent Health is a collection of services at Frankston Hospital provided from an integrated unit which was purpose built and opened October 2002.

In 2003, Peninsula Health appointed Professor Robert Burrows as Professor Director of Women’s, Children’s and Adolescent Health. This was a joint appointment with Monash University. Professor Burrows retired in September 2005.

Women Services oversees about 1800 deliveries a year and conducts gynaecological surgery daily.

Frankston Hospital is a level two referral centre offering comprehensive pregnancy care except for neonatal intensive care. The Inpatient Unit comprises of a 25 bed integrated unit. Women Services comprises multiple outpatient clinics.

Women’s Service

Research interests are mainly focused on Women’s Health issues nationally and internationally but do not preclude studies outside of traditional spheres that also impact upon Women’s Health.

In addition, journal clubs and the teaching of Evidence Based Medicine have become regular events within this unit involving Healthcare Providers at all levels.

The Women’s Division has supported international studies, including the Term Breech Study which was initiated and run by Mr Ian McCahon.

Members

Professor Director - Professor Robert Burrows, MD, FRCS(C), FRANZCOG
Mr Graeme Atchison, MB BS, FRANZCOG, COGUS, DDU, FRCOG
Mr Geoffrey Baker, MB BS, FRANZCOG, FRCOG, FRCs (edin)
Mr Nicholas Diamond, FRANZCOG, FRCOG, MRACMA
Mr Keith How, MB BS, FRANZCOG, MRCOG
Mr Thomas Jobling, FRCOG, FRANZCOG, CGO, MD
Mr Douglas Johnson, MB BS, FRANZCOG, FRCOG
Mr David Luiz, MB Bch, FCOG(SA), MRCOG, FRANZCOG
Dr Petra Porter FRANZCOG, MBBS
Mr Ramesh Vasant MB BS, FRANZCOG, FRCOG(UK).

Nurse Managers -
Womens Inpatient Services: Kate Brown, RN, RM, GradDip CMP, MN
Acting Nurse Manager Womens Services: Della Attwood.

Children’s & Adolescent Service

The Children’s and Adolescent Unit consists of a Paediatric Ward and Special Care Nursery, with responsibilities extending to the Accident and Emergency Department and the Midwifery Unit. There are also well established links to child support and advocacy agencies based outside of the hospital setting.

Members

The Children’s and Adolescent Unit is supported by five Visiting Medical Officers who participate equally in providing rostered cover, and involvement in administrative and educational meetings, student and resident teaching.

Paediatricians -
Dr Simon Blair MB BS FRACP MRCPHC
Dr Peter Francis MB BS FRACP
Dr Hugh Kelso MBBS FRACP
Dr Ted Lowther MBBS ChB DCH FRACP
Dr Anne O’Neill MB BS FRACP.

Nurse Unit Managers -
Child and Adolescent Ward: Ms Helen Hutchins, RN
Special Care Nursery: Ms Dianne Macfarlane, RN, RM, IWC Neonatal cert, BAppSci(Nadmin), MRCNA.

Junior medical staff comprise five resident Medical Officers of at least second year experience, and one Paediatric Registrar rotated from the Royal Children’s Hospital training program. Experience is gained in hospital and community paediatrics. Fifth year medical students are rotated for four-week paediatric rotations from Monash University.
How many women who give birth at Frankston Hospital breastfeed for six months?

Principal Researchers: C Gilmour, C Moore

The World Health Organisation recommends that breast milk provides the best nutrition for human babies for the first six months of life (National Health and Medical Research Council 2003). In Victoria over the last ten years the figures have shown around 40% of mothers fully breastfeeding at six months (Australian Bureau of Statistics 2003). It is important for midwives to discover whether strategies put in place since 1999 are having an effect on increasing breast-feeding rates for babies born at Frankston Hospital.

The aims and objectives were to identify breastfeeding practices of women who delivered at Frankston Hospital and to identify areas of maternity services requiring improvement.

This exploratory study retrospectively surveyed women who gave birth at Frankston Hospital between March and July 2004. Surveys were sent out to 486 women who were identified as breast feeding on discharge from hospital when their baby was between 6 and 9 months old.

Data collection commenced in October 2004 and was completed in May 2005. The return rate was 44%. 220 women responded to the survey and the results show that 121 (55%) were still breastfeeding at six months. The average age of babies when breastfeeding was stopped was 13.3 weeks. The most common reasons for cessation of breastfeeding were: insufficient milk (45.4%), painful/damaged nipples (22.2%) and difficulties breastfeeding (15.7%). These findings demonstrate there is a need to review the education and support provided, and the manner in which it is given.
NURSING AND ALLIED HEALTH
The past year has seen a steady contribution from nurses to both nursing specific and multi-disciplinary research throughout Peninsula Health. Activity in the areas of Falls, Skin Integrity, Mental Health and Palliative Care has remained high and all nursing policies and procedures are being reviewed against current best practice.

In the current healthcare environment expectation of involvement in independent primary research by all, or even a majority of, nurses is unrealistic. All nurses however, need to be aware of the available evidence which impacts on their practice, have the skills and experience to critically review the findings and to decide whether the findings should be applied to their own clinical practice.

The coming year will see an increased focus on education of our clinical nurses to critically appraise available evidence for its application to their practice.

Our partnerships with Monash University, Peninsula Hospice and Royal District Nursing Service in supporting the Vivian Bullwinkel Chair in Nursing, Palliative Care School of Nursing & Midwifery, Monash University has been extremely valuable thanks to the support and contribution of Professor Margaret O’Connor.

### Members

**Head of Nursing Research**

Executive Director of Nursing - Elizabeth Wilson, RN CTCert DipHNUM BAAppSci(N Admin) MHA FRCNA

Jan Child, RN GradDip (Behavioural Sc) GradDipHlthAdmin

Carol Gilmour, RN RM BAAppSci (Nsg) MNsg GradCertHigherEd MRCNA


Barbara Keeble-Devlin, RN DipAppSci AdvPsychNs) BAAppSci (Adv Nsg) MEd St. FRCNA MANZCMHN


### Current Projects

#### Nurse Education

**Women’s Services**

- **How many women who give birth at Frankston Hospital breastfeed for six months?**

  Principal Researchers: Carole Gilmour, Midwifery Educator Christine Moore, Midwife, Lactation Consultant.

  This exploratory study retrospectively surveyed women who gave birth at Frankston Hospital between March and July 2004. Surveys were sent out to 456 women who were identified as breast feeding on discharge from hospital when their baby was between six and nine months old. Data collection commenced in October 2004 and was completed in May 2005. The return rate was 44%. (See research snapshot).

