

## BRINGING PERFECTION TO RADIOTHERAPY

**A 'silicon detector' smaller than a five-cent piece has delivered a boost in safety for Victorian cancer patients by enabling real-time monitoring of the radiation dose they receive.**

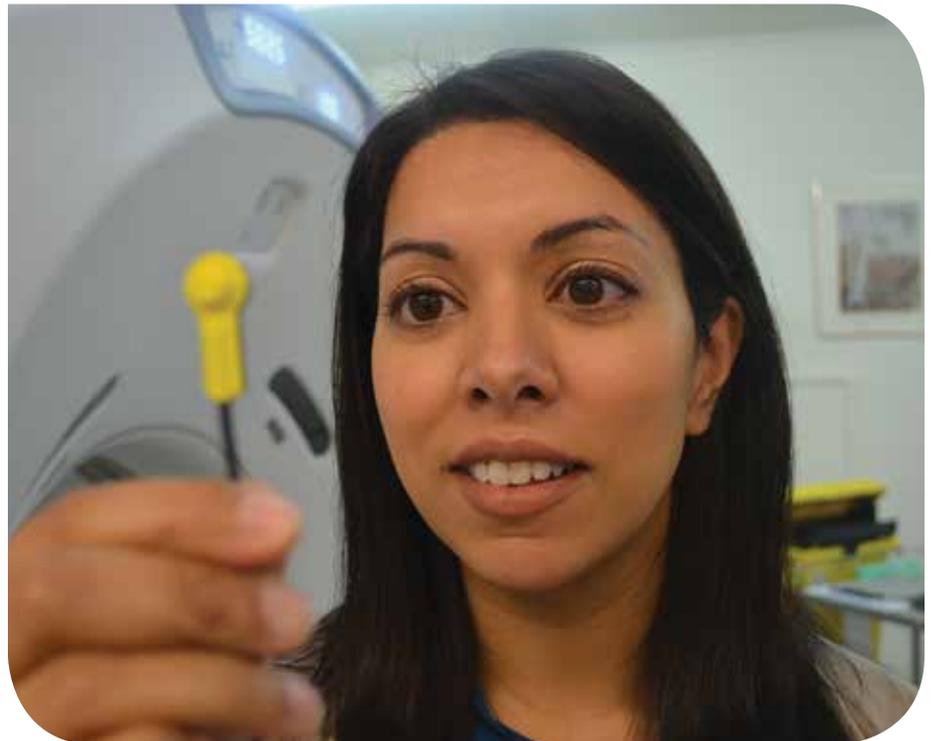
Radiation oncology specialists and physicists at the William Buckland Radiotherapy Centre (WBRC) at The Alfred have employed the new system to directly measure radiation. This immediate feedback provides everyone additional confidence in the treatment.

WBRC director, A/Prof Jeremy Millar said radiotherapy was highly controlled in Australia, and was already extremely safe, but there is a real plus in being able to achieve on-the-spot confirmation that the dose given was the dose intended.

"We believe we are the only public radiation treatment service in Australia, maybe Australasia, currently using this quality assurance technique in day-to-day practice," Jeremy said.

"Our next step is to extend this to The Alfred Health Radiation Service at Latrobe Regional Hospital in Traralgon.

"When we treat cancer with radiation we give a patient a specific amount to a point in the body. Until now, our control over dose has been reliant on calculating



*Dr Sabeena Beveridge with the tiny detector used to measure radiation doses.*

other variables during treatment and then confirming with occasional direct dose measurement, which comes at considerable delay," Jeremy explained.

"It's the equivalent of aiming to heat a swimming pool to 30 degrees, but not being able to measure the water temperature directly.

"This technology is a significant leap forward because the prior systems of measurement were costly, complex, and time-consuming, so they couldn't be used routinely."

*Continued on page 2.*

## RESEARCH GRANTS FOR CAULFIELD

**A higher level of medical complexity and sickness amongst Caulfield Hospital patients has led to a new study that will look at the role of nurses in sub-acute care.**

It is one of a number of projects awarded Caulfield Hospital research grants.

Winner of the \$25,000 major research grant is a project which will examine sub-acute nurses' roles in a changing

healthcare context. Investigators, from nursing services at Caulfield Hospital and Alfred Health, are Danielle Bolster, Tracey Bucknall and Andrew Perta.

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# EXECUTIVE CORNER



Health care services have traditionally been developed by ‘the worldly wise’: those who are charged with operating hospitals, in combination with the medical specialists who deliver the care. Despite this past approach, the way in which hospital services are established is changing.

The Victorian Government’s *doing it with us, not for us* policy grew from a commitment to involve people in decision-making about health care services. During service planning sessions, it is becoming increasingly common to hear questions like, when do we provide clinics? Is it accessible enough? Is the service available at times when people can realistically get to it?

At Alfred Health, our response to this is our *Patients Come First* strategy, as we

actively work to best understand what patients see in our services and how they perceive them.

There’s a culture burgeoning in our organisation of considering how we provide the services that patients have told us that they want, in the form that they want, rather than solely offering the services that we, as experts, believe are appropriate.

As a result, we may sometimes provide services that are less than ideal in our minds, but we do so because it responds to a community need and gets the patient to a better place overall.

