

# ACHA News

Spring 2016



## Across Adelaide, we care for you.

### **ACHA News**

ACHA introduces new IT advancements to improve efficiencies

### **Safety and Quality in Focus**

Medical Advisory Committee reports on the ACHA Quality Use of Medicines program

### **Ashford Hospital**

Completes milestone 100th robotic surgical case

### **Flinders Private Hospital**

Welcomes new members to Executive team

### **The Memorial Hospital**

Introduces Cancer Related Fatigue program



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If you have an article you would like published in the ACHA News please submit to Kelli Blakely, Business Development Manager, Ashford Hospital on 8375 5285 or [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au)

Articles will be published in the ACHA News as appropriate.





ALAN LANE

**“The three sites have been generating priorities for upgrades to support growth ... we look forward to VMO input and feedback on the shape of things to come”**

## I welcome you to the Spring 2016 edition of the ACHA News.

We recognise the need to always improve and refine how we communicate, therefore this publication will be circulated by email, as well as via conventional post to our Visiting Medical Officers (VMOs). We appreciate your feedback on your preferred delivery method for future editions.

There were a number of health initiatives announced in the lead up to the recent Federal Election. The Coalition pledged reform in private healthcare and has asked the new Private Health Advisory Committee to simplify private health insurance, weed out so called, “junk policies”, and develop standard procedure definitions, to name but a few. Prostheses pricing is also on the agenda.

In South Australia changes associated with, “Transforming Health” (the South Australian Government’s public health reform program) are progressing. The RSL consortium, which includes RSL SA and RSL Care SA, led by RSL LifeCare, was announced as the winning bidder to redevelop the Repatriation General Hospital (RGH) site, to be known as, “RSL Repat Park”. The opening of the new Royal Adelaide Hospital (nRAH) has again been delayed and is now expected to be in 2017.

We will continue to monitor these issues and stay focused on our own exciting developments, to ensure that what we do at ACHA, and in our hospitals, contributes to our vision, “to be the first choice for private health services for South Australians”.

We are especially grateful to the VMOs who support ACHA through their participation on the Medical Advisory Committee (MAC), Clinical Review Committee (CRC) and other committees. We also recognise the VMOs who provide their expert guidance as Clinical Advisors (page 2). These committees are crucial to ACHA’s ability to continue to deliver excellent healthcare in a safe and caring environment.

ACHA will undergo the Australian Council on Healthcare Standards (ACHS) Accreditation survey against the National Standards from 5-8 September 2016. This is an opportunity for ACHA to further demonstrate our commitment to safety and quality and I thank you for complying with appropriate standards, and assisting us to improve patient outcomes (page 4).

2016 has seen some significant milestones achieved at Ashford Hospital (page 10), including 25 years of Cardiothoracic Surgery and the 100th robotic surgical case which was undertaken on

1 July 2016. We thank the VMOs and associated staff for their involvement in both of these achievements.

Flinders Private Hospital has had an exciting past few months following the commencement of Ms Angela McCabe in the General Manager role (page 14). Angela, most recently General Manager of The Memorial Hospital, brings a wealth of knowledge and experience to Flinders Private Hospital.

Please join me as I also congratulate Ms Janet Jongeneel on her appointment as the General Manager at The Memorial Hospital (page 18). Janet’s years of experience in various roles at The Memorial Hospital, most recently as the Director of Marketing and Customer Relations, have thoroughly prepared her to take on this position, and ensured a seamless transitional period.

As you are aware, ACHA sometime ago initiated a Master Planning exercise for our hospitals. The three sites have been generating priorities for upgrades to support growth and to further develop the sites as first class hospitals. I am delighted to inform you that the process is taking shape with engineers and architects engaged, and detailed designs and consultation underway. We look forward to VMO input and feedback on the shape of things to come.

We are pleased to introduce you to a number of exciting Information Technology (IT) developments within this publication, including ACHA eAdmissions, ACHA eCredentialing and Patient Finder (page 5). These systems are all designed to improve our VMO and patient experiences.

After almost 20 years of service it was with gratitude that we farewell Rev Dr Peter Ryan, most of which was spent as ACHA’s Senior Chaplain, who retired on 14 July 2016. In amongst the pace of hospital life, Peter has consistently and generously contributed to providing a valued space for patients and their families, as well as our staff. We are indebted to Peter for his service, and wish him well in his retirement.

Lastly, I thank you for your continued support and dedication as we strive to further improve our services and clinical outcomes for our patients.

**ALAN LANE**  
CEO, Hospital Operations



**SAFETY AND QUALITY In Focus ...  
Medical Advisory Committee (MAC)**

**Members**

We welcome a new member to the MAC, Dr Darren Tonkin (General Surgery), who joined the committee during June 2016, and recognise the ongoing MAC members and Clinical Advisors outlined below.

SPECIALTY	PRACTITIONER
<b>Anaesthesia</b>	Dr Rebecca Lewicki* Dr Richard Seminov
<b>Bariatric Surgery</b>	Dr Lilian Kow
<b>Cardiology</b>	Dr Peter Waddy* Dr Sam Lehman*
<b>Cardio-Thoracic Surgery</b>	Dr Hugh Cullen* Dr Jayme Bennetts Dr James Edwards
<b>Emergency Medicine</b>	Dr Enrico Quaini*
<b>Endocrinology</b>	Vacant
<b>ENT Surgery</b>	Dr Alethea Grobler* Dr Theodore Athanasiadis* Dr Suresh Rajapaksa
<b>General Medicine</b>	Dr Deepal Lecamwasam* Dr Sudheer Puthiyaveetil
<b>Gastroenterology</b>	Dr Richard Heddle* Dr Jonathan Martin
<b>General Surgery</b>	Dr Darren Tonkin*
<b>Gynaecology</b>	Dr Enzo Lombardi* Dr Ray Yoong* Dr Selva Paramasivam
<b>Immunology/Allergy</b>	Vacant

SPECIALTY	PRACTITIONER
<b>Infectious Disease</b>	Dr Ross Philpot Dr Karen Rowland
<b>Intensive Care</b>	Dr Andrew Holt*
<b>Medical Oncology</b>	Dr Carolyn Bampton*
<b>Neurology</b>	Dr Rey Casse
<b>Neurosurgery</b>	Dr Stephen Santoreneos
<b>Obstetrics</b>	Dr Enzo Lombardi* Dr Ray Yoong* Dr Linda McKendrick
<b>Ophthalmology</b>	Dr Paul Athanasiov
<b>Oral &amp; Maxillofacial / Dental</b>	Dr Zahi Khouri*
<b>Orthopaedic Surgery</b>	Dr Andrew Mintz Prof Peter Cundy
<b>Paediatric Med/Neonatology</b>	Dr Chris Munt Dr Sanjay Sinhal
<b>Plastic &amp; Reconstructive Surgery</b>	Vacant
<b>Radiology</b>	Dr Sunil Gupta Dr Suzanne Saloniklis Dr Benjamin White
<b>Rehabilitation Medicine</b>	Dr Peter Anastassiadis* A/Prof Solomon Yu
<b>Respiratory and Sleep Medicine</b>	Dr Jeffery Bowden
<b>Robotic Surgery</b>	Dr Jimmy Lam
<b>Urology</b>	Dr Kym Horsell
<b>Vascular Surgery</b>	Dr Peter Subramaniam* Dr Yew Toh Wong Dr Glen Benveniste

\*Members of Medical Advisory Committee



The major priorities for the MAC in 2016 have included the monitoring and review of Scope of Clinical Practice and New Interventional Procedures.

