The Royal Pulse
Volume 4 2015

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Where tradition plus innovation equals excellence
From the museum
Submitted by Royal Perth Hospital Museum volunteers Sue Reid and Margaret Baker.

Diathermy forceps

Diathermy forceps are a common surgical instrument used to cauterise blood vessels which, prior to 1958, were controlled by foot switches. It was not until Royal Perth Hospital Surgeon Professor John Gwynne Brockis commissioned a hand controlled tool that this changed.

Chief Instrument Technician Mr J. F. Quigley and his associate Mr L. Young developed the Professor’s design in the hospital’s instrument workshop.

In 1960, the design was published in the Australian and New Zealand Journal of Surgery and a German manufacturing firm picked up the idea. Today the majority of diathermy forceps are hand controlled.

Your team, your care

The Cardiology Department at Royal Perth Hospital treats more than 1750 patients each month.

The department consists of three cardiac catheter laboratories, the Coronary Care Unit, an inpatient ward and a series of specialist outpatient clinics.

With a team of more than 150 staff members, this busy department treats patients with a variety of cardiac conditions including coronary heart disease, cardiac arrhythmias and heart failure.

Head of Department Professor Graham Hillis said his team of specialised healthcare professionals offer patients the highest level of care.

“During their admission patients meet doctors, nurses, allied health staff, radiographers, echocardiographers and clerical staff,” Professor Hillis said.

These staff members all work together in an effort to meet the individual needs of each patient.”

Professor Hillis believes the strength of his department lies within the strong links they have built with other teams and organisations.

“We are working closely with the hospital’s Emergency Department, St John Ambulance and surrounding hospitals,” Professor Hillis said.

“By working together we are able to provide high-quality, patient-centred clinical care that Western Australians expect and deserve.”

Professor Brockis was involved in many major achievements at Royal Perth Hospital. In 1968 he led the team who conducted the first WA renal transplant, and in the 1980s he introduced the treatment of kidney stones using ultrasound.
Keeping up with heart disease

Cardiovascular disease remains the single biggest killer of Australians, with one Australian suffering a heart attack every nine minutes.*

In the last six months the Royal Perth Hospital Cardiology Department treated over 6000 patients, with more than 1250 patients undergoing invasive procedures in the cardiac catheter laboratory.

Head of Cardiology Professor Graham Hillis said the department had undergone a significant change in February this year, following the reconfiguration of health services in WA.

“We have used these changes as an opportunity to review the services we provide to patients and direct our focus to improving efficiency,” Professor Hillis said.

“One area we identified was how procedures are performed in the cardiac catheter lab, particularly the method for performing PCI.”

Percutaneous coronary intervention, or PCI, is used to open up the blockages or narrowed areas within a coronary (heart) artery, that can cause heart attacks. PCI involves inserting a small scaffold, known as a ‘stent’, to hold the artery open and allow for better blood flow.

“Traditionally access to the heart has been via the femoral artery, located in the groin,” Professor Hillis said.

“However recently published data has strongly suggested that doctors should instead use the radial artery where possible.

“Located at the wrist, radial access requires extra training and experience. Using this entry site is safer and more comfortable for patients.”

Percutaneous coronary intervention, or PCI, is used to open up the blockages or narrowed areas within a coronary (heart) artery, that can cause heart attacks. PCI involves inserting a small scaffold, known as a ‘stent’, to hold the artery open and allow for better blood flow.

“In the first six months of this year, radial access was used in more than 90 per cent of PCI procedures.”

Last year at Royal Perth Hospital less than 30 per cent of PCIs performed were via radial access.

“In the first six months of this year, radial access was used in more than 90 per cent of PCI procedures,” Professor Hillis said.

“Just this one change has seen benefits throughout the Cardiology Department.”

A patient perspective

Cardiology patient Geoffrey Williams has undergone two separate PCI procedures over the past 10 years. His first PCI was via his femoral artery, but his most recent was performed using radial access.

“Even though it is essentially the same procedure on my heart, the difference is quite surprising,” Geoffrey said.

“With the access in my groin I remember having to be much more careful, and I certainly wasn’t able to get up and about straight away.