A theme that was very evident during the recent international AIDS 2014 conference in Melbourne, which Alfred Health proudly supported, was that while science sometimes presents opportunity, advancement alone doesn’t

**Andrew Way**  
Chief Executive, Alfred Health

always translate into improved health outcomes. There are other factors too. During the conference I was fortunate to be invited to a session by a group called YEAH – Youth Empowerment Against HIV/AIDS. It reminded me of our successful PARTY program against trauma in youth, which focuses on peer education. It was very impressive.

This session also highlighted the benefits of patient networks, and it led me to thinking that we can do more to help our patients to develop frameworks that lead to better health promotion. As health services we can play a role in creating these linkages, and by empowering others we can foster positive change together.



**Federal Minister for Health Peter Dutton**

## STRATEGIES FOR BLOOD BORNE AND STIs LAUNCHED

In the lead up to AIDS 2014, five new and improved national strategies to target HIV, viral hepatitis and sexually transmissible infectious (STIs) were launched at The Alfred by the Federal Minister for Health Peter Dutton.

The strategies, endorsed by all of Australia’s health ministers, provide a coordinated national response to HIV,

Hepatitis B, Hepatitis C, STIs and blood borne viruses, as well as targeting STIs in the indigenous community.

Minister Dutton also announced the approval of two new drugs for Hepatitis C and HIV and the lifting of restrictions on the sale of HIV home-testing kits in a bid to increase early diagnosis of the virus.

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For more on Alfred Health visit [www.alfredhealth.org.au](http://www.alfredhealth.org.au)

## BRINGING PERFECTION TO RADIOTHERAPY

*From page 1.*

Radiation oncology medical physicist, Dr Sabeena Beveridge is behind the project’s rollout.

“We attach the reusable detectors to the patient. The detectors have tiny ‘chips’ in them, like in a computer, but are

specifically designed to directly and immediately measure the radiation dose,” Sabeena said. “It’s like having new glasses – and now we can truly see.”

The program is supported by a grant from the Victorian Department of Health.

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Clinical service development manager Danielle Bolster said the rising medical acuity of patients in sub-acute healthcare is changing the work of nurses.

“Rising medical acuity increases nurses’ focus on the management of acute medical issues and decreases the focus on rehabilitation. Yet more intense rehabilitation therapy has been demonstrated to improve patient outcomes,” Danielle noted.

Investigators will also look at nursing workforce trends in the sub-acute wards of Caulfield Hospital over the last five years. The current role of nurses within the sub-acute areas of aged care and rehabilitation will also be examined, with the aim of developing recommendations for workforce planning, nursing education and training.

Due to the high standard of applications, three small project research grants of \$10,000 were also awarded this year. One project will look at the health literacy of clients attending the Alfred Health Community Rehabilitation program, another will look at ballistic strength training in stroke patients and the third study will examine cognitive change following cardiac rehabilitation.

Associate Professor Peter Hunter, clinical program director rehabilitation, aged and community care, congratulated all the applicants on the high quality of their submissions.

“The standard of applications submitted this year were the best we have seen since the inception of the funding program,” Peter said.



Grant winners: Andrew Perta and Danielle Bolster.

## Let me know if something isn't right

A new initiative, called *let me know*, responds to concerning changes in a patient's medical condition by staff working together with patients, families and carers.

“Families know their loved ones better than us and the *let me know* program is a way for patients or their families to escalate care if they are worried changes have developed,” clinical service director Mandy Sandford said.

“We know from lessons learnt in Australia, as well as overseas, that patients and their families can often detect subtle changes in the patient's medical condition, often before they are clinically evident. Providing another way for this information to be brought to our attention allows us to take action to prevent adverse outcomes. It casts our safety net even further.”

ICU nurse liaison and *let me know* responder Gordon Bingham said the service has had a positive effect on patient care already.

“We've already seen patients and their families using the service which has been great. I think it's given them another avenue to raise concerns and more confidence to speak up if they're worried. Overall the program has been embraced really well.”



Some of the *let me know* team: clinical nurse consultant and ICU liaison Mark O'Connor, ICU liaison nurses Melinda Pacquola and Gordon Bingham.

## How the hotline works

The hotline is staffed around the clock by the *let me know* nurse team.

If a patient or their family member calls the hotline, the *let me know* nurse will:

- make contact with the patient within 15 minutes
- speak with the patient and/or their carer over the phone
- visit the patient to assess their concerns and
- engage with the patient's nursing and medical team.

Once the patient's concerns have been addressed, a senior member of staff will meet with the patient or family member to see if their concerns have been addressed.

The *let me know* pilot is running at The Alfred from July to September 2014.

For more information, visit [www.alfred.org.au](http://www.alfred.org.au)

# CELEBRATIONS FOR SANDY

Sandringham Hospital recently hosted a cocktail function at the Sandringham Yacht Club to thank major supporters for their ongoing commitment, as part of 50th birthday celebrations.

Sandringham's director of nursing Judy Reeves said the event was a great opportunity to thank those who have supported the community hospital.

"It's quite easy in the busy world we live in today to forget the people and services in our community that (not who) need our support. We are fortunate to have many people donate their time, money and resources towards Sandringham Hospital," Judy said.

"Fifty years is an important milestone to celebrate and remind us how lucky we are to have our Sandy Hospital and the support of our volunteers and donors."

As part of 50th birthday celebrations, Sandringham also hosted a lunch for 100 past staff.