**Scope of Clinical Practice**

The MAC will continue working with Clinical Advisors to review the minimum requirements for accreditation in certain specialties. So far in 2016, the MAC has completed a numbers of reviews, including:

- Robotic surgery
- Gynaecology laparoscopic surgery
- Anaesthetics
- General surgery
- Cardiology

**New Interventional Procedures**

A New Interventional Procedure is defined as: A procedure not previously performed within that particular ACHA facility. This includes variations on an existing procedure and treatment where a new device, equipment or medication is introduced and which employs a significantly different technique or technology to those previously used. The New Interventional Procedures approved in 2016 have included:

- Prostalac Spacer for Revision Hip Surgery
- NUSS Procedure
- Vascutek Terumo Thoraflex Hybrid Graft
- Evolution Left Atrial Appendage Closure

**Antimicrobial Stewardship**

A number of audits have been conducted by Hospital Pharmacy Services (HPS) Clinical Pharmacists, against the *Therapeutic Guidelines: Antibiotics Version 15, 2014*; for Neurosurgery, Urology (Trans-urethral resection of the prostate) and Obstetrics (Lower segment caesarean section).

HPS have provided a reference guide from the *Therapeutic Guidelines: Antibiotics Version 15, 2014*, included as an Appendix at the end of this publication (page 21 to 25).

The Audit reports may be obtained from the hospital General Manager.

**Clinical Indicators**

The MAC has reviewed the latest Clinical Indicator data, in particular where outliers require the input of the MAC or MAC Subcommittees. Clinical Indicator reports may be accessed from each hospital's General Manager.

**Quality Use of Medicines**

The MAC plays a significant role in the in the ACHA Quality Use of Medicines (QUM) program; which includes the review of clinical pharmacist activity such as:

- Medication chart reviews
- Provision of medication information to patients
- Medication reconciliation on discharge

The MAC has also provided advice in relation to the management of documented **Allergies and Sensitivities**, which is:

- Nurses must document what they are told by the patient/carer with regard to allergies and sensitivities
- The role for making the decision as to whether the reported allergy or sensitivity, is in fact that, rests with the treating VMO
- If a VMO believes that the reaction is not an allergy but is documented as such, the VMO should clearly document this in the medical record
- If the patient is ordered a medication to which there is a documented sensitivity or allergy - it is incumbent on the nurse - in the absence of medical record documentation as outlined above - to raise it with the VMO
- If the VMO orders a medication which is not of the same generic or trade name as a medication documented as an allergy, there is no reason not to administer the medication



### Span of Operating Hours

Data provided to the MAC related to the Span of Operating Hours, indicates that there has been a 30% reduction in the number of non-emergency, after hours surgical procedures conducted at Ashford Hospital. The MAC supports the reduction, and the limiting of the number of non-emergency procedures after hours.

### Practitioner Accreditation

This year, 338 accredited practitioners will apply for re-accreditation. If you have not already done so, please ensure that all requested information is completed in full, including the **Schedule 5 (Scope of Clinical Practice)**.

It is imperative that the **primary specialty**, along with all relevant **sub specialty** items are 'ticked' on the Schedule 5. If this does not occur, there may be a delay in your re-accreditation. See page 5 for information regarding the recently introduced ACHA eCredentialing system.

### Hospital Accreditation

ACHA will undergo the Australian Council on Healthcare Standards (ACHS) Accreditation survey against the National Standards from **5-8 September 2016**.

There are numerous ways you can help us comply with the standards, without which we would not be able to provide the services we do, to you and your patients. Some examples of the ways you do, and can continue to help us with accreditation and improve our patient outcomes, are:

- Ensuring you keep your **registration and indemnity** insurance current, and advise us of any changes
- Complying with the requirements of the ACHA **Medical Services Regulations**
- Complying with ACHA **policies and procedures**
- Reviewing and updating your **Doctors Standing Orders** when requested by our staff
- Advising us if you wish to undertake a **new interventional procedure**
- Participating in **quality activities** requested of you by ACHA, the MAC or CRC, or other MAC subcommittee
- Reporting any **clinical incidents or clinical concerns** you have
- Regularly **documenting your treatment plans**, including **post-operative/post-procedural instructions** and updating your patients and their carers.
- **Signing, dating and timing** clinical record entries
- **Hand over your treatment plan** to a member of the nursing staff after you visit your patients
- Continuing to practice the, "**5 moments of hand hygiene**" before touching a patient; before a procedure; after a procedure or body fluid exposure risk; after touching a patient; after touching a patient's surroundings
- Ensuring all **medications are prescribed legibly** in accordance with PBS requirements
- Reviewing **intravenous antimicrobial orders** on a regular basis, eg every 48hours
- Prescribing and managing **blood and blood products** in a way which is consistent with national evidence-based guidelines
- Obtaining and documenting **informed consent** for operative procedures and blood transfusion
- Performing **team time out** for anaesthetic and operative procedures
- Ensuring the various **test requests are labelled** with the correct patient label
- **Responding to calls** in circumstances where your patient has deteriorated



**ACHA NEWS**

**NEW VISITING MEDICAL OFFICERS (VMOs)**

We welcome the following new VMOs to ACHA.

- |   |  |
|---|--|
| <b>Dr Jobert Anjelo</b><br>Nephrologist         | <b>Dr Usman Mushtaq</b><br>General Physician   |
| <b>Dr Faisal Ameer</b><br>Respiratory Physician | <b>Dr Thomas Painter</b><br>Anaesthetist       |
| <b>Dr Catherine Cartwright</b><br>Neurosurgeon  | <b>Dr Josephine Potter</b><br>Plastic Surgeon  |
| <b>Dr Rick Champion</b><br>Anaesthetist         | <b>Dr Philippa Rabbitt</b><br>General Surgeon  |
| <b>Dr Sheldon Chong</b><br>ENT Surgeon          | <b>Dr Sunil Reddy</b><br>Orthopaedic Surgeon   |
| <b>Dr Nicole Dyson</b><br>Anaesthetist          | <b>Dr Nick Russell</b><br>Orthopaedic Surgeon  |
| <b>Dr Khin Hnin</b><br>Respiratory Physician    | <b>Dr Simon Sandler</b><br>Neurosurgeon        |
| <b>Dr James London</b><br>Anaesthetist          | <b>Dr Ashwin Shukla</b><br>Gerontologist       |
| <b>Dr Andrew Morris</b><br>Orthopaedic Surgeon  | <b>Dr David Worsley</b><br>Orthopaedic Surgeon |

**New Staff Medical Officers (SMOs) / Duty Medical Officers (DMOs)**

We welcome the following new SMOs / DMOs to ACHA.

