

INFOCUS



**NEW ACUTE SPINE
PAIN SERVICE**

**ADVANCED TECHNOLOGY
DELIVERS BESPOKE LIVER SCANS**

**THE EVER-CHANGING TAILORED
MANAGEMENT OF THYROID CANCER**

ISSUE 21



Brisbane
PRIVATE HOSPITAL
by Healthscope



CONTENTS

GM Update.....	1
Why Advanced Care Planning Needs Urgent Attention.....	2
The Ever-Changing Tailored Management Of Thyroid Cancer.....	4
Damascus Celebrates New Services and Client Milestones.....	6
Advanced Technology Delivers Bespoke Liver Scans.....	8
Update on Orthopaedic Research at BPH.....	10
Community of Learning - GP Education.....	12
2020 Year of the Nurse/Midwife.....	14
Brisbane Private Hospital To Launch Acute Spine Pain Service.....	16
New Faces of Brisbane Private.....	18
Specialists Availability Over Xmas/Holidays 2020.....	21



GM UPDATE

BY CLAIRE GAUCI



As 2020 draws to a close I sincerely thank you for your patience and support as we worked through the COVID challenges. We all worked together to ensure our patients were safe at all times. And implemented some process improvements which we all continue to benefit from on an ongoing basis.

We will have a newsletter break from 18 December 'til 11 January but expect to see our fortnightly communications again after this.

In this edition we look at advanced care planning, recent developments in the management of thyroid cancer, a test for liver fibrosis and we congratulate our incredible Damascus patients on achieving their sobriety milestones.

On behalf of Brisbane Private Hospital, I am delighted to welcome our new Geriatrician, Dr David Shum and new ENT surgeons, Dr Sarah Pena and Dr Jo-Lyn McKenzie.

We know the Christmas holiday period can be a challenging time to find specialists so we have included a schedule of who will be available by specialty.

We wish you and your loved ones a safe and Merry Christmas and we look forward to working with you again in 2021.

Thank you.

Why Advanced Care Planning Needs Urgent Attention

A rapidly aging population and a range of options for home and aged care in Australia pushed by the federal government have combined to result in an urgent need for aging patients, their families / carers, and GPs to discuss advanced care planning.

Geriatrician Dr David Shum recently held an advanced care planning webinar for GPs to explain how it can be discussed and managed with patient; the parameters regarding topics such as decision making capacity, comprehension, resuscitation and end of life care; and to reduce the confusion, discomfort and stigma around having these discussions with patients and if needed, their families.

Dr Shum said patients who have completed advanced care plans feel empowered and in control by having autonomy in their overall care. He said preserving patient dignity and supporting them to continue their life at a high quality was essential to their health.

Joining Brisbane Private Hospital in September this year, Dr Shum is a locally trained consultant physician who attained his fellowship with the Royal College of Physicians as a Geriatrician in 2015 and held a staff specialist position at QEII and Princess Alexandra Hospitals. He is also a visiting medical officer at Greenslopes Private Hospital and Sunnybank Private Hospital and regularly consults with patients in residential aged care via telehealth throughout Brisbane and regional Queensland, including in Sarina and Theodore and Roma.

“My role is to try to allow patients to age well and to keep them as independent as possible into their 80s and perhaps 90s, over the next couple of decades. With an aging population in Australia, if we don’t change our models of care and understand what our older generations need, the government will struggle to provide what is needed, so the general public needs to know why advanced care planning is so important.”

Resuscitation and End of Life

Dr Shum said the primary purpose of advanced care planning was to make sure that older Australians were well looked after and that they were receiving good medical care. They need to be educated on the possibility of unnecessary or inappropriate care, including some life-prolonging care which may be available thanks to medical advances, but not appropriate for quality of life.

He said that discussions and directions regarding resuscitation, for example, were very important because the actions that can be provided under hospital care are not what they look like in film or on television.





“This type of care can often be very traumatic. I have had patients say that they want everything done to be kept alive, however they may think otherwise if they are aware of the trauma that CPR, artificial breathing and artificial feeding can cause. Most importantly, this rarely offers improvement in quality of life, even if it prolongs it. Often quality of life can suffer as a result because people may not fully recover, so patients really need to understand and be aware of what being given everything to stay alive means.

“Advanced care planning includes discussions around actions where quality of life can be preserved, but not guaranteed, as well as a range of other topics, so we need to have education about what capabilities exist for patients, and at what cost.”

Dr Shum said as health practitioners, doctors don't want to provide care that is inappropriate or harmful as it can be traumatic for patients, their families, and staff and even though GPs can find it uncomfortable to discuss, increasing the awareness of advanced care planning to help patients and families/carers was vital.