*Sandringham Hospital's major supporters discussion panel: (from L-R) Sandra Bertram, Felicity Frederico, Graham Ludecke, Alistair Murray and Judy Reeves.*

## FIRST TIME EVENT SUCCESS

**The Alfred participated in Dry July for the first time this year and staff and supporters rose to the challenge to raise funds for cancer care.**

Giving up alcohol for the month of July was well worth it for participants. During the month, the total raised for the hospital was \$112,000, thanks to the 712

people who signed up to support The Alfred. Added to that achievement, The Alfred team was the highest ranked workplace team in the country.

Funds will go towards developing an outdoor courtyard space for William Buckland Radiotherapy Centre's patients.

Director of WBRC Associate Professor Jeremy Millar said the aim is to ensure holistic care, accounting for both the physical and emotional wellbeing of patients.

"We are proud of our state-of-the-art equipment to control cancer but we could do better with a comfortable serene space where patients can feel relaxed and spend time with their loved ones," he said.

"It's been fantastic to see staff dedicate themselves to this cause."

Comparatively, with the 38 other beneficiaries, The Alfred ranked tenth in income generated and eighth in the number of participants.

The Dry July fundraising pages remain active until the end of August and The Alfred will receive an allocation from the net sum of donations made directly to the Dry July Foundation and any individuals who did not select a specific beneficiary.



*Some of the William Buckland Dry July team.*

# REFRESHER COURSE REVIVES 5

**When an Alfred staff member was faced with a family medical crisis, her mandatory workplace training left her with the skills that saved her husband's life.**

Continuing care team nurse manager Fran Fisher, who works at The Alfred's St Kilda Road Clinic, remembers having little time to do her CPR refresher course at work this year but is thankful she did.

On 27 June Fran's husband James, an ABC program maker, came home from dinner around midnight, feeling fine.

"Just before 6am I heard James get up, open the ensuite bathroom door and then just collapse on the floor," Fran said.

The couple's children, aged 15 and 12, were great helpers, calling an ambulance and unlocking the door for emergency services.

With no sign of breath, and lying in a very tight space, Fran managed to lean over James and commence compressions while standing.

"The 000 operator said to keep going until emergency services were at the door, counting with me to maintain rhythm. I don't know how I did it," Fran said.

"I couldn't get a pulse; I was convinced James was gone."

Eight minutes later, firemen arrived and took over. Along with paramedics, they worked on James for 30 minutes. He arrested three more times, requiring multiple defibrillation.

Taken to the Alfred's Emergency and Trauma Centre (E&TC), the medical team stabilised James before moving him to the cath lab, where a stent was used to clear the blockage in his heart.

Intensivist Dr Owen Roodenburg, who admitted James to the ICU after his stent placement, says James had a massive cardiac arrest.

"He went into ventricular fibrillation, with blockage to one of his coronary arteries," Owen explained.

"Quality CPR given immediately is one of the most important factors that allow patients like James to wake up from their



coma with normal or near normal cognitive function. Without that, James would have been dead or left with severe brain damage. He has made a remarkable early recovery."

"It was definitely fate. Fran could have slept through but she didn't and instinct and her training kicked in. I'm so thankful for her skills in getting me going and for The Alfred," James said.

**All Alfred Health nurses undertake basic life support training as part of their mandatory training requirements. The training is undertaken annually as part of their 20 hours of continuing professional development for registration.**

**The training includes three components:**

1. Online package to refresh theory and guidelines:
2. A quiz (100% pass mark) and
3. A practical assessment (with mannequin).

Immediate use of basic life support is vital in increasing someone's chance of survival following cardiac arrest.

# BEHIND THE SCENES

When we think of all the work that goes on in The Alfred's renowned Emergency and Trauma Centre (E&TC), it's the doctors and nurses that immediately leap to mind. But there is another, lower profile team that combines with the medical staff to make sure our patients have the best care possible.

The dedicated E&TC Allied Health team, of which Cathie Smith is the team leader and a social worker, comprises two social workers, a physiotherapist and occupational therapist. The team is often closely involved with patients and their families.

*"From a social work perspective, we're involved in cases of domestic violence, mental health cases, sexual assault, homelessness and provide bereavement counselling," Cathie explained.*

*"The team is a bit of jack of all trades. Sometimes we are comforting loved ones who have lost someone, other times we are working with patients with intellectual disabilities and encouraging them to trust us enough to look after them."*

Currently studying her Masters of Social Work (Research), Cathie says there are real complexities to her role.

*"You need to be a problem solver, think outside the box and be creative on how to resolve things for people.*

*"Part of our role is looking after vulnerable people; being respectful of what they want but making sure they are looked after."*

Caring for trauma patients and their families can be difficult and a great responsibility.

*"Sometimes you have to sit with someone else's pain, that's quite a challenge, you can't fix that," Cathie said.*

*"It feels like a privilege to take care of people at really difficult times in their lives.*



*"I wouldn't have wanted to go through life and not see the extremes. You see the bad but you also see human resilience and generosity and I don't think I would have wanted to miss out on that."*

## Mentone Girls brighten Sandy Hospital

Students from years one and two at Mentone Girls Grammar School have donated their felt artworks to Sandringham Hospital to - in the words of the students - "brighten the walls and make the sick people feel better".

The students made the brightly coloured ocean-themed artworks from felt, as part of their study, which included a focus on teamwork and connecting with the local community.

