



On the roof at Burnside Hospital L-R: Frank Kite, Chair of the Board of Directors at Burnside Hospital; Heather Messenger, CEO; Joyce Jaeger, Director Finance and Admin; Anne Hinton, Chair of the Finance and Audit Committee

Burnside joins the global greening of healthcare

Burnside Hospital has joined a global shift to 'green' healthcare by adding a solar power network, energy efficient fixtures and increasing recycling programs to ensure sustainability and energy efficiency into the future.

Over 500 solar panels were installed on the Hospital's Toorak Gardens rooftops through May 2018 and the switch to solar power wraps up

a host of greening initiatives at the Hospital. The solar network is generating 157kW of power which will supply 12% of the annual energy needs of the Hospital.

1,032 interior lights were replaced with LED fittings in the same month, including across the operating theatres, support service areas and in all patient rooms. The result is a softer and more natural 'daylight' type lighting for patients and staff, which is particularly welcomed by bed-ridden patients or those staying multiple days.

These two combined initiatives will save 253 tonnes of CO² annually (the equivalent of removing 131 cars off the road each year) and reduces the energy bill of the Hospital by up to \$140,000 p.a. Installation of power factor correction equipment to improve power quality (reducing our real electricity demand) was also part of the project.

The solar and lighting projects also follow a successful recycling program implemented in the Perioperative Suite. The benefits of the program not only reduce our waste, but

also cut our operational costs and enhance the Hospital's environmental standing in our community. While the usual items have been on the recycling program for many years, an internal committee reviewed the waste management operation and included Kimguard (sterile wrap) and hard plastics into the recycling stream in the past few years. These new measures have been implemented through the Perioperative Suite, including CSSD, and have resulted in overall waste reduction across the Hospital.

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From the Clinical Review Committee



We recently welcomed the Organisation Wide Survey undertaken by the Australian Council on Healthcare Standards (ACHS) to complete our four-yearly accreditation and, whilst the formal outcome is not yet published, the summation briefing from the surveying team recommends that all standards and associated actions have been 'Satisfactorily Met' which is very pleasing for everyone working at, and associated with Burnside Hospital.

It's evident from consistently positive feedback received each week from patients that they value what is on offer at Burnside Hospital and their feedback in turn, assists to further refine our service. Patients and consumers increasingly are playing a key role in optimising care.

One of the challenges ahead is that healthcare is being disrupted from the outside, resulting in consumers wanting even more from their healthcare providers. Increasingly, patients expect our complex, less than perfectly integrated system to be able to better respond to their demands for healthcare: for it to be ready and available when, where and how they need it, and perfect in every way. We aim for this through ensuring we meet the National standards but in reality from a consumer perspective, they are a given!

It is imperative we continue to make even greater efforts

to understand consumer-driven healthcare so that we are agile and positioned to respond and meet this expectation within the context of a highly competitive marketplace. Our point of difference is the quality of our care and service provided by staff, volunteers and visiting health practitioners (doctors and allied health personnel) and which has been evident throughout this accreditation review.

It is essential that we do not respond to surveys as an 'event'. It was evident to the surveyors that this isn't the approach taken, but rather that continuous quality improvement underpins how we conduct our business and the way that staff, volunteers and visiting health practitioners participate in the provision of healthcare at Burnside Hospital.

The administering of cannabis for medicinal use was recently raised by one of our

specialists regarding their patient's admission and this gave us a great opportunity to begin a conversation about this topical issue. While the hospital remains firm on our policy to not permit non-prescribed substances onsite as is consistent with regulatory requirements, I'd like to thank our visiting Intensivist Dr Mark Finnis for writing a thorough and informative piece on the current state of medicinal cannabis use in this edition.

Thank you for your ongoing support of Burnside Hospital and I look forward to working with you in the new Financial Year.

HEATHER MESSENGER
Chief Executive Officer

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A bird's eye view of 500+ solar panels atop Burnside Hospital

"The strategic efforts to green the Hospital's operation are in line with the expectations of our community and also make good business sense by reducing our energy footprint over the long term."

