ST JOHN OF GOD
Midland Public & Private Hospitals

Midland

GP UPDATE

December 2016

CEO Message

Welcome to the final GP Update for 2016 for what has been a productive first year of operations for the hospital.

On 24 November 2016, we celebrated our first birthday, the culmination of a year of activity and achievement across the hospitals. Over the past twelve months, we have seen and treated about 161,000 public and private patients. Our busiest 24-hour periods over the year included 204 ED presentations in a day, 13 babies delivered and 61 surgical procedures performed.

I am proud that, together with WA Health, we have dramatically raised the health 'self-sufficiency' of the region by offering new services such as oncology, coronary care and intensive care, while providing care closer to home for patients from the East Metropolitan region and Wheatbelt.

In addition, we are also undertaking more complex clinical activity, reducing the need to transfer patients to tertiary hospitals.

In recognition of a higher than expected level of activity, we are delighted to have received a substantial increase in funding from the State Government for this financial year. This will allow us to treat 12% more general patients, 13% more maternity patients, and 7% more mental health patients.

As we close this historic first year, we extend our sincere thanks to you for your support of St John of God Midland Public and Private Hospitals. We appreciate and recognise the significant contribution that you make to meeting the health needs of the communities we jointly serve.

I hope this newsletter has proved useful to gain relevant information on our hospital. If you have any queries or comments, I welcome you contacting me on (08) 9462 4904.

We wish you and your family all the best for the festive season.

Dr Glen Power, Chief Executive Officer

Minister John Day, Dr Christine Clinch and Dr Glen Power

Meet Dr Mary Theophilus

Head of Department General Surgery

Q. How long have you been working as a general surgeon?
I have been working as a general surgeon for nearly seven years.

Q. What are your areas of interest?
As well as being a general surgeon, I am also a fully trained colorectal surgeon having completed a fellowship in Melbourne. Whilst I enjoy all colorectal surgery and all acute general surgery, my particular areas of interests include advanced laparoscopic surgery, particularly with bowel resections. I also enjoy all colorectal abdominal and perianal work.

Q. What is St John of God Midland Public Hospital doing to continually improve patient care?
The Department of General Surgery is striving to ensure our patients have holistic care and good follow up. We provide a wide range of services and are able to look after a more comorbid cohort of patients than previously possible. Very few patients now have to be transferred out of the hospital.

Our cancer patients receive a quick comprehensive service with full discussion at multidisciplinary team meetings to ensure they receive the correct treatments and operations, in the current order, to ensure maximal survival and quality of life.

All surgeons at Midland are adept at laparoscopy and minimal invasive surgery in a wide range of general surgery and have embraced the latest techniques to limit recovery time and reduce morbidity. We have many experienced surgeons trained to a high standard with a range of specialty expertise, short waiting times and excellent follow up care.

Why have you chosen to work in Midland?
I am proud to do the job that I do and happy that I can work at the new hospital to ensure the community receives the most up to date and holistic care on their doorstep.

General Surgery Public Clinics

General Surgery clinics are underway at the hospital; we encourage bookings through the Central Referral System or direct to the hospital. Type two clinics in plastic surgery, orthopaedic surgery, ENT and urology need to be referred direct to the individual service.

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Aboriginal executive appointment first for metropolitan hospital

St John of God Midland Public Hospital has become the first hospital in the Perth metropolitan area to appoint a head of Aboriginal health onto its executive board.

Dr Christine Clinch, a Yamatji woman and medical educator, was recently appointed Director of Aboriginal Health for the hospital.

CEO Dr Glen Power is delighted someone of Dr Clinch's calibre is joining our hospital.

"With 20 per cent of Perth's Aboriginal people living in the hospital's catchment area, we place great focus on providing culturally appropriate care and improving health outcomes for Aboriginal people," he said.

"As Director of Aboriginal Health, Dr Clinch will lead our Aboriginal health strategy, which covers clinician engagement and culturally appropriate models of care as well as maintaining strong links with key referral agencies in Western Australia."

Dr Clinch has worked for the past six years in Aboriginal medical education at UWA.

Dr Clinch will head the Aboriginal Health Team, which includes two Aboriginal Cultural Engagement and Patient Liaison Officers.

She will also expand the network of Honorary Liaison Officers, a local reference group of Aboriginal elders and community representatives designed to enhance the hospital's engagement with Swan and Wheatbelt region Aboriginal family groups.

The hospital provides a number of Aboriginal health services, including collaborations with external health providers such as Patches Paediatrics, the Lion's Eye Institute and Moort Boodjari Mia (which is being funded by St John of God Health Care's Social Outreach as a 12-month trial).