“With my wrist there was less discomfort and wearing the wristband is very reassuring; I felt much more relaxed about the whole process.”

Using radial access, the majority of patients are discharged and back in the comfort of their home the day of their procedure.

Emergency Heart Attack Team

The Cardiology Department prides themselves on their 24/7 Emergency Heart Attack Team. On-call 365 days per year, the team is always ready to provide emergency invasive treatments, like PCI.

Once activated, the team swings into action as fast as possible.

“Time is of the essence when treating heart attacks, as the faster we are able to open the artery the better the outcome for the patient,” Professor Hillis said.

“In collaboration with St John Ambulances, with whom we are building a close partnership, we are proud to offer a world-class heart attack service.”

A nursing perspective

Cardiology Nurse Charis Patterson said one of the key advantages to radial access is the ability to use a radial closure device. The device resembles a wristband and is inflated with air to apply pressure to the access site.

“After a femoral procedure a cardiology nurse would often need to apply pressure to the access site until the bleeding had stopped,” Charis said.

“With the radial closure device this isn’t required, so patients are much more comfortable and able to move around immediately afterwards.

“From a nursing perspective this technique has great outcomes for both staff and patients.”

Fact file: Emergency Heart Attack Team

Since February the team has performed PCI in over 500 patients.

A team of two nurses, a radiographer and a cardiologist make up the on-call team.

All team members have to be on-site and ready to go within 30 minutes of activation.

*Data courtesy of the Heart Foundation
Deep within the labyrinth of wards, rooms and offices; unseen by patients and accessed by only a handful of staff, is one of the most innovative teams at Royal Perth Hospital.

Cell and Tissue Therapies WA (CTTWA) is a state-of-the-art manufacturing unit which develops cell and tissue products to meet the demands of current and emerging biotherapies.

CTTWA Director Dr Marian Sturm said their aim is to provide an efficient service to the hospital, the State and the nation.

“Our role as a manufacturing unit sees us develop products such as human heart valves, haemopoietic (blood) stem cells, and other cell and tissue products for the health services in WA,” Dr Sturm said.

The CTTWA also evaluates new cell therapies by conducting clinical trials for the treatment of a range of diseases.

“Ironclad facilities and our ties with the hospital and its researchers have placed us in the perfect position to investigate new cell-based therapies,” Dr Sturm said.

With five controlled-environment clean rooms, the highest classified in WA, and a team of 16 staff, CTTWA is home to some of the most cutting edge trials in the country.

“The work we are doing in clinical trials has the potential to position Western Australia as a leader in the delivery of cellular based therapies.”

CTTWA was established in 2006 after a generous donation from Ray Dobney and the WA Health Department. It is licensed for cellular and tissue manufacturing by the Therapeutic Goods Administration.

Innovating the innovative

A number of CTTWA’s clinical trials focus on mesenchymal stem cell (MSC) therapy for the treatment of a range of serious medical disorders. MSCs are sourced from donor bone marrow, isolated, and grown in the facility to yield large numbers of cells. The cells are then packaged, cryopreserved (frozen) and stored. MSCs have a number of benefits, they:

- are adult stem cells and can develop into other tissue types and aid in tissue repair
- suppress and regulate immune and inflammatory responses
- are a universal donor cell as they do not bring about an immune response.

Below are just two of the ground-breaking MSC therapy trials CTTWA currently have underway:

**Acute graft versus host disease**

Graft versus host disease (GVHD) is a complication that can occur after a stem cell or bone marrow transplant, where the newly transplanted donor cells attack the recipient’s body. The condition has an array of debilitating side effects which, in the worst cases, can be fatal.

In this trial patients suffering with severe GVHD, having exhausted all standard treatment options, receive infusions of MSC cells to suppress their side effects.

The outcomes have been very positive, with most patients experiencing improvement in their symptoms, and most importantly patient survival outcomes were more than doubled.

The next phase of the trial is underway and involves treating patients as soon as they develop GVHD, before it becomes resistant to other therapies.

**Cranial reconstruction**

For patients requiring skull reconstruction following injury or a surgical procedure, a titanium plate is usually used to replace the original bone. However, the material is difficult to shape perfectly and never truly replicates a human skull; leaving weakness at the site of attachment.

