September 2020

Priceless

Clifford Craig FOUNDATION
Health • Research • Hope

The news bulletin for supporters of the Clifford Craig Foundation

LGH Steps Up to the COVID-19 Challenge

The coronavirus pandemic has revealed the vital role that hospitals provide for their communities and we can take great pride in the wonderful care provided by the Launceston General Hospital during the bleak days of the Tasmanian outbreak of COVID-19 in recent months.

The first positive Tasmanian case of the virus was confirmed on the 1st March and the male patient was treated at the LGH after returning from Iran. But the hospital had been preparing for that moment for many weeks to ensure the LGH could safely and efficiently deal with the potential surge in pandemic cases.

An Emergency Operations Centre was mobilised under the leadership of Dr Peter Renshaw to undertake the necessary operational planning and implementation to prepare the hospital. The committee comprised approximately 20 primary members who came together regularly to deal with the expected onslaught of COVID positive patients

Dr Renshaw recalled, "we really were in unchartered territory because there aren't standard plans for a pandemic of this scale. But we had an exceptional team, including our infectious diseases specialist Prof. Katie Flanagan and Director of Medicine, Dr Alasdair McDonald."

A COVID-19 assessment and treatment ward was established in the existing Acute Medical Unit, staffing models were activated to separate the clinical care of COVID and non COVID patients, all urgent elective surgery was relocated to Calvary Private Hospital where a separate ward was also created for complex medical patients.

The LGH cared for all northern Tasmanian COVID positive patients that required hospital care during this period, including critically ill patients in ICU.

"The hospital responded amazingly well because we needed to cater for patients from the north west due to the impact of COVID-19 on the two NW hospitals. At one stage we had more than 130 NW patients at the LGH. We can all be exceptionally proud because our hospital staff responded with professionalism at a very trying time to ensure quality patient care was provided for those in need," Dr Renshaw said.

Whilst Tasmania has been free of community transmission for some time, the LGH remains on Pandemic Response Level 1, and will remain so for the foreseeable future.

From the CEO

It's a Sunday afternoon as I sit in my office writing this editorial piece for *Priceless*. I like to prepare the newsletter on a weekend because it is quiet, no interruptions, and the creative writing process seems to flow so much better than during a normal weekday.

My office overlooks the helipad at the LGH and the emergency helicopter has just landed, most likely delivering a patient who requires urgent medical treatment. This is the second time today. Yesterday, a Saturday, I witnessed another two arrivals of the rescue helicopter bringing patients who obviously required rapid transport to our acute care hospital. As I watched the marvel of how these things actually fly, I also pondered how fortunate we are to live in a region where we not only have rescue helicopters, but an acute care hospital that can provide the emergency services that we often take for granted.

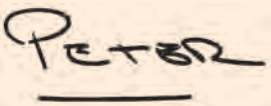
The Launceston General Hospital is the acute care referral hospital for Tasmanians who live in the northern half of the state. That is approximately 48 percent of the Tasmanian population. During the recent Tasmanian outbreak of COVID-19, the LGH was at the forefront of combatting the virus and hospital staff responded magnificently to provide emergency care for patients from the north and north west.

We should all be proud of the wonderful role the hospital has played during the fight against the coronavirus and made us more aware of the vital importance of having an effective acute hospital to care for our critical care needs.

But it is important to realise that hospitals in regional locations need the support of their community because government health budgets can only go so far. As the fundraising organisation for the LGH, the Clifford Craig Foundation provides the philanthropic program for the people of north and north west Tasmania to support the hospital.

Your support enables us to help the hospital in so many areas that assists the provision of professional and compassionate care – from funding for medical research, health staff education and medical equipment.

Thank you for your support and encouragement. It certainly makes big difference.



Peter Milne
Chief Executive

Christmas Appeal Reaches its Target

Thanks to your generosity through our annual Christmas Appeal, we are delighted to announce we have now raised the $175,000 to enable the purchase of a dedicated Fibroscan machine for the Hepatology unit at the Launceston General Hospital.

This specialised ultrasound device will assist in the non-invasive diagnosis and assessment of liver disease, often negating the need for a liver biopsy, a painful and sometimes hazardous procedure.