- |  |                            |
|--|----------------------------|
| <b>Dr Haresh Arunasalam</b>              | <b>Dr Preeti Krishnan</b>  |
| <b>Dr April Armstrong</b><br>(returning) | <b>Dr Javaria Murad</b>    |
| <b>Dr Thomas Cundy</b>                   | <b>Dr Chau Nguyen</b>      |
| <b>Dr Mutaz Ferman</b>                   | <b>Dr Mian Li Ooi</b>      |
|  | <b>Dr Kyra Sierakowski</b> |

**WORK HEALTH AND SAFETY AT ACHA**

There have been a number of recent incidents across ACHA that have involved VMOs assisting our nursing staff by moving the electric beds out of the Operating Theatre. Unfortunately in doing this the nurses have not been prepared for the bed to move and have been injured as a result. Whilst we appreciate our VMOs assisting our staff, we request that you support our internal standing operating procedures and allow the staff who have been trained to operate these beds to manage the patient transfers out of the theatre environment.

**ACHA's IT ADVANCEMENTS**

ACHA is pleased to introduce a number of electronic systems designed to improve efficiencies for you and your patients. These include ACHA eCredentialing, ACHA eAdmissions and Patient Finder.

**ACHA eCredentialing**

ACHA has recently launched a new eCredentialing system for all three sites. This will enable our VMOs to securely complete and submit credentialing/re-credentialing applications online. It also provides a new interface for our credentialing coordinators to efficiently manage credentialing tasks and easily communicate with our doctors regarding credentialing matters.

Benefits for VMOs:

- Online credentialing applications
- Auto-notification of:
  - Re-credentialing
  - Medical Indemnity Insurance
  - Outstanding reference checks
- Secure and encrypted data
- No training or login required

The first notification you will receive from our system will be when you are due for re-credentialing, or when we require your updated Medical Indemnity Insurance details.



Should you have any questions regarding this please feel free to contact the Credentialing Coordinator at each respective site:

**Ashford Hospital**

Vickie Deniet  
P 8375 5294  
E [vickie.deniet@acha.org.au](mailto:vickie.deniet@acha.org.au)

**Flinders Private Hospital**

Kerry May Nelson  
P 8275 3719  
E [kerrymay.nelson@acha.org.au](mailto:kerrymay.nelson@acha.org.au)

**The Memorial Hospital**

Jo Davies  
P 8366 3851  
E [joanne.davies@acha.org.au](mailto:joanne.davies@acha.org.au)

We look forward to providing you with a more convenient and efficient process for Credentialing.

**ACHA eAdmissions**

ACHA eAdmissions is now available. This portal allows patients to electronically complete and submit their Patient Registration and Patient Health History forms. Although it is ACHA's preference to receive all future admissions via the eAdmissions portal we understand that not all of your patients will want to complete online forms and therefore patients who would like to fill in the existing booklet by hand can still do so.

The online admission forms provide your patients with the convenience of being able to complete their admission forms in their own time and via a user friendly web based portal available at <https://acha.eadmissions.org.au>

As a result of providing the eAdmission form option, ACHA has needed to make a few changes to its booking process. For all admissions we will require you to retain the patients Consent for Medical and/or Surgical Treatment (ACHA072). It is imperative that it is clearly labelled with the patient's name and date of birth to ensure it can be correctly matched with the online forms.

All consent forms will then need to be forwarded to the appropriate hospital via fax or email, preferably as soon as you have seen the patient.

**Ashford Hospital**

F 8375 5840  
E [ashford.bookings@acha.org.au](mailto:ashford.bookings@acha.org.au)

**Flinders Private Hospital**

F 8275 3344  
E [flinders.bookings@acha.org.au](mailto:flinders.bookings@acha.org.au)

**The Memorial Hospital**

F 8367 0549  
E [memorial.bookings@acha.org.au](mailto:memorial.bookings@acha.org.au)

We appreciate your assistance with this process and hope this new option for online completion of admission forms provides convenience and benefit to your patients.

**ACHA Patient Finder**

Patient Finder is a newly launched app for family and friends to track the location of a patient during their stay in an ACHA hospital. The app provides updates on location information through theatre, recovery and the patient's return to the ward. The use of the app is controlled primarily by the patient who receives an SMS prior to admission with a unique link to the Patient Finder app. This SMS and link can be forwarded to family and friends as desired by the patient. The patient's location details including ward names, room number and in some cases phone extension are included within the Patient Finder app. If a patient changes ward or rooms during their hospital stay Patient Finder will update all location information.

There are two simple ways to access Patient Finder.

1. In most cases prior to the hospital admission an SMS is sent to the registered mobile number with a unique link to the Patient Finder app. The patient simply forwards this SMS to all desired family and friends. When the link in the SMS is clicked the Patient Finder app will open on any device and display all key location details.



2. The hospital reception team will supply each patient with a Patient Finder card that includes their admission number as well as a web address and QR code that can be used to gain access to the app. The patient can give this card or pass on the admission number and web address to all family and friends to track the patients throughout their hospital stay.

Patients can access further information via [www.achaassist.org.au/patientfinder.asp](http://www.achaassist.org.au/patientfinder.asp)

**ACHA Clinicals**

As outlined in previous ACHA News editions, ACHA Clinicals is an app that allows accredited VMOs within ACHA hospitals to access webPAS® and peruse their patient information from any location. webPAS is the patient management system used by ACHA to manage the flow of all inpatient and outpatient visitors.

The app allows VMOs to view their patient surgical lists and other information, including location within the hospital, history and alerts, thereby providing another source of patient information.

For any enquiries please contact:

**Ashford Hospital**

Kelli Blakely  
 P 8375 5285  
 E [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au)

**Flinders Private Hospital**

Mandy Burnett  
 P 8275 3718  
 E [mandy.burnett@acha.org.au](mailto:mandy.burnett@acha.org.au)

**The Memorial Hospital**

Kathy Jarman  
 P 8366 3432  
 E [kathy.jarman@acha.org.au](mailto:kathy.jarman@acha.org.au)

**MY HEALTH RECORD**

ACHA has recently registered to participate in Australia’s My Health Record® system, an initiative of the Australian Digital Health Agency of the Australian Government.

My Health Record is a secure online summary of patient health information. It allows patients to take control of their health records and enable their General Practitioners or Specialists to have access to information about their health. The patients have full control of what goes into their My Health Record and who is allowed to access it. It may contain personal health information such as medications, immunisations, allergies, adverse reactions, advanced care directives and emergency contact details.

General Practitioners and Specialists will be able to gain access to patient records. It is a fully auditable system managed in accordance with the Australian Privacy Principles contained in the Privacy Act 1988.

My Health Record is expected to be rolled out across the ACHA hospitals during September 2016.

Further information regarding My Health Record can be found at <https://myhealthrecord.gov.au>

**ACHA STAFF ENGAGEMENT SURVEY**

In March - April 2016 staff were asked to participate in an ACHA wide staff engagement survey. The survey was undertaken by an independent third party and the results identified staff perception of strengths and opportunities. Each site has undergone an analysis and action plans have been developed and instigated to address constructive feedback.

We are pleased to report that majority of ACHA staff reported positive overall satisfaction working for ACHA hospitals and we look forward to working towards further improving staff engagement ratings.

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**KRONOS**

As you may be aware we are in the final stages of rolling out Kronos®, an electronic time, attendance and rostering system for ACHA staff. The system will support on-line rostering and the capture of electronic data for payroll purposes and will introduce a variety of enhancements to current rostering processes.