Mentone Girls Grammar principal Fran Reddan said: "This donation is a way for the wonderful work being done at the hospital to be acknowledged and to



*Director of nursing Judy Reeves and maternity nurse manager Kay Kurth with Mentone Girls students and their art teacher.*

show the dedicated staff that their community appreciates them."

The artworks are currently being displayed in the maternity and paediatric outpatient areas.

Students also auctioned artworks on ebay with proceeds donated to the Sandringham Hospital maternity ward.

\* Local schools are also competing in an art competition to celebrate Sandy's 50th anniversary.

# IRON OVER BLOOD

**A highly vulnerable patient group is the target of a new study being carried out by The Alfred's Department of Anaesthesia and Perioperative Medicine.**

Instead of a blood transfusion, selected patients with a fractured hip will be given intravenous iron to fight against anaemia.

Anaesthetist consultant Joel Symons is leading the multi-centre trial at The Alfred.

**“Patients who are anaemic are at higher risk of needing a blood transfusion, have a high risk of infection, longer lengths of stay and high morbidity,” Joel said.**

“There is a huge morbidity in this group – one in four are dead six months after fracturing their femur. This may be due to pre-morbid functioning - the cause of what made them fall over in the first place - or they could be anaemic due to something like bowel cancer.

“Having a blood transfusion before an operation has been important for these patients, but it doesn't fix the problem – they are still at risk of anaemia.”

Participants will receive a one-off iron transfusion while in theatre for 15 minutes prior to the operation to mend the fracture. It is hoped that the iron will work to produce more red blood cells in



*Anaesthetist consultant Joel Symons with Fremantle investigator Dr Ed O'Loughlin.*

the body, thus reversing the anaemia.

The pilot study took place at Fremantle Hospital, where chief investigator Dr Ed O'Loughlin is based.

“In the pilot, we found that almost one-third of patients who had fractured their neck of femur were anaemic,” Ed said.

“The bulk of these patients are old and frail and anaemia is really common, with the bulk of them undergoing blood transfusions during their stay. Oral iron doesn't work as well, with the body not

absorbing the iron in this patient group, so the drip is the best option.

“Plus blood transfusions are not necessarily a good thing – blood is a limited resource, it's expensive and has potential complications.”

The study will involve 460 patients, most of them over 65 years, from Victoria, Western Australia and Queensland, half of them on a placebo. Patients will be followed up six months after the treatment. The trial is expected to run over several years, with first results due in mid 2016.

## GET ON YOUR BIKES AND RIDE

The Great Alfred Bike Ride (GABR) gives cyclists a unique opportunity to be part of a challenging cycling course, in support of emergency and trauma care at The Alfred.

The 2014 GABR will take place from 16 to 22 November, taking in some of Victoria's most picturesque towns over the 800 kilometre journey. Starting in Nagambie, the ride will wind through the Victorian high country.

Funds raised from The Great Alfred Bike Ride will go towards the planned redevelopment of The Alfred's Emergency and Trauma Centre.

Those interested in becoming part of the 2014 GABR team can visit [www.greatalfredbikeride.org.au](http://www.greatalfredbikeride.org.au)

## Put your best foot forward

**Mental health experts at the Monash Alfred Psychiatry Research Centre (MAPrc) are pulling out all the stops to help find better treatment for people with mental illness. And they're asking everyone to get behind them.**

You can help by grabbing a pair of running shoes and heading to Kew Boulevard on Sunday 31 August for the annual de Castella Run for mental health research.

This year, proceeds raised will go towards establishing a new PhD scholarship program at MAPrc to help train and develop the mental health researchers of tomorrow.

The de Castella run, a proud supporter of MAPrc, aims to raise awareness of mental illness, which accounts for the third highest cause of disability and premature death.

To show your support visit the de Castella run for mental health research website [www.decastellarun.com.au](http://www.decastellarun.com.au).

# MEDICINE. GENERALLY

*The resurgence of general medicine is underway. With an ever growing number of patients having a multitude of complex care issues, general medicine is playing an increasingly important role in healthcare.*

Director of general medicine, Associate Professor Harvey Newnham, says doctors in this field have the benefit of multiple skillsets.

“All the doctors are qualified in a subset speciality so this department is unique. We have neurologists, infectious diseases physicians, cardiologists and palliative care specialists amongst others, so we have a real breadth of knowledge to draw on.

“This is extremely useful when you are faced with a whole list of medical problems experienced by one patient. It’s like trying to solve a jigsaw puzzle to work out what is causing the patient’s current clinical problem.

“It’s often not a simple solution. You need to use all your medical knowledge to work out what to focus on first and come up with an appropriate care plan.”

The general medicine unit is extremely busy with more than 4000 admissions each year, which continues to increase. This accounts for about one-quarter of all Alfred admissions.



*Dr Karen Hitchcock.*

Young doctors who have chosen general medicine are passionate about their patients, who are often over 70 with a myriad of health problems.

The great lure for consultant physician Dr Karen Hitchcock variety.

“I love general medicine, I love the patients, the challenges; I have enormous freedom to follow my interests. For example, I work in diverse outpatient clinics: one that treats obesity, another treating patients with functional disorders and another the frail elderly.

“It became evident to me during my training, watching the endless arguments about which sub-specialty should admit these patients, that we needed someone who wanted to look after these patients.