Until now, the LGH has relied on borrowing a machine from Mersey Community Hospital for one day per fortnight, thus hundreds of patients were turned away each year due to the lack of a dedicated machine.

We often use the tagline of "Give Where You Live" in our fundraising appeals, and we are so grateful to the individual donors and the philanthropic & family foundations who did just that.

This is another great example of how the Clifford Craig Foundation nurtures the bond between the hospital and its community, and thus contribute the additional "gold nuggets" that enable better health care for our region.

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Thank you to our hospital heroes

Sunday Examiner Recognition

Since 1992 the Clifford Craig Foundation has been working to bridge the government funding gap for the Launceston General Hospital and deliver vital extras to improve patient care and health outcomes.

Public awareness of our role is vital because we simply could not raise the necessary funds without the strong support and encouragement of our community.

Accordingly, our communications activity to spread the message is a major (and ongoing) focus and this newsletter is just one example.

So, what a pleasant surprise it was to see our work recognised by the editorial in the *Sunday Examiner* during the midst of the coronavirus outbreak in Tasmania. It was so well written, we wanted to share it with you.

Medical research is key for community

THE SUNDAY EXAMINER

TO SERVE THE NORTH AND NORTH-WEST REGIONS OF TASMANIA

A LOT can be said for philanthropic organisations and the ability to punch above their weight. When it comes to charities supporting our hospitals and health care system more broadly, it's fair to say the efforts of the Clifford Craig Foundation go a long way.

The organisation has an almost 30-year history of supporting high quality research programs at the Launceston General Hospital. It adds up to millions of dollars worth of support and one has to wonder where we would be without it.

While research is the key focus, it also works to improve the health of the community more broadly through education, funding medical equipment and patient facilities within the hospital.

Because no matter which way you look at it, health is expensive. Running a hospital is expensive, medical equipment is expensive and so is research.

The incentive of funded research also plays a key part in attracting medical professionals to our state - including what are often "hard to come by" specialists.

No matter which way you look at it, health is expensive. Running a hospital is expensive, medical equipment is expensive and so is research.

It's no secret that the support of the Clifford Craig Foundation played a key role in securing world renowned infectious disease specialist Professor Katie Flanagan to work at the LGH.

Now, our Northern hospital is playing a key part in finding an effective treatment for this awful disease, under Professor Flanagan's guidance. But let's not forget that the Clifford Craig Foundation relies on one thing for its support of medical research to be possible - support from the community.

It seems fitting that in the response to COVID-19, the ability for the LGH to partake in a major research trial that will ultimately benefit its patients, has only been made possible by the community it serves.

Because not many people can say they haven't been impacted by poor health. Whether personally or through the experience of a family member or close friend.

The impacts COVID-19 have had on Tasmania cannot be underestimated. But while times are tough, it's important to recognise that we are in a much better position than most.

Northern Tasmanians should be proud that their major referral hospital is now playing an important part in the fight against coronavirus.

LGH joins multi centre research trial to find treatment for COVID-19

The spread of the COVID-19 pandemic across the world has led to an unprecedented response from the global research community in the pursuit to find an effective treatment and a vaccine for the virus.

In Australia, there are several promising studies underway and Tasmania is certainly playing its role in the search for answers to this awful virus. Through the financial support of the Clifford Craig Foundation, a research team at the Launceston General Hospital is participating in the Australasian COVID-19 Trial (ASCOT) that is aiming to find a suitable treatment for the virus.

The ASCOT Trial is a large multicentre trial co-ordinated through the Royal Melbourne Hospital and the Peter Doherty Institute and will recruit patients in more than 70 hospitals across Australia. In addition, the ASCOT study will involve 11 hospitals in New Zealand. The LGH Team is headed up by Infectious Diseases Specialist, Professor Katie Flanagan.

ASCOT aims to discover which existing treatments are most effective in patients hospitalised with COVID-19 in Australia and New Zealand, and whether they will prevent patients deteriorating to the point of needing a ventilator in the Intensive Care Unit.

Importantly, ASCOT is an adaptive trial, which means it can be stopped if one of the treatments provides enough evidence it will work or drop any treatment that looks like it will not work before the trial would typically finish. In addition, as evidence is generated from other trials around the world about other promising treatments, ASCOT is able to seamlessly introduce these new treatments into the study.