#### Palliative Care

- **Enhancing staff and family communication in palliative care.**

  Principal Researchers: Margaret O’Connor, Susan Lee, Louise Peters and Helen Wearn.

  The Palliative Care Unit is involved in this project in conjunction with Monash University. There has been one staff focus group, and Helen Wearn is in the process of identifying some families for the next step.

- **Nurses’ attitudes to research.**

  Principal Researcher: Margaret O’Connor.

  Project completed, publications underway.

- **Linking the parts: Palliative care nurse consultants in acute hospitals.**

  Principal Researcher: Margaret O’Connor.
Intensive Care Unit

- A Comparison of high flow nasal oxygen and high flow face masks post extubation.

Researchers: Nina Fowler, David Lewis, Ian Kenny

A randomised cross over study examining the effectiveness of high flow oxygen delivery utilising a face mask or nasal interface.

- Intensive Care nurses’ knowledge of arterial pressure monitoring.

Researchers: David Lewis, Nina Fowler.

The purpose of this project is to review the knowledge of arterial pressure monitoring held by Intensive Care nurses and to ascertain if there is a knowledge deficit. A survey is to be conducted amongst Registered Nurses employed in the Intensive Care Unit at Frankston Hospital assessing knowledge or arterial pressure monitoring.

Psychiatric Unit

- Psychiatry responds to emergency demand and management: an innovative project.

Principal Researcher: Royce Bennett.

The project includes an educational program offering one week attachment for ED nurses in the local Crisis Assessment and Treatment Service (CATS).

Future Research Projects

- The clinical impact of the Australasian triage score on nursing observations in five Victorian metropolitan hospitals.

Dr J Lyneham, Professor W Cross, Mrs M Habner, Mrs S Jones.

We are currently awaiting the outcome of an ARC Linkage Grant application to fund the project. The aims of this project are to identify current nursing practice in relation to the frequency and nature of observations after a triage category is assigned and to develop and test practice guidelines. This will be a collaborative research project (Monash University, Southern Health and Peninsula Health) which will lead to the development of nursing practice guidelines that will facilitate a reduction of the risk of adverse outcomes in the Emergency Department and provide a clinical pathway based on patient acuity and triage category.

Student Research


- Cass B. B Nursing (Hons) completed December 2004. The experience of patients receiving home-based palliative care deciding to go to hospital emergency department.

Publications


Presentations

- Wearne H. Research in a specialist palliative care unit. International Palliative Care Nursing Research Conference, June 2004. (The full paper has been published on CD Rom and distributed to all participants).

Wearne H. *Triangle of care - a model in action.* Poster Presentation at the Palliative Care Victoria Conference in November 2004. (This was a joint project with Peninsula Hospice Service, RDNS, and Peninsula Health’s Consultancy Service).


Habner M. *Clinical supervision – what a good idea,* Cape Schanck, 2nd Clinical Supervision Conference, April 2005.


Bennett R. *Psychiatry responds to emergency demand and management: an innovative project.* A&NZ College of Mental Health Nurses Winter Symposium, Cairns, July 2004.


Hill S and Boyte A. *Division 2 Perceptors.* Conference presentation.

Woods P. *HDU to AMA; an adult acute unit’s journey to best practice.*


Brown S and Smith J. *Walking groups to improve physical health in psychiatric community care units.* Conference presentation.


Profile: Helen Wearne - Palliative Care

Palliative Care Nurse Unit Manager, Helen Wearne, is a member of the Vivian Bullwinkel Chair of Palliative Care Nursing Advisory Committee.

Ms Wearne attended a two day workshop in January, as part of a working group developing Palliative Care Research priorities for the remainder of the Chairs’ tenure.

Ms Wearne also presented a conference paper at an International Palliative Care Nursing Research Conference in June 2004 entitled Research in a specialist palliative care unit.

The full paper has been published on CD Rom and distributed to all participants.

A current research proposal that she is providing reference for is entitled End of life care: A study of the palliative care needs of veterans to improve their dying. This project will be carried out by Ms Beverly Bird from Monash University.

Ms Wearne says her role as nurse unit manager in Palliative Care is interesting and fulfilling.

“There are lots of clinical quality improvements happening - particularly relating to pain and symptom management and oral hygiene in the unit,” she said.

Ms Wearne is currently developing an application for the Vivian Bullwinkel Scholarship, in order to investigate the role of the Nurse Unit Manager - the impact of an increasing business focus in the absence of an alternative overall nursing clinical leadership role in clinical areas.

Profile:
Helen Wearne - Palliative Care


The Peninsula Complex Care Program (PCCP) is funded through the Hospital Admission Risk Program (HARP) a component of the Department of Human Services Hospital Demand Management (HDM) Strategy. HARP is fundamentally looking at the best way to change the health system so that it efficiently and effectively meets the needs of clients.

A number of projects have been funded across Peninsula Health by HARP to implement new services, based on action research methodology, to test and trial new ways of providing care to clients with chronic diseases or complex needs, who are at high risk of needing to be hospitalised.

Peninsula Health projects have performed very well as indicated in the reports by Bearing Point, the external evaluators of the program. All projects were required to submit detailed reports on a six monthly basis to detail the clinical throughput and outcomes being achieved.

The HARP projects reviewed that are part of the PCCP were:
- Self-managing chronic cardiac failure
- Diabetes disease management
- Coordination between psychiatric services (includes Drug and Alcohol Hospital Liaison)
- Complex Care Program.

The following evaluation results are based on the report submitted in February 2005 for the reporting period of July 2004 – December 2004. Projects were awarded a star rating based on a standard set of criteria including Emergency Department (ED) focus, impact on demand, impact on health status, contribution to proactive management and staff patient ratios.

A Single star, the lowest rating indicates the program needs close examination. No Peninsula Health projects were rated at single star.

A Double star means progressing well but with issues. This applied to three Peninsula Health projects including these PCCP projects:
- **Diabetes disease management.**
  The combination of low referral rates from ED and low participation rate amongst GPs suggests that the project still needs to consolidate its operational model.
- **Complex Care Program.**
  At the point of evaluation Complex Care had been working with clients for two months. It was identified that the project was still developing. The following results were recently identified:
  
  - Clients who predominantly present to the Frankston Emergency Department have received support from the Complex needs stream, Chronic Respiratory stream and Drug and Alcohol community liaison stream of the program. A snapshot of 51 people who had initial contact with the program between November 2004 and February 2005 was reviewed. Hospital utilisation for these people has been measured for the 6 months pre and the 6 months post intervention. Data analysis has identified that there has been a 23% reduction in ED presentations; 42% reduction in inpatient (IP) admissions, 57% reduction in IP bed days; and a 40% reduction in average length of stay.
  