The system features Employee Self Service (ESS) which allows staff to log in remotely from a home PC or mobile device. This functionality includes:

- Ability to update shift availabilities online
- Ability to review rosters online
- Ability to view available shifts and elect to work them online
- Ability to review leave balances online

**SUNDAY MAIL CITY-BAY 2016**

Ashford Hospital, Flinders Private Hospital and The Memorial Hospital will again be entering teams into the 2016 Sunday Mail City-Bay, to be held on Sunday, 18 September 2016. The event starts from 8.00am, depending on whether you are running or walking and have registered for either the 3km, 6km or 12km distances.

Please contact your site representative if you would like to enter.

**Ashford Hospital**  
 Kelli Blakely  
 P 8375 5285  
 E [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au)

**Flinders Private Hospital**  
 Mandy Burnett  
 P 8275 3718  
 E [mandy.burnett@acha.org.au](mailto:mandy.burnett@acha.org.au)

**The Memorial Hospital**  
 Jo Davies  
 P 8366 3851  
 E [joanne.davies@acha.org.au](mailto:joanne.davies@acha.org.au)

**ACHA VISION**

ACHA is pleased to again be hosting ACHA Vision, an information evening for new Specialists and senior Trainees regarding private practice. This annual event is designed to increase knowledge of the benefits and considerations involved in private practice and provide an opportunity to network with experts in the private health industry.

This years event will be held on Thursday, 10 November 2016 and will include presentations from established ACHA VMOs and industry experts.

If you know of anyone you believe would benefit from attending, or would like further information on the program please contact:

**Kelli Blakely**  
 P 8375 5285  
 E [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au)



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**ASHFORD**  
Hospital

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**"2016 is proving to be an exciting year at Ashford Hospital with a number of new equipment purchases, significant milestone celebrations, and the Ashford Hospital Master Plan developing momentum."**

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## FROM THE GENERAL MANAGER

2016 is proving to be an exciting year at Ashford Hospital with a number of new equipment purchases, significant milestone celebrations, and the Ashford Hospital Master Plan developing momentum.

Less than a year since acquiring the da Vinci® Xi™ Surgical System, Dr Jimmy Eteuati undertook Ashford Hospital's 100th robotic surgical case, on 1 July 2016. With a focus on providing technological healthcare advancements Ashford Hospital offers robotic assisted surgery in a number of specialties including urology, general surgery, colorectal surgery, bariatric surgery, otorhinolaryngology and gynaecology. This multi-specialty platform is unique across Australia and I thank the robotic surgeons, surgical assistants, anaesthetists and theatre staff who have all contributed to reaching this milestone.

2016 marks the 25th anniversary of Cardiothoracic Surgery at Ashford Hospital. The commencement of Cardiothoracic Surgery was a significant event at Ashford Hospital in 1991, led by Cardiothoracic Surgeons Dr Iain Ross and Assoc Prof John Knight. This service was well supported by Cardiologists Dr Leon Zimmet, Dr Bronte Ayres, Dr Ronald Lehman and ICU consultants Dr Lindsay (Tub) Worthley and Dr Al Vedig. This milestone will be celebrated with past and present Specialists and staff at an event later this year. Ashford Hospital is proud to continue to provide the highest quality cardiac care and thank all VMOs and staff involved in providing this service.

Ashford Hospital continues to undergo improvements. A new theatre light was installed into Theatre 2 in Reid Theatre, and the Special Care Nursery has been upgraded with new and improved air-conditioning and security access systems. The rolling carpet replacement and patient room upgrades have continued throughout

the hospital and have contributed to improving our patient experience.

We are committed to providing patients with the most advanced medical technology and patient equipment, and have invested in the following items in the last 6 months.

- GreenLight™ Laser
- Anaesthetic machine
- 50 new ward beds
- 100 new overway tables and patient lockers

The Master Plan is progressing well with detailed designs and consultation underway and engineers and architects engaged ready to commence the first stage of the Master Plan, the Day Ward expansion, planned for 2017.

I would like to thank all our VMOs, staff and volunteers for the quality of care you provide to our patients and for your ongoing commitment to Ashford Hospital.

## PAUL EVANS

General Manager

## FAREWELLS / ACKNOWLEDGEMENTS

Ashford Hospital would like to acknowledge the significant contribution of the following staff.

### Rev Dr Peter Ryan

After almost 20 years of service, Rev Dr Peter Ryan has retired as Senior ACHA Chaplain. His last day was 14 July 2016. Peter commenced at ACHA as Chaplain at The Memorial Hospital in 1997, and then transferred to Ashford Hospital in 2000. Peter provided an invaluable service to our hospital patients, families and staff.

Throughout times of change and during stressful situations Peter offered a stable and reassuring presence. Peter has also provided a sense of fun, contributing to many hospital

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events such as Christmas Carols and as the Umpire for the annual ACHA Surgeons v Physicians Cricket Match.

We wish to thank Peter for his significant contribution to Ashford Hospital patients and staff. Peter's experience, approachability and pleasant nature are greatly missed.

#### **Ms Cate Howard**

Ms Cate Howard has stepped down from her Mitcham ward Nurse Unit Manager position and has commenced in a Clinical Nurse position on Mitcham ward. Cate is a well respected manager and we wish to thank her for her many years of hard work in this role. We are very pleased she has decided to stay within our team and continue to support the services provided on Mitcham ward.

#### **STAFF APPOINTMENTS**

Ashford Hospital would like to welcome the following staff to the Ashford Hospital management team.

##### **Chaplain**

Pastor Liz Dyson

Pastor Liz Dyson commenced as the Ashford Hospital Chaplain in July 2016. Liz has been the Flinders Private Hospital Chaplain for the past 7 years. She has regularly been onsite at Ashford Hospital during this time, as a participant and leader in the Clinical Pastoral Education program and also covering annual leave for the Rev Dr Peter Ryan.

Liz can be contacted on 83755953 or [liz.dyson@acha.org.au](mailto:liz.dyson@acha.org.au)

##### **Nurse Unit Manager, Mitcham Ward**

Mr Robin Day

We are pleased to welcome Mr Robin Day as the Nurse Unit Manager of Mitcham ward. Robin commenced in the role on 22 August 2016. Robin is a senior orthopaedic nurse practitioner with over 18 years experience. He commenced his nursing career in the UK where he has held both senior clinical roles and senior management

roles. Since 2013 Robin has worked at Burnside War Memorial Hospital, SA, where he started as a nurse on the orthopaedic ward and then moved into a Hospital Coordinator role. Robin is an experienced Nurse Manager with skills that will compliment Mitcham ward and we welcome him to the team.

Robin can be contacted on 8375 5282 or [robin.day@acha.org.au](mailto:robin.day@acha.org.au)

#### **CRITICAL CARE UNIT**

Ashford Hospital is combining two acute care areas, Intensive Care and High Dependency, into one Critical Care Unit. The new Critical Care Unit, to remain on the Ground Floor and Second Floor, will be managed by one Nurse Unit Manager. All patient admissions will be overseen by the Duty Critical Care Consultant and supported by the Staff Medical Officer.

This change will be introduced to improve safety systems and to ensure optimal patient outcomes.

From 19 September 2016, all patient admissions needing critical care support will require a referral to the Critical Care Consultant, either via a notification on the patient's theatre booking or admission form, or from direct contact from the Anaesthetist or admitting VMO.