This occurred recently when the ASCOT Trial Steering Committee decided to remove the hydroxychloroquine and lopinavir/ritonavir arms from the trial and introduce a convalescent plasma treatment to the study. As part of the immune response, people recovering from COVID-19 can develop antibodies targeting parts of the SARS-CoV-2 virus. These antibodies are contained in the liquid part of the blood, the plasma, and can be given to patients newly infected with COVID-19 via plasma transfusion, potentially resulting in more rapid control and clearance of the virus.

The low infection rate in Tasmania has restricted the LGH contribution to the national trial, however it is reassuring and with a sense of pride that the LGH is participating in research studies that carry such worldwide significance.

Clifford Craig Foundation CEO Peter Milne said local participation in the trial is great example of the Foundation's commitment to enabling our own medical professionals to undertake clinical research at our hospitals across Northern Tasmania.

LGH COVID researchers Dr Ali Trad, Professor Katie Flanagan and Dr Sabrina Sonda.

Research Update – Chewing Gum Study

Our perception of medical research often relates to thoughts of the discovery of vaccines or finding cures for disease. This is obviously an inaccurate perception of reality because the vast majority of health research being undertaken across the globe is looking for answers to the smaller, but vitally important, medical questions that lead to better treatments.

One such study, undertaken by anaesthetist Dr Gregg Best from the LGH Department of Anaesthesia and funded by the Clifford Craig Foundation, was seeking to find if chewing gum whilst fasting for an anesthetised medical procedure is a risk to the patient, and thus leads to the cancellation of the procedure. A simple but important medical question. Here is the final report from the project.

Assessing the influence of chewing gum on the residual gastric volume in patients fasting for surgery.

Fasting from food and fluids before an anaesthetic is a well-established practice and is done to decrease the risk of aspiration of stomach contents into the lungs while the patient. The current standard fasting guidelines for patients in Australian hospitals are a minimum of six hours for food and two hours for clear fluids.

Many fasting patients find the sensation of thirst and dry mouth unpleasant, so some patients use chewing gum to alleviate these symptoms. Unfortunately, there is currently no consensus about the appropriate time to stop chewing gum before an anaesthetic. As a result, many anaesthetists will deem patients who have been chewing gum to be inadequately fasted, which often leads to these patients' anaesthesia either being delayed or cancelled depending on the individual circumstances.

The aim of this study was to determine whether chewing gum causes an increase volume of fluid in the stomach, thus poses an increased risk of aspiration in adults who are fasting in preparation for an anaesthetic. It is known from previous studies that despite fasting, most patients will have a small residual volume of fluid (<50ml) in their stomach consisting of secretions formed by gastric glands and swallowed saliva.

After gaining ethics committee approval we conducted a study over a period of 18 months at the Endoscopy Unit at Calvary, St Vincent's campus on 237 adult patients undergoing elective gastroscopy under general anaesthesia. During the gastroscopy this fluid could be seen and sucked out using the gastroscope into a bottle, with the volume and pH of the fluid was then measured. The patients were divided into two groups, 120 patients in the control group who fasted routinely and 117 patients in the study group who were allowed to chew gum while fasting.

The primary outcome of the study was to determine if there was a difference in the proportion of patients who had a higher volume of fluid (>50ml) in their stomach. Six out of 120 (5.0%) in the control group and nine out of 117 (7.7%) in the chewing gum group had residual gastric fluid volumes greater than 50ml. Statistically there was no difference in this incidence rate meaning the study showed that chewing gum while fasting did not increase the risk of having a high residual volume when compared with standard preoperative fasting.

The study also compared the average fluid volumes and distribution of fluid pH between the two groups. Again, there was no statistical difference between the groups for these two measures. From these results we concluded that chewing gum in adult patients while following routine pre-anaesthetic fasting instructions does not increase the volume or acidity of stomach fluid compared with non-gum chewing control patients, and recommended that published anaesthetic fasting guidelines should be standardised to allow chewing gum use while fasting as long as appropriate safeguards are implemented to ensure disposal of the gum before the start of an anaesthetic.

Our findings would also support the position that patients should not have their procedures cancelled or delayed by their anaesthetist because they have been chewing gum while fasting for a procedure requiring an anaesthetic.