**“General physicians become expert in leading a team to tackle extremely complex patient situations, where biological, psychological and social factors seem to conspire against you all at once.”**

“A single team, headed by a doctor with expertise in treating a patient holistically, should direct their care. Yet these doctors – the general physicians – had become almost extinct,” Karen said.

Harvey adds that it’s becoming apparent that, with an ageing population, there are many positives to general medicine.



*4GMU Intern Nick Johnson with patient Frank Dobae.*

# SPEAKING.

**“ In what other specialty can you see the same person six times for six completely different problems? ”**

“As well as an increasing older community, chronic diseases are on the rise so we need doctors who assess and treat these patients promptly and continue their care. This way we keep all the pieces of the puzzle,” Harvey said.

“While our length of stay is relatively short and decreasing, we pride ourselves on ensuring that our patients receive the best, timely care that positively impacts their health and wellbeing.”

A passion for solving problems has kept Dr Gary Yip in good stead for his work in general medicine.

“Some of our patients do not fit neatly into conventional management algorithms, so to help them, the doctor needs a balance of intuition, lateral thinking, and perspective,” Gary said.

“Generalism was the norm 40 years ago but with the enormous, rapid medical advances, there has been a complete move towards medical specialities.

“But with people living longer, there is a flow-on effect where we need a different skillset as our patients get older and more complex, with more than just one major illness needing attention. There is a real gap in this area and a real need.

One of the reasons Gary is passionate about general medicine is the exposure to a wide breadth of illnesses.

“Working in general medicine is about being involved in a person’s journey, not just being there at the moment where they are at their lowest ebb. It’s about longitudinal care, which is so rewarding.”

Added to this, Gary enjoys the extra time the unit is afforded to look after its patients.



*Dr Gary Yip.*

“Our unit is structured so that we are buffered against rigid time pressures. If a patient is complex, one member of the team can spend an hour with the patient, delving into their history to tease out the important issues amongst their assortment of symptoms. Better still, the

offering of a doctor’s time is therapeutically potent.”

“Patients are always more satisfied if you spend more time with them, even if you offer the same treatment of a 20 minute consultation.

“We are like GPs on a different playing field; everyone is a cog in the wheel.”

“Although there is still a shortage of committed generalists, there are now almost 300 registrars currently training to be general physicians,” she said.

It’s the teaching of young doctors that Gary finds most fulfilling.

“We get junior doctors coming through our unit at the most critical formative point of their education and are charged with a real responsibility and investment in the next generation – that passing on of wisdom is rewarding,” he said.

Going into general medicine is a great career for a young doctor, Harvey believes.

“I believe general medicine will only continue to grow. With such complex patients, it’s certainly a challenging area for young doctors. They certainly won’t get bored.”



*General Medicine Unit on ward rounds.*

# GENDER AND BRAIN RESPONSE EXPLORED

It is well known that gender plays an important role in how our brains function. A new study will investigate whether this extends to how men and women respond to non-invasive brain stimulation. Results may lead to different treatments being administered to men and women.

Non-invasive brain stimulation is emerging as a therapeutic tool for many brain related illnesses. There are a number of different brain stimulation tools being investigated and most use electrical or electromagnetic stimulation.

Two of the best developed techniques - transcranial Direct Current Stimulation (tDCS) and Transcranial Magnetic Stimulation (TMS) show promise for the treatment of major depression, schizophrenia, post-stroke rehabilitation and the cognitive impairment associated with dementia and movement disorders. Current research is looking at why some people get better following tDCS and TMS, but others do not.

Dr Rebecca Segrave, research fellow and clinical neuropsychologist at Monash Alfred Psychiatry Research Centre, says the study will also look at whether phases on the menstrual cycle, associated with high or low oestrogen levels, influences how brain stimulation effects brain activity.

"It is known that sex hormones, such as oestrogen can have a profound effect on



*Dr Rebecca Segrave is delving into the brain in a new study.*

brain cells, but it is not known whether this modulates the impact of brain stimulation," Rebecca said.

"tDCS and TMS influence brain activity initially by altering the excitability of neurons on the surface of the brain and later via a process called neuroplasticity, which involves the induction of more lasting changes in the activity of brain cells and the connections between them," Rebecca explained.

"Preliminary evidence suggests that sex hormones may modulate the effect of non-invasive brain stimulation. However

this has not been investigated in a systematic way and not at all in the dorsolateral prefrontal cortex - the area of the brain where tDCS and TMS are most often applied to treat brain related illnesses.

"Finding a relationship between oestrogen levels and non-invasive brain stimulation could pave the way for a clinical trial testing administration of oestrogen during a course of antidepressant tDCS or TMS to improve therapeutic outcomes." Rebecca said

## Alfred Health encourages *Health 4 Life*

As well as working on improving health in the community, Alfred Health is also looking after its own staff. A new opportunity encourages staff to get involved in a Victorian-first initiative aimed at helping them achieve their health, fitness and wellbeing goals.

*Health 4 Life* was developed in partnership with Healthstream Fitness, to offer 25 lucky staff members a complimentary six month gym membership, weekly personal training sessions and a nutrition health coach.

Libby Apps, The Alfred's patient liaison officer, joined the *Health 4 Life* program to, amazingly, get fit for organ transplantation.

"My husband was diagnosed with kidney disease in 2012," Libby said.

"As we are different blood types, we had joined the paired exchange program which means that I donate a kidney on the condition one comes back to my husband.