In this trial CTTWA are working with Royal Perth Hospital Medical Engineering who, using laser measurements, create polymer scaffolds to fit the required shape. CTTWA grow MSCs on a type of ‘filler’ which is placed into the scaffold. The aim is for the structure to knit to the bone and harden to a point that resembles, almost perfectly, the undamaged skull.
Leading the way in international medical education

Royal Perth Hospital is committed to providing the latest advancements in medical care to our patients. Where possible, our staff take the opportunity to share those advancements further afield to help patients all over the world.

A team from Royal Perth Hospital’s Anaesthesia and Pain Department, along with staff from the University of Texas, recently travelled to Hyderabad, India to conduct a three-day, Hands on Ultrasound Guided Regional Anaesthesia and Chronic Pain workshop.

Led by Co-Director for International Medical Education South Metropolitan Health Service Professor Krishna Boddu, the workshop was attended by more than 128 Indian medical delegates, who travelled from around the nation to take advantage of this educational opportunity.

“Many medical professionals in India already use the fundamental techniques addressed in the workshop,” Professor Boddu said.

“The workshop teaches participants how to maximise the resources already available to them to deliver pain relief.”

Professor Boddu said the workshop teaches the latest medical techniques which are safer and more effective in relieving pain after injury or surgery.

“These techniques lead to an increase in patient satisfaction and functionality,” Professor Boddu said.

The workshop also covers techniques to manage chronic pain and improve quality of life for patients.

“When difficulty controlling pain is keeping patients in hospital, these methods can safely increase quality of pain control and decrease the time spent in hospital.”

Designed by Professor Boddu, the workshop uses four big screens to simultaneously display anatomy, surface landmarks on a volunteer, ultrasound images and theory. Accompanied by three instructors, the presentation gives attendees a thorough technical and visual understanding of all elements involved in the treatment.

Sponsored by the not-for-profit organisation Global Medicine Limited, Dr Boddu and his team from Royal Perth Hospital have been conducting these workshops around the world since 2012.

Recognising ‘good outcomes’

A new model of care for patients has been introduced at Bentley Mental Health Service and is receiving recognition for the benefits it delivers to patients.

The Bentley Older Adult Mental Health Service was announced as a finalist in the 2015 Mental Health Good Outcomes Awards, for its new eight-week intensive therapy treatment for patients over the age of 65.

Acting Program Manager of the Older Adult Service Rachel Griffiths said the new model of care decreases hospital admissions and encourages early discharge from an inpatient setting.

“The redesign has reduced client relapse rates, as they are learning how to self-manage symptoms and normalise experiences,” Ms Griffiths said.

Identified clients participate in the eight-week mood management clinic that teaches coping strategies and relaxation skills, as well as providing education on various aspects of their mental health, including relapse indicators.

“Individualised care plans are designed for each client and are tailored to their needs as they progress through the program,” Ms Griffiths said.

“On a fortnightly basis clients are reviewed by a psychiatrist and further one-on-one intensive treatment is provided if required.”

Ms Griffiths said clients are more heavily involved in their care from referral through to discharge and the focus is on establishing long-term care processes.

“Following successful completion of the program clients are discharged back in to the community with follow up support from community nurses,” Ms Griffiths said.

Bentley Mental Health Service introduced the new model based on international evidence which shows time-limited, intensive intervention programs have a greater impact on improving outcomes.
Let’s talk medication

Prescribing and managing medications is a serious business. At Bentley Health Service the Drug and Therapeutics Committee is hard at work to ensure medications are used safely and effectively.

Member of the committee and Coordinator of Pharmacy Julia Hook said the committee was established to raise the profile of medication safety at Bentley Health Service.

“Through education and promotional activities, the committee is helping Bentley to achieve some great outcomes,” Julia said.

“In the last year, one of the most significant results was an increase in compliance from 70 per cent to 90 per cent when completing allergy and adverse drug reaction documentation on medication charts.”

Established in 2013, the Drug and Therapeutics Committee has implemented a range of medication safety initiatives.

“Some of the key changes include reminder posters in all medication rooms and increased involvement of senior pharmacists and nurses in training,” Julia said.

The committee’s role is also to put in place measures to combat risk.