Dr Gregg Best

At the time of writing this edition of Priceless the Chief Editor of Anaesthesia and Intensive Care journal advised Dr Best and the research team that the Chewing Gum Study has won the Jeanette Thirlwell Prize for Best Paper of 2019 in AIC.

Research Update - Orthopaedic Infection Trial

Over 114,000 joint replacement procedures were performed in Australia in 2015 and demand for this surgery will likely double over the coming decade.

A devastating complication of joint replacement surgery is surgical site infections (SSIs) which occur in 5-7% of patients. These infections are associated with significant patient morbidity including prolonged hospitalisation, reoperation, immobility, pain and, in recalcitrant cases, amputation of the affected limb. Furthermore, SSIs are associated with a five-fold increase in mortality.

A four-year multi-centre trial in Australia is searching for a preventative answer to reduce the risk of infection for patients undergoing hip and knee replacement surgery. The Australian Surgical Antimicrobial Prophylaxis (ASAP) Trial is being led by the Infectious Diseases Department at Monash University and is being undertaken across 11 hospitals. Launceston orthopaedic surgeon, Dr Jonathon Mulford is the site investigator for the LGH and Calvary St Lukes and locally supported by the Clifford Craig research team.

Study Design

This randomised, multicentre, double-blind, placebo-controlled trial compares the incidence of SSIs, safety and cost-effectiveness of surgical treatment to prevent disease (prophylaxis) with cefazolin antibiotic plus vancomycin antibiotic to that with cefazolin plus placebo. The study will be performed in 4450 enrolled patients undergoing elective or expedited joint replacement surgery.

Methods

All patients will receive cefazolin as part of standard care. Participants will be randomly assigned in a ratio of 1:1 to either the standard care arm or the intervention arm. The intervention group will receive 1.5g intravenous vancomycin prior to surgical incision as a single prophylactic dose. The control group will receive normal saline placebo prior to surgical incision as a single prophylactic dose. Participants will be followed for 180 days following index surgery to capture all relevant clinical and health economic outcomes.

What will impact will this research have in 5 years' time?

This study may change standard antibiotic prophylaxis for hip and knee arthroplasty patients around the world. It may also assist in reducing the risk of infection following arthroplasty surgery. Given the rising amount of hip and knee arthroplasty this could benefit many patients and save countless health dollars.

The ASAP Trial has enrolled 2360 patients to date across the 11 sites with Launceston aiming to contribute 450-500 patients.

About Heart Health – Why We Need to Be Responsible

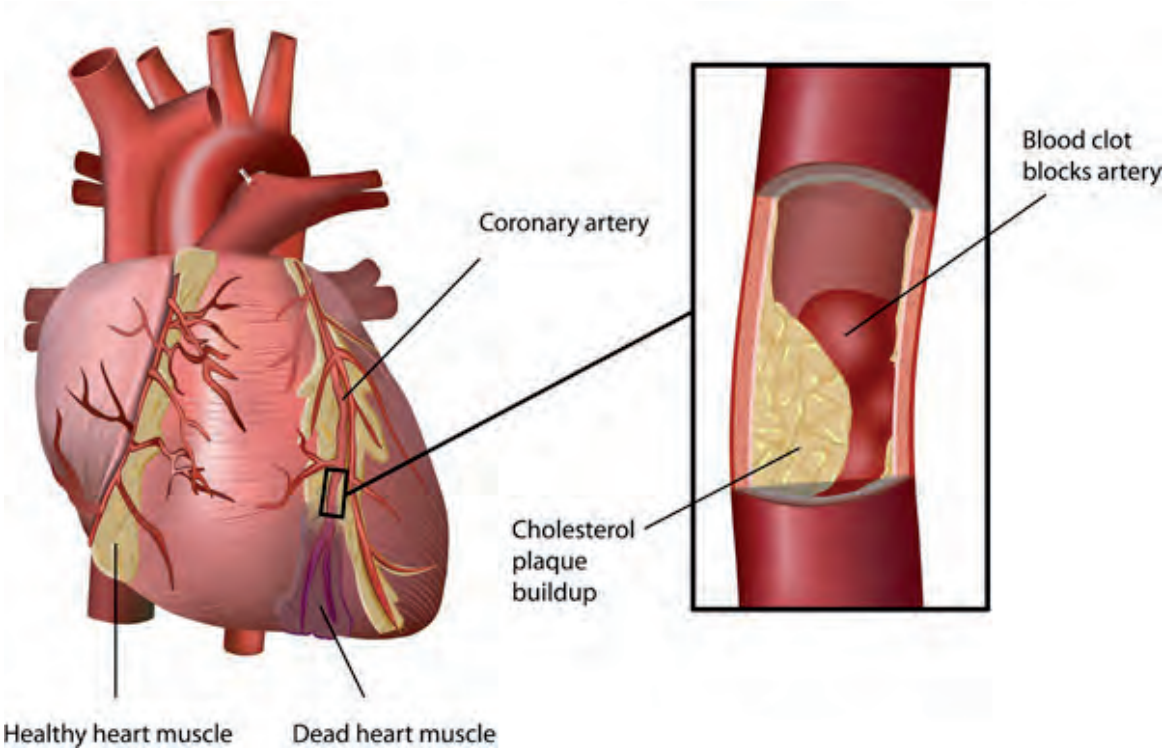
Our hearts beat on average 72 times every minute. Each minute, vital materials are circulated in our blood and waste products are removed. Each minute counts in helping our body function.