Chairman of the Burnside Hospital Board of Directors, Mr Frank Kite

Our other environmental initiatives include:

- › Installation of two new lifts with regenerative drive which recycles energy (ie the lift stores energy going down, using that energy on the upward journey)
- › Installation of a new chiller to replace the circa-1976 system, providing more efficient air conditioning
- › Two cleaner, greener back-up power generators installed in 2017
- › A modern, energy-efficient air-conditioning unit installed in the Attunga Medical Centre
- › Sustainable packaging in food items and a BYO coffee cup offer at Café Otto
- › Elimination of almost all hazardous chemicals in general housekeeping services (with the exception of perioperative and clinical care environments)

- › Larger windows in renovated / redeveloped areas to take advantage of available daylight
- › More services available online, including eAdmissions which will replace paper admission forms over time

There is more to be done in this area and an internal Environmental Interest Group has recently been initiated by Hospital staff to continually improve sustainability practices and reduce the Hospital's impact on the environment. The next focus areas are water and energy conservation.

The combined efforts of the Hospital to reduce its carbon footprint are in sync with a global trend for greening healthcare facilities to create a better and healthier environment for patients and our community.



The new chiller arrives for Attunga Medical Centre, requiring the temporary closure of Hewitt Ave, Toorak Gardens

Karina Bunker joins the Burnside Hospital Executive Team as Director People and Culture.

Karina has worked in human resources across sectors such as manufacturing, mining, agriculture and retail and arrives to us from Novita Children's Services where in 2014, she was named a finalist in the Telstra Business Women's Awards.



"My priority is to align a contemporary human resource service as a business partner to the hospital's various departments. My focus is on leadership development, supporting best practice and adding to a great workplace culture that engages and inspires our people."

Martin Carolan has recently been appointed as Burnside Hospital's Foundation Manager.

Martin comes to the Foundation with 20 years' experience as a professional fundraiser with the British Red Cross in London, St Vincent's Hospital Brisbane and more recently with the RSPCA.

Martin is developing a multi-tiered fundraising strategy that will ensure maximisation of income streams to support the work of the Foundation and Hospital.



"I look forward to working with the Foundation Committee, CEO and our donors in growing the Foundation's income to support the great work of Burnside Hospital."

An Update on Cannabis for Medicinal Use

By Dr Mark Finnis, Burnside Hospital Visiting Specialist Intensivist



Key Events

- ▶ Parliament legalised medicinal cannabis in 2016
- ▶ TGA list 'cannabis that been prepared for packed for human therapeutic use' under Schedule 8.
- ▶ Cannabidiol preparations containing $\leq 2\%$ of other cannabinoids are classified S4.
- ▶ TGA issue clinical guidance documents for prescription under Special Access Scheme B or as an Authorised Prescriber.
- ▶ TGA set standards for local manufacture (Order 93 – Standards for Medicinal Cannabis)
- ▶ Office of Drug Control has issued, to date: 16 cultivation and production, 10 research, and 9 manufacture licences.
- ▶ COAG (Apr 2018) agree to establish a single online national portal to streamline access to unregistered medicinal cannabis products.

Marijuana, much like the opium poppy, is a complex plant containing over 500 chemical compounds and over 100 cannabinoids. Cultivation, sale or possession of marijuana remain criminal offences; however, 'medicinal cannabis' was legalised in Australia effective 1 November 2016, joining over 30 countries worldwide.

Despite legalisation, the pathways for access to medicinal cannabis remain obtuse. This, in part, relates to the standard processes for drug approval within the Therapeutic Goods Administration (TGA) requiring a direct, reproducible treatment-effect. The question of which cannabinoid produces which effect is yet to be clearly defined, with proponents focussing on the 'entourage effect' seen with the non-medicinal parent preparations. Like the opioids, for any given pure compound there is a wide spectrum of clinical response, consistent with variable expression of cannabis-receptors in the population.