"Fortunately my husband recently received a transplant and I wasn't required to donate, but I am still very much motivated to continue my *Health 4 Life* journey."

Kirstan Corben, lead for population health and health promotion at Alfred Health, says no other health service has provided this level of support for staff before.

"As a leader in health promotion Alfred Health is aware that a person's workplace can have a really big impact on their health," Kirstan said.

"We are aiming to make that impact as positive as it can be."



Raising funds for the redevelopment of The Alfred's Emergency and Trauma Centre is the aim of this year's Father's Day Appeal.

In coming weeks, a number of activities will be running to raise awareness of this appeal and to build awareness of men's health issues.

As is tradition, sailors from HMAS Cerberus and members of Rotary Club, Malvern, will collect donations from those attending the MCG for the hotly contested Hawthorn versus Collingwood match in round 23.

Staff, patients and visitors will be able to enjoy 3AW's radio show in person when the booth comes to us from

4-7 September. Based in Alf's, hosts will speak to our staff and patients over the four day period.

Channel 9 is also supporting the appeal and is planning to do The Today Show weather crosses from The Alfred on Friday 5 September.

Look out for this year's Healthy Men booklet: *From the bottom up*, which focuses on gastroenterological disorders. The free booklet will be available in local Harris Scarfe, Dulux Trade Centres and Bunnings stores from late August.

Finally, you can also support The Alfred by participating in Swimtember. Just register and set your own challenge in the pool. This year Swimtember aims to raise \$75,000 for a treatment bay within the Rapid Intervention Treatment Zone, as part of the redevelopment of The Alfred's Emergency and Trauma Centre. Register at [swimtember.org.au](http://swimtember.org.au)

## 'NATURAL' MOISTURISER TRIGGERS FOOD ALLERGY

A woman who experienced a life-threatening allergic reaction after eating goat's cheese was shocked to learn it was triggered through repeated use of a moisturiser containing 'natural' ingredients.

The case study, recently published by Alfred researchers in *The Journal of Allergy and Clinical Immunology: In Practice*, pinpoints goat's milk as the offending ingredient, and highlights argument for skin care preparations to be bland, and not contain foods.

Professor Robyn O'Hehir, director of allergy, immunology and respiratory medicine at The Alfred and Monash University, said many creams – even for the treatment of dry skin or eczema – are advertised as 'natural' products.

"Surprisingly, some of these products contain foods which are known to cause allergy," Robyn said.

"Goat's milk, cow's milk, nut oils and oats are common ingredients in 'natural' cosmetics.

"While unlikely to be a problem for most people, repeated application of these to broken or eczematous skin may lead to a severe allergic reaction when the food is next eaten.



*In the laboratory: contributing author on the goat's milk study, Jodie Abramovitch.*

"Our study is the first to demonstrate both clinical and laboratory evidence of a link between topical application of cosmetics and the development of food allergy," she said.

*To support this year's Father's Day Appeal, SMS 'Dad' to 0400 807 807.*

## New professor

Congratulations to Alfred respiratory physician Glen Westall, who now has a new title added to his name through Monash University, after much hard work.

Associate Professor Glen Westall specialises in lung transplantation and has looked after many of the hospital's paediatric lung patients.



# NURSE HELPING OTHERS IN NEED

Lending her skills to help others overseas has been the long term goal of Alfred radiology nurse Joanne Bergman. After 30 years of service at The Alfred, she decided it was time to take her career to the next level.

In 2012 Joanne was on the search to find the right project when an internet search led her to *No Roads To Health*, a not-for-profit agency working in Papua New Guinea (PNG).

The *No Roads To Health* initiative is aligned with the Kokoda Development Program, delivered by AUSAID in consultation with the government and local communities of PNG. The initiative takes medical teams along the Kokoda Track to help improve the lives of local communities.

“Taking part in the *No Roads To Health* project has really ticked two boxes for me. It has allowed me to give of myself in a philanthropic way and at the same time, experience one of the most amazing places of significance in Australian history,” Joanne said.

“It has given me the opportunity to contribute to improving the health outcomes of the people of PNG in a structured and coordinated way.”

The experience also made Joanne aware of how lucky Australians are to have access to high quality public health care.

“This project made me aware of the plight of the people of PNG, especially the woman and children. I was horrified. There is a lack of basic health services in a country that is 3.6km from Australia's nearest border. There is one doctor for each 7000 people and one community health worker per 2330 people.

“We take for granted what we have in our country. I think it is important that as healthcare workers we help those in other parts of the world who don't have what we do. You really can make a difference and it's worthwhile.”

**For those interested in the *No Roads To Health* project visit [www.noroadsfoundation.com](http://www.noroadsfoundation.com)**

## Support continues

One of Caulfield Hospital's greatest benefactors – the Helmsmen Kiosk Auxiliary – has once again bestowed a large gift upon the hospital.

This year, the volunteers raised an astounding \$56,000, which will be donated to the hospital to purchase priority medical equipment. Each of the four aged care wards, three rehabilitation wards, consulting clinic, Baringa and community rehabilitation unit will all receive equipment.

Among the equipment to be purchased is a \$10,000 cardiograph ECG machine, a \$12,000 maxi move hoist and vital pressure relief mattresses.

Auxiliary president Joan Channing will hand over the cheque at the group's AGM in August.

Andrew Perta, clinical services director, rehabilitation, aged and community care, says the support makes a big difference to the hospital.