Cardiovascular disease

Cardiovascular disease (CVD) refers to all the diseases of the heart and circulation, including coronary heart disease, atrial fibrillation, heart attack, congenital heart disease and stroke.

The primary cause of cardiovascular disease is atherosclerosis – the narrowing and eventual blockage of arteries by the deposition of fatty plaques on the walls of the artery. Eventually these plaques can rupture – thrombosis – and the resultant blood clot deprives vital tissues of oxygen. If this happens in the major blood vessels supplying the heart, you have a heart attack. In the brain, you have a stroke.

By understanding the causes of atherosclerosis (diabetes, cholesterol, smoking, high blood pressure and family history) we can better improve human health.



90 per cent of Australians have at least one risk factor for cardiovascular disease

Much of the burden caused by cardiovascular disease is preventable. The major modifiable risk factors include smoking, high blood pressure, high cholesterol, insufficient physical activity, obesity, diabetes, poor nutrition, and excessive intake of alcohol. Other risk factors that are beyond our control include age, gender, family history and ethnicity.

Lifestyles have become more sedentary, and this inactivity can negatively impact health.

It has become normal to spend long days sitting at a desk during the week, while commuting is often spent sitting in a car or on a bus or train. Leisure time can also be centred around sitting – watching TV, playing video games, using a computer or other device, sitting at a cafe with friends – all of which contribute to physical inactivity and a lack of exercise.

Global recommendations are for adults to take part in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity per week, as well as muscle-strengthening activities on two or more days per week. Those who do not get the recommended level of regular physical activity are considered 'inactive', as they experience a lack of exercise and movement.

Inactivity and cardiovascular health

A sedentary lifestyle increases the risk of a variety of medical conditions. Long periods of sitting have been linked to cardiovascular disease, with the risk doubling. The risk of developing diabetes, obesity, high blood pressure and other health conditions also increases.

The body and its systems – including the heart and cardiovascular system – are built to work more effectively when upright. Inactivity means fewer calories are burnt, making weight gain more likely, and muscle strength and endurance may be lost.

The metabolism may also change, meaning the body may have trouble breaking down fats and sugars. The immune system and bone strength can all also be affected, and there may be instances of increased inflammation in the body and poorer blood circulation.

The impact

Globally, between 60 to 85 per cent of people lead sedentary lifestyles, and inactivity is one of the main risk factors for death. Worryingly, it is estimated that nearly two-thirds of children are also insufficiently active, which has serious implications for their future health.

This article is republished from the Heart Research Institute with permission'

www.hri.org.au

RUN & WALK FOR YOUR HEART

Let's have a heart to heart about heart disease...

Heart disease affects 1 in 6 Australians and Northern Tasmania has one of the highest rates in Australia. Cardiovascular disease is Australia's (and the world's) number 1 killer. Regular physical activity makes you less likely to develop heart disease and reduce your risk of heart attack.

So, we are encouraging everyone to make a commitment to improve your health this spring by participating at Run & Walk for your Heart.