Capacity and Comprehension

“A significant proportion of the community doesn't know that advanced care planning is available. I get many referrals from GPs asking questions regarding guidelines around decision making capacity, for example, with patients wanting to change their wills or appoint people to assist in their care.

“From an ethical position, capacity is deemed to be present until proven otherwise, so education around this is important because having patients need to prove their capacity takes away their autonomy. Concerns may be raised when they have obvious cognitive impairments. A simple score on an MMSE score alone is not an appropriate determination of capacity.

“The health care provider also needs to explore a patient's understanding of the question and comprehension. If a patient with a low MMSE score is still able to describe what they want and don't want with their care, they may still be able to undertake advanced care planning.”

Steps for GPs

Dr Shum said for GPs, finding the opportunity to talk to or approach patients was the biggest barrier to discussing advanced care planning, so he suggested raising the topic during these areas of discussion:

1. When a family member asks about future treatment options for a patient;
2. When an age-related health care assessment is necessary;
3. During a visit for annual flu vaccine;
4. In the case of diagnosis of a malignancy, regardless of its severity;
5. If a patient is diagnosed with early cognitive impairment, as in the early stages they may still have the capacity to undertake planning;
6. When a change in care arrangements arises, such as a patient moving into aged care or with family.

He also suggested that patients, family members/carers and GPs can visit the advanced care planning website to see what can be included in a plan to ensure all areas were considered at advancecareplanning.org.au.

Dr Shum can be contacted at the Queensland Geriatric Medicine Group

Ph: 1300 662 884 or Fax: 1300 889 895

Email: reception@qmgm.com.au

Web: www.qmgm.com.au/



THE EVER-CHANGING TAILORED MANAGEMENT OF THYROID CANCER

ENT Surgeon Dr Jo-Lyn McKenzie is a leading adult and paediatric Ear, Nose and Throat (ENT) surgeon with special skills in advanced Head and Neck Cancer surgery. Dr McKenzie offers Brisbane Private Hospital her insight into recent developments in the management of Thyroid Cancer, and how she can assist patients to navigate complex treatment options.

Through excellence in research, interdisciplinary cooperation and comprehensive guideline development the management of thyroid cancer is continuously evolving. This is bringing great benefits to patients where we are able to offer more minimalistic and tailored treatment strategies.

Some neoplasms are no longer considered malignant and others are able to be offered observational treatment even with a malignant needle aspirate diagnosis.

Not all nodules require a biopsy and the development of the TIRADS grading system to guide use of fine needle sampling of thyroid nodules has helped to simplify decision making for thyroid surgeons.

This has allowed more refined surgical options to be available to patients with thyroid cancer including more minimalistic surgery or even non-operative management at times.

However, patients and practitioners can find the variability in management of thyroid cancer overwhelmingly complex. All patients with nodules which meet criteria for a fine needle aspirate on their ultrasound assessment benefit from seeing a surgeon trained in thyroid and neck surgery to talk through the issue and their management options.



ENT Surgeons are increasingly involved in the management of this condition, which not all doctors in the community are aware of. These patients are always managed with multidisciplinary input and the best outcomes come through collaboration with ENT and other thyroid surgeons as well as endocrinologists. This is one of the most enjoyable parts of my job, collaborating with colleagues to ensure each patient gets a tailored, specific management strategy and follow-up plan.

I was lucky enough to train with some of Brisbane's leading head and neck and thyroid surgeons doing complex thyroid surgery at Princess Alexandra Hospital. We looked after a lot of advanced disease and am happy to be able to offer that service to patients at Brisbane Private.

In offering a rounded head and neck service, patients find it satisfying to be able to have their voice box assessed preoperatively and postoperatively as well as to actively manage any complications that can arise.

I manage everything from simple thyroid nodules up to complex, recurrent and advanced thyroid disease involving the trachea and surrounding structures. I also perform parathyroid surgery for patients with hypercalcaemia from parathyroid adenomas.

The use of nerve monitoring of the recurrent laryngeal nerve augments my ability to offer a very low complication rate for nerve injury, one of the most concerning parts of thyroid surgery.

Dr McKenzie can be contacted at:
ENT Clinics, 225 Wickham Tce, Spring Hill, Brisbane.
Ph: (07) 3831 1448 F: (07) 3831 1441
Email: brisbaneadmin@ent-clinics.com.au
Web: ent-clinics.com.au

DAMASCUS CELEBRATES NEW SERVICES AND CLIENT MILESTONES

The operation of Damascus Health Services in 2020 was completely interrupted by COVID, but an innovative, rapid response to maintain client care resulted in new online services and made the annual Celebration Day ceremony extra special this year.

When the COVID pandemic started impacting Australians in 2020, Damascus Health Acting Service Manager Linda Washburn and later Service Manager, Nicole Yates, had to lead the team to completely change their operation and processes due to the tight restrictions required around patient and staff movements.