We appreciate your support during this transitional period.

If you have any questions about this change please contact Paul Evans on 8375 5262 or [paul.evans@acha.org.au](mailto:paul.evans@acha.org.au).

#### **MOBILE PHONE RECEPTION - THEATRES**

As a result of your feedback four, "Cel-Fi repeaters" have been installed in both Reid Theatre and Angiography areas of Ashford Hospital, to boost the signal of both the Optus and Telstra mobile networks within the building. Four external antennae were installed that bring the signal down into the building, where it is then sent to our mini phone towers located around the hospital.



## DOCTORS WIRELESS NETWORK

Over the past year, we have noticed a growing usage of our Wireless network amongst our VMOs.

To ensure this service is able to keep pace with the increase usage of technology, we have installed new fibre optic internet connection and upgraded our backend network infrastructure to provide a faster, more reliable service. This new dedicated internet connection is asynchronous and is 20Mbits per second. To use this new connection, please ensure your laptop or tablet computer is joined to the 'ASHVMO' wireless network.

Please contact Kelli Blakely on 8375 5285 or [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au) if you require the password.

## EDUCATION & TRAINING

Ashford Hospital were pleased to host the first Centre of Excellence (COE) Robotic Surgery Training Program, offered to General and Colorectal Surgeons, which was held on 1-2 July 2016. This course was the first of its kind in Australia and was delivered by a team of Ashford Hospital General & Colorectal Robotic Surgeons including Dr Alex Karatassas, Dr Darren Tonkin, Dr Jimmy Eteuati and Dr Chris McDonald. Dr Craig Lynch, an experienced Robotic Colorectal Surgeon, based in Melbourne, also attended to provide his expert input. The COE course was attended by five surgeons interested in commencing robotic training and will be offered again in November 2016.

Ashford Hospital continues to support GP education through the provision of various GP Seminars. Earlier this year Ashford Hospital supported a South Australian Indian Medical Association (SAIMA) GP Seminar held on 27 February 2016, the Physicians SA & Surgeons SA Medicon held on 15 May 2016, and the SAIMA GP Seminar and Gala Dinner held on 25 June 2016. Ashford Hospital also hosted a Syncope and Abnormal Arrhythmia GP Seminar, held on 28 June 2016.

Thank you to all VMOs who contributed to these sessions.

Please contact Kelli Blakely on 8375 5285 or [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au) if you are interested in further information regarding these programs.

## EVENTS

The Staff and VMOs have enjoyed attending a number of social events so far this year.

On 3 May 2016 approximately 150 Ashford Hospital staff, VMOs and Practice Staff attended an **Ashford Hospital Movie Night**, "Eddie The Eagle" at The Capri Theatre. All enjoyed the movie and the opportunity to network outside of the hospital environment.

A group of 55 staff and VMOs participated in **True Grit**, a military inspired obstacle course and soft sand track run, on 7 May 2016. The Ashford Hospital team stood out around the track in their distinctive red singlet and caps. Well done to all who participated in this challenging event. A number of the adrenaline junkies are preparing to compete again in the upcoming event, "Night Attack" on 29-30 September and 2 October 2016.

The **100<sup>th</sup> robotic surgical case** was celebrated at an event for the associated VMOs and staff on 2 July 2016. The evening included a presentation to the Theatre Team, a financial donation towards the Ashford Hospital Theatre Christmas Party, to recognise the hard work of the robot team and their contribution to the successful introduction of robotic surgery at Ashford Hospital.

**"Christmas in July"** was celebrated with a free staff Christmas style roast lunch on 12 July 2016. This event also provided an opportunity to announce the Bupa Patient Choice Awards winners and to farewell Rev Dr Peter Ryan during his last week at work.

Please contact Kelli Blakely on 8375 5285 or [kelli.blakely@acha.org.au](mailto:kelli.blakely@acha.org.au) if you are interested in more information regarding any of these or future events.



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**“We continue to focus on improvement of our services and facility, investing in equipment in excess of \$1 million over the past 12 months.”**

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**FROM THE GENERAL MANAGER**

I commenced as General Manager at Flinders Private Hospital (FPH) on 20 May 2016, I have spent a significant part of my career in different capacities, in the ACHA and Healthscope hospitals, medical centres and pathology. Most recently, the last five years have been as General Manager at The Memorial Hospital. The transition to Flinders Private has been seamless and I have enjoyed meeting a number of our VMOs and developing a professional relationship with Flinders Medical Centre and the Southern Adelaide Local Health Network (SALHN) team.

A point of discussion for all at Flinders Private Hospital is the growth and development that surrounds us on the Flinders campus. The Darlington Upgrade Project (South Rd) and the announcement of the Tonsley Rail extension provide challenges of access to the Flinders campus and we have been working closely with key stakeholders to improve this and more specifically, car parking for staff and customers of our hospital, consulting rooms and services. Service Road (at the front of FPH) safety is a priority and SALHN are planning to increase awareness of the pedestrian crossing by installing flashing lights and improved signage.

The Executive team focus this coming year is to achieve ACHA accreditation on 5-8 September 2016 and continue to improve on the facility and care provided to our patients.

Flinders Private Hospital has a positive group of, “consumer representatives” who assist in the interface on consumer approved brochures, audits and follow up on feedback with appropriate suggestions for improved patient comfort. One initiative introduced is the, “Shhhh .....” signs now displayed in patient areas.

We continue to focus on improvement of our services and facility, investing in equipment in excess of \$1 million over the past 12 months. Some of the equipment we have

purchased include a new Steriliser in CSSD, patient cardiac and telemetry monitoring systems in Coronary Care, 5 South, ICU and Recovery wards, an ERCP table for DPU and a new ENT microscope. We are currently trialling a Hologic® Fluoroscan Mini C-arm in our theatres.

We have recently welcomed Lee-Anne Crew to the Executive team, appointed as Assistant Director of Nursing in June 2016. Lee-Anne was previously the Nurse Unit Manager of Day Procedure Unit and will assist Donna Bentley (DON) in supporting the nursing staff and the quality team.

I would like to thank all staff and VMOs who have welcomed me to Flinders Private Hospital. I look forward to meeting more of you over the next few months and continue to build on the strengths and success of FPH.

**ANGELA McCABE**

General Manager

**FAREWELL**

**Ms Samantha Dametto**

We farewelled Samantha Dametto in May this year. Sam has had a long history with ACHA and most recently at Flinders Private Hospital. She was appointed as Director of Nursing at Flinders Private Hospital in October 2012 and in the following year was appointed to the role of General Manager. Sam has moved to New Zealand and we wish her all the best.

**Ms Sharon Griffiths**

We also farewelled Sharon Griffiths, who commenced at FPH in 1999 as a Registered Nurse and stepped into the Clinical Manager role of 4 South (now 5 North) in 2006. Sharon retired from this position in May 2016 and we wish her all the best in her travels and a well-deserved break from full time nursing.

We welcomed **Ms Bindhu Varghese** to the role of Acting Clinical Manager of 5 North.

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**STAFF APPOINTMENTS**

Flinders Private Hospital would like to welcome the following staff to the Flinders Private Hospital management team.