“Each year, the Helmsmen Auxiliary purchases a large amount of equipment for the hospital, which improves the care we can provide our patients.

“These amazing ladies volunteer their time, running the kiosk six days a week throughout the year. We are so appreciative of their ongoing dedication to the hospital.”

Since 1979, the Helmsmen Kiosk has given a donation to Caulfield Hospital each year. The total donated is now over \$1.1 million.



Joanne Bergman in PNG with local children.

# VALE: SEAN LUSK

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The passing of patient Sean Lusk has saddened many Alfred staff, who came to know the man - not just for his long medical history - but for his tireless support of The Alfred.

Sean recently passed away, aged 44, after a long battle with the complications of cystic fibrosis.

Sean had a long connection with the hospital, receiving a bilateral lung transplant in 1998 and a single lung transplant in 2001. He was part of The Alfred's community participation panel, adding his perspective as a patient, which played an integral part of the project planning phase for The Alfred's CF Service redevelopment and The Alfred Centre.

Professor John Wilson, head cystic fibrosis service in the department of allergy, immunology and respiratory medicine says Sean never wasted time on complaining.

"For Sean it was about what he could do to help others in his situation, living with cystic fibrosis, coping with it day in, day out and trying to help other with CF live better lives," John said.

Alfred Foundation development manager Sally Stewart remembers Sean as someone always seeking practical ways to help.

"Every time I saw him, he would always ask me: 'what specifically can I do to help? What does the ward need?' Then he would lobby to make it happen."

Alfred Health sends condolences to his family and many friends.

Sean Lusk.



## App watches over mental health

**Mental health experts are using social media to predict when a person living with a mental illness is likely to experience a relapse.**

The world-first pilot study, launched at the Monash Alfred Psychiatry Research Centre (MAPrc) by beyondblue chairman, The Hon. Jeff Kennett AC will measure if a specialist application (or app) can adequately monitor the Facebook use of people living with bipolar disorder.

MAPrc deputy director Professor Paul Fitzgerald says social media has the potential to be a life-saving way to prevent relapse for patients with bipolar disorder.

"Bipolar disorder is unfortunately one of the largest risk factors for attempted suicide," Paul said.

"Studies show that social media offers potential to monitor various psychiatric conditions however, until now, there has been no way to capture the information available."

Once an individual downloads the application, it will look for changes in social media interactions, such as

posts, likes and friend requests. It also prompts self-assessment by asking the profile owner to rate their mood each day.

"The app will be developed to the point where it can identify changes in Facebook use that predict impending illness relapse and then alert the patient, their mental health physician, carers or family to take immediate action," Paul added

Study coordinator and Alfred intern, Dr Rowan Miller says that social

networking sites have the potential to play a significant role in predicting and preventing mental illness.

"This technology may remove traditional geographic barriers and allow real time, rather than retrospective information, on patients' moods and sleeping patterns," Rowan said.

Mr Kennett believes the application and study, developed by MAPrc and RMIT University, are prime examples of how innovative approaches to mental health could improve lives.



beyondblue chairman Jeff Kennett with study co-ordinator Dr Rowan Miller.



## SETTLING IN TO SANDY

**Name:** Dr Nicola Yuen

**Title:** Head of obstetrics and gynaecology at The Women's at Sandringham.

**Special interest:** My clinical interest is in high risk pregnancy.

**Your role at The Women's at Sandy:**

I currently run obstetrics and gynaecological services at Sandy. In this role I work alongside our nurse manager Kay Kurth, the VMOs, registrars and residents.

**Background:** I did private practice at The Royal Women's St Frances Perry House for five years, specialising, in particular, in multiple pregnancy. The job then came up for a new director of emergency at The Women's. I put my hand up for it and worked as the director for four years. During that time I also became an accredited ALS (advanced life support) instructor at The Alfred. I've now been at The Women's for almost 10 years.

**Home life:** I have two small children – Octavia, who is four, and three year old Archer, who keep me very busy.

**What are some of your thoughts since being at Sandy?** The best thing about coming to Sandringham is the unique opportunity to do what we are trying to do here. No one has tried to do the 'hospital within a hospital' before. The way our CEOs have embraced two major organisations working together is really exciting and cutting edge in terms of how to offer tertiary centre opinion and care in a community hospital.

We have the back up and the expertise of The Women's when we need it, but we are also embracing what Sandringham is known for, which is its community spirit and its links to local GPs. We really try to stay focused on that; we don't want to lose that feel.

# STAFF TESTAMENT TO HOSPITAL'S SERVICES

Giving birth at your workplace isn't something most women plan, however a number of Sandringham Hospital staff had enough trust in their workplace to do just that.

To celebrate Sandringham Hospital's 50th birthday, women who work and birthed at Sandy joined together to celebrate their unique connection with the community hospital.

Maternity manager Kay Kurth has worked at Sandringham Hospital for 38 years. She chose to have all three of her children at the hospital.

"Being a midwife at the time, I felt I knew what to expect with my births and although there were some surprises, I enjoyed birthing my babies at Sandringham," Kay said.

"Friends thought I was crazy to choose my workplace, but a community hospital is something really personal and special, and I was thrilled to have access to it."

Clinical midwife specialist Barb Cook has worked at the hospital for over 20 years and had her son at Sandy in 1970.

"The benefit of a community hospital is that there is a smaller number of staff, so we all know each other," Barb said.