The 44-bed unit provides mental health and addiction services for inpatients and day patients. During normal operations, it has a constant stream of nursing, cleaning, allied health, physiotherapy and other staff in addition to patients throughout its rooms.

Ms Yates said the unit operates across three floors, so they had to initially cease Day Patient Services under the lockdown restrictions.

“If one part was affected by COVID we could have potentially risked exposing many other people who interact with this community,” she said.

This meant that under the initial restrictions, day patients couldn’t come in and inpatients couldn’t exit, and all staff interactions had to be constantly monitored, causing multiple layers of concern. Ms Yates said this first stage of change was managed extremely well by Ms Washburn.

“When we were able to have some flexibility, the restricted number of people per square metre meant that the in-person group sessions and services were greatly reduced, and anyone over 70 years of age was deemed at too great a risk to come in.

“What we also saw during the lockdown period was an increased fear from our patients of going to the GP due to their worry about being potentially exposed to sickness and COVID, which resulted in them coming into us at the hospital very unwell and far worse off than if they had maintained their normal, external routine including their regular scripts and exercise.

“The general confusion around what to do and how to manage during this pandemic initially caused a lot of angst amongst patients, which took a long time to recede; others found wearing masks difficult due to previous traumas; and social distancing proved a challenge to many as we had not had to implement it previously.”

Ms Yates said the stress was high for staff around stoppages and changes to hours, which were negotiated by Healthscope with the State Government to protect staff. She said the reduction of casual staff for a period, constantly changing regulations and new procedures for patient screening and interaction, were difficult to navigate and time consumptive.

“So much change at once was difficult for both patients and staff, because every aspect of our operation was assessed and altered, but the wonderful thing to emerge to better help patients has been our online sessions.

“Sessions were initially delivered daily by Zoom and instead of a five hour, in-person session in the unit, we offered three hours online. We did have to navigate confidentiality issues around other people who may be in their homes with our patients to protect the identity of all involved, plus check privacy and consent in new ways, and rely on patient information for assessments from nurses, but those processes were ironed out quickly.

“We discovered that for patients who couldn’t come in as often, the online sessions offered support every day, especially those in regional areas. We now offer one online session for patients per week, and while most patients prefer face to face sessions, the online sessions work well for regional patients and for people who may feel unwell and need support as they don’t have to enter the clinic and compromise the health of others.”

Ms Yates said Damascus would consider adding more sessions to the program if the demand grows, especially with regional patients.

“Our staff really came together during a very stressful time to deliver our services and ensure that the empathy and understanding that Damascus Health Services is known for, continued to be strong.

“The team is driven by the patients because everyone wants to see them succeed. This was especially powerful to see on November 18 when we held our 24th annual Celebration Day in the unit, despite the social distancing limitations that were still in place.”

Started by Damascus psychologist Marina Birmingham in 1997 as a way for patients to celebrate their sobriety, previous patients who want to continue being engaged on their journey with the unit are invited back each year to share their milestones with current patients.

“We often have 80 to 100 guests who celebrate achievements of one, five, ten and many more years of sobriety with presentations and a light lunch. Although numbers were fewer this year based on COVID restrictions, the stories were just as powerful.

“One former patient celebrated 25 years of sobriety this year, which was so moving and powerful. All of the staff including Marina, who was MC, and Brisbane Private Hospital CEO Claire Gauci, were so thrilled to support and celebrate everyone in attendance.

“2020 has been a very testing year for Damascus Health Services, but we have been very proud of our ability to continue and adapt our patient care in the face of huge challenges, and we look forward to offering our programs and treatment in 2021.”

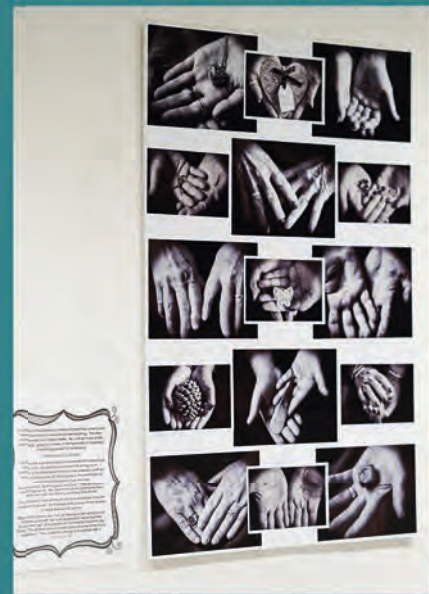
For more information on Damascus Health Services please call (07) 3834 6111 or go to <http://www.brisbaneprivatehospital.com.au/damascus-home/damascus>



Pictured: Nicole Yates and Marina Birmingham




Our Damascus patients participated in creating these wonderful images.