Workforce development will form another important area for Dr Clinch. Currently 35 Aboriginal people work at the hospital across a variety of areas.

Urinary incontinence: suffering in silence

By Dr Su Hamid, Gynaecologist

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Urinary Incontinence is defined as the 'involuntary loss of urine that is objectively demonstrable and that is severe enough to constitute a social or hygienic problem'. It affects 10 to 20 per cent of women above 65 years of age, and has a significant impact on their quality of life.

There are many reasons for incontinence; the most common ones are outlined in the table below. The term 'mixed incontinence' refers to a combination of the different types. If managed well, most women will benefit and regain their confidence.

Type of incontinence	Etiology and history	Examination and investigative studies	Management
Stress incontinence	Intra-abdominal pressure increases which are not transmitted to the proximal urethra because it is no longer a pelvic structure owing to loss of support from pelvic relaxation. History: Loss of urine occurs with coughing or sneezing. It does not take place when the patient is sleeping.	Pelvic examination may reveal a urethrocele. Neurologic examination is normal. The Q-tip test is positive: when a lubricated cotton-tip applicator is placed in the urethra and the patient increases intraabdominal pressure, the Q-tip will rotate >30 degrees. Urinalysis and culture are normal. Cystometric studies are normal with no involuntary detrusor contractions seen.	Pelvic floor exercises Intravaginal device pessaries to elevate and support bladder neck and urethra. Surgery Burch procedure: elevates the urethral sphincter Tension-free Vaginal Tape (TVT): forms a resistant platform against intraabdominal pressure. Periurethral bulking injections
Urge (hypertonic) incontinence	Idiopathic detrusor contractions that cannot be voluntarily suppressed. History: Loss of urine occurs in large amounts often without warning, during the day and night. The most common symptom is urgency.	Pelvic and neurologic examination is normal. Investigative studies: urinalysis and culture are normal. Cystometric studies show involuntary detrusor contractions even with small volumes of urine.	Behavioural Modification: organise fluid intake habit, reduce fluid intake and avoid liquids at night. Physio/PFE Medical Treatment: to inhibit detrusor contractions, Oxybutynin, Betmiga, Botox injections Functional Electrical Stimulation
Sensory irritative incontinence	Detrusor contractions stimulated by irritation: infection, stone, tumour, or a foreign body. History: loss of urine occurs with urgency, frequency and dysuria, at day or night.	A urinalysis may show bacteria and WBCs, which suggests an infection, and RBCs suggests a stone, foreign body or tumour. A urine culture is positive if an infection is present.	Infections are treated with antibiotics. opy is used to diagnose and remove stones, foreign bodies, and tumours.
Overflow (hypotonic) incontinence	Bladder pressure rises in over distended, hypotonic bladder. When the bladder pressure exceeds the urethral pressure, involuntary urine loss occurs. The bladder never empties. This may be caused by denervated bladder (e.g. diabetic neuropathy, multiple sclerosis) or systemic medications (e.g. ganglionic blockers, anticholinergics). History: loss of urine occurs intermittently in small amounts. This can take place both day and night.	Pelvic examination may show normal anatomy. The neurologic examination will show decreased pudendal nerve sensation. Investigative studies: Urinalysis and culture are usually normal, but may show an infection. Cystometric studies show markedly increased residual volume, but involuntary detrusor contractions do not occur.	Management: intermittent self-catheterisation may be necessary. Discontinue the offending systemic medications.

New Department of Perinatology

Since St John of God Midland Public and Private Hospitals opened, the departments of paediatrics, midwifery and obstetrics, and gynaecology have been working closely to maintain and advance a first class maternity and newborn service.

Through the understanding of each other's roles within the team and supporting each other, the level of service achieved by both departments has been excellent.

In recognition of this harmony and to amalgamate forward planning, we have renamed our combined service as the Department of Perinatology. This is a first for Western Australia and one of the first such departments in Australia.

The department will still be led by Heads of Department Dr Preggie Nair, Neonatology, and Dr Chris Griffin, Obstetrics. This new structure ensures the departments will continue working cohesively to deliver the best service to our patients.

HealthPathways

St John of God Midland Public and Private Hospitals is an advocate of HealthPathways WA.

This online portal, consisting of various pathways specific to medical conditions was developed through the combined efforts of GPs, specialists and public health staff to assist with the assessment, management and referral of patients.

HealthPathways is free and accessible by all health care professionals in WA. If you would like access to HealthPathways WA please email: healthpathways@wapha.org.au or phone (08) 6272 4900.

First Birthday Fast Facts

- 59,835 emergency presentations
- 1,650 babies born
- 81,132 outpatient attendances
- 26,832 public patient admissions