  - Data analysis for a similar group of clients (17 total) who predominantly present to the Rosebud emergency department, demonstrated a 49% reduction in ED presentations, 60% reduction in IP admissions, 70% reduction in bed days and 24% reduction in average length of stay.
  
  - A Triple star indicates the program is performing well. This applied to four Peninsula Health projects, including these PCCP projects:
  - **Self-managing chronic cardiac failure.**
  - **Coordination between psychiatric services (includes Drug and Alcohol Hospital Liaison).**

**Research Conducted**

- Monitoring of client quality of life using the CDS (Cardiac Depression Scale - used for chronic heart failure (CHF) clients) and the SF12 (Short Form 12 - used for Diabetes clients up until November 2004).
- Monitoring of client use of hospital services over time.
- Monitoring of clinical indicators (HbA1C for diabetes clients, functional capacity for CHF clients).
- Monitoring of client and carer satisfaction.
A trial was conducted to determine if further care coordination and support was required by clients out of normal business hours regarding their diabetes management. The diabetes weekend on call trial was a proactive service aimed at reducing client presentation to ED by offering the option of calling the ‘on call’ Diabetes Educator to discuss clinical signs and symptoms. Although there were good outcomes over the three month trial, there was insufficient demand to warrant ongoing funding of the service.

Future Research

- Have started using the AQoL (Assessment of Quality of Life) for all clients except the CHF group. We hope to gain access to the software to enable project staff to complete comparison of pre and post data scores.
- Have started using the HEI-Q (Health Education Impact Questionnaire) to evaluate the CHF rehabilitation program and will use ongoing data from clients to tailor the program to best meet client needs.
- Have commenced, in partnership with Community Health staff, to run the Better Health Self Management course for clients (which is evaluated using the HEI-Q) to attempt to offer a proactive community based service to assist clients to better learn how to live with and self manage their chronic health condition.
- Have commenced, in partnership with the Emergency Departments at Frankston and Rosebud, developing Emergency Management Plans for clients who frequently present to the ED. In future we would hope to evaluate both client satisfaction with the development of a standardised response to their care as well as ED staff satisfaction with having access to a summary of the client’s health needs and suggested ED management.

Plan to work collaboratively with the Mornington Peninsula Division of General Practice and other Diabetes Education services to encourage best practice management of clients with Diabetes – looking particularly at ways to enhance the uptake of self management strategies across the continuum of care.

Following announcement of 2005-2006 funding from DHS, further expansion of the program will occur. The program is now part of the Victorian Chronic and Complex Care Program - a mainstream DHS funded service.

Members

Fiona Turner – Program Manager (OT)
Nicole Romney – Project Officer (RN)
Gay Taylor – Administration Assistant
Griet Hofer – CHF Case Manager (RN)
Judith Grant – CHF Case Manager (RN)
Peter Blewitt – Pharmacist
Rhamba Thoman – Physiotherapist
Naomi Kubina – Dietician
Sofia Khouw – Psychologist
Billy Bentley – D&A Hospital Liaison (RN)
Dellie McKenzie – Community D&A Liaison (RN)
Debbie Distefano – Care Coordinator (RN Diabetes Educator)
Jill Colson - Care Coordinator (RN Diabetes Educator)
Bill Faulkner – Complex Care Coordinator (RN)
Jill Gurney – Complex Care Coordinator (RN).
Information Management at Peninsula Health is comprised of four entities: Health Information Services; Computer Services; Management Information Services and Clinical Informatics Support. Working in concert, these services strive for excellence in the provision of high-level patient care. In support of the Peninsula Health’s vision, Information Management works cooperatively both interdepartmentally and externally to maintain a flexible and responsive attitude towards service provision.

The provision of a range of Computer and Information Technology tools by the Department assists staff of Peninsula Health to work more effectively and increase productivity, with the ultimate goal of providing better health care. The Department works collaboratively with health executives, managers, clinicians and IT technical staff to meet the information needs of clinicians in the provision of this care.

The Department also provides consumers with better access to information about their health care whilst ensuring direction over security and privacy issues. A key focus of technology development at Peninsula Health is the provision of infrastructure to link all parts of Peninsula Health to achieve better integration of services both internally and externally. Staff deliver enterprise-wide training and education for the health network to enable the use of information technology as a core component of decision making in clinical practice. As part of this commitment to education and research, a number of staff members hold Honorary teaching positions with the Faculty of Medicine, Nursing and Allied Health Sciences at Monash University.

The availability of high quality clinical data via integrated information systems, coupled with highly trained, information literate staff, will ensure an increase in the research quantum delivered by Peninsula Health into the future.

Members

Director - Information Management
Brendon Gardner, BAppSc MRA MHA
UNSW
Manager, Health Information Services
Emelia Pezzi, BAppSc HIM
Manager, Information Technology and Telecommunications
Eric Aspinall, HND (Business Studies)
MACS
Manager, Management Information Services
Dean Athan, BSc BEc DipBA
Manager, Clinical Informatics
Bob Ribbons, RN ICCert BAppSc (Nur)
MEd (Computing) FACHI
Applications Specialists
Kate Allan, RN BNurs GradDipEd & Career Devlpmt
Helen Roper, RN BAppSc (Nur)
Project Manager Patient/Client Management Systems
Anne Roman, BAppSc HIM.

Research Interests and Future Directions

Research interests include:

- Improving patient/client care through appropriate and timely use of clinical data.
- Use of data mining techniques to examine trends in clinical care.
- Development of clinical information tools to support innovation in health service delivery.

Future Directions include:

- Improved Clinician System Access and enhanced Patient Entertainment Systems that deliver computer hardware to the patient’s bedside.
- These systems will provide clinical users with point of care information access whilst delivering telephone, TV, Video, Internet, patient information and education to patients.
- Implementation of electronic medication management system as part of Peninsula Health’s Clinical Information System. This will significantly improve patient care by reducing the incidence of medication errors.
- On-line reporting utilising the latest Microsoft software.
- Biometric user identification. The use of biometrics (finger-print scanning) will provide clinicians with faster access to clinical information whilst improving system security.

Presentations


Allan K, Roper H and Ribbons R. Using electronic prescribing and point of care technology to achieve a safer
Electronic prescribing systems have been in use since the mid 1980s. However, there has been little, if any, work done in Australian hospital settings to determine the effects of such systems on medication error and adverse drug event rates. Comparative research by Peninsula Health and Northeast Health, Wangaratta has revealed important lessons in the development and implementation of e-prescribing systems in Victorian hospitals. In fact, Peninsula Health and Wangaratta hospital are two of only a handful of hospitals in this country who are addressing issues related to e-prescribing and electronic medication management.