Additionally, clinical trials have been hampered by greater than usual patient expectation and a high placebo effect, limiting statistical power. Even in conditions where a treatment effect is consistently reproducible, e.g. refractory childhood epilepsy, there is a substantial placebo effect - up to 20% in some studies.

In the face of insufficient clinical data and in response to pressure from the general public and medical profession, access to non-approved medicinal cannabis products was established by the TGA. This included guidelines for approval, importation and prescription of defined products under Special Access Scheme B or as an Authorised Prescriber. Within SA Health, this is controlled through the Drugs of Dependence Unit (1300 652 584) and medical practitioners can discuss the specific authority requirements, listed exemptions, or download an application from their website.

Where clinical evidence does exist, the TGA have created clinical evidence reviews and guidance documents, which are updated on an ongoing basis and available from their website. The main areas of application for medicinal

cannabis are listed in the Clinical Evidence Reviews (TGA) box. Even within these areas, the evidence of effect is variable and benefit not clear cut for a number of the listed conditions.

Self-prescribed and recreational use of marijuana remains widespread within our community. The legalisation of medicinal cannabis has led many users to label their personal consumption as 'medicinal', with the clear aim of legitimising use.

The ongoing District Court case involving Adelaide woman Jenny Hallam, charged with the illegal production and supply for sale of cannabis oil, will undoubtedly test this practice. From the perspective of Burnside Hospital, unless prescription has taken place via the approved channels, including the dispensing pharmacy, then possession and use are illegal and cannot be supported. In contrast, where prescription is legal and the patient admitted to Burnside, their cannabis order should be transcribed onto the medication chart - usually as "patient's own supply", unless prior arrangements have been made with the hospital pharmacy.

REF: <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>

Clinical Evidence Reviews (TGA)

- ▶ Paediatric and early-adult epilepsies
- ▶ Multiple sclerosis
- ▶ Nausea and vomiting - chemotherapy or HIV/AIDS related
- ▶ Various types of chronic pain
- ▶ Palliative care

Ross Swaps Burnside Scrubs for Surgical Volunteering in Africa

Ross McIlwraith, long-standing Clinical Nurse and Acting Clinical Nurse Coordinator in the Perioperative Suite, leaves in September 2018 to join the 'Africa Mercy' hospital ship, delivering onboard clinical services to the people of Guinea, West Africa with the Mercy Ships organisation.

The 'Africa Mercy' trip marks the beginning of a career transition for Ross, as he works towards a retirement of sorts from professional nursing and onwards to increasing volunteer stints as he gradually winds down from his 40 years of nursing, 20 of which have been with Burnside. Ross will be a scrub or instrument nurse (i.e. participating in the surgical treatment of patients) on board for three months, in which time the surgical team will complete about 2,000 procedures.

The ship itself is a 152m Danish ex-rail ferry and has been serving as the world's largest non-military hospital ship since deployment in 2007. It hosts five operating theatres and houses an 80 bed ward which Ross quips, 'makes it comparable to a Burnside Hospital sized facility on water'!

Conditions treated onboard can vary, with the most prominent procedures being eye surgery (cataracts) in both children and adults and reconstructive surgery for burns, which is also common due to lifestyle factors in Guinea communities. Some of the more troubling cases involve obstetric fistula's which have resulted in social ostracism for women, maxillofacial tumours, club feet and bow legs, particularly

in children. While Ross feels prepared for the reality of this from his time in the Solomon Islands, he also understands the cultural and psychological distress that some of the ship's new volunteers experience when confronted with such suffering and adversity.

This isn't the first time that Ross has volunteered his unique skill set to people in need. In 1998 he supported another humanitarian aid tour aboard the 'Anastasis' in the Solomon Islands and it was on this trip where he first heard about the opportunities to assist Mercy Ships in Africa. With the looming bleakness of political unrest in surrounding borders, human rights issues and the 2014 Ebola outbreak in the republic of Guinea, it is a wonderful gift that Ross willingly puts aside his own time and family unit for the good of others.