**Assistant Director of Nursing (ADON)**

Ms Lee-Anne Crew

We welcome Lee-Anne Crew to a newly created position as Assistant Director of Nursing at Flinders Private Hospital. Lee-Anne has extensive Nurse Unit Manager experience at Flinders Private Hospital and has made a valuable contribution to the Executive leadership team over the past 3 and a half years. We welcome Lee-Anne into her new role.

**Chaplain**

Rev Robyn Caldicott

We welcome Rev Robyn Caldicott who commenced as the Flinders Private Hospital Chaplain in July 2016. Robyn has spent the past 12 months working one day a week at Ashford Hospital.

Robyn was appointed to succeed Pastor Liz Dyson who is now based at Ashford Hospital.

Robyn can be contacted on 8275 3498 or [robyn.caldicott@acha.org.au](mailto:robyn.caldicott@acha.org.au)

**BIG RED RUN 2016**

On 25-30 June 2016, Merle Carter (Nurse Unit Manager, Critical Care Unit) completed the Big Red Run 2016, a 250km run to raise funds for Type 1 Juvenile Diabetes. The course went through the Simpson dessert, leaving from Birdsville. Merle completed the race over 6 days and raised \$1,300 toward the cause. Merle said the race was a real challenge and, "I still can't believe I did it and am so grateful for the generous donations and support I received from my family, friends and the staff at Flinders Private Hospital".

**CAR PARKING**

**Doctors Car Park**

As indicated in the previous Autumn 2016 edition of the ACHA News, we are changing the management of our Doctors Car Park to improve availability of car parks for those doctors who have patients admitted at Flinders Private Hospital or are working in our theatres (Surgeons, Anaesthetists and Surgical Assistants). An external provider has been engaged to provide an efficient system, implemented in August 2016.

**Wilsons Public Car Park - at the front of Flinders Private Hospital**

Wilsons have introduced a **3 hour parking limit** to the public parks at the front of Flinders Private Hospital. This is to increase the amount of parks available to the public and people accessing parks to meet Doctors' appointments at Flinders Private Hospital. As of, **1 August 2016**, Wilsons will no longer allow anyone through the boom gate without a ticket. If you have not received a ticket from Flinders Private Hospital Executive then a ticket must be purchased to exit the park. Flinders Private Hospital tickets will be prioritised for Flinders Private Hospital VMOs who have patients in the hospital or who are working in theatre, our Anaesthetists and Surgical Assistants.

We would like to thank all our VMOs for their patience and understanding through this period of change. Flinders Private Hospital continues to work with Flinders Medical Centre, Flinders University SA and the Department of Transport and Infrastructure (DPTI) to Improve parking capacity on the Flinders Campus.

Please contact Mandy Burnett (Business Manager, FPH) at [mandy.burnett@acha.org.au](mailto:mandy.burnett@acha.org.au) or 0419 825 209, if further clarification on car parking at Flinders Private Hospital is required.



**MOVIE DAY**

Flinders Private Hospital was delighted to see a large group of doctors, staff and family members attend our Movie Day, “Eddie the Eagle,” on Saturday, 30 April 2016 at Mitcham Cinemas. It is an occasion to meet and have some fun together outside the work environment.

If you missed out in April, we are pleased to announce another Movie Day is planned for Sunday, 25 September 2016 the sequel to Bridget Jones Diary, “Bridget Jones’s Baby.” More information will be sent out closer to the date but please mark this one in your diary.

**THANK YOU**

**To all our Practice Managers**

On 3 June 2016, Flinders Private Hospital hosted a Friday Night Drinks celebration for all our Practice Managers and their staff at the new restaurant, “ALERE” in the new Flinders University Hub.

On 30 June 2016, the Practice Managers also attended an information session presented by Aaron Fowler (IT Project Manager) on the ACHA eAdmissions process whilst sharing a warm breakfast and coffee.

**To Our Volunteers**

On 9-15 May 2016 we celebrated National Volunteer Week. The Volunteer Program commenced in 2013 at Flinders Private Hospital and has seven Administrative and two Pastoral Care volunteers. Our Volunteers have become an integral and significant part of the Flinders Private Hospital team contributing many hours of their time to help our VMOs, staff, patients, and general public who walk through the front foyer. In appreciation, Samantha Dametto (General Manager) and Anne Powditch (Administration Manager) hosted a lunch for our volunteer group at the Belair Hotel.

**SURGICAL TEAM TIME OUT**

On 4-8 April 2016, Flinders Private Hospital promoted, “Team Time Out” (TTO) with a focus on correct patient, correct procedure and correct site surgical marking and a team commitment to ensure we all complete TTO in the theatre and procedural areas.

Thank you to all who signed our pledge and contributed to this intensive week.

**AUSTRALIA’S BIGGEST MORNING TEA**

Ms Emily Benham (Clinical Nurse, 5 North) volunteered her time to organise the Flinders Private Hospital, “Biggest Morning Tea” on 26 May 2016. With help from her colleagues in 5 North, the team produced some wonderful morning tea delights for all to share. Their efforts raised \$1,000 for the Cancer Council Australia, and provided broad smiles to all who attended.



## The Memorial Hospital

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**“With year on year growth in various specialties, the wards and specialties were divided and relocated to better support and accommodate both patient and VMO needs.”**

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## FROM THE GENERAL MANAGER

The Memorial Hospital underwent a significant change over the past 12 months with the relocation of the wards, the first stage of our Master Plan, which is expected to be finalised in 2017. We look forward to the following 12 months with a fresh outlook on these exciting developments complementing what we have already achieved; and focusing on patient care through professional development and unbridled customer service.

With year on year growth in various specialties, the wards and specialties were divided and relocated to better support and accommodate both patient and VMO needs.

In order to facilitate the ward moves rehabilitation services were relocated in June 2016 including the conversion of areas in Davidson ward to a gym, therapy room, dining room and Activities of Daily Living (ADL) kitchen. The adjacent Clarke ward nurses station was also remodeled to become a staff hub, incorporating the additional allied health staff required for rehabilitation patients. The Clarke and Davidson wards' sluice rooms were renovated to include two new pan flushers/sanitiser. The Davidson ward kitchenette was the first area in the hospital wide rollout to receive a hydro tap (boiling/chilled water from one dispenser) eliminating the need for a separate filtered water tap and wall mounted urn.

The relocated wards and specialties:

- Clarke ward and Davidson ward relocated to Perry ward and Leahurst ward (level 2)
  - Specialties: ENT, Neurosurgical, Paediatric and Plastics & Reconstructive
- Annesley ward relocated to Davidson ward (level 3)
  - Specialty: Rehabilitation Medicine
- Perry ward relocated to Annesley ward and Clarke ward (level 3)
  - Specialties: Ophthalmology and Orthopaedic

The name, "Davidson" will no longer be associated

with a ward, however in due course, the Day Rehabilitation Unit will be rebranded as the Davidson Day Rehabilitation Unit. The Critical Care Unit will remain in its current location.

We look forward to finalising the Master Plan and seeking approval for the various stages.

We have finalised our, "Way Finding" project resulting in new and improved signage both externally and internally which complements the hospital's heritage. Throughout the project, we have obtained and implemented consumer feedback and as a result we are confident that our patients and visitors are able to easily navigate the hospital and its grounds.

In July 2016 our second automatic bed mover was delivered which allows one staff member to move any bed or electric cot.