The project compared the implementation of an inpatient e-prescribing system in a Victorian rural base hospital with that of a similar project at Peninsula Health. E-prescribing in both hospitals was implemented in one acute and one sub acute ward.

In general, findings from each of the projects support the current literature in terms of medication error reduction. Clinical and organisational barriers to implementing e-prescribing together with technical, environmental and process issues were clearly revealed during the projects. Despite having some limitations in the acute wards, the project was overwhelmingly successful in the two sub-acute areas. A reduction of around 19% in medication error rates has been achieved using e-prescribing and the number of pharmacy callbacks has been reduced by 17% (Lam, 2003).

The project highlighted the complexity and resource intensive nature of implementing an inpatient e-prescribing system.

The implementation of the systems in acute care areas requires a meticulous approach to technical, cultural, environmental and process issues. Given these challenges, it is most rewarding for the Clinical Information Systems and Computer Services teams to have been able to extend this technology to all five wards at Mt Eliza Centre and Golf Links Road. e-prescribing in these wards is now an accepted part of clinical practice, offering improvements in patient care and safety.
All Dietitians working at Peninsula Health are qualified as Accredited Practising Dietitians.

Dietitians are essential members of the health team who create strategies to enable clients to achieve their food and nutrition related goals using evidence based medicine. They assess the nutritional needs of patients, plan appropriate diets and educate patients and their families. Dietitians also consult with the Food Services Department.

For inpatients, Clinical Dietitians identify nutrition problems, assess nutritional status, develop care plans and monitor the effectiveness of dietary changes. They specialise in weight management, diabetes, heart disease, cancer, children and infants, aged care, gastrointestinal disorders, artificial feeding, eating disorders, other special medical needs and medical nutrition therapy.

Dietitians offer Outpatients and Community Rehabilitation Centres nutrition programs and healthy eating resources. They work with individuals, groups and communities in order to improve clients’ nutritional well being, prevent disease, increase access to healthy food and enhance personal control of health. Dietitians also manage patients at home requiring home enteral nutrition.

**Members**

Head of Unit – Marlis Gelsheimer, MSc, APD
Acute Program Coordinator – Helen Stratmann, Master Nutrition (Research), APD
RAPCS Program Coordinator – Raisa Shaikh, B.Sc (Nutr. & Diet), APD
Andrea Bramley, BSc, MND, APD
Lisa Schneider B. App. Sci (HM, Nutr.), MND, APD
Dietitian – Kathy Wheatland, APD.

**Research Interests and Future Directions**

- Controlling weight gain associated with atypical antipsychotic medications.
- Reducing fasting times for elective and ward surgical patients and improving outcome by giving a high carbohydrate drink and standardising practices including pre-operative diet and fluids and nutrition advice.
- Malnutrition prevalence, screening and diagnosing, and determining outcomes and revenue.
- Specialised supplementation to improve wound healing in select patients.
- Outcome based intervention. Reducing fasting times post-operatively for colo-rectal patients, by early feeding, modifying pain control and early mobilisation.
- Benchmarking nutrition practices.
- Participation in multicentre randomised control trials focusing on enteral nutrition in the critically ill.

**Publications**


**Presentations**

Dietitians Association of Australia 23rd National Conference, Perth, May 2005:

- Schneider L, Turnbull F. Evaluating the effectiveness of dietetic intervention in the chemotherapy day unit. (Poster).
- Evans S. An overview of international interventions to address weight gain in mental illness: Dietitians can make a difference. (Oral).
Early feeding after colorectal surgery

The aim of this project was to examine the hypothesis that early feeding in patients after colorectal surgery in combination with currently used analgesia and early mobilisation will result in earlier hospital discharge and improved nutritional intake.

Ten patients undergoing colorectal surgery at Peninsula Health were asked to participate in the project. Five patients received a nasojejunal tube in theatre for jejunal feeding within 24 hours of their procedure (enteral group), and five patients received clear fluids from 4 hours post-operatively and full ward diet from post-operative day one (oral group). A protocol of strict antiemetics reduced opioid analgesia and early mobilisation was also followed.

Length of stay, weight, estimated daily nutritional intake, nausea and vomiting, time to flatus and first bowel motion, infection and unexpected ICU admission or death were recorded.

Seven patients completed the trial; two failed nasojejunal insertions and one was a complicated surgery, leading to nasogastric tube placement for gastric decompression and a failure to commence oral diet within 24 hours, with no adverse effects observed. Average length of stay was lower in the oral group (5.5 days compared to 10.7 days), and bowel motions occurred 2.7 days earlier in the oral group compared to the enteral group. Patients in the oral group consumed greater than 75% of their estimated energy and protein requirements by the fourth postoperative day, compared to day five in the enteral group. Rates of infection, nausea and vomiting and weight were not affected by the project.

Early feeding after colorectal surgery was shown to be safe and effective in promoting adequate oral intake and early hospital discharge, without causing any adverse effects.
Occupational Therapy (OT) enables people to retain or regain function in their daily activities and occupations despite impairments, disabilities or handicaps which limit activity, participation or pose risks to their well being.

In Peninsula Health, more than 60 Occupational Therapists are employed across the acute, sub acute, residential care, mental health, domiciliary care, and community health services.

In the past year, a number of significant strategies have been put in place to ensure that continuous quality improvement is embedded into clinical care:

- A range of Quality Improvement Teams have been formed addressing areas of specific clinical practice, to ensure evidence based practice principles are applied;
- The supervision framework has been strengthened with the inclusion of Grade 1 competencies standards, and new documentation to ensure educational, professional development and clinical skills training are fully explored on a monthly basis;
- Clinical Guidelines have been developed for all areas within acute and sub acute services;
- An EQuIP Committee, with representatives from all sites/services meets monthly to monitor, coordinate and disseminate the findings of all quality activities within the department.

To date the committee has overseen more than 120 individual activities.

**Members**

Director, Occupational Therapy
Kate MacRae, Dip OT (Edin) AFCHSE
OT Research Committee:
Sheila Baker, Bsc PsyHons BAppSc OT
MSc OT
Deidre Burgess, BAppSci MA OT Grad
Cert Palliative Care & Allied Health,
Grad Dip Pastoral Counselling
Josephine Chow, Dip Occ Therapy (NZ)
Alison Closter, BAppSc OT
Sue Davies, BAppSc OT Grad Dip
Counselling
Annette Leong, AAppSc OT FLM Dip
Business.

**Research Interests and Future Directions**

- Introduction of competency based learning units into the department.

  The role of the current OT education committee, which organises the calendar of professional development sessions, will be expanded to include the development and delivery of competency based learning units. This will involve the up-skilling of committee members to Certificate IV in Workplace Assessor training.