In addition to clinical care, the ship also provides education and training for local medical teams and an agricultural program that supports local farmers to yield more from sustainable farming practices.

You can follow Ross McIlwraith's blog via <https://mymercy.mercyships.org/blogs/65>

Good luck Ross!



L-R: Trent Batchelor (Clinical Manager, Perioperative Suite), Ross McIlwraith (Clinical Nurse Coordinator, Perioperative Suite), Suzanne Murray (Director Clinical Operations)

“These are people who sometimes walk for days to receive treatment that they have waited a lifetime to receive. Debilitating, often painful conditions have been endured by both children and adults, most of which could not afford a Panadol, let alone surgery. I am honoured to be able to support such a deserving and grateful community of people.”

Ross McIlwraith

Burnside Hospital Consumer Advisory Group

The inaugural Consumer Advisory Group (CAG) has now been implemented with our first meeting held in April. Six diverse consumer representatives have been inducted and are now involved in providing advice and comment on service planning and delivery at Burnside Hospital.

Burnside Hospital recognises the evidence supporting

the immense value that partnerships with consumers provide to the quality of healthcare. The introduction of a Consumer Advisory Group enables the Burnside Hospital to further improve our services in line with consumer expectations and exemplifies our commitment to the Australian Council on Healthcare Standard number two, 'Partnering with Consumers'.

The Role of Magnetic Resonance Imaging (MRI) in the Diagnosis of Prostate Cancer

By Dr Peter Penkoff, Burnside Hospital Visiting Specialist Urologist

Prostate cancer is the most commonly diagnosed malignancy in Australian men. More than 3000 men die of the disease every year, which is more than women who die of breast cancer.

The timely and accurate diagnosis of prostate cancer is an important step in the management of the disease.

Prostate cancer is diagnosed using a combination of tests. The ideal test would be minimally invasive, with few side effects, cost effective and would identify the majority of men with significant disease suitable for treatment without over diagnosing insignificant cancer, thus minimising side effects of overtreatment. Traditionally these tests have included – DRE (digital rectal examination), PSA and its adjuncts (prostate specific antigen, despite its multiple limitations) and prostate biopsy.



Over the last few years MRI has emerged as a suitable modality to image the prostate to detect prostate cancer. The test has been continuously refined and the reporting radiologists have become more experienced.

This begs the questions: is MRI as good at detecting prostate cancer as the currently used transrectal prostate biopsy? The PRECISION Trial published in the New England Journal of Medicine, Mar 2018 is a multicentre, randomised trial conducted at 25 centres in 11 countries aimed at answering the question.

The study examined biopsy naïve men with clinical suspicion for prostate cancer based on DRE and/or elevated PSA. Participants were randomised into 2 arms – MRI+/-targeted prostate biopsy, depending on the MRI findings vs. a standard 12-core, systematic, transrectal prostate biopsy.

According to the results, the risk assessment with MRI in the diagnostic pathway achieved several positive outcomes. 28% less men were subjected to a prostate biopsy. More clinically significant cancer was detected in the MRI group 38% vs. 26% in the standard biopsy group.

Fewer participants received a diagnosis of insignificant prostate cancer in the MRI group (9% vs. 22%), which in turn leads to less patient anxiety, less follow up required and lower costs associated with that.

The addition of MRI to aid prostate cancer detection is certainly practice changing, but it still has some limitations. Individual circumstances should be discussed between patients and their treating urologist.

DR BRUNO FRANCHI, GERIATRICIAN

Welcome to Dr Bruno Franchi who is working closely with the Adelaide Hip and Knee Centre team to support joint replacement and orthopaedic procedures for elderly patients.

Dr Franchi is also available for other referrals. Contact the executive office on 8202 7208.

eAdmissions – the First Year

The eAdmission platform was launched in July 2017 to allow patients to complete their admission form entirely online. Since its launch, approximately 30% of Burnside patients have completed their admission using the eAdmissions function.