Liver Scan Brisbane at Brisbane Private Hospital provides a service of excellence for patients requiring Fibroscan®, with or without the need for Specialist Consultation. Complex technology backed by robust clinical data, allows a simple scan conducted by Specialist Nurse Nicola Rahman to provide a reliable method of estimating liver fibrosis. This may avoid invasive methods such as a liver biopsy, allowing for prompt initiation of health interventions where necessary.

Patients are at risk of fibrosis/cirrhosis in the majority of liver conditions and diseases, including Abnormal Liver Function Tests, Non-Alcoholic Fatty Liver Disease (NAFLD), Non-Alcoholic Steatohepatitis (NASH), Alcoholic Liver Disease, Hepatitis B, Hepatitis C, Haemochromatosis, and therapeutic drug use (e.g. Methotrexate, Amiodarone and many anti-depressant medication).

Risk of fibrosis is increased in patients with Diabetes and Cardiac Disease. Over time, the accumulation of liver fat may lead to liver fibrosis which can result in cirrhosis (severe or irreversible fibrosis). The presence of fibrosis and its sequelae has a substantial impact on a person's morbidity and mortality. It is beneficial to identify the presence of liver fibrosis before it becomes severe and complications arise.



ADVANCED
TECHNOLOGY DELIVERS
BESPOKE LIVER SCANS
ENHANCING LIVER
DISEASE DIAGNOSIS



Ms Rahman said Fibroscan[®], uses vibration controlled transient elastography (VCTE) to assess liver fibrosis or stiffness.

“Shear waves are propagated from the probe and ultrasound follows the shear waves, measuring the speed at which the waves travel to a particular depth in the liver and back again. The greater the degree of fibrosis the ‘stiffer’ the liver - the faster the wave response, the greater the fibrosis.

“A Fibroscan[®] takes approximately 15 minutes and causes no discomfort to the patient and in the majority of patients prevents having a liver biopsy. We also provide a non-invasive measurement of steatosis or the amount of fat in the liver - the Controlled Attenuation Parameter (CAP™). It is based on the attenuation of ultrasound signals from the Fibroscan[®], expressed in dB/m and combines with the fibrosis measurement to track the progression of liver disease. Risk factors for Hepatic Steatosis include but are not limited to obesity, diabetes and excessive alcohol consumption.”

Ms Rahman said a Fibroscan[®] is not performed in isolation – the current standards suggest assessment is optimal if used in conjunction with the individual patient’s clinical data (Liver Function Tests, Platelet count & BMI). This provides the patient, General Practitioner and Specialist all the information required for that individual’s assessment. All reports are reviewed by Professor Tony Rahman (Hepatologist & Gastroenterologist) as part of the governance process around quality assurance and patient safety.

She said a referral was not essential but preferred, which included a patient’s full name and date of birth, indication for Fibroscan[®], FBC and liver function tests (preferably within 4 -12 weeks), and their contact details for the report. Patients are required to fast for three hours prior to the scan, but drinking water is fine, and if a consult with Professor Tony Rahman is also required, this needs to be stated on the referral.

Liver Scan Brisbane is part of the Brisbane Gastro Clinic, providing specialist services in Gastroenterology, Hepatology, Endoscopy, Colonoscopy and Nutrition. All scans are performed by Specialist Nurse, Nicola Rahman.

Ms Rahman has an extensive career in Liver and Intensive Care Nursing, and progressed to the role of Sister, managing the world-renowned referral Centre for patients with liver disease at King’s College Hospital, London UK (1996).

She then commenced a Regional Transplant Co-ordinator Post in Oxford, UK (1998), before returning to London as a Nurse Educator at St Thomas & Guy’s Hospital. Ms Rahman was also the first In-House Donor Transplant Coordinator in the UK in 2000 at St Georges Healthcare, London, a trial project which was successfully rolled out nationwide in 2002 in UK hospitals.

Following a family career break Ms Rahman returned to Intensive Care Nursing before the move to Brisbane, Australia eight years ago. She was appointed as Clinical Research Co-ordinator, Wesley Research Institute Clinical Trials Centre and in 2015 employed by Brisbane Gastro Liver Clinic, with the development of the Liver Scan Brisbane service. Her experience of patients with Liver disease gives her a unique understanding of the patient’s health issues when being referred for Fibroscan[®].



Liver Scan Brisbane is located in the Brisbane Gastro Clinic, on the Ground Floor at Brisbane Private Hospital. Contact Nicola Rahman between 8.30am and 4pm Monday to Friday.

Ph: (07) 3493 5621 or fax (07) 3319 6917

Email info@liverscanbrisbane.com.au

Web: liverscanbrisbane.com.au