“Patients with allergies and adverse drug reactions are given red bracelets which are easily identifiable to staff,” Julia said.

Medication Safety Week is a great opportunity to recognise the role staff, patients and their carers can have in ensuring the safe use of medications.”

“But in patients who choose not to wear the bracelet, we needed a different approach.”

For those patients the committee introduced the use of photo identification and the application of a red alert sticker to notify staff when they’re administering medication.

“The new method successfully ensures patients without bracelets are administered medication safely,” Julia said.

“Staff are working to increase the use of this method to improve medication safety for these patients.”

Medication safety is everyone’s responsibility!

Play your part in helping us to safely prescribe and administer your medication.

At home

› Keep a medication list – make sure it includes all medication prescribed by your GP, bought over the counter from the pharmacy, or vitamins and herbal remedies you are taking.
› Speak to your GP about any drug allergies or reactions – make sure everyone is on the same page about your health!
› Follow directions carefully – do not crush, chew or break any tablets unless instructed.

In hospital

› Bring your medications and medication list.
› Ask questions about your medication.
› Make sure your hospital ID is checked before medication is administered to you.
› Ask your doctor, nurse or pharmacist to explain your medications before you go home.
Fast track to treatment

On Sunday morning 24 August 2014, Barry Sykes was driving a tractor on his 270 acre family farm, 100km north of Perth. While trying to reach his cattle, Barry was crushed under the wheel of his tractor and sustained life-threatening injuries.

Barry, a 61-year old farmer and truck driver from Caraban, was a healthy, energetic and positive man who had barely seen the inside of a hospital until that day. His annual calendar of hilarious photos, on and around his farm, is the perfect example of his fun-loving character.

On the day of the accident Barry was heading to feed his cattle. As he normally would, he jumped out of his tractor and left it slowly moving forward while he opened the gate.

“Somehow I got caught in the gate,” Barry said. “The next thing I knew I was lying flat on my back and the tractor was rolling towards me. I couldn’t get free quick enough and the tractor rolled over my body and came to a stop on my chest.”

Barry’s pain was instant. “I felt a ‘pop’ in my pelvis and sharp pain in my chest. I knew I was in trouble,” he said. “I also knew I had to act fast. My phone was in my chest pocket, under the wheel of the tractor, so I struggled, in unbelievable pain, to get it free.”

With shaking hands and heading into shock, Barry eventually managed to punch in his passcode and raise the alarm.

“Barry’s injuries were life-threatening and any delay could have cost him his life,” Dr Weber said. Barry has suffered a shattered pelvis, two fractured vertebrae, three fractured ribs and a ruptured pelvic artery. According to Royal Perth Hospital Trauma Surgeon Dr Dieter Weber, time was critical. “Barry’s injuries were life-threatening and any delay could have cost him his life,” Dr Weber said.

Barry was airlifted by the RAC Rescue Helicopter to Royal Perth Hospital Emergency Department. There he was met by Dr Weber and the State Trauma Service team. “When Barry arrived it was clear he was in shock,” Dr Weber said. “We immediately x-rayed his pelvis which showed the fractures and from his condition we could conclude he was suffering from serious internal bleeding.”

For trauma patients like Barry the most immediate threat to their life is haemorrhaging, or bleeding. “In Barry’s case it was critical that we stopped the bleeding as our first priority, any delays and he could have died.”

Barry was rushed to theatre. “By injecting dye under x-ray the bleed was found and quickly stopped,” Dr Weber said. Thanks to the quick action of the Trauma team and the speed of the treatment in theatre, Barry survived without needing a blood transfusion.

“Barry’s positive attitude towards life and the management of his severe injuries helped him achieve a successful outcome,” Professor Zellweger said.

Today, Barry is grateful to be alive and back at work and planning next year’s calendar. “In quiet moments of reflection, I am moved to tears with what these people did for me. What else can I say, other than I’m here and I am ok, thanks to the staff at Royal Perth Hospital.”

A snippet of Barry’s 2015 calendar.
Committed to quality

At Royal Perth Hospital we are committed to working towards our vision of delivering excellent patient care. Part of being an organisation that strives for excellence is monitoring and measuring the safety and quality of our services.