- Adoption of outcome measures for all home assessments.

  An evaluation of existing outcome measures will be conducted and the adoption of a validated tool will be trialled.

- Palliative Rehabilitation Project.

  A search has shown the paucity of documented practice/evidence in this field. A trial programme will be developed to address the multi-dimensional facets of cancer related fatigue in the palliative stage of the disease trajectory.

- Further evaluation of implementation and compliance of clinical guidelines for hands/plastics.

  The clinical guidelines for hands/plastics, developed by the OT Upper Limb Quality Improvement Team, will be reviewed annually against current research and compared with other hand therapy practices nationally and internationally, to establish benchmarks. In addition, outcomes will be measured to establish benefits of changed practise for patients.

- Lymphoedema.

  A study will be conducted into patient responses to quality of life questionnaires and evaluate practitioner input into patient wellbeing and lifestyle.

- Activity and Lifestyle Program for residential care.

  An evaluation of the existing service, including benchmarking against local residential care providers and a literature review will occur, and the service developed to
meet industry best practice, and incorporate evidence based programming elements.

Current Projects

- **Occupational therapy home assessments in oncology and palliative care.**

  **Purpose:** To examine the practise of Occupational Therapy Home Assessment in the field of oncology and palliative care. The researchers are seeking to define the nature, absolute time requirements and outcomes of Home Assessment.

  Information gathered will be used by managers to support staffing submissions, as well as aid the development of Key Performance Indicators for home assessment.

  **Principal researcher:** Elizabeth Pearson
  Peter Mac Callum Cancer Centre.

  **Participants:** Occupational Therapists in Oncology and Palliative care special interest group together with other occupational therapists working in the area.

  **Peninsula Health Occupational Therapists involved:** Deidre Burgess, Sue Davies and Rebekah Beard.

  **Launched:** 11 May 2005.

  **Procedure:** 12-15 occupational therapists will take part in the project. Data collection will take four months. Data collection will take place on a form which has been trialled at Peter Mac Callum. Each therapist will complete a minimum of five and a maximum of 10 consecutive data collection forms (5-10 home assessments) over a four month period. The forms will be coded for the researcher to use at a later date, to compare interventions and outcomes with level of experience and to enable comparisons between organisations.

  The form is a single sheet of paper which has details of reason for visit, diagnosis, ECOG status, age of patient, type of intervention, goals and equipment/home modifications recommended.

  **Results:** The researchers are anticipating presenting some of the results at the World Federation Congress of Occupational Therapists in Sydney 2006. Participants will receive updates from the minutes of the OT’s in Oncology and Palliative care Special Interest Group (AAOT Vic).

  This exciting project is only just beginning. Peninsula Health therapists look forward to working with health service colleagues.

- **Occupational Therapy and Physiotherapy departments Frankston Hospital.**

  **Purpose:** To examine the appropriateness of the introduction of a checklist, completed with patients receiving elective hip or knee replacement surgery, from information gathered by physiotherapy and occupational therapy staff at pre-admission clinic. The researchers are seeking to establish the accuracy of a pre-admission checklist in predicting discharge destinations post surgery.

  The aim is to eventually be able to plan and prepare for smoother, more efficient team discharge planning. Information gathered will be analysed following the completion of 50 discharge planning checklists, and will be used to establish future pre-admission, allied health, orthopaedic protocols.

  **Principal Peninsula Health researchers:**
  Anna Meadows (OT), Haria Lambrou (Physiotherapy).

  **Participants:** Orthopaedic occupational therapists and physiotherapists.

  **Commencement date:** March 2005.

  **Procedure:** Two occupational therapists and two physiotherapists will take part in the project. Data collection will continue until 50 discharge planning checklists have been completed. Data collection will take place on a form which has developed by the Peninsula Health orthopaedic physiotherapists and occupational therapists.
Therapists attending weekly orthopaedic pre-admission clinics will complete the survey predicting a discharge destination post surgery, and therapists on the orthopaedic ward will negotiate who is responsible for completing the actual discharge destination details on an individual basis.

The forms will be analysed for accuracy after 3 months and adjusted as appropriate. Data collected before any changes to the form will be altered accordingly to ensure consistency of information.

The form is a single sheet of paper which includes the date of pre-admission clinic assessment, date of elective surgery, diagnosis/surgery to be undertaken, general health, age, continence, mobility- gait aid and endurance, residence, carer support, patient expectations and therapist’s comments. Discharge destinations are predicted via scores from checklist results. Actual discharge destinations are included and comments clarifying possible reasons for any variance between predicted and actual discharge destinations. Discharge dates are also included.

Results: The researchers are anticipating presenting the results and the relevance to team discharge planning to the orthopaedic team.
A recent audit on practitioner compliance was completed October 2004 and audit completed March 2005.

The review process is currently being refined, and a future audit on patient outcome on length of treatment, movement, strength and function will be further investigated.

It is anticipated that the completed project will be benchmarked with other facilities across the state and Australia.

The project will also be presented to allied health colleagues across a number of various forums (October 2005).

Presentations


Research Snapshot

An evaluation of the impact of increased Occupational Therapy servicing to Mt Eliza patients.

Principal Investigator: C Wells-Hawker
Supervisor: A Petelin-Toal

The addition of a full-time Occupational Therapist to Ward 1, Mt Eliza Centre for a six month period, reduced the therapist: patient ratio from 1:24 to 1:18. The specific intention was to provide evidence-based active rehabilitation to patients with the admission diagnosis of CVA/TIA.

It was anticipated that there would be functional gains made across a range of outcomes, which would provide a basis on which to plan future services.

A three month retrospective review was completed of 10 CVA/TIA patients to provide comparative data. Medical records of patients admitted between October 2004 and December 2004 with a primary diagnosis of CVA or TIA were retrieved. Information pertaining to length of stay, discharge destination, Barthel scores at time of admission and discharge and support services organised, was weighted according to possible outcomes, and patient outcomes were then scored.

The intake of patients admitted to wards 1, 4 and 5 with an admission diagnosis of CVA or TIA occurred between 4 April and 29 April. This allowed for six weeks of rehabilitation after the end date for intake on 29 April.

A total of 10 patients were included during this period of intake. Patients were checked against the inclusion criteria.

When all criteria were met, the patient was included for the intensive rehabilitation program.

All information pertaining to the outcome measures was recorded at time of admission, and discharge.
The Pharmacy service provides a comprehensive range of clinical, supply and information services to all sites within Peninsula Health. Four Pharmacy Departments are located at Frankston Hospital, Mt Eliza Centre, Golf Links Road and Rosebud Hospital. In addition, there are three satellite pharmacies at Frankston Hospital on the 4th and 5th floors and Psychiatry ward.