Not surprisingly, our maternity patients have been the most avid users of this functionality, with 90% of obstetric admissions completed via the platform.

eAdmissions is secure, user-friendly and the 'real-time' submission allows the hospital to prepare for the patient's admission earlier. The integration between systems significantly reduces the amount of data entry and resources required by the Hospital and we thank those specialists and practice managers that are embracing the change and encouraging their patients to use the platform.

A link to eAdmissions is available via the home page at burnsidehospital.asn.au.

Upcoming Antenatal Education Enrolments Online

All bookings for the Burnside Maternity Service antenatal classes will move to a self-serve function online in the coming months, following on from the 90% rate of utilisation of eAdmissions by obstetric patients.

Classes with online booking functionality will include:

- ▶ Early Pregnancy
- ▶ Birth and Parenting
- ▶ Refresher Session
- ▶ Feeding session

The bookings will be available via the Burnside Hospital website and notice will be sent to all Obstetrics practices in the coming months to assist prospective patients. Changes will be made to both the eAdmission and paper admission form to direct patients to the online enrolment.

Welcome to Burnside

DR MARK LLOYD



Urologist
MBBS (Adel) FRACS (Urol)

Dr Lloyd is a Urological Surgeon and the past Chair of the South Australian Section of the Urological Society of Australia and New Zealand. Mark is also a Senior Lecturer in Surgery at the University of Adelaide and previous member of the Board of Urology.

Mark has a Bachelor of Medicine and a Bachelor of Surgery degree from Adelaide University and a Fellow of the Royal Australasian College of Surgeons (FRACS). He is a certified Urological Surgeon having undergone specialist training in Australia and the United Kingdom and has completed post graduate training in laparoscopic and robotic surgery for diseases of the prostate and kidney. He also offers laser surgery for kidney stones and for prostate surgery.

His areas of special interest include Robotic and Laparoscopic Urology, Uro-Oncology, Laser Prostatectomy, Stone disease, General Urology and Male continence Surgery. Mark consults at The Queen Elizabeth Hospital and QE Specialist Centre and Burnside Hospital.

QE Specialist Centre
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P: 08 8244 4105
qespecialistcentre.com.au

DR DAN SPERNAT



Urologist
MB BS MPH MEd AFRACMA
AFACHSM FRACS (Urol)

Dr Spernat has previously held the posts of Chair of the SA Section of the Urological Society of Australia and NZ, an elected member of the SA Regional Committee, Royal Australasian College of Surgeons (RACS) and the RACS Examination Committee. Dan is a current member of the American Urological Association and the European Association of Urology and a Senior Lecturer in Surgery at the University of Adelaide. Holding a Bachelor of Medicine and Bachelor of Surgery degrees, a Masters of Public Health, a Masters of Education, an Associate Fellowship with the Royal Australasian College of Medical Administration and an Associate Fellowship with the Australian College of Health Service Management, Dr Spernat has also undertaken specialist surgical training across Australia. Following core Urology training, he completed a Fellowship in Prosthetic Urology and Uro-Oncology at Monash Medical Centre. A keen researcher with over 30 peer reviewed publications and on the Editorial Board of several journals, he regularly contributes to national and international meetings and is the Australian representative for Fight Like a Man International.

DR KAREEANN KHOW



MbChB, FRACP (Geriatric medicine)

Dr Khow is a Fellow of The Royal Australasian College of Physician, specialising in Geriatric Medicine. She graduated from the University of Auckland and completed her advanced training in geriatric medicine in Adelaide. She has an interest in perioperative orthopaedic care. Her aim is to improve patients' wellbeing, function and quality of life following major surgery. She is passionate about providing high quality care in managing bone fragility, frailty and sarcopenia in older people as well as preventing falls in this population. She is a Senior Clinical Lecturer at the University of Adelaide and is currently pursuing her research in the area of "Falls and Fractures in Older People".