We are constantly looking for innovative methods to improve the quality of our care. Here we look at two examples that have been recently introduced:

Safety Shield Award

To improve the safety and quality of our services we need everyone to be aware of how we are tracking. The Safety Shield Award is a brand new way for us to highlight how each ward is tracking against our safety and quality measures.

Our safety and quality measures can be split into three categories:

- patient measures
- staff measures
- organisational measures.

Each quarter all wards are assessed against these measures and given a rating out of five. Wards will display their safety shield rating and the one with highest safety rating will be presented with the safety banner to display on their ward.

The very first winner of the Safety Shield Award is the State Adult Major Trauma Unit.

Keep an eye out for the safety shield rating in our wards.

Clinical Alerts

When patients arrive at hospital they are not always capable of communicating important information about their health. A clinical alert is a notification on a patient’s medical record. It immediately alerts medical staff to a diagnosis that could be critically important to their care during the first 24-hours of admission to hospital.

There are four types of clinical alerts:

- anaesthetic alerts
- medical condition alerts
- food alerts
- medication alerts.

To ensure that a safe and efficient system exists for recording clinical alerts for each patient, the Clinical Alerts Committee has been established. The committee developed a new policy and a system of reporting and recording alerts. This system will help staff provide the best possible care when a patient presents to the hospital.

Accreditation Success!

In an earlier edition of The Royal Pulse we highlighted Royal Perth Hospital’s successful accreditation against the 10 National Safety and Quality Health Service Standards.

We are now the proud owners of a certificate accrediting the hospital to 26 July 2019!

Clinical Safety and Quality Manager Angus Rennie said following the accreditation assessment, the surveyors were extremely complimentary of the standard of services at the hospital.

“In particular they were impressed with our commitment to involving consumers in our efforts to improve services,” Mr Rennie said.

“They also highlighted our team-focused approach to improving care and performance.”

Overall, Royal Perth Hospital satisfactorily met all requirements of the 10 standards and six of those areas were met with merit.
Generations of nursing

Royal Perth Hospital offers nurses a rewarding and fulfilling career and as this family explains it has been providing nurses with opportunities for generations.

Graduate Nurse Sarah Adams, her Mother Leanne Adams, and Nan Rosalie Leaney (nee Phillips) all completed their nursing training at Royal Perth Hospital.

In 2011, inspired by her Mother and Nan’s experiences, Sarah followed in their footsteps and began training for her nursing career.

“Growing up Nan used to tell me about her time at Royal Perth, the team spirit here and the supportive network of people she worked with,” Sarah said.

“Mum would always come home with wonderful things to say about the people she met. Caring for people from an array of backgrounds kept her job interesting.

“With further education the doors are open for nurses to gain many more clinical skills or even conduct their own research,” Leanne said.

All three ladies agree that completing their nursing training at Royal Perth Hospital has been beneficial for their careers.

This year Royal Perth Hospital accepted 60 nurses into the 12-month graduate program, which will see them complete two six-month rotations between surgical and medical departments.

“Nursing education in particular has changed over the years. When Leanne and I went through the program, it was almost entirely practical training,” Rosalie said.

“As Sarah has gone through, there’s a greater emphasis on combining practical with in-depth theory.”

Leanne, who began her training in 1982, said nurses now have the opportunity to specialise in their area of interest.

“Training at a tertiary hospital, I have been exposed to a wide variety of clinical tasks by caring for patients with more complex needs,” Sarah said.

“Staff at Royal Perth set the bar for such a high standard of care, so I am gaining knowledge and skills that will stay with me throughout my career.”

What’s changed?

▷ Did you know that nurses used to live on site?
Kirkman House, 7 and 9 Murray Street, and the old A Block building were all nursing quarters.

▷ Needles weren’t always disposable! One job for nurses was to sterilise all needles for re-use.

▷ Thermometers were not always digital. Nurses spent their down time flicking the mercury back to the bottom, so it would give an accurate reading for the next patient.
The Royal Retrospective

In this edition we take a look back at the 1955 issues of the Royal Perth Hospital Journal to learn about the beginnings of the medical school.

The February 1955 edition focused on establishing a committee to consider building details and costs for a medical school. In May, the journal officially announced the State Government’s decision to fund half of the £300,000 project.