### DID YOU KNOW?

- From 1964 – 2014, there have been almost 50,000 births at Sandy.
- 2013 was the year of highest births at Sandy, with 1520 babies coming into the world.



Mothers who gave birth at Sandy: (L-R) Rebecca Stephens, with Lucy and Jack, Barb Cook, Fleur Harber with Thomas, Zonda Patterson, Freya Corr and maternity manager Kay Kurth.

# REMEMBERING AIDS 2014<sup>15</sup>

After a sombre start with the loss of six delegates in the downing of MH17, AIDS 2014, the 20th International AIDS Conference ended in Melbourne with a chorus of international figures calling on governments and organisations to step up the pace.



AIDS 2014, the largest scientific and health conference to be convened in Australia, brought more than 13,600 delegates to Melbourne. They presented new scientific discoveries, highlighted the need to end stigma and discrimination of people living with HIV and stressed the importance of maintaining global efforts to ensure universal access to treatment.

At the closing ceremony, outgoing president of the International AIDS Society and Co-Chair of AIDS 2014,

Professor Francoise Barre-Sinoussi called on the world to unite to improve global health.

"I strongly believe that we must further increase our collaboration with other major international health movements because our objective is to build a better future for all. The mobilisation against AIDS is also a strong driver to advance other areas such as human rights. There will be no end of AIDS without ensuring respect and dignity of all people, equity

in access to health services and social justice," she said.

Professor Sharon Lewin, director of infectious diseases, The Alfred & AIDS 2014 local Co-Chair, also called for increased support.

"This week we have heard of all the great progress, but that there is still much work to be done," Sharon said.

"In order for us to change an epidemic to a low level infection, we need an individualised approach to address key hot spots; we need a strong focus on specific geographical areas and key affected populations that continue to experience the highest number of infections. We need to recognise that one size will not fit all in our response. Now more than ever, we need an increase in funding to do it. Now is not the time to slacken the pace."

Speaking on behalf of people living with HIV, John Manwaring urged people from communities affected by HIV to be fearless advocates.

"Every day, those of us living with HIV have to contend with fear and the irrational, often cruel, reactions it incites. But I have realised an undeniable truth; we are more powerful than we know. When those of us living with HIV come out into the light and share our stories, we dispel the fear, the stigma and the hate."

The next International AIDS Conference will take place in Durban in South Africa in 2016.



Co-chair Prof Sharon Lewin at AIDS 2014 with international HIV experts.



# SIMPLE SELFIE TURNS INTO MEDICAL COUP



Winners Jareel and Jennifer with the Imagine Cup judges.

Two Monash University fifth-year medical students, one of which is doing his research year at The Alfred, have taken out a prestigious global student technology competition, the biggest such prize in the world.

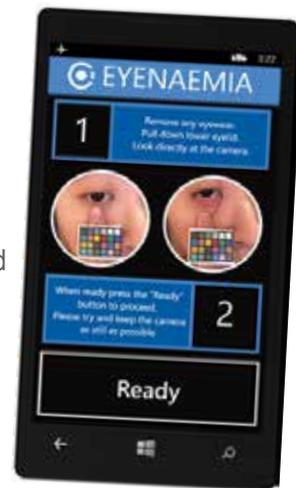
Jarrel Seah, along with his partner Jennifer Tang (who will be an Alfred intern next year) are this year's winners of the Microsoft Imagine Cup for their project: *Eyenaemia*.

Their project shows that screening for anaemia is as simple as taking a selfie.

The simple, non-invasive screening tool analyses conjunctiva and calculates the risk of anaemia.

Jarrel, who is doing his research in Alfred radiology, says the pair thought of the idea when doing medical placements in rural and remote areas of Australia.

"Seeing people travel for hours to access medical care and seeing areas where there simply wasn't the equipment to do a blood test made us think we needed to come up with a simple and efficient way to screen for anaemia," Jarrel said.



The idea impressed Microsoft, especially when considering that two billion people suffer from anaemia worldwide. The cheap easily accessible screening solution is targeted at everyday people.

"If you can take a selfie, you can use Eyenaemia," Jarrel said.

"We both have an interest in technology and software development and the medical field so we're creating a bridge between the two. We envisage using technology to help people stay alive and healthy."

Alfred Health chief executive Andrew Way congratulated the pair, saying this type of innovative thinking is becoming part of The Alfred culture.

"More and more we are seeing the benefits of technology in healthcare. This is a terrific achievement and we look forward to further exploring possibilities in healthcare."

The prize includes a private meeting with Microsoft founder Bill Gates to share their project.

## New ambassador a Commonwealth Games champion

The Alfred Foundation welcomes Commonwealth Games long-distance swimming champion Mack Horton as its ambassador for *Swimtember 2014*.

The Melbourne born junior champion is among a new generation of swimmers who has returned Australia to top position in middle and long distance swimming in this year's Commonwealth Games in Glasgow. Mack won a silver medal for Australia in the men's 1500m freestyle.

A buzz has surrounded Mack since he won back-to-back gold medals in the junior world titles last year. Sporting commentators have tipped him as a serious contender to win gold at the next Olympic Games in Rio de Janeiro in 2016.

Mack is now behind only Grant Hackett and Kieren Perkins as the third fastest Australian in long-distance swimming, having knocked eight seconds off his personal best in the past year.



Swimmer Mack Horton.

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