Pharmacy services include: the purchase and supply of all pharmaceuticals, clinical/ward pharmacy services, outpatient and discharge prescription dispensing, methadone maintenance for inpatient, medication counselling, therapeutic drug monitoring, drug information, research, sterile and non-sterile manufacturing and clinical education services to undergraduate/postgraduate nursing staff and medical staff. The service provides professional expertise on committees such as the Drug and Therapeutics Committee and the Research and Ethics Committee.

Director of Pharmacy, Skip Lam, is a member of the Victorian Therapeutic Assessment Group and the Pharmacy Advisory Group (Health Purchasing Victoria).

**Members**

Director of Pharmacy - Skip Lam, BPharm, FSHP, Accredited Consultant Pharmacist
Frankston Hospital Pharmacy Manager - Ben Leung, BPharm, MBA
Rehabilitation, Aged and Palliative Care Services (RAPCS) Pharmacy Manager - Alastair Walker, BPharm, FSHP
Rosebud Hospital Pharmacy Manager - Ron Hookway, MPS, Phc.

**Research Interests and Future Directions**

Current areas of interest are:

- Medication Safety
- Supply Chain Management
- Continuum of Care issues
- Use of information technology in medication management.

**Current Projects**

- **Medication Safety Breakthrough Collaborative.**

  Multidisciplinary team (Skip Lam, Gary Braun, Gus deGroot - consumer representative, Elaine Bennett, Susan Sdrinis).

  **Objectives:**

  To improve medication safety by:

  1. Improving the communication of the patients’ discharge medications between the hospital and the community health providers.
  2. Improving patients’ understanding of medications prescribed (particularly where multiple medications are taken).

- **Reducing the incidence of medication selection errors in patient bedside drawers.**

  The project aims to reduce the incidence of medication selection error via an education campaign, carried out by the clinical ward technician, for the nursing staff.

  Data was collected on a 30-bed ward during a specified time over a two week period. Each bedside drawer was checked daily against the drug chart for medication selection errors.

  All items that could potentially be kept in the bedside drawer were included in the audit (this excluded Intra Venous, Dangerous Drugs, creams and puffers).

  Only the newly prescribed items were included for those patients staying in the same bed as the previous day.

  Error definitions were established as follows:

  - Incorrect strength or form of charted drug
  - Item found in drawer that was not charted
  - Incomplete drug description but item found in drawer.

  An education campaign, involving an in-service session, was developed and carried out by the clinical technician. Posters were placed in prominent positions around the...
ward with a graph of the initial results. Communication with the nursing staff was also increased. A two-week adjustment period was allowed, followed by repeated data collection for a further two weeks.

It was found in the pre-intervention period that a high rate of medication selection error was occurring.

The campaign resulted in a significant decrease (>70%) in medication selection error rate. Follow-up data collection involving spot checks are continuing. The results show that an awareness campaign can reduce medication selection errors. However, it needs to be monitored and ongoing education carried out to ensure the improvement is maintained. It also shows that clinical pharmacy technicians can contribute in the area of patient medication safety.

Follow up audit of Bee Alert campaign.

Leung B.

To raise awareness of medication safety at Frankston hospital, a campaign was launched to encourage medical staff to always check for patient allergies.

‘Bee Alert’ was launched in February 2004 at Frankston Hospital. It was thought that hospital inpatients played a substantial role in their own medication safety and so were also targeted. Two different posters were designed and displayed around the hospital, one aimed at medical staff, the other at patients. The slogan ‘Bee Alert’ and a bee appearing on the posters were intended to relate bee stings to allergies and instigate ‘alertness’ of patient allergies. An informative letter was sent out to all medical doctors, presenting recent statistics on medication errors, relating to patient allergies that occurred at Frankston Hospital. The hospital also released an article in the local newspaper on ‘Bee Alert’, encouraging people to be more responsible for their care in the hospital by informing medical staff if they have any allergies, the type of reaction they have and ensuring they wear a red alert band around their wrist.

A post-marketing survey showed an approximate 30% reduction in medication errors relating to medication allergies.

‘Bee Alert’ was successful at Frankston Hospital in raising awareness of medication safety through checking for patient allergies. ‘Bee Alert’ posters are still displayed all around the hospital and the “Bee Alert” slogan is now used to promote any awareness of medication errors by the Pharmacy Department.

A follow-up audit has been completed - results displayed in graph below show a 49% improvement.
To improve the safety and quality of thromboprophylaxis prescribing in medical patients at Frankston Hospital.

Wilkes G.

Methods: An audit of medical patients found a low level of thromboprophylaxis, and inconsistencies in the treatment prescribed. Meetings were held with lead consultants to develop a strategy for implementing a health service wide policy. Education and publicity was carried out, specifically aimed at prescribers, followed by a repeat of the audit.

Results: The initial audit found that of 160 medical patients at Frankston Hospital, 62 patients had an indication for thromboprophylaxis, yet only 35 received treatment. Following the period of education and publicity, the audit was repeated. 98 medical patients were assessed, of which 44 patients had an indication for thromboprophylaxis and 31 received treatment, representing a 25% increase in identified patients being treated.

Conclusion: The development and implementation of a clear policy for thromboprophylaxis of medical patients led to a 25% increase in the number of patients being treated, representing a significant improvement in the safe and effective prescribing of anticoagulant medications.

Publications


Presentations

Improving the quality of DVT thromboprophylaxis in medical patients at Frankston Hospital. Wilkes G. Society of Hospital Pharmacy of Australia 27th Federal Conference, November 2005.

Improving the discharge medication information for patients and GPs. Lam S. Society of Hospital Pharmacy of Australia 27th Federal Conference, November 2005.


Financial Support and Research Grants
On the intranet advertised by a bat, the mascot for the campaign, flying around the screen. ID-badge-size guidelines were also given to all doctors.

Education sessions were conducted for doctors and nursing staff. Three further audits were undertaken to determine the compliance rates in November 2004, March 2005 and May 2005.

All 10 mg vitamin K ampoules on ward imprests were replaced with 2mg ampoules in order to prevent patients inadvertently receiving large doses of vitamin K for Warfarin reversal.

The ‘Be Aware’ Campaign resulted in more than 30% improvement on adherence of the new guideline by November 2004. Improvement in the compliance rate was further demonstrated by the March and May 2005 audits which showed 92% compliance.

The ‘Be Aware’ campaign has been very successful in promoting the use of the Warfarin over-anticoagulation guidelines.

The campaign resulted in a 120% improvement when comparing the audit results in September 2004 and May 2005.
The Social Work and Integrating Care Service includes more than 40 Social Workers who facilitate discharge planning across the health service in both inpatient and ambulatory care services.