Royal Perth Hospital and the University of Western Australia (UWA) began a public appeal to raise the remaining £150,000, to ensure the school could go ahead.

£150 000 Appeal

This hospital is intimately concerned with the future of the medical school and it is believed that members of the hospital staff and many others associated with the hospital’s work will be keen to support this appeal in every way.

After a successful appeal, a special medical school issue was printed in August 1955 outlining the structural plans.

Despite teaching staff since 1896, it was not until the first UWA undergraduate medical student began studies at Royal Perth Hospital in January 1957, that it was officially recognised as a teaching hospital.

Director of Clinical Research Dr Eric G Saint highlighted the advantages a medical school provided.

“Now a medical faculty is essentially part of a university, medicine is to be regarded as an intellectual rather than a technical career.”

Since establishing the medical school, Royal Perth Hospital has developed an international reputation for excellence and is a ‘hospital of choice’ for medical trainees.

Top marks for top docs

Royal Perth Hospital has long been a leader in excellent healthcare, research and clinical education.

This tradition has been continued by the doctors who sat this year’s gruelling Fellow of the Royal College of Physicians (FRACP) exams and achieved the highest pass rate in the State.

Royal Perth Group Acting Executive Director Dr Aresh Anwar said the hospital’s results were almost always above the national average and this year was no different.

“These results clearly show our hospital is an exceptional place to learn and succeed,” Dr Anwar said.

“Our doctors are well-trained to a level above national standards and patients can feel confident they will receive excellent care here.”

Director of Physician Education Dr Athula Karunanayaka said the high result was a testament to the quality of clinical expertise and the attentive Post Graduate Education team.

Junior doctors Timothy Whitmore and Tommy Hennessy with supervisors Dr Athula Karunanayaka and Dr Siao-Nge Hoon.

“There is a culture of commitment to excellence.”

“This education process can only succeed with the cooperation of both inpatients and outpatients,” he said.

“Patients are generally very happy to be part of the teaching and exam process. They find it fascinating, and many feel it allows them to give something back.”

Fellowship to the Royal Australasian College of Physicians is a requirement for doctors to be recognised as a specialist or consultant physician. Doctors are required to sit a complex set of exams involving examining patients and presenting in front of an audience.

“Now a medical faculty is essentially part of a university, medicine is to be regarded as an intellectual rather than a technical career.”
Olympics in sight

Junior doctors have a demanding schedule, juggling varied working hours, studying, exams and rotations. If this wasn’t enough, Royal Perth Hospital Junior Medical Officer Bernadette Lee has thrown training for the Olympics into the mix.

Bernadette started competitive fencing in 2012, and trains with a group four times a week for 3 hours. Despite her busy training schedule she continues to follow her passion for medicine.

“I love the work I do,” she said. “The job is a constant challenge, similar to my fencing career. I think that is what keeps me motivated to continue to pursue both.”

Bernadette also fits in five to six, 30 minute individual training sessions each week and says the hospital has been very supportive of her training commitments.

“I have been lucky enough to be able to use the hospital’s physiotherapy gym for my individual sessions, where my coach meets me before or after my shift,” Bernadette said.

“I also have very understanding colleagues who swap shifts with me wherever they can, so I can attend training.”

With a complex selection process and point collecting system to navigate, Bernadette has the Olympics in sight for the long-term.

“Staying committed to my career in medicine means I don’t attend as many competitions as a full-time athlete. However, by continuing with my current training, I stand a good chance to qualify for Tokyo in 2020,” Bernadette said.

In her second year working as a junior doctor, Bernadette still manages to compete in four competitions annually within Australia and has just returned from training and competing in Poland.

“A fresh perspective on service innovation

When looking for ways to make improvements, a new perspective can often be the key. At Royal Perth Hospital we are taking advantage of the fresh eyes provided by our junior doctors through the Medical Service Improvement Program.

The Department of Health program provides an opportunity for junior medical staff to design and lead an improvement project at their chosen WA Health site.

Resident Medical Officer Lily Shelton’s project, which examined the referral process for plastic surgery patients, was a step in the right direction to achieving her goal of becoming a surgeon.