Quick Facts:

- Heart disease represents one in five of all deaths in Australia
- Two in three Australian adults are overweight or obese, which is among the leading risk factors for heart disease.
- Approximately 1,100 people hospitalised per day

Run, Walk, Move! It's time to get active and make a commitment towards a healthier active lifestyle by participating in Run & Walk for your Heart 5K on the first day of daylight savings to kick off your spring fitness goals.

New virtual option in 2020!

Unable to join us on the day? You now have the option of participating virtually by running or walking the 5K anytime during the weekend of 3rd & 4th October anytime and anywhere. For more information go to www.cliffordcraig.org.au

WHERE: UTAS Stadium Precinct
WHEN: Sunday 4th October
START TIME: 10am – 5K event
INFO: www.cliffordcraig.org.au

Celebrating Women with Dr Ginni Mansberg

Well respected GP for more than 20 years and resident television GP on Sunrise, Dr Ginni Mansberg was the guest speaker for this year's International Womens Day Luncheon at the Country Club Tasmania in March.

Our guests were simply enthralled by the informative and refreshingly real talk from the mother of six, highlighting her newly released book "The M Word – How to Thrive in Menopause".

The event also recognised our "Local Hero" Belinda 'BJ' King, celebrating her contribution to local theatre in Northern Tasmania.

The Minister for Health and Women, Hon Sarah Courtney MP addressed the annual luncheon, now in its 13th year. The Clifford Craig Foundation hosts the event in partnership with the Department of Communities, Sport & Recreation - Communities Tasmania (formerly Women Tasmania).

Dr Ginni Mansberg

What are Clinical Trial Phases?

The coronavirus pandemic has contributed to increased interest in the search for an effective treatment and Vaccine. However, we often get lost in the jargon associated with the research activity, especially the various phases of clinical trial.

Firstly, a clinical trial is a carefully designed study that involves volunteers who receive investigational treatments under close supervision by a research investigator.

The following simple explanation may help when you next read about the development stages of various vaccine COVID-19 trials.

Phases of a Clinical Trial

Phase I trials, researchers test a new drug or treatment in a small group of people (20-80) for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

Phase II trials, the study drug or treatment is given to a larger group of people (100-300) to see if it is effective and to further evaluate its safety.

Phase III trials, the study drug or treatment is given to large groups of people (1000-3000) to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.

The Benefits of an Annual or Monthly Gift

Supporting the Clifford Craig Foundation with a regular gift is a wonderful way to support the critical work we do. Also known as Regular Giving, you can nominate an amount to donate on a monthly, quarterly or annual basis.

The Launceston General Hospital is the acute referral hospital for north and northwest Tasmania, and by supporting the Clifford Craig Foundation through regular giving, you join a group of like-minded people who are helping to provide our community with the best possible health care.

Maybe you would like to recognise the exceptional care you or a relative has previously received at the hospital or you are simply passionate about enhancing the treatment and experience of future patients.

Our goal is simple: support research and development in your hospital to improve your community and your health.

Please complete the attached coupon to this newsletter and indicate your wish to become a regular giver to the Foundation.

HEALTHY EATING RECIPE
Slice – Pea & Chorizo

Here is an easy to make savory slice which tastes delicious served with your favourite relish or salad.

Serves 6
Prep time 10 minutes
Cook Time 50-55 minutes

Ingredients

- 1 onion, chopped
- 75g spicy chorizo sausage, chopped into small pieces
- 75g low fat cheese, grated
- 1 cup Frozen Baby Peas
- 4 eggs
- 1 ½ cup milk
- ½ cup self-raising flour

Method

1. Preheat oven to 160°C (fan assisted). Heat a dash of oil in a frying pan. Add onion and chorizo and cook over a medium heat until onion softens. Spoon into the base of a 26x17.5cm baking dish (1.4L capacity).
2. Scatter over grated cheese and frozen baby peas.
3. Beat together eggs, milk and flour until smooth. Season with salt and freshly ground black pepper. Pour into the dish over the filling.
4. Bake for 50-55 minutes, or until firm to the touch. Allow to stand for 10 minutes before cutting into pieces to serve. Serve warm with your favourite tomato relish or chutney and a crisp green salad on the side.

Tip

You can replace the chorizo with bacon if you wish.