MedPlus SA Specialist Centre
38 North Terrace, Kent Town
P: 7225 6522
medplussa.com.au

DR SPERNAT CONT >>

His areas of special interest include Robotic Surgery, Prosthetic Urology, Uro-Oncology, Laser Prostatectomy, Stone disease and General Urology.

QE Specialist Centre
35 Woodville Rd, Woodville South
P: 08 8244 4105
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DR NEENA PETER



Ophthalmologist
MA (Cantab), MB BChir, FRCOphth,
FRANZCO

Dr Neena Peter graduated from Cambridge University Medical School. She completed her ophthalmic training in London and Oxford, UK before undertaking advanced Fellowship training within the UK, New Zealand and Australia in the field of Oculoplastic, Lacrimal and Orbital Surgery.

She has extensive experience in Oculoplastic Surgery and has published widely within her field. She regularly presents at meetings, both nationally and internationally.

Dr Peter's special interests include:

- » Ptosis repair, blepharoplasty and brow ptosis repair
- » Eyelid cancer excision; major eyelid reconstruction, including reconstruction of Mohs' micrographic surgery defects
- » Ectropion and entropion surgery
- » Surgical Repair for watery eyes (lacrimal and lid surgery)
- » Enucleation, evisceration, orbital implantation and socket care
- » Surgical rehabilitation of thyroid eye disease
- » Use of Botox in the management of blepharospasm and hemifacial spasm

Eastern Suburbs Eye Centre
9 Stuart Road, Dulwich
P: 08 8332 6362

From the Clinical Review Committee

Two matters have given rise to the Clinical Review Committee (CRC) recommending that the Hospital remind all Visiting Medical Officers (VMO's) of their clinical leadership role in ensuring the surgical safety checklist process is undertaken (otherwise known as team time out) prior to the commencement of each procedure and access to, and availability of, matched blood for use in an emergency situation be considered as part of the pre-operative planning process.

The role of the CRC (a subcommittee of the Medical Executive Committee) is to receive, review and analyse all clinical incidents and any adverse events occurring

within the Hospital with the objective of recommending system improvement initiatives. The membership comprises specialists from some of the hospitals major speciality areas, is chaired by Dr Geoff Martin and meets at least four times per year.

Team Time Out

In relation to 'Team Time Out' and completion of the surgical safety checklist, it is timely to remind VMOs of the hospital's policy 'Correct Patient, Procedure and Site/Side Identification' (POL-019), consistent with the RACS position. The policy states: it is the surgeon's responsibility to delineate the surgical site, and whilst all team members are responsible for participation in this process prior to the induction of anaesthesia, ultimate accountability rests with the surgeon.

Blood Transfusions

The Hospital has a Transfusion Services Reference Sheet which was formulated in conjunction

with pathology providers and has been recently revised in May 2018 (GUID-078), providing contact numbers and timelines for urgent blood matching and delivery to Burnside Hospital.

Four (4) units of O negative uncross-matched blood are available on site for emergency transfusion however if it is anticipated your patient is likely to experience substantial blood loss, or has pre-existing anaemia, it may be prudent to request a 'Group and Hold/Screen' prior to surgery taking place. The cost of this pathology is minimal and will reduce the time required to supply the blood product to the Hospital.

If you have any queries on either matter please contact Suzanne Murray, Director Clinical Operations on 8202 7208.

ABOUT THIS PUBLICATION

We welcome your feedback

Do you have a story idea, comment or suggestion?

If so, please direct these to:

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Thank you for your cooperation in conserving our precious resources.

Burnside Bulletin

Burnside Bulletin is the official newsletter of the private, not-for-profit Burnside Hospital.



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Chief Executive Officer
Ms Heather Messenger



The perioperative suite team gave up a Saturday morning recently to participate in the 'Respectful Behaviour in the Workplace – Your Rights and Responsibilities' training session with an external educator at the Adelaide Pavilion. Plans are underway to roll out this training in other areas across the organisation in the coming months and reflects the hospital's commitment and investment in ensuring professional workplace behaviours are part of our culture at all times.

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