“The rotation appealed to me as an opportunity to gain a better understanding of plastic surgery services,” Lily said.

“I had the chance to work closely with supportive senior staff who were receptive to looking at ways of improving services for both patients and staff.”

Director of Emergency Medicine and Lily’s Program Supervisor Dr David McCoubrie said Lily demonstrated how beneficial this program can be.

“Lily’s diligence and enthusiasm for her project resulted in an excellent analysis of the Plastic Surgery Service and some very valuable recommendations,” Dr McCoubrie said.

“The rotation is challenging. It gives participants some great skills which will benefit their careers and the system for years to come.”

Department of Health Senior Project Officer Brodene Straw coordinates the program and said junior doctors get the opportunity to be involved in projects that have a positive impact on patient care.

“Participants develop leadership skills and a better understanding of hospital priorities,” Brodene said.

“The hospital benefits from both the project and the improved dialogue between junior doctors and senior staff.”

Lily’s project provided an in-depth analysis on the journey of a plastic surgery patient from referral through to treatment and discharge.

“The insights I have gained into the way we manage the flow of patients are invaluable. Each staff member plays a crucial part and it will certainly influence the way I approach my role in years to come.”

Lily presented her findings to the Plastics Service and the hospital Executive for consideration and since then, changes to rostering have already been implemented.
Vale Professor
Peter Walter Burvill
MB.BS, MD, FRCPE, FRCPsych, FRANZCP, FFPH, DPM
27 April 1933 – 10 July 2015

Professor Peter Burvill was a highly respected academic and clinician who dedicated a great deal of his career to Royal Perth Hospital. In July this year, Professor Burvill sadly passed away and here we take the opportunity to recognise his significant contributions to the field of psychiatry and our hospital.

Professor Burvill joined Royal Perth Hospital in 1969 as a consultant psychiatrist. He played a key role in establishing the Department of Psychiatry at Royal Perth Hospital, and led the department from 1973 to 1985.

Throughout his career Professor Burvill conducted extensive research into various fields of psychiatry, with more than 100 papers and book chapters published internationally.

Highly regarded as teacher and supervisor to many students, Professor Burvill found education a rewarding part of his life’s work. He was known as a quiet, modest man whose wisdom and compassion will be greatly missed.

"Many of Peter’s colleagues did not know of his many roles and achievements. He will always be known for his integrity and honesty. He was a highly respected man in the profession and I gained by having him as a friend and colleague.” Andy Zorbas, colleague.

Employee of the month

July
Kay Griffiths
Clinical Nurse Specialist 10C

August
Dr Melvin Chin
Registrar Geriatric Medicine 9A

September
Laurel Houghton
Aboriginal Health Liaison Officer

A special thanks goes to our valued sponsors - Bupa, Hesta and Police and Nurses Bank - who provide prizes to the winners each month.

An artful beginning – the Claude Hotchin collection

From heritage listed buildings, to many ‘firsts’ of the medical world, Royal Perth Hospital plays a key role in WA history. Part of that history is the Royal Perth Hospital art collection.

The collection was started in 1954 by Sir Claude Hotchin, a Perth businessman with an interest in collecting art for use in healthcare. On 29 September 1954, Sir Hotchin donated 83 pieces of art to Royal Perth Hospital.

Between 1948 and 1977 Sir Claude Hotchin donated an estimated 2000 paintings to public institutions throughout WA.

In 1977, after his passing, a further 533 art works were bequeathed to Royal Perth Hospital.

Today the hospital’s art collection has grown to well over 1200 works, including paintings, sculptures, prints, drawings and photography.

"It doesn’t matter how wonderful a hospital is, it is a difficult job to make it look other than an institution. But, I believe that with the advent of this art today ... it will transform the place and bring great joy and happiness.”

Sir Claude Hotchin on his donation to Royal Perth Hospital.
Where tradition plus innovation equals excellence

The Royal Pulse is produced by Royal Perth Hospital Public Relations. If you would like to share your story contact Public Relations on (08) 9224 2231. Editing and articles: Hayley Menzies. Articles: Caitlin Swarts. Photography: Brydon Dunstan and Steve Wise. Graphic Design: Sally Longley.