This equipment greatly reduces the manual handling risks our staff face daily with the movement of patients and their beds and provides the patient with a smoother journey when being transported around the hospital.

The Day Rehabilitation Unit was excited to introduce its Cancer Related Fatigue (CRF) Program in August last year. This evidence based program has been created to target cancer sufferers and survivors that may be experiencing side effects from their previous or current cancer treatment. The exercise programs are individually tailored to suit each person's current activity levels and general health.

Recent evidence clearly supports the establishment of exercise interventions in supervised settings, with proven benefits to participant physical function, fatigue levels, quality of life, anxiety, depressive episodes and fear. In response to this growing body of evidence and to meet the needs of patients who are suffering from CRF, the program is designed to provide multi-disciplinary allied health education sessions which include input from physiotherapists, speech therapists, dieticians and occupational therapists.



All patients are assessed and supported through the program by our rehabilitation physicians to ensure a comprehensive, structured and goal-oriented approach to better support the ongoing and evolving issue facing patients with cancer.

We look forward to being able to offer any assistance to patients who you feel may benefit from this program.

We thank you for your ongoing support of our CRF Program. Should you require further information, please contact our Day Rehabilitation Manager, Dustin (Michael) Williss on 8366 3834 or [michael.williss@acha.org.au](mailto:michael.williss@acha.org.au)

I would like to thank all of our VMOs who were able to attend the craft group dinner meetings earlier this year and provided us with open and honest feedback. This feedback has been shared with the hospital management team and will be addressed accordingly. Feedback will be provided to you through our regular emails or other communication channels.

If you have any questions or concerns regarding what is taking place at The Memorial Hospital, please do not hesitate to contact me. As always, I am happy to discuss your ideas and look forward to continuing to strengthen our professional relationship.

**JANET JONGENEEL**

General Manager

**FAREWELL**

Although saddened to farewell Angela McCabe as General Manager in May 2016 following a five-year tenure at the hospital, we wish her well in her new position as General Manager at Flinders Private Hospital. Angela was pivotal in many developmental projects that have and continue to benefit all of our stakeholders. Most significantly we thank her for establishing an additional theatre, upgrading and creating single rooms in the, "Level 3 wing", supporting many of our VMOs by providing onsite consulting spaces and supporting and encouraging staff to continue developing on their skill base, knowledge and personal development.

We congratulate Janet Jongeneel as Angela's successor. Janet has held various positions with the hospital, most recently as the Director of Marketing and Customer Relations and has acted in the position of General Manager regularly. Janet's knowledge of The Memorial Hospital ensured the transitional period was seamless. Janet can be contacted on 8366 3851 or by email [janet.jongeneel@acha.org.au](mailto:janet.jongeneel@acha.org.au)

**STAFF APPOINTMENTS**

The Memorial Hospital would like to welcome the following staff to the The Memorial Hospital management team.

**Perioperative Services Clinical Manager**

Ms Sarah Ashley

Sarah has 20 years of experience in perioperative services in both the public and private healthcare sectors. Prior to her commencement at The Memorial Hospital, Sarah was employed at The Queen Elizabeth Hospital in perioperative ENT services and as the theatre coordinator. Sarah is involved in nursing education through TAFE SA. Sarah commenced in the role 29 March 2016.

Sarah can be contacted on 8366 3891 or [sarah.ashley@acha.org.au](mailto:sarah.ashley@acha.org.au)

**Quality Services Manager**

Ms Kristen Durdin

Following on from her appointment as Education Coordinator in January 2016, Kristen will be further extending her role to coordinate the entire quality team for The Memorial Hospital which includes Education, WH&S, Infection Control, Quality and Safety.

Kristen can be contacted on 8361 8397 or [kristen.durdin@acha.org.au](mailto:kristen.durdin@acha.org.au)

**Quality Coordinator**

Ms Sally Tyler

Sally has over 15 years' experience in the clinical setting in both the public and private healthcare sectors. Most



recently Sally has completed a law degree and has been working as a Clinical Services Coordinator in the Hyperbaric and ICU at the Royal Adelaide Hospital (RAH).

Sally commenced in the role on 2 May 2016 and will work closely with both Kristen Durdin (Quality Services Manager) and Damien Lloyd (ACHA Quality & Risk Manager).

Sally can be contacted on 8267 2242 or [sally.tyler@acha.org.au](mailto:sally.tyler@acha.org.au)

## EDUCATION

We continue to focus on supporting GP education by hosting sessions and encouraging our specialists to present on topics of interest to the GPs. This has further enhanced our communication with GPs and also increased the relationship between the GPs, specialists and The Memorial Hospital .

Staff education remains a primary focus, ensuring that they have the knowledge and confidence to provide our patients with the highest level of care. We are grateful for your willingness to be involved in further educating our clinical staff during study days and education sessions. This support of the hospital’s education program builds on the relationship you have fostered with our staff.

Our ongoing commitment to customer service has resulted in the recent staff engagement survey acknowledging its importance amongst peers and our customers. We are grateful that our staff have embraced the significance of a harmonious, professional working environment.

Staff are currently undergoing their annual customer service training, building on already existing knowledge.

We thank our VMOs for their ongoing support regarding GP and staff education; if you are interested in presenting at one of these events, please contact Ms Kathy Jarman on 8366 3432 and 0418 851 853 or [kathy.jarman@acha.org.au](mailto:kathy.jarman@acha.org.au)

## APRIL FALLS MONTH

During the month of April, the Allied Health staff ran a series of practical workshops for all staff to experience what it is like to walk in the shoes (or grip socks!) of our patients.

The idea was for staff to fully appreciate the falls risks that our patients experience whilst in hospital and also to gain insight into how they will cope once they leave our care.

The Occupational Therapy department put together an obstacle course for staff with the following scenario:

“You are a patient with a total hip replacement, partial weight bearing and you desperately need the toilet. The call bell is out of reach and you also have a vision impairment.”

Staff were then provided with goggles to simulate a vision impairment (hemianopia or blurred vision) and asked to lie on a hospital bed and find the toilet.

Most staff were quite surprised at how difficult it was to find their frame, negotiate obstacles and find the toilet safely whilst having impaired vision.

## EVENTS

### Perioperative Department Quiz Night

The Memorial Hospital theatre staff enjoyed another successful evening of competitive quiz action at The Cathedral Hotel on Saturday 14 May 2016, all for a good cause.

After the resounding success of, “Quizmas 2015” we managed to raise over \$658 for the **Hutt Street Centre**, an agency which operates for the benefit of homeless and vulnerable people in Adelaide. Their work extends beyond providing meals and showers for people in need. They also provide case management services, in home and boarding house support, aged care services and an education, training and employment program which provide pathways out of homelessness.