Specialist programs within integrating care include:

- **The Response Assessment and Discharge (RAD) Team** working within the Emergency Department (ED) to facilitate safe discharges where possible and initiate discharge planning from the point of presentation for those patients requiring inpatient admission. RAD has also provide an outreach service in partnership with the ambulance service to manage people’s care needs in the home with the appropriate follow up.

  In order to facilitate referrals from the Ambulance Service, RAD have introduced a handheld communication device (“Blackberry”) which enables team members to receive referrals and alerts by e-mail when out of the office. This development has also enabled RAD to link with the Complex Care Program, and identify Complex Care patients presenting in the ED, through an alert via the Blackberry, and refer them for ongoing case management from the point of presentation.

  Since the commencement of this program in October 2004 RAD has been able to notify the program of 455 clients who accounted for over 1300 presentations and/or admissions to Peninsula Health during that period.

  RAD extended its operation in January 2005 to include the Rosebud Hospital Emergency Department, five days per week. Referrals to RAD have been steadily increasing to over 70 per month at Rosebud, with a similar rate of admissions being prevented (17%) to that at Frankston.

- **The Residential and Complex Care (RACC) Team** focuses on case management across the health service of patients who require residential care, and those with complex care needs. The focus of this team has been the management of the Interim Care in the Home Program. The program has supported at least 16 people with high level care needs in the community at any one time by working closely with both residential care providers and community service providers, offering a range of support options upon discharge. Case management of these patients has been very positive in ensuring appropriate follow up occurs post hospitalisation.

  Since the commencement of this program in October 2004 RAD has been able to notify the program of 455 clients who accounted for over 1300 presentations and/or admissions to Peninsula Health during that period.

  RAD extended its operation in January 2005 to include the Rosebud Hospital Emergency Department, five days per week. Referrals to RAD have been steadily increasing to over 70 per month at Rosebud, with a similar rate of admissions being prevented (17%) to that at Frankston.

- **The Residential Outreach and Support (ROSS) Team** provides outreach services to the residential care sector to provide alternative care options other than transportation to the ED for people living in a residential care facility. This team is now seeing in excess of 50 patients per month and averting a presentation to the Emergency Department in 40% of those patients seen. Recent developments have seen ROSS, in conjunction with the Peninsula Health Falls Service, introduce a Falls Program into Residential Care Facilities. This program will be evaluated to see how effective it is in reducing the incidence of falls in residential care facilities.

- **ACCESS** is the single point of referral for both inpatient and ambulatory sub-acute services. All referrals are triaged for the most appropriate service to meet the needs of the consumer, a comprehensive initial assessment is completed, consent obtained and the information is transferred to the appropriate service electronically. 92% of referrals are processed within three days.

  In 2004/2005 referral and activity software (PJB) has also been introduced in ACCESS and across all sub-acute ambulatory services with the exception of Mt Eliza Aged Assessment Service. This has enabled the timely transfer of referrals following an initial needs assessment using the Service Coordination Tool (SCoT).

- **Post Acute Care** provides timely support services for patients on discharge from hospital to meet their needs in the immediate post discharge period. In 2005, Post Acute Care re-located to be incorporated into the ACCESS Service to provide a more robust structure and
integration for the brokerage of services post discharge.

The review of Post Acute Care in 2004 lead to the employment of a Physiotherapist with Post Acute Care funding. As a result of this initiative high priority patients requiring physiotherapy post discharge are seen within 3.4 days of referral and clients are seen by the same Physiotherapist who will be involved in ongoing treatment. Post Acute Care has recently been evaluated with recommendations to continue.

Staff Awareness Training in Cultural and Linguistic Diversity has continued in 2004/2005, leading to the highest level of interpreter use since the central interpreter booking service commenced in 2000, with 70 interpreter bookings per month.

Members

Sue Goonan: Director, Integrating Care
Judith Whitfort: Manager, ACCESS
Alicia Gray: Manager Post Acute Care
Julie Grant: Senior Social Worker, Acute services
Paul Colosimo: Senior Social worker, Sub-acute Services
Belinda Berry: Team Leader, RAD
Jenny Chapman: Team Leader, ROSS
Marlena Galluccio: Team Leader, Residential & Complex Care.

Presentations

Speech Pathologists are qualified to assess and treat people who have a communication disability or have difficulties swallowing food or drink.

Speech Pathologists work in a variety of ways including providing individual therapy, working in small groups, involvement in home-based programs, and providing resources, information, advice and direction to clients, their carers, the local community, and other professionals.

The Speech Pathology Department at Peninsula Health provides:
- Assistance for babies having difficulty feeding;
- Services for pre-school age children with communication difficulties;
- Assessment and management with adults who have problems with stuttering or voice disorders;
- Assessment and management of patients in acute inpatient wards who have swallowing or communication problems, often resulting from stroke or other neurological problems;
- Assessment and management of patients needing rehabilitation in inpatient units, community rehabilitation centres and at home for communication and swallowing problems;
- Consultation and referral for people with hearing disorders;
- Support for people in palliative care having difficulties with communication or swallowing.

The Speech Pathology Department is a dynamic team of 20 Speech Pathologists, and support staff, involved in innovative research and program development. The Department also has a strong commitment to clinical education, with close links with Latrobe and Charles Sturt Universities.

Members
- Director of Speech Pathology - Ms Hannah Halloran BAppSc (SpPath), MSPAA, CPSP, AFCHSE.
- Senior Speech Pathologist - Acute Ms Michelle Sargent, BAppSci(SpPath), MSPAA, CPSP.
- Senior Speech Pathologist - Paediatrics Ms Susan Everard, BSpPath, MSPAA, CPSP, Hanen Certified Practitioner.
- Senior Speech Pathologist - Rehabilitation & Aged Care Ms Noni Bourke BAppSc(SpPath), MSPAA, CPSP, GradCert Gerontology.

Current Projects
- Parent perceptions of children’s communication difficulties.
- Giuliano L, Warwick K, Holmes T, Halloran H.

This project was commenced as part of a quality activity looking at improving the information collected from parents at point of referral to the Paediatric Speech Pathology Outpatient Clinic (based at Frankston Hospital).

A review of the registration form data previously provided by parents, found that parent perception of communication difficulty matched with the speech pathology diagnosis on 43% of occasions.

Previous research into parent perceptions of children’s developmental needs has found that while 70-80% of children with developmental or behavioural concerns can be appropriately identified by their parents, this level of agreement is usually significantly lower for developmental communication difficulties.

The revised registration form provides parents with examples of reasons for referral, relating to speech and language development and behaviour. It was hypothesised that by changing the information provided and gathered at referral, parents may be prompted to identify areas of need more accurately.