PROCEDURE	PROPHYLAXIS INDICATED	ANTIMICROBIAL(S) OF CHOICE	DURATION	ALTERNATIVES PENICILLIN ALLERGY
<b>Cardiac surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision, then 8-hourly for up to 2 further doses.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min), then consider repeating the dose after 12 hours PLUS Gentamicin (adult and child) 5mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.
<b>Thoracic surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin
<b>Vascular surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision, then 8-hourly for up to 2 further doses.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min), then consider repeating the dose after 12 hours PLUS (when there is risk of infection with Gram-negative organisms) Gentamicin (adult and child) 5mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.
<b>Implantable cardiac device surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min PLUS Gentamicin (adult and child) 5mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.
<b>Dentoalveolar surgical site infections</b>	✓	Phenoxymethyl Penicillin 2g Orally 1hr before procedure OR Amox/Ampicillin 2g Orally 1hr before procedure OR Amox/Ampicillin 2g IV OR Benzylpenicillin 1.2g IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Clindamycin 600mg IV (Child: 15mg/kg up to 600mg) over at least 20 minutes
<b>Tooth extractions; Implants</b>	✗			



PROCEDURE	PROPHYLAXIS INDICATED	ANTIMICROBIAL(S) OF CHOICE	DURATION	ALTERNATIVES PENICILLIN ALLERGY
<b>Head and Neck surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV PLUS Metronidazole 500mg IV (Child: 12.5mg/kg up to 500mg IV)	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Clindamycin 600mg IV (Child: 15mg/kg up to 600mg) over at least 20 minutes
<b>Ophthalmic surgery</b>	✓	Cephazolin 1 to 2.5mg intracamerally	as a single dose at the end of surgery	
<b>Neurosurgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin
<b>Caesarean section</b>	✓	Cephazolin 2g IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Clindamycin 600mg IV over at least 20 minutes
<b>Surgical termination of pregnancy</b>	✓	Doxycycline 400mg orally, 60 minutes before the procedure OR Doxycycline 100mg orally, 60 minutes before the procedure, then 200mg orally, 90 minutes after the procedure.		
<b>Vaginal hysterectomy</b>	✓	Cephazolin 2g IV PLUS Metronidazole 500mg IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Clindamycin 600mg IV over at least 20 minutes
<b>Abdominal hysterectomy</b>	✓	Cephazolin 2g IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Clindamycin 600mg IV over at least 20 minutes



PROCEDURE	PROPHYLAXIS INDICATED	ANTIMICROBIAL(S) OF CHOICE	DURATION	ALTERNATIVES PENICILLIN ALLERGY
<b>Small intestinal surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV PLUS Metronidazole 500mg IV (Child: 12.5mg/kg up to 500mg IV) OR (as a single drug) Cefoxitin 2g (child: 40mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Replace Cephazolin with Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin
<b>Endoscopic retrograde cholangiopancreatography</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV OR Gentamicin (adult and child) 2mg/kg IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	
<b>Endoscopic ultrasound-guided fine-needle aspiration</b>	✓	Metronidazole 500mg IV (Child: 12.5mg/kg up to 500mg IV) PLUS EITHER Cephazolin 2g (child: 30mg/kg up to 2g) IV OR Gentamicin (adult and child) 2mg/kg IV OR (as a single drug) Cefoxitin 2g (child: 40mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	
<b>Gastrostomy or jejunostomy tube insertion</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin
<b>Gastroduodenal and Oesophageal surgery; Biliary surgery, including laparoscopic surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin



PROCEDURE	PROPHYLAXIS INDICATED	ANTIMICROBIAL(S) OF CHOICE	DURATION	ALTERNATIVES PENICILLIN ALLERGY
Hernia repair	✗			
Orthopaedic surgery	✓	Cephazolin 2g IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min No Gentamicin
Diagnostic cystoscopy without other manipulation of the urinary tract	✗			
Endoscopic intrarenal and ureteric stone procedures and other renal endoscopic procedures where there are specific risks for post-operative infection#	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Gentamicin (adult and child) 2mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.
Transurethral resection of the prostate	✓	Gentamicin (adult and child) 2mg/kg IV If preoperative bacturia has not been treated or there is clinical evidence of a UTI, use a higher dose of Gentamicin.*	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	
Transrectal prostatic biopsy	✓	Ciprofloxacin 500mg orally, as a single dose	60 to 120 minutes prior to the procedure	
Open or laparoscopic urological procedures where the urinary tract is not entered with risk factors for postoperative infection## or the procedure involves implantation of prosthetic devices	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV For implantation of prosthetic devices ADD Gentamicin (adult and child) 2mg/kg IV*	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10 mg/min), PLUS Gentamicin (adult and child) 2mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.



PROCEDURE	PROPHYLAXIS INDICATED	ANTIMICROBIAL(S) OF CHOICE	DURATION	ALTERNATIVES PENICILLIN ALLERGY
<b>Open or laparoscopic urological procedures where the urinary tract is entered</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV For implantation of prosthetic devices ADD Gentamicin (adult and child) 2mg/kg IV* If there is a risk of entry into the bowel lumen, ADD Metronidazole 500mg IV (Child: 12.5mg/kg up to 500mg IV)	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min), PLUS Gentamicin (adult and child) 2mg/kg IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.
<b>Urinary catheter insertion or removal</b>	✗			
<b>Patients known to be, or at risk of being, colonised or infected with methicillin-resistant Staphylococcus aureus (MRSA)</b>	✓	ADD TO ABOVE MENTIONED REGIMEN Vancomycin (adult and child) 15mg/kg IV	started 30 to 120 minutes before surgical incision (recommended rate 10mg/min)	
<b>Breast surgery</b>	✓	Cephazolin 2g IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision.	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min) No Gentamicin
<b>Dermatological surgery</b>	✗			
<b>Plastic surgery</b>	✓	Cephazolin 2g (child: 30mg/kg up to 2g) IV	within the 60 minutes (ideally 15 to 30 minutes) before surgical incision	Vancomycin (adult and child) 15mg/kg IV, started 30 to 120 minutes before surgical incision (recommended rate 10mg/min) No Gentamicin

**Notes**

Adapted with permission from Antibiotic Expert Groups. Therapeutic guidelines: Antibiotic. Version 15. Melbourne: Therapeutic Guidelines Limited; 2014.

# eg resection of large or necrotic tumours, risk of bleeding, bladder outlet obstruction with incomplete bladder emptying.

## eg urinary tract obstruction or abnormalities

\* If Gentamicin is contraindicated or relevant precautions preclude its use, use:

Cephazolin 2g IV, within the 60 minutes (ideally 15 to 30 minutes) before surgical incision

OR Trimethoprim 300mg orally, 60 minutes before the procedure

OR Trimethoprim/Sulfamethoxazole 160+800mg orally, 60 minutes before the procedure



**ACHA Health  
Executive Office**

1 Flinders Drive  
Bedford Park SA 5042  
Enquiries 8275 3587  
[acha.org.au](http://acha.org.au)

**Ashford Hospital**

55 Anzac Highway  
Ashford SA 5035  
Enquiries 8375 5222  
[ashfordhospital.org.au](http://ashfordhospital.org.au)

**Flinders Private Hospital**

1 Flinders Drive  
Bedford Park SA 5042  
Enquiries 8275 3333  
[flindersprivatehospital.org.au](http://flindersprivatehospital.org.au)

**The Memorial Hospital**

Sir Edwin Smith Avenue  
North Adelaide SA 5006  
Enquiries 8366 3800  
[thememorialhospital.org.au](http://thememorialhospital.org.au)

**ACHA Health Foundation**

1 Flinders Drive  
Bedford Park SA 5042  
Enquiries 8275 3587  
[foundation@acha.org.au](mailto:foundation@acha.org.au)