Research Interests and Future Directions
- Parent perceptions of early communication development.
- Speech pathology services in residential aged care settings.
- Building research capacity in Allied Health departments.
This project is in its second stage of data collection, looking at the level of agreement between parental concerns and speech pathologist diagnosis with use of the revised form. This project is to be submitted for presentation to the 2006 Speech Pathology Australia National Conference, and aims to be published in some early childhood and speech pathology literature.

Presentations


Publications


Noni Bourke is the coordinator of the Research and Evidence Based Practice (EBP) portfolio of the Speech Pathology Department. Ms Bourke has varied experiences in research activity, conference presentation and project development.

Highlights of her career have included the role of Module Coordinator at three Speech Pathology Australia National Conferences, Co-researcher for ARC Linkage Project Grant – Australian Postgraduate Award (Industry) on Workplace Retention in Speech Pathology, and working with Speech Pathology Australia to produce its Tracheostomy Position Paper. Ms Bourke’s focus in research activities to date has been with regards to rural and remote practice, and cross cultural communication.

Ms Bourke has been employed by Peninsula Health since the start of 2005, and looks forward to continuing activities relating to research and EBP through both her portfolio role in the department, and pursuing research interests in facilitating effective communication following stroke and dementia.

The Speech Pathology Department actively maintains a strong commitment to Research and Evidence Based Practice. The Department provides ongoing education and training in EBP under the coordination of the Research and Evidence Based Practice Portfolio to ensure services meet best practice standards. The Department also actively identifies research opportunities across all clinical streams. This includes single discipline focussed activities and the opportunity for multi-site and interdisciplinary projects.
Trials considered by the committee during the period July 2004 - June 2005:

- Morning versus evening administration of 500mcg roflumilast once daily for 6 weeks in patients with asthma, BY217/M2-015. Principal Researcher: Dr Martin Coffey (Sponsored). Duration: May 2004 - May 2005.


- Pilot study re retractable needles and syringes. Principal Researcher: Sean Swift (Duration of trial 1 month).


- The follow up of individuals presenting to Emergency Departments with an emotional distress and suicidal behaviour. Principal Researcher: Mr A A (Tony) Catanese. Duration: October 2004 - October 2006.


A research study into the possible correlation between an ABI less than or equal to 0.6 and heel pressure ulcer development. Principal Researchers: Ms Fiona Butler and Dr Mohammed Keikha. Duration: September 2004 - April 2005.


Early feeding after colorectal surgery, Department of Nutrition and Dietetics, Department of Surgery (colorectal) and Department of Anaesthesiology - Peninsula Health.

A randomised, double-blind, placebo-controlled study to evaluate the persistence of the effect of oral monthly ibandronate on bone resorption in post menopausal women with osteoporosis. Principal Researcher: Dr Chris Gilfillan (Sponsored). Duration: December 2004 - May 2005.


End of life care: A study of the palliative care needs of veterans to improve their dying. Principal Researcher: Professor Margaret O’Connor.
A multicentre, phase III, open-label, randomised study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with Rituximab (MabThera®) after induction of response with chemotherapy plus Rituximab in comparison with no maintenance therapy (PRIMA study) (ALLG protocol no NHL16).

Principal Researcher: Dr John Catalano.
Duration: March 2005 - December 2012
This is a non sponsored trial.

A phase II study of Paclitaxel and Vinorelbine (PaclVin) in hormone-refractory metastatic prostate cancer: Double tubulin targeting.
Principal Researcher: Dr Vinod Ganju.
Duration: April 2005 - December 2008
This is a non sponsored trial.

A multicentre, randomised, double-blind factorial study of the co-administration of MK-0431 and metformin in patients with Type 2 diabetes mellitus who have inadequate glycemic control.
Principal Researcher: Dr Chris Gilfillan (Sponsored).
Duration: April 2005 - June 2007

AHEAD Study: Efficacy and safety of Symbicort Turbuhaler 160/4.5ug/inhalation, two inhalations twice daily plus as-needed compared with Seretide Diskus 50/500ug /inhalaion, one inhalation twice daily plus terbutaline Turbuhaler 0.4mg/inhalation as-needed – a 6 month randomized, double-blind, parallel-group, active controlled, multinational phase 111B study in adult and adolescent patients with persistent asthma.
Principal Researcher: Dr Martin Coffey.

Principal Researcher: Associate Professor David Langton.
Duration: June 2005 - June 2007 (Sponsored).

A survey of staff views on patients’ safety and reporting of adverse events at Mt Eliza Centre, Carinya and Frankston Hospital.
Principal Researcher: Professor Joseph Ibrahim.

Duration of trial: Recruitment is planned until May 2008.
Principal Researcher: Dr Vinod Ganju.

A comparison of high flow nasal oxygen to high flow face mask oxygen in extubated patients.
Principal Researcher: Mr David Lewis.

Intensive care nurses’ knowledge of arterial pressure monitoring.

A multi-national, randomised, phase III, GCIG intergroup study comparing pegylated liposomal doxorubicin (CAELYX®) and carboplatin versus paclitaxel and carboplatin in patients with epithelial ovarian cancer in late relapse (>6 months): GCIG CALYPSO STUDY.
Principal Researcher: Dr Vinod Ganju.
(Non sponsored).
Duration: May 2005 - 2013.

Maintenance chemotherapy in hormone non-responsive breast cancer: Low-dose cytotoxics as ‘anti-angiogenesis treatment’ following adjuvant induction chemotherapy for patients with ER-negative and PgR-negative breast cancer (IBCSG – 22-00).
Principal Investigator: Dr Jacqui Thomson.
Duration June 2005 - January 2008; (follow up for 5 years; and then survival data until death).

Initiating chronic disease management in a hospital diabetes outpatient setting.
Principal Investigator: Naomi Kubina, Accredited Practicing Dietitian.
Associate Investigator: Dr Chris Gilfillan. (Sponsored).
Duration: March 2005 - April 2006.


- A phase II trial of gemcitabine in fixed dose rate infusion combined with cisplatin in patients with inoperable biliary tract carcinomas. Principal Investigator: Dr Vinod Ganju (Non sponsored). Duration: July 2005 – Anticipated closure is December 2007 (recruitment until July 2006 and one year follow up).

- A randomised phase II study of two regimens of palliative chemoradiation therapy in the management of locally advanced non-small cell lung cancer. Principal Researcher: Dr Vinod Ganju (Non sponsored). Duration: July 2005 (at Frankston) - study completion is December 2011.


- Illicit drug reporting system (IDRS) Study. Principal Researchers: Mr Craig Fry, Ms Rebecca Jenkinson. Duration: June 2005 - June 2013.